



Interim President and CEO Report to the Board

Manny Singla

August 2024

FINANCE

Detroit Wayne Integrated Health Network's (DWIHN) VP of Finance, in conjunction with Plante Moran, PLLC, provided a special presentation on DWIHN's internal controls and segregation of duties.

The VP of Finance presented the FY2025 recommended Operating Budget at the joint Finance and Program Compliance Committee meeting on August 7, 2024. The FY2025 recommended Operating Budget amounts to approximately \$1.165 billion, which is 2% (\$23.5 million) more than the FY2024 amended Operating budget. The increase is primarily related to \$20 million of state grant funds budgeted for the new integrated care centers (7-Mile and Downriver).

LEGISLATIVE EFFORTS

PAA facilitated meetings with Director Elizabeth Hertel, Speaker Joe Tate and Majority Leader Winnie Brinks.

The Crisis Counseling Project (Wayne County) – DWIHN has been working with MDHHS on a federal grant application to offer targeted crisis counseling in key areas of Wayne County. DWIHN was just notified that SAMHSA has received the obligation of funds from FEMA for the grant program. DWIHN will begin outreach activities with our provider partners upon receipt of the notice of award, anticipated in the coming weeks.

CMHAM Fall Conference is scheduled for October. Board Member Bernard Parker running for Treasurer.

ADVOCACY AND ENGAGEMENT

August 2: DWIHN and Connect Detroit's GDYT held its annual Young Professional's Conference at Huntington Place to over 500 young people, offering the opportunity to participate in a professional development, building resiliency for the world of work through sound behavioral health and employability skill-building and practices.

July 25: DWIHN's SUD Director Judy Davis spoke with Fox 2 about our mobile services and Homeless Outreach Team collaboration with local law enforcement in Dearborn Heights as they are trying to tackle the problem of substance abuse and homelessness. D-HOT is focused on basic needs and referrals to behavioral and housing services.

<https://www.fox2detroit.com/news/suspected-overdose-homeless-man-dearborn-heights-places-new-focus-treatment>

July 25: DWIHN's Constituent Voice Group held a Michigan Candidate's Forum and heard from local candidates on their views on transportation, education, employment and disability rights. DWIHN remains a non-partisan partner in bringing this information to our members along with

Detroit Arc and Disabilities Network of Wayne County encouraging all members to exercise their right to vote.

July 12: DWIHNs Youth United hosted its annual Stigma Busting Bash for local youth at the Henry Ford Art Block inclusive of music, poetry and working on better understanding and managing behavioral health struggles.

July 18: DWIHNs 10th Annual Interfaith-Based Conference held at Fellowship Chapel.

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. Twelve members were identified with care gaps and those plans were developed and coordinated with Health plans staff.

Health Plan Partner Two

Care Coordination with Health Plan Two was initiated in September 2020. These meetings occur monthly. Health Plan Two had eight members identified as having gaps in care that were coordinated with care teams to develop care plans and those care gaps were addressed. Presently 110 members have received care coordination.

Health Plan Partner Three

DWIHN staff are working with Health Plan Three on a project of monitoring individuals who utilized the emergency room department units and how to perform data sharing. There are four CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral Services, Hegira and The Guidance Center.

Health Plan Three has made updates to how staff can see the aligned CRSP, they think this will help with an increase in referrals. DWIHN in the Month of August will work with CRSP on referrals made to see the flow of the referral through to follow up appointment. This will aid in where improvements maybe be needed.

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. During the month of July, the HEDIS scorecard was reviewed at nine CRSP monthly meetings and FUH data and filter tabs were reviewed and received very good feedback from the CRSPs.

CCBHC DEMONSTRATION EXPANSION

DWIHN submitted the application to become a CCBHC demonstration site in July 2024 and is currently awaiting notification on award. If awarded, DWIHN will be able to provide services to individuals with mild to moderate mental health diagnosis regardless of residency.

CLINICAL OPERATIONS

Clinical Program Updates:

Health Home Initiatives:

Behavioral Health Home BHH) - Current enrollment: 784 (June - 740)

Opioid- Substance Use Disorder Health Home)- Current enrollment: 661 (June - 654)

The "Opioid Health Home (OHH)" is transitioning to a more expansive SUD Health Home for FY2025 (SUDHH). Stimulant use disorder and alcohol use disorder are being added as qualifying diagnoses. Behavioral Health home is also expanding to include Conduct disorder & Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence.

The DWIHN Health Home team has sent out a memo to the outpatient SUD and Mental health provider network to recruit sites that are interested in joining as Health Home providers for FY 2025, starting October 2024. Two informational sessions were offered to educate interested providers in the service array. There are four (4) providers who have expressed interest in adding BHH and SUDHH to its service array and will be certified for the next fiscal year.

CCBHC State Demonstration:

Current enrollment: 10,124 (June-9,846) within six (6) providers.

Certified Community Behavioral Health Clinic (CCBHC) is expanding to its 3rd cohort of providers, who will launch September 1, 2024. Applications have been submitted and it is expected that MDHHS will announce the selected sites by mid-August. The State indicated with its' approved budget it can add up to 12 sites. There are 15 sites eligible for pursuing this certification, seven (7) of which are in region 7. It has been reported that two (2) providers in region 7 withdrew from potential certification.

DIRECT CLINICAL SERVICES

DWIHN Direct Clinical Service Provision: DWIHN is currently providing adult outpatient services to individuals 18 years and older with a severe mental illness. Services include intake assessment, treatment planning, therapy, case management, outpatient psychiatric evaluation and management. Two site locations have been identified in the Detroit and Wyandotte service area with plans to finalize both sites soon. As site locations are being built to suit, the direct services team is providing treatment to individuals in the community through telehealth.

The DWIHN direct services team has also received provisional approval by Michigan Department of Health and Human Services (MDHHS) to provide children home based services. Home Based services are the most intensive outpatient level of care for children and have defined parameters established by the state regarding service delivery requirements. Recruitment efforts are underway to hire staff to fill this unique role. In addition, the direct services team is in preparation to deliver children outpatient services. This level of care is slightly less intensive than home based services but still provides evidence-based practice for children with severe emotional disorders (SED).

Lastly, the direct services team applied and was approved to deliver services through the School Success Initiative for DWIHN. This approval will provide students in the public school system with additional access to the DWIHN treatment services array. Services are planned to begin effective September 2024.

The current staff hired to deliver DWIHN direct services is as follows: one (1) full-time medical director/psychiatrist for adult services, one (1) part-time child psychiatrist, three (3) behavioral health clinicians, one (1) full-time case manager, one (1) direct services administrator, and one (1) office manager. Additional positions will be filled based on service need.

Direct Services Next Steps:

- Continue to build and enhance direct services to serve up to 200 children and adult individuals by December 2024. This will improve the timeliness performance indicator for children and adults non-emergent request for service.
- Build home based and outpatient services for children. This will improve the children's timeliness performance indicator.
- Build ACT services for adults with mental illness.
- Apply for Joint Commission accreditation to deliver substance use disorder services.
- Improve compliance with follow-up after acute care settings by offering same day access to individuals.
- Improve recidivism rate
- Enhance electronic medical record to meet contractual quality performance measures

MEDICAL DIRECTOR

Crisis Center Update:

Highlights:

DWIHN opened doors to our Crisis Center on June 10th and has had over 200 adult admissions, and over 25 youth admissions. Our peer run BEST program has had over 35 admissions.

Trends:

The top 3 primary Diagnosis in Adults so far have been:

- *Schizophrenia Spectrum Disorder*
- *Depressive Disorders*
- *Alcohol Use Disorders*

The top 3 diagnosis in Children so far have been:

- *Disruptive and Impulse Control Disorders*
- *Depressive Disorders*
- *Trauma Related Disorder*

More than 80% of adult admissions have been voluntary.

Staffing:

Psychiatrist: One full-time psychiatrist started with us on July 15th for consistent morning coverage. That is when most planned discharges happen. We have continued to expand our staffing pool for contingent psychiatrists who cover evenings and midnights and currently have 9 psychiatrists. We will be onboarding another one starting September but will lose one who is moving out of State.

Advanced Practice Providers: We have 6 full-time APPs with 2 open positions. One has accepted an offer to start in September and we are interviewing for one. Evening/overnight shifts have been a difficult area to fill. We have 1 part-time and 2 contingent NPs and interviewing for another part-time position.

Trainings:

Psychiatrists and APPs continue to receive trainings on documentation standards and expectations, voluntary and involuntary processes and medical triage and transfers which been identified as areas needing ongoing attention as well as revisions in terms of policies and procedures.

State Certification:

DWIHN has received provisional State certification and is one of two State Certified Crisis Stabilization Unit for adults. The State has created Child/Adolescent Certification standards which has been a barrier towards adequate utilization of beds.

Community Care Clinic Update:

DWIHN Clinic has gone live and started accepting patients. Our adult psychiatrist/Outpatient Medical Director Dr. Severe started on June 30th. The part-time child psychiatrist started in the first week of August and is currently going onboarding, training and credentialing process. The clinic is currently focusing on developing reports through the EMR to be able to track members served, caseload, compliance with State indicators and other Clinic KPIs.

HUMAN RESOURCES

During the past month, DWIHN hired the following staff:

- Residential Care Specialist
- Residential Care Coordinator
- Recipient Rights Investigator
- Psychiatrist Outpatient Clinics
- Provider Network Manager
- Peer Support Mobile Crisis
- Financial Analyst
- Dispatch Coordinator - Part Time (2)
- Dispatch Coordinator - Contingent
- Customer Service Specialist - Part Time
- Crisis Care Shift Supervisor - Contingent
- Compliance Specialist
- Call Center Representative - Contingent
- Call Center Representative
- Call Center Clinical Specialist - Contingent
- Behavioral Health Technician Supervisor - Contingent
- Behavioral Health Technician - Contingent
- Behavioral Health Clinician-Outpatient Clinics

DWIHN staff member Marlena Hampton has been promoted to Interim Director of Utilization Management.

DWIHN HR has continued contract negotiations with the AFSCME unions. Supervisory Institute Session #4 (Praise and Recognize to Motivate) was conducted July 23 for Supervisory Staff. LEADx Workshop #2 (Transition to Manager) was held July 26, 2024.

AUTISM SERVICES

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 ASD. There was a total of 2,245 members and 188 new referrals in the month of July.

ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25hrs per week. Whereas comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

The below table shows the distribution of members with respect to their level of care needs. This demonstrates that most members (94%) require a higher level of care within this services array.

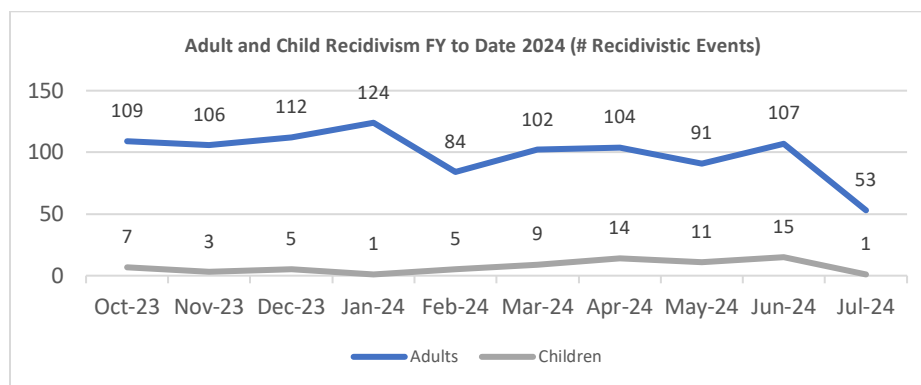
New Members– Level of Care FY24-25	Comprehensive	Focused	Total
Q1	386	28	414
Q2	422	25	447
Q3	578	33	611
Total:	1386	86	1472

CRISIS SERVICES

Addressing Recidivism

The PIHP Crisis Services Department works to identify members who receive a crisis assessment that are also recidivistic. Members seen in a crisis encounter within 30 days of a previous admission become recidivistic if they are re-admitted to an inpatient level of care within those 30 days. The team developed a process to identify members who are recidivistic, notify the assigned CRSP, and connect members without a CRSP to a provider for ongoing treatment services in the community.

Current Status:



There has been a noteworthy decrease in the number of adults and children who had recidivistic admissions in July. The team has determined there are opportunities to divert members to the Care Center to potentially limit unnecessary recidivistic inpatient hospitalizations. The team has recognized a need to reiterate the value of CRSPs seeing their members on inpatient units to assist with discharge planning.

INTEGRATED HEALTH

OBRA has continued to work on conducting and improving OBRA process:

- OBRA processed 613 referrals, 328 were assigned to be completed and 285 were triaged and provided exemption letters. OBRA completed 159 full assessments in July and 53 partial assessments with a total of 212 face-to-face contacts for July. This is an increase of 31% or 66 more assessments completed than in June.
- PASRR educator provided training to 22 Nursing homes and 2 Hospital and trained 34 staff.
- The DWIHN OBRA team have continued to have a low rate of pended assessments. The pending rate for June is 10%. This remains under the required 24%. The State congruency rate was 98% for the month of June.
- All PASRR consumers that received a Specialized determination in the past year have been given the OBRA Specialized program assignment in EMR. OBRA will now be able to monitor these individuals each month to determine if services were provided and work on improving choices for individuals so they can maintain current CRSP providers while in the nursing home.

Care Coordination with Health Plans: IHC has met with MHPs Molina, HAP, United, Meridian, Aetna to increase data sharing collaboration to include more in-depth care coordination to improve outcomes. DWIHN is working with the State Workgroup to redefine the parameters for this as the State requires 25% of the qualifying population to have a care coordination plan in CC360. During this report period 50 individuals were identified with gaps in care, 33 of those were successful in closing at least one or more gaps. 7 members were unable to reach and 10 will carry over to July 2024 due to continued efforts to report results of attempt to close care gaps.

SUBSTANCE USE DISORDERS

Chess Health eRecovery App

This app is a comprehensive digital platform designed to support individuals in their addiction recovery journey. It provides a set of tools and resources to promote engagement, empowerment, and accountability, including relapse prevention support, peer connection features, wellness tracking, and evidence-based therapeutic content. eRecovery aims to enhance the effectiveness of behavioral health interventions and improve outcomes for individuals seeking recovery from substance use disorders. This is currently being offered at two (2) provider locations:

- Quality Behavioral Health (QBH): Enhancing patient care and treatment outcomes through the integration of eRecovery to streamline processes and improve access to critical information for healthcare providers.
- Personalized Nursing Light House (PNLH): Leveraging eRecovery to personalize patient care plans, optimize nursing workflows, and ensure seamless communication among care teams for better patient outcomes.

Both provider locations are actively engaging with the new system and initial feedback has been positive. The implementation team is diligently working to ensure a smooth transition and address any potential challenges. DWIHN ensured that all designated staff members at Quality Behavioral Health and Personalized Nursing Light House were effectively trained on using the eRecovery platform. This included conducting comprehensive training sessions, providing user guides, and offering ongoing support to address any questions or concerns. Additionally, configuring the system to align with the specific needs and workflows of each provider location is a significant task to ensure seamless integration and optimal utilization of the eRecovery platform.

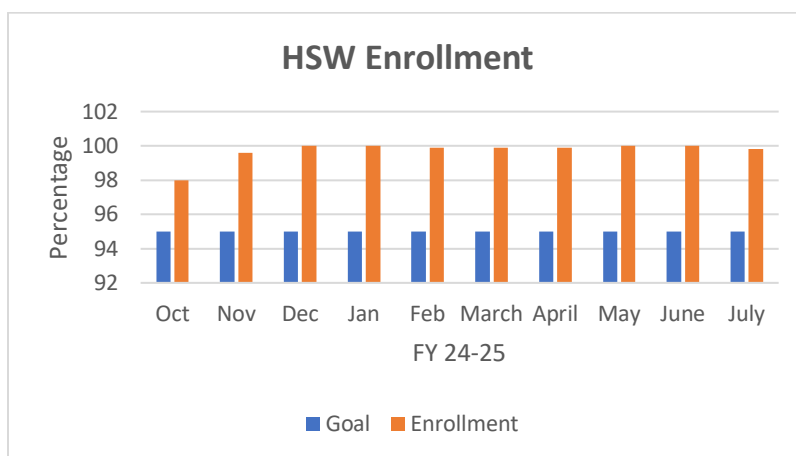
DWIHN is establishing regular feedback sessions with the provider staff to gather their input on the usability of the eRecovery platform and identify any ongoing issues or areas for improvement. Additionally, we will conduct periodic assessments of the system's performance, user satisfaction, and adherence to established workflows. This will involve creating a structured feedback mechanism, implementing regular check-ins with the staff, and analyzing data on system usage and outcomes to ensure that any necessary adjustments or enhancements are identified and implemented in a timely manner.

UTILIZATION MANAGEMENT

The Utilization Management Department has undergone a recent leadership change and Marlena Hampton has been promoted to Interim Utilization Management Director. There are several projects currently in process including Habilitation Support Waiver (HSW), the review and update of general fund approved services, and increasing efficiency and timeliness of authorization approvals with the assistance of technology.

The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).

In the month of July, HSW utilization is at 99.8%. There are currently twenty (20) members with completed packets on DWHIN's HSW waitlist. The HSW program continues to exceed its 95% utilization goal. DWIHN is hopeful that, when available, DWIHN will be allocated additional slots from MDHHS to serve more members.



The UM Department contacted CRSPs for their feedback about any HSW-enrolled members not utilizing at least one (1) service per month. The UM department is working with providers to address any barriers and to ensure that the network understands when to make members inactive in the Waiver Support Application (WSA) management tool to ensure accurate reporting. We anticipate this change will be reflected on October 1, 2024, sixty (60) days after claims for July are received by the State. New data will be reviewed and reported at that time.

General Fund Exception is the process designed to prevent the interruption of needed services while a member's Medicaid insurance acquisition/reinstatement effort is underway. There has been a surge in General Fund Exception requests, following the termination of the Pandemic Emergency Order. During the Order, changes were made to Medicaid program eligibility, administration, and policies to prevent beneficiaries from losing health insurance. Now, many members are no longer eligible or failing to take the necessary steps to keep their benefits active (e.g., missed redetermination dates).

The General Fund Exception Process and Benefit Grid have been re-evaluated to ensure alignment between covered services and medical necessity for this service population. A communication has been sent to the provider network sharing changes that will be implemented as of September 1, 2024.

Members requesting General Fund Exceptions beyond their intended purpose are also being identified and investigated further. These members include, but are not limited to, persons on assisted outpatient treatment (AOT) orders, those with Medicaid spenddown, undocumented immigrants, SMI members with minimal treatment engagement, and members in the specialized residential level of care utilizing specific community living supports and personal care services. Efforts to address the needs of these individuals include a collaboration with Residential Services, DWIHN's MDHHS Benefits and Eligibility Specialists, Adult Initiatives, and the assigned Clinically Responsible Service Providers (CRSP). This includes accelerated engagement of responsible persons/entities (i.e., guardians) in the Medicaid application process, verification of spenddown expenses incurred to meet monthly spenddowns, outreach to MDHHS for determination of Medicaid eligibility, and delegation of responsibility to the assigned CRSP to deter further need for General Fund as the payor source.

CHILDREN'S INITIATIVES

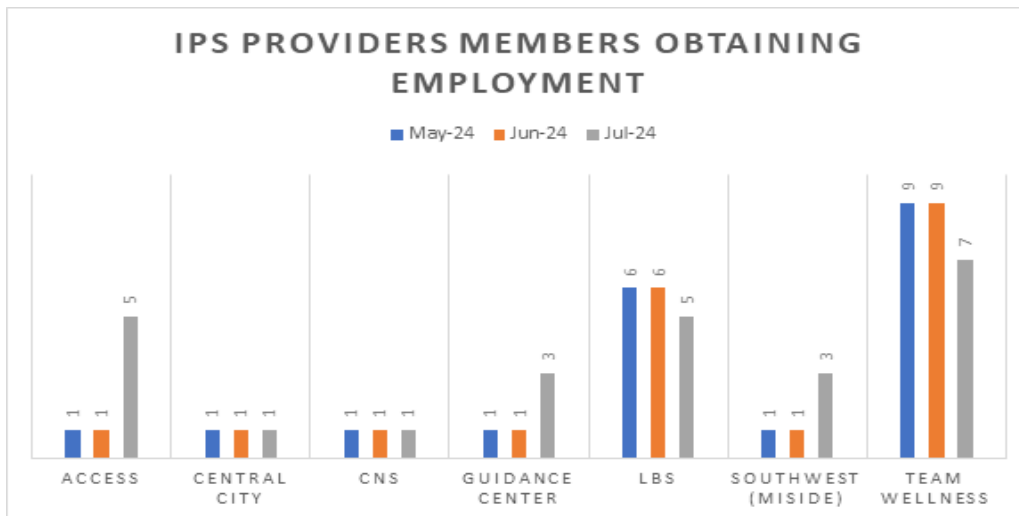
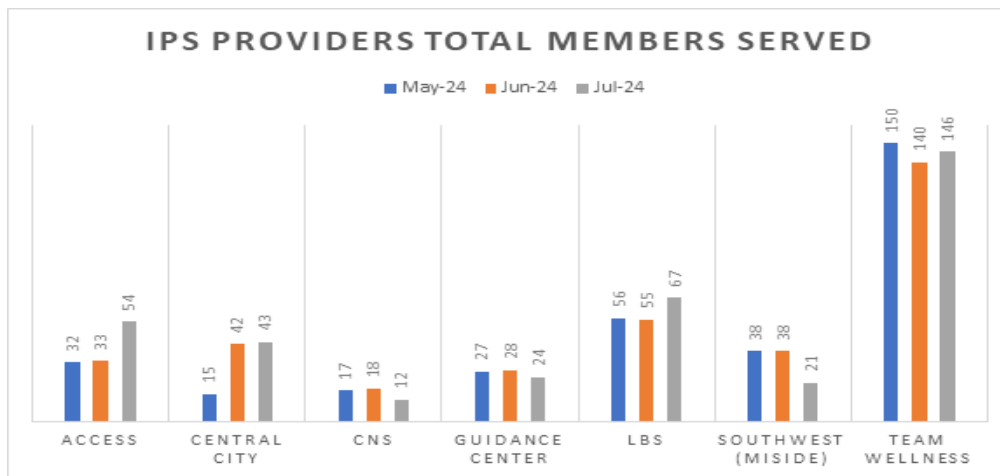
MichiCANS was developed by MDHHS as a screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support family-driven, youth guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services and will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS). This assessment will be completed for both children diagnosed with severe emotional disturbance (SED) and children with intellectual/developmental disabilities (I/DD).

DWIHN was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project. During the month of July 2024 DWIHN Access Department completed 314 MichiCANS Screenings.

Screening Disposition	Total Screenings
No Eligibility or Services Declined	1 screening
Non-Emergency: Mild / Moderate Needs	48 Screenings
Non-Emergency: Serious Needs	104 Screenings
Emergency	0 Screening
Total Screenings	153 Screenings

ADULT INITIATIVES

Individual Placement and Support (IPS) is an Evidence-Based Supported Employment (EBSE) model that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success. There were 367 members receiving IPS services and 71 new referrals during the month of July.



Adult Initiatives recently attended the IPS summit in Bay City, MI, where all IPS providers across the state were present. Adult Initiatives networked with providers and met to discuss and explore expectations among others. Adult Initiatives is scheduled to meet with MRS supervisor, Nicko

Dixon, on August 2nd to strengthen DWIHN relationships with MRS and ensure optimal MRS involvement with providers.

Adult Initiatives attended their first fidelity review, as hosted by The Guidance Center, on June 12, 2024. The review resulted in an increase of 13 points, placing Guidance Center at a 107 on the fidelity scale and placing them in a “good” rating. This now results in The Guidance Center only requiring a review every other year, instead of annually, and puts them significantly closer to an “exemplary” rating. It should be noted that an increase of 13 points is never expected and, per fidelity reviewer, unusual and exceptional.

The rating scale is as follows:

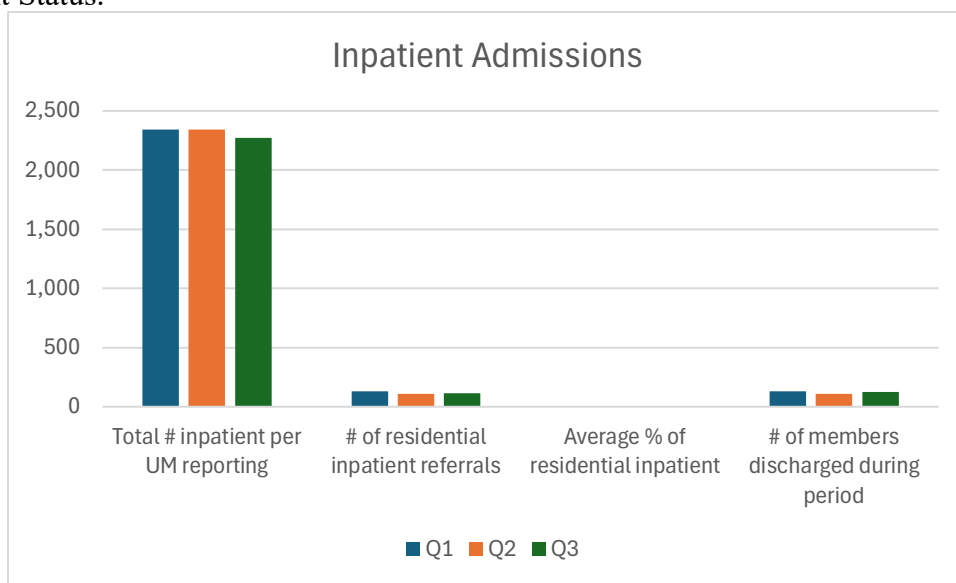
- o 74-99 Fair Fidelity
- o 100-114 Good Fidelity
- o 115-125 Exemplary Fidelity

RESIDENTIAL SERVICES

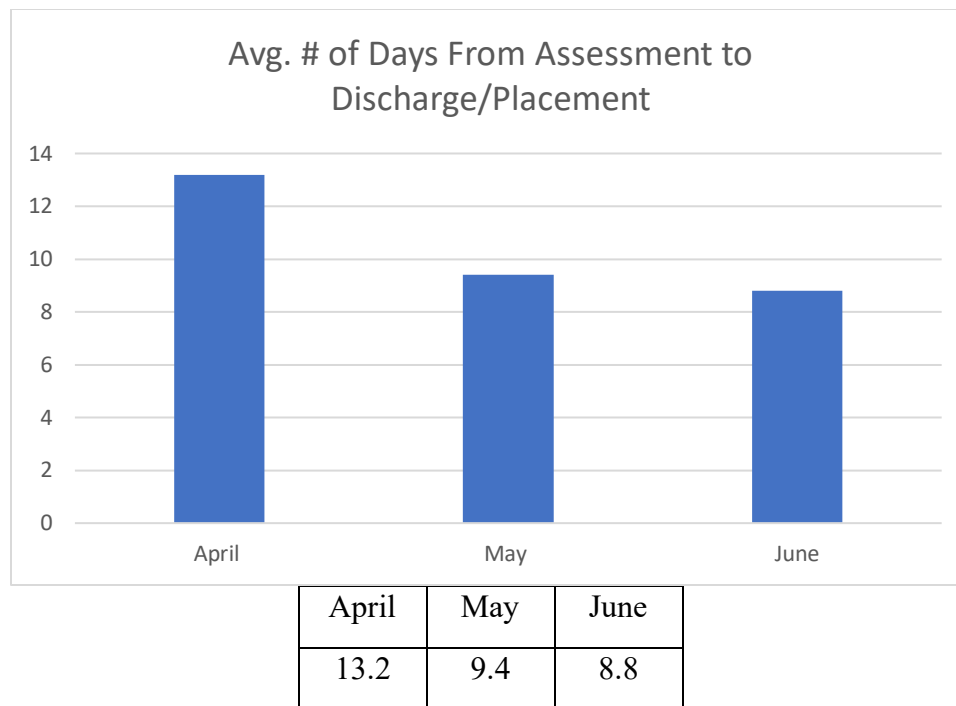
Residential Referral Efficiency

DWVHN continues to examine the hospitalization data for residential referrals in efforts to decrease the frequency and duration of inpatient hospital stays.

Current Status:



	Q1	Q2	Q3
Total # inpatient per UM reporting	2,344	2,345	2,270
# of residential inpatient referrals	130	110	116
Average % of residential inpatient	5.50%	4.60%	5.10%
# of members discharged during period	133	111	125



Adjusted the process of assigning cases to staff immediately upon receiving the referral. We now require staff to reach out within 24 hours of receipt to schedule the residential assessment. Staff review cases weekly with department managers to help initiate creative discharge solutions. DWIHN will coordinate with other departments, including Information Technology and Utilization Management, to develop reports and prompts that could trigger a quicker departmental response to discharge planning. We have already met with both departments to examine the possibility of altering the Continued Stay Review. In addition, the Residential Department was able to onboard 7 newly-credentialled residential providers during the quarter.

Conflict Free Access and Planning:

DWIHN has been reviewing and discussing the Conflict Free Access and Planning information and guidance that was shared with the PIHP network. It states that the Conflict Free Service Planning activities for HCBS, including the development of the Independent Plan of Service (IPOS), assessment and coordination of services, must be independent from the delivery of HCBS services. Providers, including CMHSPs, can conduct both HCBS service planning and service delivery functions but must not conduct both functions for the same member. This includes persons in the following programs:

- 1915(c) Children's Waiver
- 1915(c) Children with Serious Emotional Disturbances Waiver
- 1915(c) Habilitation Supports Waiver
- 1915(i) SPA

This is a large system-wide change and DWIHN is developing a plan that would transition our network to be in line with these requirements in a phased approach to minimize disruption in member care.

IT SERVICES

Business Processes:

- Electronic Visit Verification (EVV)
 - The implementation date is 9/3/2024 for Behavioral Health EVV. The go live date for claims/billing is TBD.
- Autism Risk Matrix
 - Autism Risk Matrix is presently being programmed.
- Outpatient Care Clinic
 - Staff setup continues to occur in MHWIN.
 - Awaiting final decision on location address in order to set up prescribing locations, prescribers, & realign all staff accordingly.
- IPOS Edits
 - Outlined with business the modifications needed in the IPOS resulting from corrective actions related to the MDHHS 1915(c) Waivers & (i)SPA Review.
 - Upon the modifications being programmed & tested, they will be moved to MHWIN & the CRSPs will have to bring these changes into their PCE systems as these are standardized changes being made to the IPOS.
- Wrike
 - Began meeting with Wrike to create project management software to be used at DWIHN.
 - Finishing up the discovery phase and will begin configuration with expected go live date end of September.
- 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 quarterly form system complete. Awaiting signatory user list from MCO for final testing.
 - Working with MCO on 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
- Henry Ford Joint Project
 - Continued data loads for project
- Provider Network Adequacy Dashboard
 - Added more columns to data export
- EQI reporting
 - Conducted P1 assessment of data results

Infrastructure/Security/IT Compliance:

- Building Construction
 - Woodward / Milwaukee still pending blueprint and diagram from vendor (Bluestone)
 - Crisis Center security and video systems implemented
 - Crisis Center workstations configured and delivered

- Security
 - 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, Badging printer and templets are completed, Crisis staff will be the first to receive new badges. Rebadging of staff began in June.
- Onboarding/Offboarding
 - Engaging in an ongoing development process with HR to finalize a new automated onboarding/offboarding system that meets Access Control standards in compliance frameworks. Collaborating with HR to integrate the onboarding/offboarding process into the NeoGov system.
- 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.
 - Collaborating with TTEC Consulting to review processes within the Contact Center, identifying optimal opportunities in the Genesys system.

COMMUNICATIONS

Influencer Marketing Update:

Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	1 Post, 4 Story Posts, 2 IG Lives	Over 86.5K total views
Kathleen Springer	6 Posts	284 Likes/46 Shares

In July, our influencers spotlighted the services provided by DWIHN and promoted our summer events, engaging the entire community and fostering greater awareness and participation.

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: 133,135 down 23.9%
- Engagements: 11,306 up 13.9%
- Post Click Links: 4,538 up 90.2%
- Engagement Rate: 8.5% up 49.7%
- Total Audience Growth over the last month was 19,401.

Google Analytics:

- 2,148 Business Profile interactions

- 3,837 People viewed the DWIHN Business Profile
 - 2,058 (54% Google search - desktop)
 - 1,549 (40% Google search - mobile)
 - 183 (5% Google Maps - mobile)
 - 47 (1% Google Maps - desktop)
- 1,828 Searches DWIHN was shown in users search results:
 - DWIHN – 217
 - Mental health services detroit - 133
 - wayne county community mental health - 118
 - dwctraining - 107
 - 707 crisis center detroit – 95

Earned Media Report:

(Hyperlinks connect to stories and interviews)

CEO Transition News

- [Warren Evans' Detroit News Op/Ed](#) published on **July 31** shows the County's ongoing support for mental health and substance use disorder services. He applauded the organization's achievements, thanked outgoing CEO Eric Doeh, and set some parameters and aspirational goals for the next CEO.
- The [Crains Detroit Business, July 8 issue](#), reported the news of Manny Singla's appointment as the interim CEO
- In the [July 12 edition of the Hamtramck Review](#), the paper shared the news of Manny Singla's appointment as interim CEO.

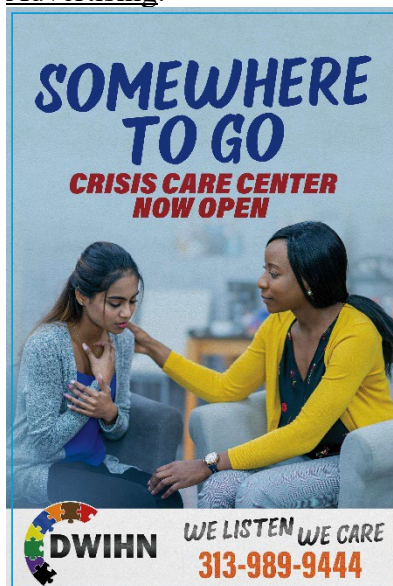
SUD Outreach:

[On July 29, Fox 2 News](#) covered an opioid-related death at a homeless encampment in Dearborn Heights. They came to us for information on prevention and outreach resources. Hilary Golston spoke to SUD Director Judy Davis for DWIHN's progress in this space. Davis spoke candidly about resources and how it often takes multiple encounters to get individuals into treatment.

Youth United's Annual Stigma Busting Workshop was promoted on [CBS Detroit on July 11](#) with a live in-studio interview with Youth Coordinator, Natalie Kay-Flaherty.



Advertising:



Bus and bike kiosks will now have DWIHN messaging through Brooklyn Outdoor. Ten bus shelters and five MOGO bike kiosks throughout Detroit will carry the Crisis Care Center message and number.



Mobile Outreach:

The DWIHN Mobile Outreach Clinician, Kevin Giles, connected with smaller community groups and venues in the month of July. Mostly churches, block clubs and community center events were held over the hottest month of the summer.

Category	
Number of mobile events attended	9
Number of meaningful engagements	730
Number of screenings in the system	0
Number of follow-up calls made	13
Number of referrals made as a result of follow up	4
Benefit assistance referral	0
Bill payment referral	0
Complex Case Management referral	0
Connection to Access Center	4
Housing referral	0

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

In July, DWIHN hosted its 10th Annual Inter-Faith-Based Wellness Beyond the Walls Conference, which supported nearly 500 attendees. DWIHN staff actively engaged in various outreach activities, including hosting a resource table at the Second Annual Health, Love & Music Festival and supporting the Protect Your Mental Health event in Detroit. Youth United hosted a Stigma Busting Bash, a Transitional Age Youth Forum, and a dinner/movie night featuring a youth-led discussion on *Inside Out 2*.

The Member Services Division and the Constituents Voice Committee hosted its annual Michigan Candidate Forum where communications assisted with set up and social media. The event was held at Little Rock/Considine Family Center on Thursday, July 25th. The Forum was designed to hear candidates' views on transportation, education, employment, and disability rights. Participants asked insightful questions, leading to meaningful and engaging discussions.



Upcoming Events:

- August 16th Back to Prevention Basics- Community Street Festival 3.0 Central High School, 12-4 p.m.
- August 22nd Balancing Act: A Summit Navigating Substance Use Disorder, Opioids and Workplace Wellness, Laurel Manor, Livonia, 9 a.m.-4 p.m.
- August 30th Opioid Overdose Awareness Event, Patton Recreation Center, Detroit, 10 a.m.-12 p.m.