



# President and CEO Report to the Board

## Eric Doeh

### March 2024

## FINANCE

Detroit Wayne Integrated Health Network (DWIHN) Finance Department has completed the fiscal year ended September 30, 2023 Financial Status Report (FSR) and the following is a summary of the results:

- Medicaid savings carried over to fiscal year 2024 - \$32,492,867; maximum allowed \$46.2 million.
- Deposit to Medicaid Internal Service Fund - \$8,200,000; total ISF balance \$69,301,008 (maximum allowed per the Pre-paid Inpatient Health Plan (PIHP) contract with the Michigan Department of Health and Human Services (MDHHS).
- General Fund overspend - \$171,868.
- Reallocated \$1.2 million of Substance Use Disorder (SUD) expenses between various SUD grants to expend all grant funds except Pregnant & Postpartum Women's (PPW) - \$143,000 out of \$271,500 remained unspent.
- Public Act 2 (PA2) balance of \$9,330,007; an increase of \$1.5 million as compared to the prior year.

The following SUD providers were given a stability payment out of the new SAMHSA COVID19 grant received in 2024. With the exception of LAHC, providers received 100% of requested amount: Carefirst (\$168,208), DABO (\$192,609), LAHC (\$441,145), Piast (\$38,333), and Positive Images (\$159,704).

## LEGISLATIVE EFFORTS

On March 13, I attended the Center for Healthcare Transformation Research (CHRT) Health Policy Forum in Lansing, Michigan with legislators and MDHHS leadership for a discussion around key behavioral health policy matters impacting our region and those strategic measures that DWIHN is taking to ensure access to care.

On March 14, the Western Wayne Opioid Roundtable is scheduled with Michigan's Attorney General Dana Nessel. The roundtable conversation will help connect local service providers with local governing units to discuss ways to maximize the funds in a way that centers local needs.

On March 5, DWIHN penned testimony to House Bill 5114 – "Mental health; code; definition of mental health professional; expand to include physician assistants, certified nurse practitioners, and clinical nurse specialists-certified, and allow them to perform certain examinations." Asking for further training, education and oversight before some of the new positions mentioned can be responsible for performing some of the critical assessments needed and be in the best interest of our vulnerable population.

### Budget Next Steps:

<b>March – May</b>	Subcommittees adopt initial legislative budget recommendations for each state department
<b>June</b>	Budget adopted by the Legislature and presented to the Governor for signature.
<b>July</b>	Governor signs appropriations bill (if Governor issues vetoes, veto overrides are considered); adjustments to the current-year budget are considered.

### Governor's Budget Recommendation outlined funding priorities including:

- *\$193.3 million to establish new CCBHC sites across the state.*
- *\$7.3 million to ensure individuals experiencing behavioral health crises have access to the Michigan Crisis and Access Line 24/7.*

- *\$5 million for smoking cessation and tobacco prevention programs.*
- *\$1.5 million to increase the clothing and holiday allowances for children in foster care.*
- *\$35 million to implement recommendations of the Racial Disparities Taskforce, including neighborhood health grants, mobile health units, sickle cell support and more.*
- *\$1.5 million to fund grants to nonprofit organizations to reduce veteran homelessness.*

## ADVOCACY AND ENGAGEMENT

On March 8, the Ribbon-Cutting ceremony for DWIHN’s Administration Building opened to much fanfare and support with elected officials, community stakeholders, advocacy groups, faith-based leaders, neighborhood block clubs, and more. We received media coverage from our local media partners and social media support about the increased access to behavioral health services.

On March 15, DWIHN staff and Youth United advocates are speaking to two high school assemblies in Pershing High School after a 15-year-old teen was sold marijuana at an Eastside hookah/vape store.



STEP and ARC Detroit recently won a Gold Medal in Division 1 Special Olympic Southeast Regional Tournament. The Michigan Championship Tournament will be held in Grand Rapids Michigan on Saturday, March 16.

On May 2, LAHC will host their 41<sup>st</sup> Annual Awards Gala at The Henry in Dearborn. During the event they will recognize the Excellence and Great Achievements Award upon three distinguished regional leaders: Sen. Majority Leader Winne Brinks, MDHHS Appropriation Chairwoman and State Rep. Angela Wittwer, Deputy County Executive Asaad Turfe.

On February 20, Youth United hosted Courageous Conversation focused on addressing the critical issue of youth dating violence and promoting healthy, supportive relationships.

## CLINICAL OPERATIONS

**DWVHN Direct Clinical Service Provision:** DWIHN continues to plan for the provision of providing direct clinical outpatient services. DWIHN continues to explore embedding behavioral health staff in established PHCP locations and leasing our own clinic space to provide behavioral health services. Both are co-located models which meet the CCBHC standard of practice. DWIHN is planning on clinic services to be established by June 2024.

**Health Homes:** A care management/coordination program for high-need, high-cost members with chronic health conditions. The goal of health homes is to improve outcomes and decrease costs by increased coordination of services. Michigan has two health home programs for Medicaid beneficiaries: Behavioral Health Home and Opioid Health Home.

### Opioid Health Home - 625 enrollees

- MDHHS is looking to move to a more expansive "SUD Health Home" model, which would add alcohol and stimulant use disorders to the qualifying diagnoses list. This expansion will depend on the final state budget.
- Health Homes are monitoring provider utilization and have issued improvement plans as

needed. The team expects results on FY2023 Pay for Performance measures in the next few weeks; we expect to earn P4P in 5 of 6 possible measures.

Behavioral Health Home - 681 enrollees

- Spenddowns from Medicaid redeterminations are still a concern, especially for the co-occurring IDD/MI population. A spenddown makes people ineligible for Health Home services and forces disenrollment.
- MDHHS will add two additional codes to the BHH program in FY25: F91 & F98 [Conduct disorder & Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence]. The goal is to reach more children in the program.

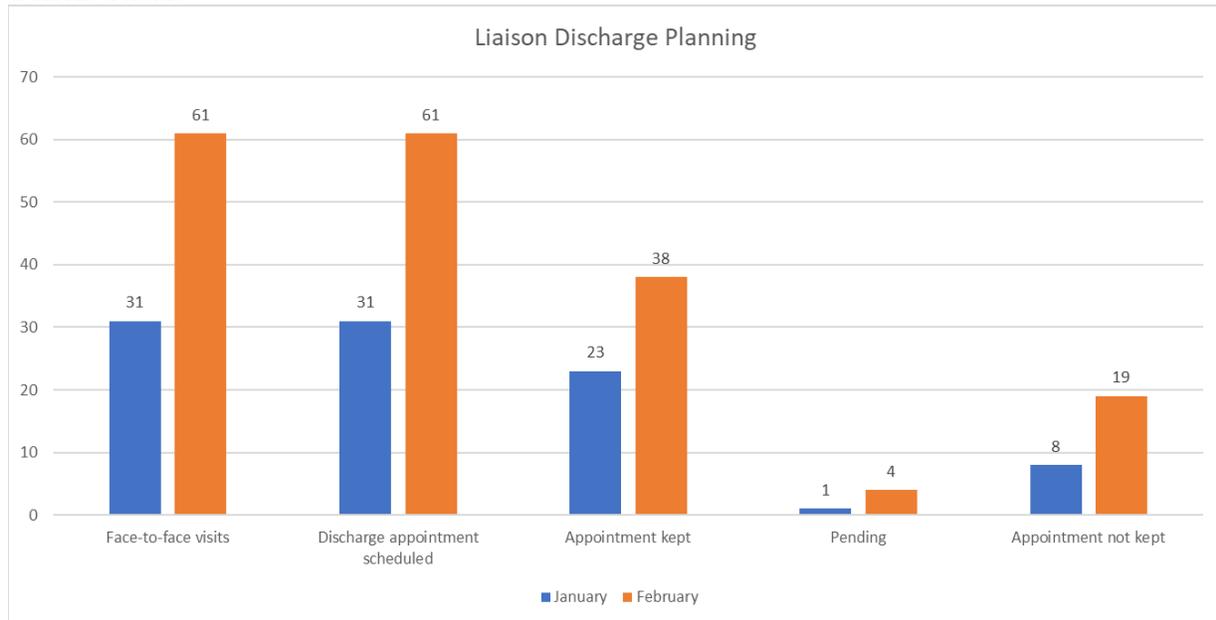
**Crisis Services:**

DWIHN Hospital Discharge Planning Initiative:

In January 2024, DWIHN Liaisons started hospital discharge planning efforts for persons who are not currently receiving services from a CRSP provider. This includes meeting face-to-face with members at hospitalized at the following hospitals: Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest. Liaisons discuss the member’s needs, their chosen Clinically Responsible Service Provider (CRSP), and discharge appointment information. DWIHN Liaisons follow up with members in the community upon discharge to ensure are appropriately linked and their appointment is kept with their chosen clinical provider.

DWIHN Liaisons saw 61 members on inpatient units in February. All members had an aftercare appointment scheduled per their CRSP preference. Sixty-three percent of members kept their follow-up appointment. Of those members that did not keep their appointments, liaisons continue outreach efforts. Liaisons have been able to see more members due to becoming familiar and efficient with the process. Multiple face-to-face visits can occur in a day since inpatient hospital staff understand the benefits of their coordination. The previous quarter’s aftercare appointment compliance averaged approximately 53%.

**Current Status:**

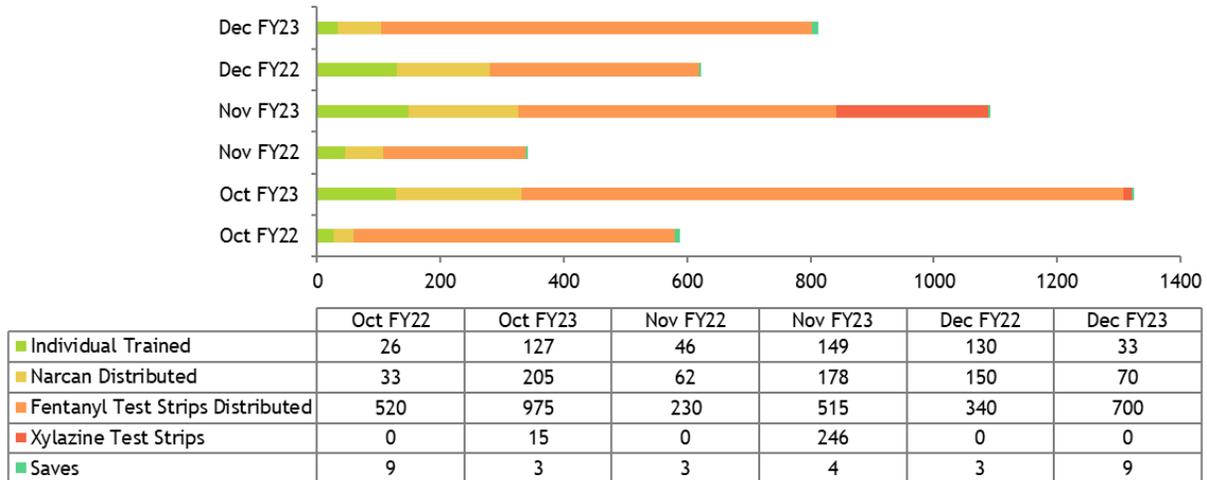


**Substance Use Services (SUD):**

The State Opioid Response Program- is a federal initiative that provides funding to states to address the opioid epidemic. Its goal is to expand access to treatment, promote evidence-based practices, and improve coordination among stakeholders. Activities include MAT, naloxone availability, workforce development, and overdose prevention programs.

The below chart compares first quarter data for the Overdose Education and Naloxone Distribution (OEND), with Harm Reduction programming, over the last two fiscal years. There was a 108% increase in OEND services in Wayne County in FY2023 compared to FY2022.

**FY23 and FY24 SOR III - Overdose Education and Naloxone Distribution with Harm Reduction**



**Adult Services:**

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.

DW IHN received 166 combined AOT orders that were uploaded within MHWIN in February 2024. Providers have been identified and communications have been sent with the request to acknowledge receipt of the order by submitting form WCPC-366 stating the members plan of service (IPOS). DWIHN meets with the Behavioral Health Unit- Probate Court twice a month to review AOT orders with Hegira and Team Wellness to ensure follow-up with members. DWIHN continues to work on expanding infrastructure around AOT operations.

**Utilization Management:**

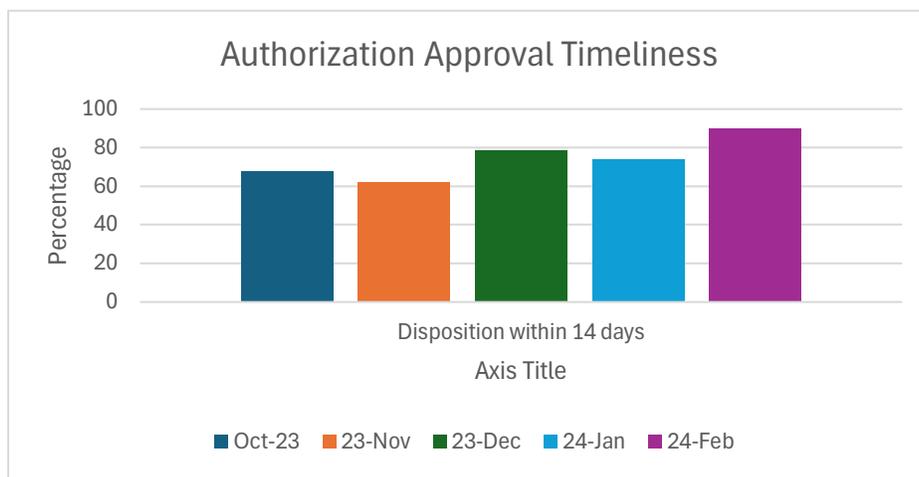
Habilitation Supports Waiver (HAB)

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. MDHHS provides each region with a specific number of HAB waiver “slots”. It is expected that 95 % of slots will be filled continuously. DWIHN implemented an internal plan of correction in March of 2023. As a result, DWIHN met the 95% utilization in July 2023 and has successfully exceeded the expected rate. DWIHN has remained at 100% utilization since December 2023 and currently has 30 members on the waitlist.

Utilization Management Timeliness

Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request. Currently 65% of authorization requests are auto approved through Service Utilization Guidelines (SUGs) that have been developed based on medical necessity and best practice. Thirty-five percent of authorizations are reviewed manually by UM staff. Timelessness of authorization request disposition is out of compliance (67.4%) and required an internal plan of correction including:

- Onboarding and training of new staff who were hired in December.
- Cross Department collaboration to review any Authorizations that were out of compliance.
- Redistribution of assigned caseloads among staff based on volume.
- Clear old, “returned” authorization requests that the requesters have not re-submitted to us.
- Refresher training to the provider network on necessary documentation for authorization approval
- Performance Improvement Plan for identified providers who have consistently submitted backdated authorization requests and/or have been non-responsive when requested for additional information from UM.



**Residential Services:**

In a collaborative effort with Utilization Management, the Residential Department is focusing on inpatient lengths of stay for individuals requiring specialized residential placement.

Current Status:

**Residential Medicaid Inpatient**

# of TOTAL Inpatient (per MHWIN report):	436	412	417	415
# of Residential Inpatient Referrals:	10	7	10	5
Avg. Residential Inpatient (%):	2.3%	1.7%	2.4%	1.2%

Weekly/Monthly Reporting Date Range:	1/27-2/2	2/3-2/9	2/10-2/16	2/17-2/23	1/27-2/23	1/24-3/1
	FEB -WK #1	FEB -WK #2	FEB -WK #3	FEB -WK #4	FEBRUARY 2024	MAR -WK #1
ACTIVE Cases from previous WEEK/MONTH	18	22	16	20	18	18
Medicaid Referrals RECEIVED during reporting period	10	7	10	5	32	
Total # of Residential MEDICAID Inpatient Cases	28	29	26	25	50	18
Members DISCHARGED during reporting period	6	13	6	7	32	
Average # of Days Inpatient to Discharge	11.0	15.0	14.5	17.0	14.4	

Residential Services adjusted the member assignment process to improve efficiency related to completion of the residential placements. Department Managers review inpatient numbers weekly and contact the

referral source immediately to schedule an assessment. The Residential staff collaborate weekly with different DWIHN Departments to on-board new residential providers:

- On-boarding of five new residential sites. One additional home pending MCO input into MHWIN.
- One of the Five is a Pre-Placement home for IDD Youth and Adults.
- Added three new residential entities as potential contracted specialized settings. One of those new entities will be used as a Pre-Placement.
- Two of the five homes onboarded this month are co-ed, barrier free settings.

**Children’s Initiatives:**

DWIHN had a RFP for children services to expand the provider network to assist in addressing current capacity issues. As a result, five (5) new providers have been added to the children’s network.

Children’s Crisis Plan

The goal is to ensure crisis plans are completed for members served at 85% compliance. There is noted progress over the past few quarters. This resulted in hosting a virtual crisis plan training in November 2023, educating the provider network on the crisis plan policy, and offering technical assistance with providers gaining access to view data via the Risk Matrix.

<b>Disability Designation</b>	<b>FY 23 – Q3</b>	<b>FY 23 – Q4</b>	<b>FY 24 – Q1</b>
<b>Serious Emotional Disturbance (SED)</b>	68.64%	72.71%	77.14%
<b>Intellectual Developmental Disability (IDD)</b>	71.07%	74%	76.17%

**INTEGRATED HEALTH PILOT UPDATE**

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. Fourteen members were discussed, three required coordination with their assigned CRSP and three will be carried over to March.

**Health Plan Partner Two**

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had 12 members identified as having gaps in care. Six members needed assistance with gaps in care. Three cases will be carried over to March. In February’s meeting DWIHN staff from Children’s Initiatives joined the meeting to further discuss the State’s initiative of meeting the needs of children in the foster care system. Health Plan 2 and DWIHN will focus on children in the foster care system who have gaps in care.

**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.

During the month of February DWIHN and Health Partner 3 met with the four CRSP's and went over feedback from the patient advisory committee and the Marketing Department will complete a flier for CRSP to give to members. DWIHN went over the flow of referrals with CRSP that are involved.

### **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 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 OHH, BHH and CCBHC providers to the drop-down list. It was discovered that the CRSP providers aligned with this cannot see the drop-down list.

DWIHN and Vital Data met with The Guidance Center on February 12, 2024, to investigate this issue. Vital Data will look at the permissions of CRSP providers to see what is incorrect. This should be completed in late March.

Vital Data is changing how data is sent and most updates to the scorecard will be completed after this is completed.

Vital Data and DWIHN are working on how to make sure SUD claims are kept confidential and only the assigned OHH can see their data.

During the month of February, the HEDIS scorecard was reviewed at six CRSP monthly meetings and FUH data was shared.

## **CCHBC DEMONSTRATION EXPANSION**

The State of Michigan expanded the CCBHC State Demonstration sites on October 1, 2023. The DWIHN network now has a total of six (6) approved CCBHC sites including ACCESS, CNS Healthcare, Elmhurst Home, Development Centers, and Southwest Counseling Solutions- MiSide. DWIHN continues to provide technical assistance with CCBHC providers. It is estimated that 173,994 individuals are eligible for CCBHC services in region 7. MDHHS's goal is to have 26,099 individuals enrolled in CCBHC services in FY2024. Current enrollment stands at 7,187; an increase of 5.8% from January 2024. The Governor's proposed budget was released with funding to expand the CCBHC Demonstration in FY25.

## **CHIEF MEDICAL OFFICER**

### **Behavioral Health Education, Outreach and Updates:**

Ask the Doc Newsletter on Xylazine Awareness

New plan to have our Crisis Center Medical Director participate in the awareness newsletters and videos.

### **Teaching Collaborative**

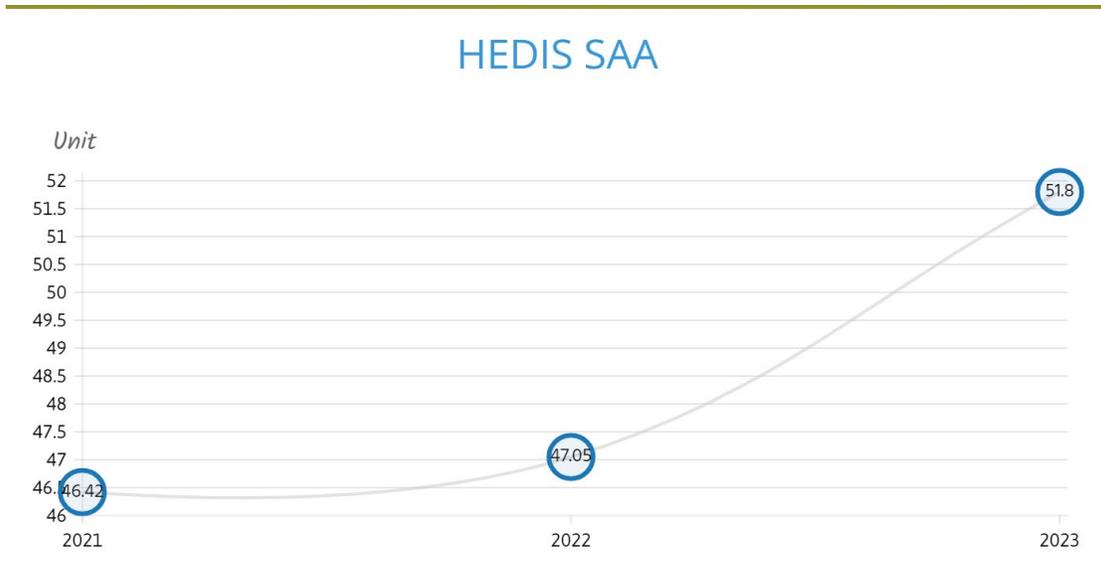
- Legal has been working on some of our collaborative teaching agreements.
  - Agreement with Nurse Practitioner Program - completed.
  - Agreement with Physician Assistant Program in Final review with Compliance
  - Agreement with Child and Adolescent Psychiatry Fellow - completed.
- Meeting with St. Mary Mercy Hospital Program Director regarding Crisis Services, rotation opportunities and job opportunities.
- Meeting requested with Authority Health Program Director.

**Psychiatric Medication Adherence:**

Our Population has struggled with adherence to psychiatric medications whetehr it is antiderpressants for depression or antipsychotics for Schizophrenia Spectrum Disorder which are among the most common disorders in our member. Two HEDIS measures that indicate adherence to medications in this population include SAA and AMM.

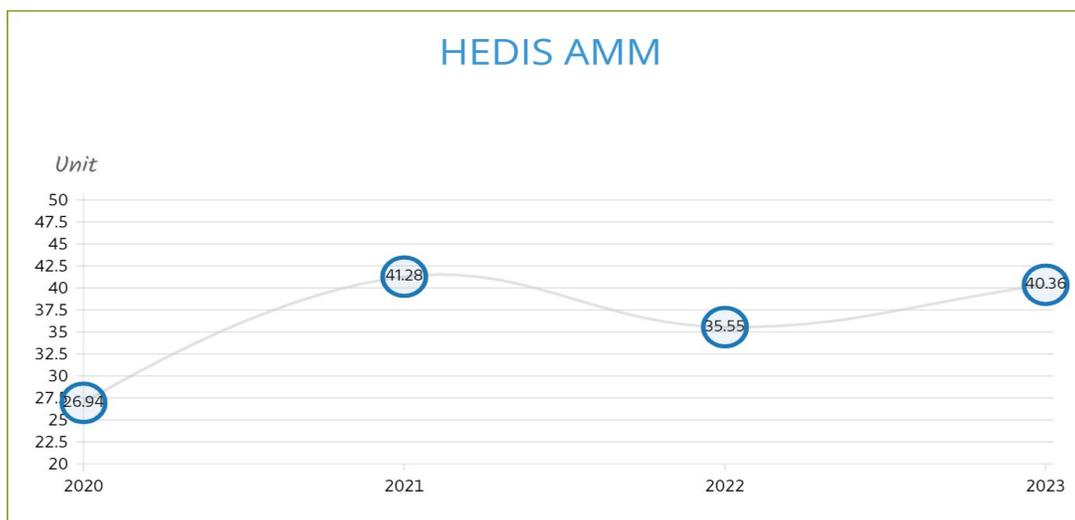
**HEDIS- SAA**

Members 18 years old and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent or greater of their treatment period.



**HEDIS AMM**

Medication compliance of members 18 years or older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 84 days (12 weeks)



### **Actions to Improve Adherence:**

**Member and Provider Education** - This has been our main focus where Quarterly data and Improvement Plans are requested from CRSP Medical Directors around non-compliant members. Educational trainings and materials are provided and are available on our website emphasizing importance of monitoring and improving adherence. Providers have access to their own numbers, so they are aware of members who are non-adherent.

### **Med Drop:**

Med Drop is a community-based intervention that focuses on improving medication adherence by delivering medication directly to the person's home 365 days a year, while observing them self-administer their medication.

FY 21 - There were 53 members served and the enrolled ones had 90.6% medication adherence rate. There was a 75% reduction in the number of psychiatric hospital admissions for members while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions in the 12 months prior and a 67% reduction in psychiatric hospital days for members while participating in Med Drop Program. Despite positive data for this strong intervention, the enrollment numbers were low, which were attributed to provider's lack of information about the program and its processes, hence an identified opportunity for next year. Enrollment at any time averaged <40.

FY 22 - In order to improve enrollment and specify that non-adherence to medications was a criteria for Med drop referral, the Chief Medical officer and Clinical Officer sent Memo to the Medical Directors and Clinical Directors of providers encouraging them to increase enrollment and did one on one meetings to answer any questions or concerns. As a result, Med drop enrollment increased to 95 members served during this Remeasurement though was still less than what was expected. The enrolled members had an overall medication adherence rate of 93.1%. There was a 61% reduction in the number of psychiatric hospital admissions for members while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions in the 12 months prior and a 66% reduction in psychiatric hospital days for them while participating in Med Drop Program, compared to the number of psychiatric hospital days used in the 12 months prior. Enrollment at any given time < 50.

FY 23 - In FY 23, Med Drop continued to show positive results in terms of medication adherence with 95% adherence rate and served a total of 103 members. There was 46% reduction in psych admissions. Enrollment increased slowly due to ongoing efforts by Clinical teams. Enrollment at any given time < 60.

We have made following additional revisions to our plan:

1. The list of potential individuals expanded to include members from AOT list, Recidivism list, antidepressant and antipsychotic HEDIS non-compliance list. Active enrollment efforts with one-on-one meetings with CRSP regarding cases helping them walk through the process.
2. Crisis Liaisons have started to visit selected hospitalized individuals and have prompts in their discharge planning sheets to assess the need for Med Drop at discharge.
3. Crisis center Discharge planning to incorporate med drop enrollment.

FY 24- Current enrollment is 65 which is an increase in 9 cases in just one month as compared to last month with 7 referrals pending. This appears to be the highest increase in enrollment at any point but is still below our goal.

### **Medication Adherence Workgroup:**

Multiple PIHP Medical Directors are currently participating in a joint workgroup to address medication adherence, particularly antipsychotic adherences. There is representation from the State, PCE Systems, and some experts from APA were also invited. Various strategies are currently discussed including creation of

prompts in EMR that would give directions on use of long acting injectables where appropriate as well as pharmacy drop service expansion along with member surveys to understand reasons for no-compliance

**Crisis Center and Mobile Crisis Updates:**

- Crisis Center processes and hiring are in the final stages. Orientations and training for new hires are continuing.
- DWIHN is following the model with the use of peers throughout the admission process. We have successfully recruited 25/26 peers.
- The State has started the Adult CSU certification with two pilot sites with DWIHN being one.
- It is a 5-week process with weekly uploads with 1<sup>st</sup> part completed.
- Regarding psychiatrist and Advanced Practice professional hiring:
  - Out of 8 full-time APP positions 3 have accepted the offer and interviews are still ongoing, one offer is pending.
  - Out of 2 full time psychiatrist positions, 2 interviews were completed, and 2 offers given. None have accepted the offer. Of 4 part-time positions, 2 have been hired and 1 has a pending offer and 2 are being scheduled for interview.
  - Orientation and educational material have been created for the Psychiatry hires.
  - Psychiatric Practice standards and Treatment Protocols are being written and finalized.
- Mobile Crisis launched in December. Children mobile certification received end of February and services started in March. Currently developing data points and reports to start reviewing and presenting them.

**HUMAN RESOURCES**

The Department of Human Resources hired the following employees:

**New Hires:**

Behavioral Health Technician	Crisis Services
Behavioral Health Technician – Contingent (3)	Crisis Services
Call Center Clinical Specialist – Contingent	Call Center
Clinical Specialist – Crisis Services (2)	Crisis Services
Crisis Care Supervisor – Contingent (3)	Crisis Services
Discharge Coordinator (2)	Mobile Crisis Deployment
Discharge Coordinator – Part-time)	Mobile Crisis Deployment
Home Based Consultant	Children’s Services
Systems Engineer	Information Technology
Mobile Crisis Clinician	Mobile Crisis Deployment
Mobile Crisis Clinician - Contingent	Mobile Crisis Deployment
Nurse Practitioner	Crisis Services
Payroll Specialist	Finance
Peer Agent	Customer Services
Peer Support Specialist – Crisis Services (11)	Crisis Services
Peer Support Specialist – Mobile Crisis (3)	Mobile Crisis Deployment
Provider Network Manager	Managed Care Operations
Recipient Rights Investigator	Recipient Rights
Registered Nurse – Crisis Services (2)	Crisis Services
Registered Nurse – Crisis Services -Contingent (3)	Crisis Services
Residential Care Coordinator	Crisis Services
Transportation Specialist	Grants and Community Engagement

With these new hires, DWIHN has filled 83% of the positions needed for the Crisis Services operations.

## **Promotions(s):**

Vice President of Direct Clinical Services

Outpatient Clinics

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, both unions agreed to an extension of their collective bargaining agreement. HR is preparing to begin our second cohort with Harvard Business School Online. Under this cohort, ten additional employees will take the classes, which will allow them to obtain HBSO program certification.

## **DIVERSITY, EQUITY & INCLUSION**

- **DEI Committee Meeting (rescheduled from January)**
  - Upcoming DEI committee (2024-2025) nominations
    - Current members can submit nominations for future members (give name, department and why you think they will be a great addition to the committee)
    - What legacy do you want to leave behind – what are some things you would like to see the incoming committee achieve?
    - Transition meeting will be July 21<sup>st</sup> 1:00pm (in-person)
- **ERG (Employee Resource Group) Planning Meeting**
  - Employee Resource Groups (ERGs) are internal committees that promote and empower employees belonging to various backgrounds, identities, or experiences, such as race, faith, and sexual orientation.
  - The first ERG meetings create an environment for employees where an inclusive work environment starts to be built eventually turning into successful ERG programs.
    - How to provide optimal networking opportunities, professional development, and career development opportunities with effective goals for members of the ERG and all DWIHN employees
    - How to develop and foster an inclusive workplace that accepts all backgrounds (people of color), faiths, gender identities, and sexual orientations.
    - The best ways to provide the ERG members with personal and professional support, confidence, camaraderie, and a sense of belonging that ultimately make the workplace a safe space for all employees.
- **2023 WSU Community-Engaged Research (CEnR) Summit Steering Committee Meeting**
- **Detroit Community Health Equity Alliance Monthly Meeting (D-CHEA)**
  - 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
    - 2024 Participation Agreement
    - Coalition Assessment Survey
- **Detroit Leadership Coalition on the Intersectionality of Disability, Race, Ethnicity, and Poverty – Last Steering Committee before Mapping Event**
  - **Resource Mapping Event** (a participatory event focused on identifying assets and resources available within communities, possible gaps in services, and ways to fill those gaps through community member support).
    - Identify the valuable resources currently available.
    - Determine resources needed within the community.

- Discuss barriers and solutions to the significant wealth gap faced by persons with disabilities, specifically those in communities of color.

## IT SERVICES

### Business Processes

#### Crisis Care Center

- Staff setup continues to occur in MHWIN inclusive of hard token setup for MFA authentication.

#### Electronic Visit Verification (EVV)

- The State has moved the target implementation date to 9/1/2024 for Behavioral Health EVV.
- Working to provide MDHHS a provider listing by 3/18/24.

#### Consent to Exchange Health Information – HIE

- Programming complete & 3 of the 5 providers now have access to submit the consent via HIE process. Working to open for the remaining 5 providers. This will ease the burden for CCBHC providers.

#### Risk Matrix

- SUD Risk Matrix is programmed & initial testing completed. Scheduled to review with SUD Dept with the following step being deployment to SUD CRSPs.

#### Provider Contracting

- Working with MCO to finalize the quarterly provider contracting report. Next phase will be unit testing.
- Working with MCO on continued development of annual provider contracting forms.

#### Document Management

- Setting up UniFlow hybrid to accommodate user authentication to secure print on new copiers and MFP as well as provide secure scanning of paper into Therefore.

#### Questica

- Assisted finance and HR with API integration between Dynamics GP, ADP, and the Questica budgeting app.

#### Henry Ford Joint Project

- The project and data were presented to the HFH PFAC committee.

#### Provider Network Adequacy Dashboard

- Performed significant modifications to the criteria for assigning specialties to the various providers. This resulted in the closing of many gaps in our network adequacy.

#### EQI reporting

- Producing year-end EQI and various graphs for year-end financial reporting.

#### Eligibility data load process assessment

- Review the data load logic for eligibility data to improve the warehouse's reporting capability.

#### Building Desk Hoteling

- Setting up Envoy hoteling desk reservation system and federating with Azure for SSO and Provisioning.
- Provisioning desk/Conference phones with Genesys.

### Infrastructure / Security / IT Compliance

#### Building Construction

- Woodward/Milwaukee still pending blueprint and diagram from vendor (Bluestone).
- Woodward ISP is complete. Milwaukee: Waiting on Secondary BGP configuration.

- Continue configuring the building security and video camera systems to meet the needs of the Crisis Center.
- Woodward office cubicle setup across all 3 floors. Final dual-monitor arms to be set up by 3/15/2024.
- Milwaukee e-Waste underway. Estimate completion: 3/11/2024.
- Legacy cluster removal completed from Milwaukee.

**Security**

- Configuration of Graylog SIEM/SEM (Security Incident and Event Monitoring/Security Event Management) continues. Investigating several automation systems to augment SIEM/SEM activities and improve detection and response.
- All ICO security audits are complete. All CAP requests are completed at this time.
- The vCISO project is continuing analysis of the Threat domain. Currently working on internal scans and addressing findings.
- Continuing working with business units on the DWIHN BCP/DR plan.
- Analyzing risks and working with communications on website visitor tracking.
- Vetting and removing Azure SSO applications found added by users.
- Working with facilities on setting up infinias door access system and programming the key zone mapping for staff access.

**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.

**SQL Server upgrade**

- Completed moving the production data server to new improved hardware.

**Genesys Phone System**

- The DWIHN team is continuing to set up Speech and Text analytics within the system to improve call management and prioritization.

**COMMUNICATIONS**

Influencer Marketing Update:

Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	6 Story Posts, 2 Posts	Over 120K total views
Detroit Youth Choir	1 Story Posts, 2 Posts	4,416 total views
Kathleen Springer	4 Posts	Over 8.4K Video Views

The Detroit Youth Choir and Youth United collaborated on several posts highlighting the importance of youth mental health, resources, and events during January.

All social media influencers have assisted in promoting our Mental Health Youth Council for Wayne County High School students. Kathleen Anne Springer played a key role in raising awareness of our mobile crisis units within the Downriver community, while also highlighting the assessment and services offered through our 'MyDWIHN' app.

### Social Media Outreach:

DWIHN is actively elevating mental health awareness on social media by sharing informative content, engaging narratives, and fostering a supportive online community. Through strategic and compassionate messaging, DWIHN is creating a digital space that encourages dialogue, educates the public, and helps reduce the stigma associated with mental health challenges.



### Social Media Performance Report Summary

- Impressions: 201,896 **down 31.3%**
- Engagements: 6,100 **down 18.7%**
- Post Click Links: 1,347 **down 11.7%**
- Engagement Rate: 3% **up 17.5%**
- **Total Audience Growth over the last month was 17,485, up 1.6%.**

### Google Analytics

- 1,632 Business Profile interactions
- 3,250 People viewed the DWIHN Business Profile
  - 2,514 (77% Google search - desktop)
  - 623 (19% Google search - mobile)
  - 95 (3% Google Maps - mobile)
  - 18 (1% Google Maps - desktop)
- 1,845 Searches DWIHN was shown in users search results:
  - DWIHN – 806
  - Detroit Wayne Integrated Health Network - 301
  - DWctraining – 88
  - DWIHN – 75
  - DWIHN training - 72

### Media Report:

#### **707 Crisis Care Center**

The Sunday, February 11<sup>th</sup> Edition of the News-Herald ran a preview piece on the soon to open 707 Crisis Care Center. The spread covered features of the new construction and the programs and services that will be provided in the new space. The piece also touched on future plans to build crisis care centers across the county.

### **Mobile Crisis Units:**

Media for the Mobile Crisis Units continues as WDET Radio reached out to inquire about the service. On Wednesday, February 28, 2024, The Metro hosts Nick Austin and Tia Graham interviewed VP of Crisis Services, Grace Wolf on the program and its progress. The pair asked Ms. Wolf about the non-police response approach, the staff qualifications, number of calls and the nature of calls received. Ms. Wolf reported 37 calls and 87 diversions at the time of the interview. She also discussed the program roll out updates.

Ms. Wolf also joined **WWJ** to provide updates on mobile crisis which aired on March 8. She shared the new certification to serve children in crisis along with the expanded service to the weekend.

<https://www.audacy.com/wwjnewsradio/news/local/mobile-crisis-program-expands-hours-will-assist-children>

### **Mental Health Youth Council:**

I was guest editorial voice in **The Hamtramck Review**. The column highlighted the launch of our Mental Health Youth Council and appealed to youth to apply for a seat, join the ranks, and give voice to issues that impact them most.

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

In February, DWIHN actively participated in a variety of outreach initiatives. Including the Pursuit of Happiness, an event hosted by the Inkster Police. DWIHN hosted its S.O.U.L.S Chat and Faith Talk Monday series.

Additionally, Youth United hosted a Courageous Conversations: Love Shouldn't Hurt. The event was a round table promoting Safe & Healthy Relationship at 27th Letter Books in Detroit.

### **Upcoming Events:**

March 22: Youth Move Detroit Meet & Greet: Bowling Night 6:00 p.m.-8:00 p.m.

March 23: Developmental Disabilities Month: Let's Talk about Housing Inequities, 10:30 a.m.-12:00 p.m.

March 25: S.O.U.L.S. Chat: Faith Talk, Mondays 6:00 p.m.-7:30 p.m.