



President and CEO Report to the Board

Eric Doeh

June 2024

FINANCE

In accordance with Michigan law, Detroit Wayne Integrated Health Network (DWIHN) requested revisions to the Credit Card Policy at the Finance Committee meeting on June 5, 2024. The primary change was the inclusion of miscellaneous fees and goods under \$500 before taxes, which excludes electronic devices.

LEGISLATIVE EFFORTS

May 27 – May 30: DWIHN leadership and board members attended the Mackinac Policy Conference to discuss issues and opportunities with local legislators. We were also able to provide updates on our Crisis Care Centers and had individual meetings with Speaker Joe Tate and Representatives Witwer and Brabec.

June 5 – June 6: National Council, Hill Day: For staff and board members in attendance we had the opportunity to hear about funding priorities for behavioral health care and how we can be better advocates with our legislators. We learned more about Certified Behavioral Health Clinics (CCBHCs) and how they are expanding nationwide to help remove barriers for people needing services, address workforce crisis and getting more.

In addition to our sit-down with Sen. Debbie Stabenow, DWIHN attendees toured the only CCBHC site in D.C., Hillcrest Children and Family Center. Hillcrest has been in existence for over 200 years and has its CCBHC designation for 2 years, they have seen tremendous gains in the types of services (staffing, care coordination, case management and engagement to name a few) that their members have been able to benefit from.

On June 10, 2024, the 707 Crisis Care Center opens to the public.

On June 14, 2024, DWIHN will host the Groundbreaking Ceremony for 7 Mile Behavioral Health Wellness Campus. DWIHN marks another milestone with the groundbreaking of our integrated behavioral healthcare site. Construction of the 70,000 square foot building will take approximately 18 to 24 months and was made possible thanks to \$60 million in State-budgeted grant funding that received bipartisan support. This new structure will have 52 crisis beds, and will help to address disparities in health and access to care with designated suites for physical health, dental, and vision care services.

Budget Next Steps:

March–May Subcommittees adopt initial legislative budget recommendations for each State department.

June Budget adopted by the Legislature and presented to the Governor for signature.

July Governor signs appropriations bill (if Governor issues vetoes, veto overrides are considered); adjustments to the current-year budget are considered.

ADVOCACY AND ENGAGEMENT

- May 21–23, NAMI Michigan Annual Conference: I offered a keynote speech and panel discussion on DWIHN's transformative crisis center and mobile approach.
- June 10-12, CMHA Summer Conference: DWIHN staff and board members were in attendance. DWIHN nominated Amy Andrews, Fox 2 Anchor/Reporter, for the Jim Neubacher Media Award. She is a passionate advocate and has been instrumental in improving awareness and perception about community-based public mental health services in our region. At the conference, our very own SUD Board Member, Darryl Woods, received the Partners in Excellence Award. This award recognizes

those who have enhanced the perception of community mental health services and their recipients within the community through their own lived experience, compassion, and dedication to making a difference in the lives of others.

- June 12, Men's Wellness Matters: I joined Chief James White and others at this annual event highlighting the importance of men's mental health, reducing stigma in the community, addressing the pressures on leaders in the community and advising youth in our community.
- Community Electronic Health Record expanded with the input of the people we serve.



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. Twenty members (20) were discussed, and ten (10) members had gaps in care successfully closed. Five (5) members will be carried over to June.

Health Plan Partner Two

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had thirty-one (31) members identified as having gaps in care. Twelve (12) members needed assistance with gaps in care and they were successfully met. Eight (8) cases will be carried over to June.

Health Plan Partner Three

DWIHN staff are working with Health Plan 3 on a new project of monitoring individuals who utilized the emergency room department or inpatient psychiatric unit and how to perform data sharing. There are 4 CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral Services, Hegira and The Guidance Center. This started on June 16, 2022.

During the month of May DWIHN and Health Partner 3 met with the 4 CRSP's and discussed any referral problems. CRSP reported that they have not received any referrals. DWIHN has asked Health Plan 3 to send writer names so DWIHN can track the referral to see where there are problems. PCE has tracked how many releases of information have been signed for Health Plan 3 and CRSP. All CRSP are over a 75% rate of releases signed.

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 rolled out several upgrades in May. All additional measures were added for OHH/BHH/CCBHC. HEDIS Measures can be searched by name dropdowns and filters for race and ethnicity and any score less than zero. During the month of May, the HEDIS scorecard was reviewed at eight CRSP monthly meetings and FUH data was shared.

NCQA

DWIHN received full accreditation from NCQA. It took a lot of effort from all departments and there were several lessons learned throughout the process.

NCQA highlighted our strengths as:

- Dedicated and knowledgeable staff
- Strong UM denial process and documentation
- Strong Case Management program and documentation
- File review and preparations of staff.
- Annual population assessment done by Integrated health Department.
- Documentation of all clinical Quality Improvement Projects that were defined as well organized, with strong study design, analysis, and actions.
- Comprehensive Quality Program

Opportunities for Improvement were discussed in areas of Utilization management policies and annual plans, provider network adequacy, credentialing, and delegation agreements. Workplans have been drafted for those items and in process of implementation.

CLINICAL OPERATIONS

Health Home Initiatives:

Behavioral Health Home (BHH) - Behavioral Health Homes met all three (3) FY2023 Pay for Performance measures, which will result in \$123,071 for our Health Home Providers. The Pay for Performance outcomes achieved include:

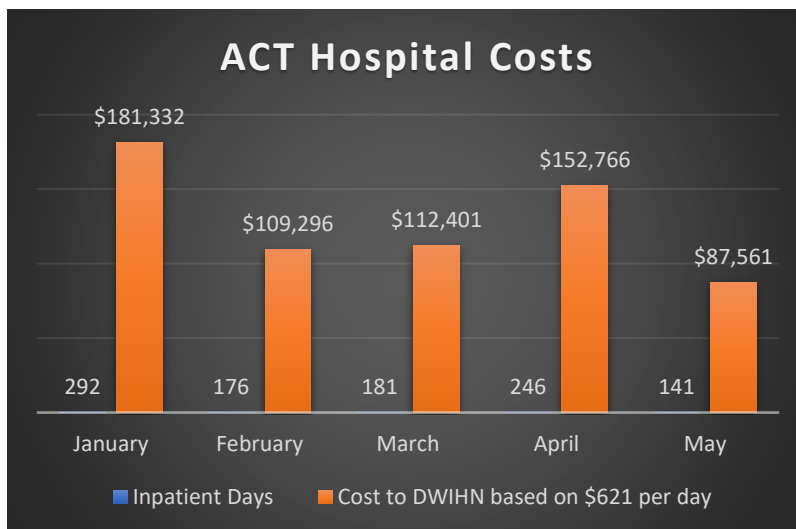
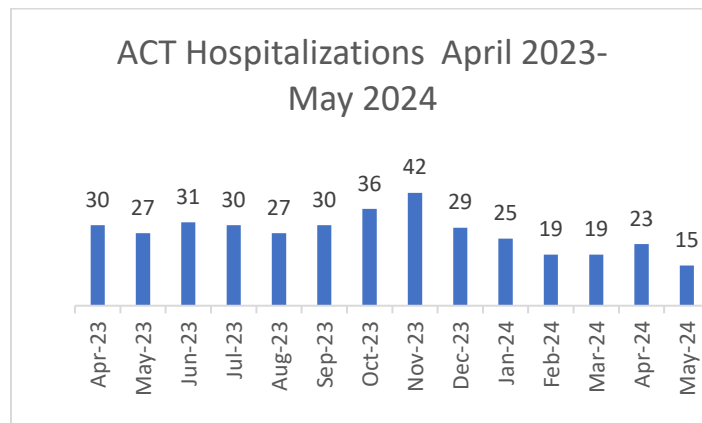
- Increase in controlling High Blood Pressure (based on if last BP check was in range for people with Diagnosis of Hypertension.
- Reduction in Ambulatory Care: Emergency Department (ED) Visits
- Access to Preventive/Ambulatory Health Services (based on a preventive care visit/service in the last year.

Adult Services:

Assertive Community Treatment (ACT): ACT is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental

illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff are available for members 24 hours, 7 days per week, 365 days a year. There are eight (8) ACT providers in Wayne County. For May 2024, the ACT program experienced a total of fifteen (15) psychiatric hospitalizations which totaled 141 inpatient days; almost a 35% reduction in hospitalizations compared to the previous month (April experienced 23 psychiatric hospitalizations and 246 inpatient days). This equates to an inpatient savings of \$65,205 for DWIHN for the month of May.

A total of three (3) ACT providers completed their 2024 Fidelity Reviews. Scores are being tabulated and will be made available during the next reporting period. Adult Initiatives continues to work with providers to increase face-to-face contact with their members' post after business hours as well as on weekends, as expected by the model of 24 hours per day/7 days per week. During the month of May, there were a total of 37 encounters that took place after 5:00 pm among all the providers.



SUBSTANCE USE DISORDERS

SUD Prevention Services

Prevention Services reduce the risk factors associated with substance use disorder by providing education, outreach, and support to individuals and communities. These services may include awareness campaigns, and resources to promote healthy decision-making and prevent the onset of substance abuse. By offering early intervention and evidence-based strategies, SUD Prevention services empower individuals to make informed choices and lead healthier lives.

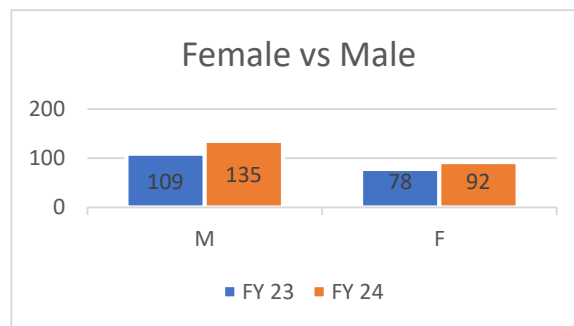
During the month of May, DWIHN Prevention Providers made a significant impact by providing 1,238 instances of information dissemination, ensuring that vital knowledge reached a wide audience. Additionally, they conducted 3,058 reached services, tailoring support to the specific needs of each participant, and organized 16,295 community sessions, fostering a sense of unity and shared responsibility within the community. These efforts demonstrate the dedication of DWIHN Prevention in effectively promoting health and well-being.

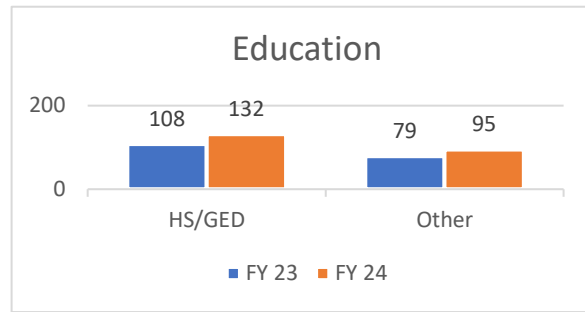
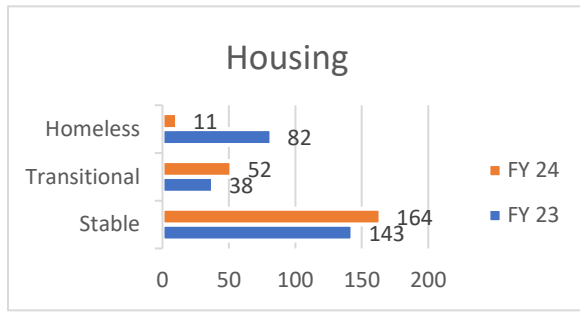
Throughout the month of May, providers had the opportunity to provide details about their prevention-focused events by utilizing the SUD Prevention Smartsheet tool. This data collection effort allowed providers to showcase the various ways in which they actively engaged youth, distributed vital information about prevention, involved peer leaders, and implemented other impactful initiatives aimed at promoting wellness and preventing substance abuse. The wealth of information shared through these submissions highlighted the diverse and innovative approaches taken by providers to address prevention within their respective communities. DWIHN is implementing an approach to create a dedicated committee focused on prevention efforts will be a key initiative. Additionally, the committee will emphasize drug prevention efforts through targeted awareness campaigns, aiming to establish a strong foundation and foster supportive engagement within the field.

Medication Assisted Treatment (MAT) Mobile Unit

The MAT Unit is a specialized medical facility on wheels designed to provide MAT treatment services to underserved communities. This state-of-the-art vehicle is equipped with medical staff, examination rooms, and the necessary supplies to administer medication and therapy to individuals struggling with opioid substance use disorders. The mobile unit travels to different locations to reach individuals who may not have easy access to traditional healthcare facilities, offering a convenient and confidential way to receive critical MAT treatment and support.

In FY23, there were 78 females who received services via mobile unit. This number increased to 92 in FY24. The number of males who received services also increased from 109 in FY23 to 135 in FY24. Most individuals served achieved a high school diploma (n=132), and most of the members identify as African American (n=145). The most widely used substance reported by individuals served was heroin, with 79 self-reports. Marijuana use was self-reported by 32 individuals, and 18 individuals self-reported cocaine use. The percentage of employed individuals increased from 1% in the previous year to 24% this year. Fortunately, no individuals tested positive for HIV; however, there were eight (8) reported overdoses. All individuals received free Narcan as part of the services provided.





The SUD Department provided technical assistance training to the OTP providers about the updates to the rules 42CFR pt 8. This update is important as it emphasizes creating a treatment environment that offers flexibility in crafting individualized plans of care based on specific aims and health needs. The new rules remove obstacles to treatment that made it difficult for some people to enter or remain in treatment in the past. Practitioners are no longer required to follow rigid criteria to determine the number of take-home methadone doses for a member. Instead, they are now guided by harm reduction approaches, shared decision making, and considerations of your safety and unique circumstances. This helps balance the benefits and risks of methadone take-home doses.

UTILIZATION MANAGEMENT

Habilitation Support Waiver (HSW):

HSW is an intensive home and community-based treatment program designed to assist persons with severe developmental disabilities to live independently with support in the community. It is designed as a community-based alternative to residing in a group home.

MDHHS has currently provided 1,084 total HSW slots to DWHIN to utilize. A total of 1,084 slots are filled and 0 are open, for a utilization rate of 100%. There are currently 27 members with completed packets on DWHIN’s HSW waitlist. The UM Department is working with the network to ensure disenrollments are submitted the same month as the disenrollment date so that DWHIN’s utilization is a true reflection of the need for HSW slots and so members can come off the waitlist as quickly as possible.

	Oct	Nov	Dec	Jan	Feb	March	April	May
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084
Available	22	4	0	0	1	1	1	0
New Enrollments	12	27	10	4	6	8	4	4
Disenrollments	2	4	2	2	5	3	1	9
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%

The UM Department’s latest HSW related project is beginning to identify, monitor, and follow-up on members who have not received the required one HSW service per month. The UM Department reached out to the CRSPs for their feedback about these members. Of 28 members with no identified HSW service, the trends were related to staffing issues, members being out of town, and members being in the hospital

for extended stays. The UM department will be working with the network providers to address staffing issues and to ensure that the network understands when to make members inactive in the MDHHS Waiver Support Application system (WSA).

Utilization Data

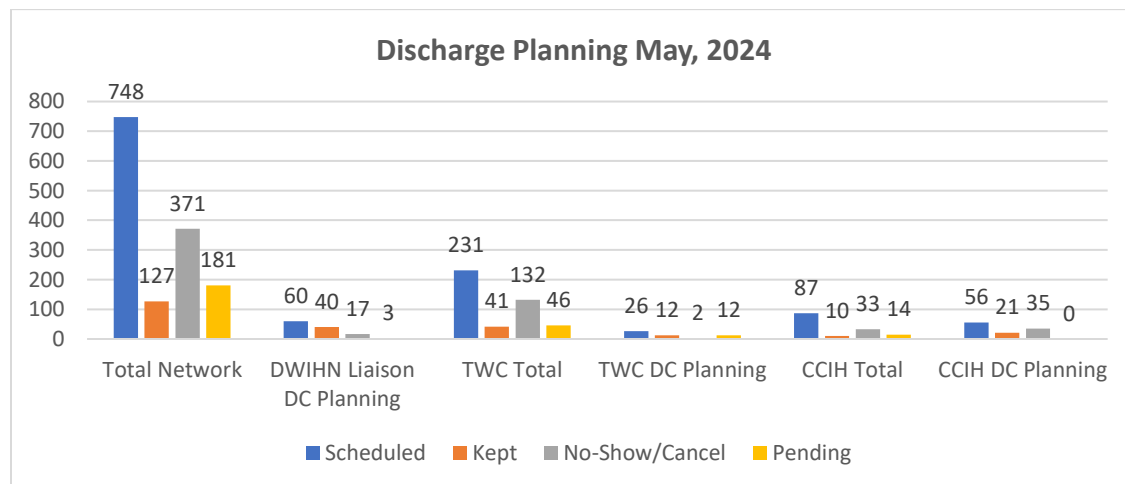
The Utilization Management Department has been analyzing service utilization trends and has noted under-utilization in multiple service areas including Case Management/Support Coordination, Psychiatric Medication Reviews, and Individual Therapy. This data was obtained by looking at current services requested (amount/scope/duration) compared to services provided (claim data). DWIHN has taken a multi-faceted approach to address this issue:

- The VP of Clinical Operations met with each individual provider’s Executive Leadership to review this information and discuss what is expected in relation to the provision of services.
- Provider Leadership is comparing DWIHN’s data to their internal data and will report back if there are any potential discrepancies.
- Provider Leadership is reviewing this data with their staff and providing additional training and outlining expectations of service provision. This includes requesting the amount of services that are medically necessary and person-centered.
- DWIHN will be providing training to provider staff on person-centered planning and the appropriate request and utilization of services, including completing treatment plan addendums when necessary.
- DWIHN is updating the Service Utilization Guidelines to ensure alignment with Best Practices and utilization trends.
- DWIHN’s UM Department will analyze trends post-training to assess overall effectiveness.

CRISIS SERVICES

Inpatient Hospital Discharge Planning

DWIHN Liaisons continue to meet with members at selected inpatient hospitals (BCA, Kingswood, Beaumont Behavioral) to engage the members in discharge planning when admitted without an assigned provider. Liaisons meet with members to discuss barriers to ongoing service connection and support the selection of a preferred provider prior to discharge. Liaisons complete a discharge planning worksheet, coordinate with inpatient treatment teams, and work to ensure the member attends their hospital discharge planning appointment.



**No-show includes canceled by member/staff at CRSP, remainder are rescheduled by member/staff

Across all CRSP providers in May 2024, 17% of hospital discharge appointments were kept, whereas with DWIHN Liaison involvement, 66% of hospital discharge appointments were kept with member-selected

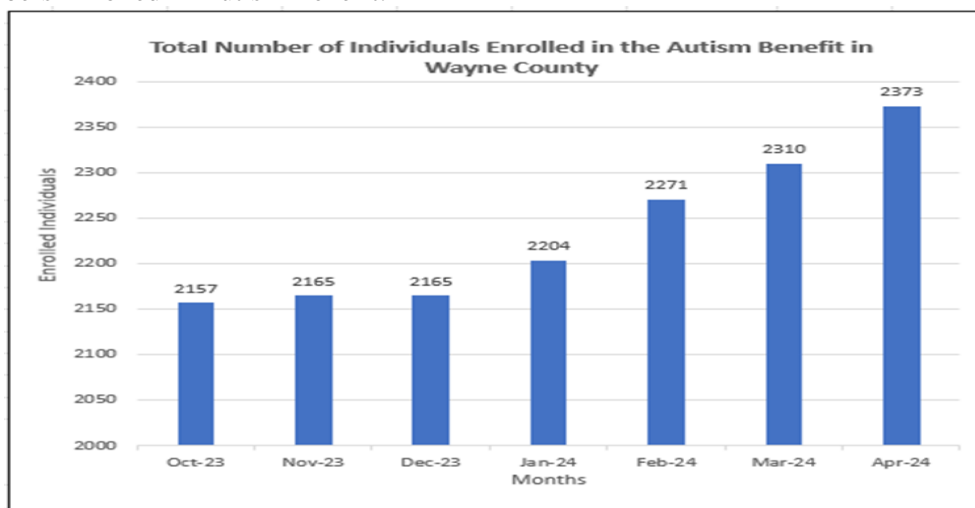
providers. Overall, TWC members kept 18% of their hospital discharge appointments, but with targeted TWC discharge planning involvement, 46% of their appointments were kept. Similarly, with CCIH, 11% of their members kept their hospital discharge appointments overall, but with targeted CCIH discharge planning involvement, 37% kept their appointments.

CHILDREN’S INITIATIVES

Autism Benefit Enrollment:

Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of Autism Spectrum Disorder (ASD). This benefit serves youth up to age 21. There was an average of 2,261 members assigned to DWIHN’s ABA provider network for Fiscal Year (FY) 2024. Data indicates an increase of approximately 99 additional members enrolled in autism services from Q1 to Q2.

Total Members Enrolled in Autism Benefit:



To continue to support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID will continue until 5/1/2028. In FY 24, Q2 the Request for Qualification (RFQ) resulted in two (2) ABA Providers to be added to the provider network. As a result of the RFQ, there are now 19 contracted ABA Providers within the DWIHN network. This is an increase of 3 new ABA Providers from FY 23 to FY 24. In addition, as of FY 24, Q2 Michigan Department of Health and Human Services (MDHHS) confirmed youth with serious emotional disturbances (SED) receiving autism services can also receive speech therapy, occupational therapy, and physical therapy when the services are needed to address behavioral needs. To support the increase of requests for these ancillary services, DWIHN approved one (1) ABA Provider to deliver these ancillary services for youth with SED.

SCHOOL SUCCESS INITIATIVE (SSI)

The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training, and are being helped with reducing the stigma related to receiving behavioral health supports and services.

The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

During FY 24, Q2 there were a total of 47 intakes for the SSI Program. Overall, there is a noted increase with intakes completed from Q1 (39 intakes) to Q2. In addition, during FY 24, Q2 there were a total of 83 successful discharges from the SSI program; in which there were 0 expulsions from school). This is an increase from Q1 of 18 successful discharges.

During FY Q2 there were a total of 437 SSI services rendered.

- Tier 1 – Classroom Observation, Conflict Resolution, Consultation, Crisis Intervention
- Tier 2 – Group Prevention, Individual Prevention, Michigan Model for Health, Psychoeducation
- Tier 3 – Enrolled in Community Mental Health Services

SSI Tier Services FY 2024	Total # of Students Received SDQ Screenings	Tier 1 Services	Tier 2 Services	Tier 3 Services	Total # of Students Received SSI Services
10/1/24 – 3/31/24	1,469	18	2,432	608	4,527

***Note: Total Tier 1 services completed does not include the total # of presentations completed (243 presentations for FY 24).

SSI Risk Factors / Outreach Events FY 2024	# of Education Professional at the Event	# of Parents at the Event	# of Students at the Event	Total # of Attendees
Risk Factors	1,072	3,785	4,838	9,695
Outreach Events	1,269	3,940	5,496	10,705

CCHBC DEMONSTRATION EXPANSION

Certified Community Behavioral Health Clinic - 9,442 members (April- 9,099, 3.75% increase)

- The CCBHC Demonstration will be expanding in Michigan for FY2025. Seven (7) sites are seeking MDHHS certification to join the Demonstration in our region: Judson Center, Neighborhood Services Organization, Hegira, DWIHN, Central City Health, Detroit Recovery Project, Inc., and Team Wellness.
- MDHHS will certify sites by September 1, 2024, for launch on October 1, 2024.
- DWIHN is currently establishing direct clinical outpatient services to provide additional access to Wayne County individuals and will be applying for CCBHC certification.

CHIEF MEDICAL OFFICER

Behavioral Health Education, Outreach and Updates:

Dr. Mammo was a panelist on the maternal mental health panel held by Wayne County Women’s Commission. An interview was published in News Herald on the importance of Mental Health Awareness Month and the dangers of adolescents self-diagnosing via social media.

Teaching Collaborative:

- Have been doing a 4-week teaching course for Wayne State University Psychiatry Residents on Community Mental Health Services.
- Participated as an examiner for Wayne State University Child and Adolescent Psychiatry Annual Clinical Skill Exam followed by panelist discussion on Transition to Practice. Discussed job opportunities and perks within CMH system.
- Teaching Agreement with Nurse Practitioner (NP) Program, Physician Assistant (PA) program and Child and Adolescent Psychiatry (CAP) fellowship have been completed.
- Starting planning rotations at the Crisis center next month. The first group will be CAP.

State Medical Director AOT Workgroup:

On Dr. Pinal's recommendation, the Michigan Diversion Council has created a workgroup with some PIHP Medical Directors and Chief Medical Officers to discuss the current process, gaps and improvement steps for the State. First meeting happened in May, will be recurring monthly. Focus will be on assuring that the AOT procedures are as evidence-based and clinically focused as possible with some State level uniformity on protocols.

Crisis Center Updates:

DWIHN identified our opening date as June 10, 2024. The Crisis Center had facilitated numerous tours during the month of May, which included hospitals, other CMHs, governmental officials, and students and residents. We served 10 individuals in the first 2 days.

Hiring:

Finding full-time psychiatrist(s) to work for the Crisis Center has been a continued challenge. One of our Part-time Psychiatrists, who will be graduating on June 30, 2024, has accepted a full-time position and will be starting in July. One position is still open. We have been able to find contingent psychiatrists and have hired seven (7) who will be covering 1-2 shifts per week. We will continue to expand our contingent pool, not only to avoid coverage issues, but also to help the in-training residents get a positive experience at our facility which would help with subsequent workforce and recruitment.

We have hired seven (7) out of eight (8) full-time APP positions and one is under negotiation. We have 4 contingent NP positions. One contingent NP has accepted the offer. Others are going through interviews. We are looking into telepsychiatry coverage as our second level backup when full-time or part-time psychiatrists are not available for shift coverage.

Nurse Practitioners went through extensive orientation for the last some weeks and an intensive 2-day educational orientation with me and Dr. Mammo on May 21st and 31st. Psychiatrist orientation was on 6/5/23 and we received a lot of positive feedback on our EMR, protocols and educational orientation content.

State Certification:

DWIHN had State of Michigan onsite review on May 9. The facility, our Electronic Medical Records and our protocols were greatly appreciated. There were minor revisions requested that are being resubmitted. We anticipate provisional certification after that.

DWIHN Clinic:

DWIHN Clinic is the new project that is currently underway. Our VP of Clinic Services is currently working Policies, procedures, staffing plans, trainings and hiring. We posted Psychiatrist positions that include an adult psychiatrist/Outpatient Medical Director, offered a position that was accepted with start on June 30th. The part-time child psychiatrist has accepted the offer and will start in August.

QUALITY DEPARTMENT

MDHHS HSW, CWP, SEDW and iSPA - DWIHN has recently completed its annual MDHHS 1915(c) HCBS Waivers and the 1915(i) State Plan Amendment Site Review. The purpose of this review was to ensure compliance with Home and Community-Based Services agreements with the Centers for Medicare & Medicaid Services. This review reflects DWIHN's commitment to delivering high-quality services and programs and is considered one of the best in terms of compliance. It also served as a training tool and provided technical assistance in the provision of Home and Community-Based services. DWIHN received high marks across the board, achieving full compliance with the Children's Waiver Program and the Administrative portion of the review, including the newest performance measures. However, there were

some citations related to specific cases involving HSW, SEDW, and iSPA. All matters will be adequately remediated through the corrective action plan, which is due to MDHHS on June 21, 2024.

HSAG Reviews:

DWIHN is scheduled for multiple upcoming External Quality Reviews with HSAG. The purpose of these reviews is to ensure the quality and effectiveness of the organization:

- The Encounter Data Validation Review is a new requirement and is due to the state on July 6, 2024. This review is essential for ensuring the accuracy and completeness of our electronic encounter data, highlighting our commitment to data integrity and quality care delivery.
- The Performance Improvement Project (PIP) has been a three-year initiative for us. In FY 2023, DWIHN achieved 100% compliance with the submission of barriers, interventions, and data analysis. This year, HSAG will assess our progress in improving our rates through the implementation of barrier analysis, interventions, and evaluation of results. Remeasurement 1 (01/01/2023-12/31/2023) submission of the racial disparity is due on July 15, 2024.
- The Performance Measure Validation (PMV) is scheduled to take place between July 22, 2024, and August 2, 2024. In FY 2023, DWIHN achieved 100% compliance with the designation of “Reportable” for all indicators. The only recommendation noted was that DWIHN should continue its improvement efforts (e.g., provider outreach and monitoring) related to indicator #2 to further ensure timely and accessible treatments and supports for individuals.
- The Compliance Monitoring review is scheduled for September 6, 2024. In FY2023, DWIHN received a full Compliance score of 94.2% (33 out of 35 standards).

Performance Indicators Data for Quarter 2

In Quarter 2 of 2024, DWIHN has met the standards for PI#1 (Children and Adult), PI#4a (Children and Adults), 4b (SUD), and PI#10 (Children). For indicator 2a (Biopsychosocial Completed within 14 days of request), our completion rates for MI/Adults (59.92%) and DD/Adults (62.50%) have improved compared to Q1, surpassing the 57% standard. Although we did not meet the standard for the children's population, we did make progress in enhancing completion rates for MI/Child Q2 (51.79%) compared to Q1 (30.32%). The average score for the state in Q1 2024 was noted at 51.57%. The Q2 data will not be finalized until June 30th, 2024, so the rates are still subject to change. The chart below presents a comparative analysis between Q1 and Q2.

Indicators	Definition	Quarter 1	2nd Quarter Preliminary	Standard
1 (Children)	Crisis Prescreening within 3 Hours of Request	99.30%	98.34%	95% or higher
1 (Adult)		96.44%	96.99%	
2a (MI/Adult)	Intake (IBPS) within 14 days	57.34%	59.92%	57% or higher
(DD/Adult)		58.93%	62.50%	
2a (MI/Children)		30.32%	51.79%	
(DD/Children)		28.07%	28.07%	
3 (Combined)	Ongoing service within 14 days	85.22%	88.06%	83.80% or higher

4a (Children)	7-day follow-up after discharge	97.78%	95.17%	95% or higher
4a (Adult)		98.67%	95.74%	
10 (Children)	Inpatient psychiatric Recidivism	8.62%	8.93%	15% or less
10 (Adult)		17.68%	16.64%	

While the Children compliance score with the 14-day Indicator (2a) has shown > 30-point improvement, Quality Department did a more detailed analysis of 2nd quarter data to assure the members were eventually receiving services. The data shows that a total of 2,620 members sought services and received a completed Integrated Biopsychosocial Assessment (IBPS), resulting in an overall compliance rate of 76.68% though the compliance within 14 days is 53.59%. The Children’s intake completion percentage (both MI and DD) significantly improved when the 14-day filter was removed.

This underscores the continuous need for concentrated efforts and advancements in these noted areas.

The Quality Team will request struggling children's providers to submit capacity plans. The Quality Team will also focus on those providers who have been deficient for consecutive quarters without improvements.

2nd Quarter 2024 Performance Indicator #2a (Preliminary)						
	IBPS Within 14 Days	Total	Rate	IBPS Completed	Total	Rate
MI/Child	362	699	51.79%	544	699	77.83%
MI/Adult	1235	2061	59.92%	1579	2061	76.61%
DD/Child	144	513	28.07%	377	513	73.49%
DD/Adult	90	144	62.50%	120	144	83.33%
Total	1831	3417	53.59%	2620	3417	76.68%

(The first column breaks down the data into four major subpopulations: MI/Child, MI/Adult, DD/Child, and DD/Adult, with the total being found in the last row. Columns 2-4 contain the data for Integrated Biopsychosocial assessments that were completed within 14 days of the date of request, while columns 6-8 contain the data for assessments completed during the 2nd quarter between the dates of 1/1/24-5/21/24)

HUMAN RESOURCES

During the past month, DWIHN has hired the following staff:

Administrative Assistant	5
Administrative Support	2
Behavioral Health Technician - Crisis Services	
Behavioral Health Technician Supervisor	
Call Center - Representative (Contingent)	
Call Center - SUD Contingent	2
Call Center Clinical Specialist - Part-Time	
Clerical Support	
Dispatch Coordinator (Part-Time)	
Food Service Worker	
Medical Records Specialist	
Mobile Crisis Clinician	4

Mobile Crisis Clinician - Part-Time	
Peer Support Specialist - Crisis Services	2
Peer Support Specialist - Mobile Crisis	
Peer Support Specialist - Mobile Crisis (Contingent)	2
Peer Support Specialist - Mobile Crisis (Part-Time)	
Psychiatrist (Part-Time)	3
Registered Nurse - Crisis Services	5
Registered Nurse - Crisis Services (Contingent)	
Residential Unit Manager	
Student Intern	2

Promotions:

Administrative Assistant	4
Clinical Officer	
Facilities Service Technician	

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.)

DIVERSITY, EQUITY & INCLUSION

- **DEI Committee Meeting (May 16, 2024)**
 - Policies and Expectations for 2024-2026 DEI Committee Members
 - Policies and Expectations for Mid-Level Management Training

- **Training: Driving Employee Engagement from C-Suite to Deskless employees**
 Driving employee engagement across all levels of an organization, from the C-Suite to deskless employees, is crucial for fostering a motivated and productive workforce.
 - **Clear Communication:** Ensure transparent and consistent communication channels are established to keep all employees informed about company goals, successes, and challenges. Encourage two-way communication to solicit feedback, address concerns, and foster a culture of open dialogue.
 - **Leadership Engagement:** The C-Suite and top management should actively engage with employees at all levels to create a sense of connection and shared purpose. Leaders should demonstrate support for employee well-being, professional growth, and recognition of contributions.
 - **Recognition and Rewards:** Implement formal and informal recognition programs to acknowledge employees' contributions and achievements. Ensure that deskless employees receive equal opportunities for recognition and rewards as their office-based counterparts.
 - **Professional Development:** Offer training and development opportunities to empower deskless employees and help them grow in their roles. Provide pathways for career progression and skills enhancement to boost employee engagement and retention.
 - **Empowerment and Autonomy:** Delegate decision-making authority and autonomy to deskless employees, enabling them to take ownership of their work and contribute meaningfully to the organization's success. Encourage innovation and initiative by fostering a culture that values diverse perspectives and ideas.

- **Well-being and Work-Life Balance:** Prioritize employee well-being by offering support programs, flexible work arrangements, and resources to help maintain a healthy work-life balance. Ensure that deskless employees have access to resources that promote physical and mental health.
- **Feedback and Performance Management:** Implement regular feedback mechanisms to provide constructive input and recognize achievements. Set clear performance goals, hold regular performance discussions, and provide opportunities for growth and development.
- **Inclusive Culture:** Foster a diverse and inclusive workplace where all employees feel respected, valued, and included. Promote diversity and equality initiatives to ensure that all employees have equal opportunities for growth and advancement.
- **Technology and Connectivity:** Provide deskless employees with the necessary tools, resources, and technology to stay connected, collaborate effectively, and access information. Leverage digital platforms for communication, training, and engagement initiatives tailored to deskless workers.
- **Continuous Improvement:** Regularly assess employee engagement levels through surveys, feedback mechanisms, and performance evaluations. Use insights gathered to refine engagement strategies and initiatives, ensuring alignment with employees' evolving needs and expectations.

IT SERVICES

Business Processes:

- **Crisis Care Center**
 - Staff setup continues to occur in MHWIN & inclusive of hard token setup for MFA authentication
 - Awaiting DEA# verification to set up prescribers
- **Electronic Visit Verification (EVV)**
 - The State has moved the target implementation date to 9/1/2024 for Behavioral Health EVV.
 - Continued discussions taking place with Fiscal Intermediaries with a presentation/demonstration taking place in early June on this area.
- **SUD Risk Matrix**
 - SUD Risk Matrix is live and was released end of May to the SUD CRSPs
 - Will review any feedback from SUD CRSPs in the next couple of weeks to determine if any changes are warranted.
- **Outpatient Care Clinic**
 - Staff setup continues to occur in MHWIN
- **Analytics Project with AgreeYa**
 - Provided an overview of the MHWIN system and setting up access for AgreeYa to allow for independent navigation throughout the system.
- **myDWIHN**
 - Version 1.3.50 has been published to both the Apple app store and the Google Play store. New features include member access to the CEHR (Community Electronic Health Record) and improvements to the “Help Around Me” search feature.
- **Provider Contracting**
 - MCO Provider credentialing e-mailing notification are now completed, next step is to obtain the provider users/signatories to grant access to the quarterly form system.
 - Working with MCO on the continued development of annual provider contracting forms

- **Document Management**
 - UniFlow hybrid setup completed, Copiers in Milwaukee and Woodward have Therefore client access. Continuing to set up copiers as they are deployed throughout Woodward and Milwaukee.
- **Questica**
 - Deployment of the budgeting system is continuing without HR position management; IT will be creating a scheduled nightly process to update Questica with financial GL Actuals by mid-June.
- **Henry Ford Joint Project**
 - Delivering final numbers for the Governor's award submission
- **Provider Network Adequacy Dashboard**
 - Preparing to send additional columns of data for the accuracy portion of the Quest contract.
- **EQI reporting**
 - Preparing FY2024 P1 submission
- **Eligibility data load process assessment**
 - Review the data load logic for eligibility data to improve the warehouse's reporting capability.
- **Building Desk Hoteling**
 - Set up for Envoy hoteling desk reservation completed. System deployed at Woodward Building. Starting deployment at Milwaukee building.

Infrastructure / Security / IT Compliance

- **Building Construction**
 - Woodward / Milwaukee still pending blueprint and diagram from vendor (Bluestone)
 - Cisco Firmware was updated at Milwaukee successfully.
 - Continue configuring the building security and video camera systems to meet the needs of the Crisis Center.
 - Crisis Center Nurse stations approved. IT Staff configuring 19 stations in accordance with approved config.
 - Patient Phones configured in Genesys and approved by Crisis and Facilities.
- **Security**
 - Configuration of Graylog SIEM/SEM (Security Incident and Event Monitoring/Security Event Management) is on Hold as the team is focusing on a new SOC that will most likely include SIEM functionality.
 - We are continuing to review vendors and systems for SOC (Security Operations Center) functionality
 - CVS Health / Aetna issues an Audit survey for 2024 due mid-June, Evidence gathering is underway
 - The vCISO project is continuing. Currently working on RBAC (Role Based Access Controls) and internal Audit of existing ACL/Permissions.
 - Continuing working with business units on the DWIHN BCP/DR plan, transitioning from information gathering to action planning.
 - Vetting and removing Azure SSO applications
 - infinias door access system and programming the key zone mapping for staff access has been set up, The Badging printer and templets are completed, Crisis staff will be the first to receive new badges. Rebadging of Staff will start in early June
- **Onboarding/Offboarding**
 - Ongoing and continuous development process with HR to finalize a new automated onboarding/offboarding process meet Access Control standards in compliance frameworks. Working with HR on integration of Onboarding/Offboarding process into NeoGov system.

- **SQL Server upgrade**
 - Post-migration performance tuning of the server is still being monitored; changes made last month show good improvement.
- **Genesys Phone System**
 - The DWIHN team completed the setup of Speech and Text analytics within the system to improve call management and prioritization. We are analyzing initial data to optimize practices.
 - Starting the process of converting the Reach Us Detroit communications process over to the Genesys system.

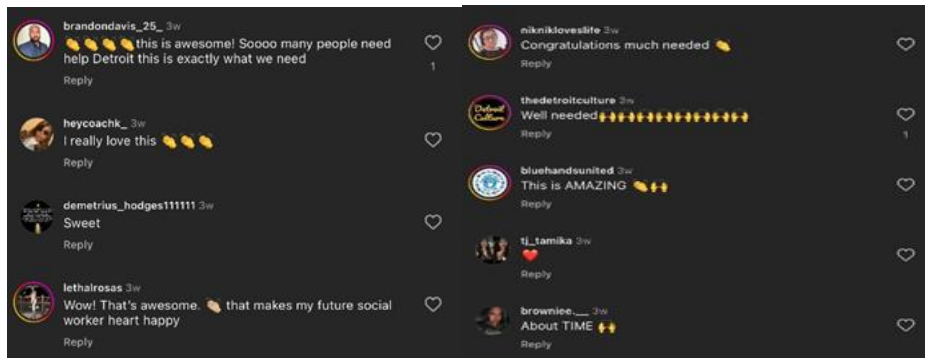
COMMUNICATIONS

Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	2 Posts, 4 Story Posts	Over 179.5K total views
Kathleen Springer	6 Posts	945 Likes/285 Shares

In May, our influencers focused on promoting our Children's Mental Health Awareness Day. Showcasing our commitment to raising awareness and promoting positive mental health initiatives among younger audiences. We increased our visibility for the opening of our Crisis Care Center ribbon cutting throughout all areas of Detroit and Wayne County.

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: 127,581 down 21.8%
- Engagements: 7,890 down 17.5%
- Post Click Links: 2,317 down 43.1%
- Engagement Rate: 6.2% up 5.7%%
- **Total Audience Growth over the last month was 18,786.**

Google Analytics:

- 1,819 Business Profile interactions

- 2,860 People viewed the DWIHN Business Profile
 - 2,048 (72% Google search - desktop)
 - 664 (23% Google search - mobile)
 - 125 (4% Google Maps - mobile)
 - 23 (1% Google Maps - desktop)
- 1,388 Searches DWIHN was shown in users search results:
 - DWIHN – 688
 - dwhin - 88
 - dwctraining – 78
 - wayne county cmh – 78
 - dwihn training – 47



Mackinac Policy Conference

On May 29, I took a break from making deals on the Grand Hotel porch to talk with [WWJ's Jackie Page](#) about all things DWIHN, from the Mobile Crisis Unit expansion and NARCAN trainings to the 707 Crisis Care Center opening and our upcoming 7-Mile Behavioral Health Wellness Campus.

Children's Mental Health Awareness Day

WDIV-TV 4 shared the information about CMHAD on its "Live in the D" segment which informed viewers about all the festivities that will happen the day of the event.



Fox 2 News shared the festive occasion held at Say Detroit Play on May 11. The segment was a recorded interview with Bianca Miles, Youth United Coordinator, explaining the party with a purpose. It also, surprisingly, picked up on its Houston TX affiliate.

Mobile Crisis Service Expansion:

- [Fox 2 News](#) shared the news of the MCU expansion and the new 844-IN-CRISIS number with readers on their website.
- On page three of the [Hamtramck Review](#), our column shares details of the MCU expansion, along with the new crisis number with their readers.
- The [Arab American News](#) shares the service expansion in its print and online editions on Friday, May 8th. Before the new crisis number was unveiled.

Post Partum Depression:

- In observance of Maternal Mental Health Month, the [El Central Newspaper](#) provides a bi-lingual story on Post Partum Depression along with a supplemental advertisement on page A-6 of their newspaper.

Mobile Outreach:

The DWIHN Mobile Outreach Clinician was able to add new events to the calendar and continued the partnership with Wayne Metro and Black Family Development. The DWIHN Mobile Outreach Clinician has a collaborative working relationship with Wayne Metro customer assistance day with 200 people in attendance and will continue to work with them once a month. Wayne State Ameri Corp at Clark Park held an event with 250 people.

Category		
Number of mobile events attended		15
Number of meaningful engagements		810
Number of screenings in the system		0
Number of follow-up calls made		15
Number of referrals made from follow up		11
Benefit assistance referral		0
Bill payment referral		0
Complex Case Management referral		0
Connection to Access Center		11
Housing referral		0

Community Outreach: DWIHN/Youth United/Youth Move Detroit

Notably, in May DWIHN partnered with the Detroit Zoo and hosted resource tables throughout the month and Youth United hosted its annual Children’s Mental Health Awareness Day event at Say Detroit Play. DWIHN also launched its Mental Health Youth Council. The purpose is to assist in planning, helping, advising, and working to fill gaps in traditional mental health services in their communities and address mental healthcare disparities that they have experienced firsthand.

Additionally, DWIHN actively engaged in various outreach activities, including participation in the Wayne County Women’s Commission Panel Discussion in Detroit, The Old Redford HS Career Fair in Redford, and the Mental Health Awareness Impact Day event in Detroit.

Upcoming Events:

- June 19th: Holiday S.O.U.L.S. Chat: Juneteenth **6:30pm-7:30 pm**
- June 20th: 12th Annual FATHERHOOD Forum **9:00am - 4:30 pm**
- June 25th: 1 Courageous Conversations: Life After College **2:00pm-4:00pm**