



Interim President and CEO Report to the Board

Manny Singla

September 2024

FINANCE

Detroit Wayne Integrated Health Network's (DWIHN) received \$2,024,962 on July 31st in Opioid settlement funds; this amount was slightly higher than the budgeted amount of \$1.9 million.

DWIHN is requesting board approval to bill \$1.3 million of the \$3 million of the 707 W. Milwaukee cost overruns to the \$60 million Integrated Care Center grant as a result of the MDHHS changes in configuration of the care center. The DWIHN VP of Finance conferred with the DWIHN VP of Facilities, and we believe the \$1.3 million is supported and available. DWIHN has received written confirmation from MDHHS that they are amendable to such charges. It should be noted that the legislative appropriation PA166 of 2022 section 1965(b) page 244 is as follows:

“\$45,000,000.00 to a CMHSP located in a county with a population of at least 1,750,000, according to the most recent federal decennial census for capital costs of an integrated care center facility that includes a walk-in behavioral health crisis services center”.

DWIHN received the second Woodward appraisal at \$2 million higher thus reducing the required cash collateral to approximately \$2.5 million compared to the prior estimate of \$4.5 million.

In the event that DWIHN is approved to be a Certified Community Behavioral Health Clinic (CCBHC), it will be imperative that DWIHN ramp up its direct services to members in Wayne County. Failure to do so, could have a significant financial impact.

LEGISLATIVE EFFORTS

Working with PAA and Sen. Santana's office, DWIHN has receiving a direct special grant for \$500k in the Department of Health and Human Services FY25 Budget for our partnership with Vital Data Technologies and MDHHS for our work in developing a repository for access to improve member health across healthcare systems through coordination of care.

CMHAM Fall Conference in October...Bernard Parker running for Treasurer

CMHAM Fall Conference Presentation – featured workshop will be our very own Cassandra Phipps, Director of Children's Initiatives, presenting *“Putting Children First: Sharing Solutions for Infants, Toddlers, Children, and Their Families”*.

ADVOCACY AND ENGAGEMENT

- Sept. 30: DWIHN is partnering with DPSCD in training 130 of their health educators to administrators to administer Narcan. The mandatory all-day training will take place at Henry Ford High School. DWIHN will supply NaloxBoxes in all DPSCD high schools this Fall and train students over the age of 14. The same Narcan training is also being offered to the families of all students.
- Sept. 24: DWIHN partnering with Channel 4 having an all-day Narcan training:



- Sept. 21: NAMI Walk to be held at University of Detroit Mercy Campus to raise awareness for mental health programs and services in our community.
- Sept. 18: Check presentation from DeMaria Construction for the second year has raised \$15,000 to help support DWIHN Constituent Voice Members and other persons we support live inclusive lives.
- Sept. 17: Annual Walk-A-Mile in My Shoes Rally on the Capitol Lawn in Lansing
- Sept. 11: DWIHN Trauma counselors and parent support partners were on hand at a school forum following a suicide at Allen Park High School. DWIHN Back to school outreach events, social media postings have been ongoing since late August.
- Sept. 6: Chief Medical Officer, Dr. Shama Faheem shared information on our social media platforms regarding our crisis and trauma resources following the tragic school shooting in Georgia.
- Aug. 30: DWIHNs SUD Director Judy Davis spoke with CH4 on our efforts surrounding Opioid Awareness Day as we held a training in Clark Park in Southwest Detroit.
<https://www.clickondetroit.com/news/local/2024/08/30/narcan-training-in-detroit-saves-lives-amid-opioid-crisis/>
- Aug. 22: DWIHN was recognized as one of Crain's 2024 Best Places to Work, thanks to the feedback from our staff.

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. Sixteen 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 twelve members identified as having gaps in care that were coordinated with care teams to develop care plans and those care gaps were addressed. Presently, 122 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 met with the CRSP to see if any problems with getting referrals.

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 August, the HEDIS scorecard was reviewed at seven CRSP monthly meetings and FUH data.

CLINICAL OPERATIONS

Health Home Initiatives:

Behavioral Health Home (BHH)- Current enrollment: 807 (July- 784)

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

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.

DWIHN Health Home's enrollment goal is to break 1,000 enrollees in each program headed into FY2025. Two providers supplied application materials to join the Behavioral Health Home program, and one applied to join SUD Health Home program. Recommendations for these sites will be presented at an upcoming PCC meeting. The Health Home team is hard at work on process improvement and building improved data monitoring reports to track outcomes and people's engagement with Health Home programs in FY25. The Health Homes team welcomed Amy Adams to DWIHN as the new SUD Health Home Administrator.

CCBHC State Demonstration - Current enrollment: 10,326 (July-10,124) within six (6) providers.

Certified Community Behavioral Health Clinic (CCBHC) is expanding to its 3rd cohort of providers, who will launch October 1, 2024. The State indicated with its' approved budget it can add up to 12 sites. There were 15 sites eligible for pursuing this certification, seven (7) of which are in region 7. One provider (Hegira) received full CCBHC certification, one (1) provider received provisional certification (DWIHN), two (2) providers withdrew from potential certification, and three (3) did not meet CCBHC certification requirements.

DIRECT CLINICAL SERVICES

DWIHN Direct Clinical Service Provision:

Effective September 23, 2024, DWIHN Community Care Clinic will offer in person services on the third floor of the 707 Milwaukee building. This site location will be temporary until the purchase and remediation of the Annex building is completed. DWIHN currently provides 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. A second site location has been identified in the Wyandotte service area with plans to finalize both sites soon. As site locations are being built to suit, the direct services team continues to provide treatment to individuals in the community and through telehealth.

For the month of September, the DWIHN Community Care Clinic team has begun providing children outpatient services, for children ages 6 years and older, through telehealth. In person services for children

will also begin at the 707 building on September 23, 2024. 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). 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 has defined parameters established by the state regarding service delivery requirements. Recruitment efforts are underway to hire staff to fill this unique role. 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, additional access to the DWIHN treatment services array. Services are planned to begin effective this month.

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 and (1) peer support specialist. Additional positions will be filled based on service need.

CCBHC Demonstration Expansion:

DWIHN has received provisional certification to become a CCBHC demonstration site effective January 2025. The DWIHN clinical team has a few paperwork items due to the State by November 22, 2024, and then full certification will be granted. This certification will greatly expand the access of behavioral health services to individuals with mild to moderate mental health diagnosis regardless of residency, insurance or ability to pay. CCBHC demonstration sites are required to provide nine (9) core services to its beneficiaries. Those services are Crisis Services, Screening Assessment and Diagnosis, Outpatient Behavioral Health Services, Person Centered Planning, Outpatient Primary Screening and Monitoring, Behavioral Health Urgent Care, Targeted Case Management, Psychiatric Rehabilitation, Peer and Family Supports and Intensive Community Based Services to Veterans. Lastly, the State requires the use of specific evidence-based practices be utilized to deliver CCBHC services. This certification will be a huge shift for DWIHN and will positively broaden the scope of services delivered to members in the community.

Direct Services Next Steps:

- Develop direct service model of practice around CCBHC performance measures.
- 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.

HUMAN RESOURCES

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

Administrative Assistant II
Behavioral Health Clinician Outpatient Clinics (2)
Behavioral Health Technician CONTINGENT
Call Center Representative
Crisis Care Shift Supervisor Contingent
Customer Service Specialist Part Time
Dispatch Coordinator Part Time (4)

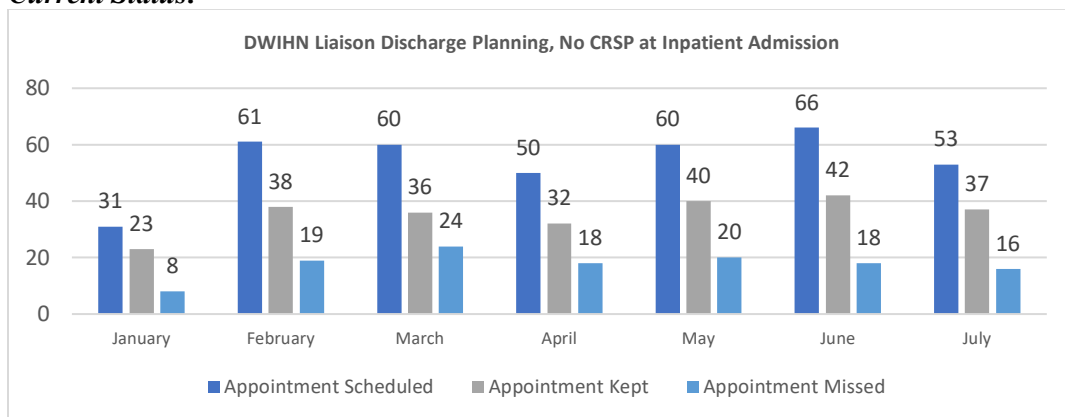
Fiscal Informatics Analytics Administrator
 Medical Records Specialist
 Mobile Crisis Clinician
 Nurse Practitioner Part Time
 Peer Support Crisis Services Contingent (4)
 Peer Support Mobile Crisis (2)
 Peer Support Mobile Crisis Contingent
 Peer Support Specialist Crisis Services (2)
 Psychiatrist Outpatient Clinics Part Time
 Psychiatrist Part Time
 Recipient Rights Investigator
 Registered Nurse Crisis Services
 Senior Financial Analyst
 SUD Health Home Administrator

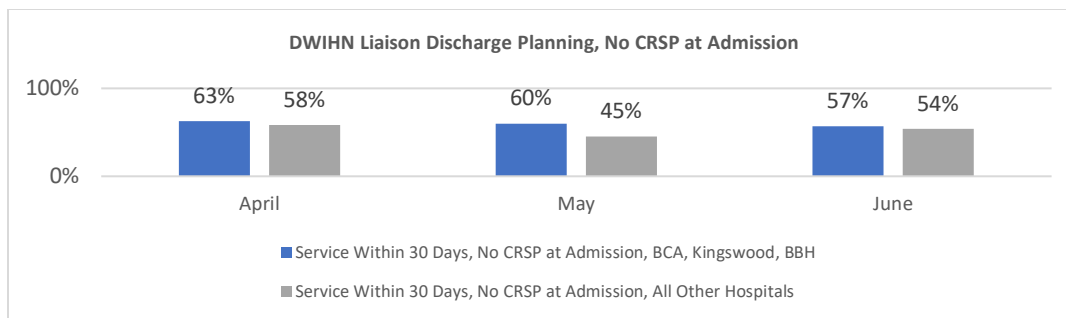
DWIHN HR has continued contract negotiations with AFSCME unions Supervisory Institute Session #5 (Performance Appraisals) was conducted August 20 for supervisory staff. LEADx Workshop #3 (Delegation) was held August 29, 2024. DWIHN has been recognized as one of Michigan's Top Workplaces for 2024 by Crain's. DWIHN has also been recognized by Corps! Magazine for its diverse workforce and is a recipient of their Salute to Diversity Award for the second year in a row

CRISIS SERVICES

Inpatient Hospital Discharge Planning - DWIHN Liaisons continue to meet with members at selected inpatient hospitals (BCA, Kingswood, Beaumont Behavioral (BBH)) to engage members in discharge planning when members are admitted without an assigned provider. Liaisons meet with members to discuss barriers to ongoing service connection and support 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.

Current Status:



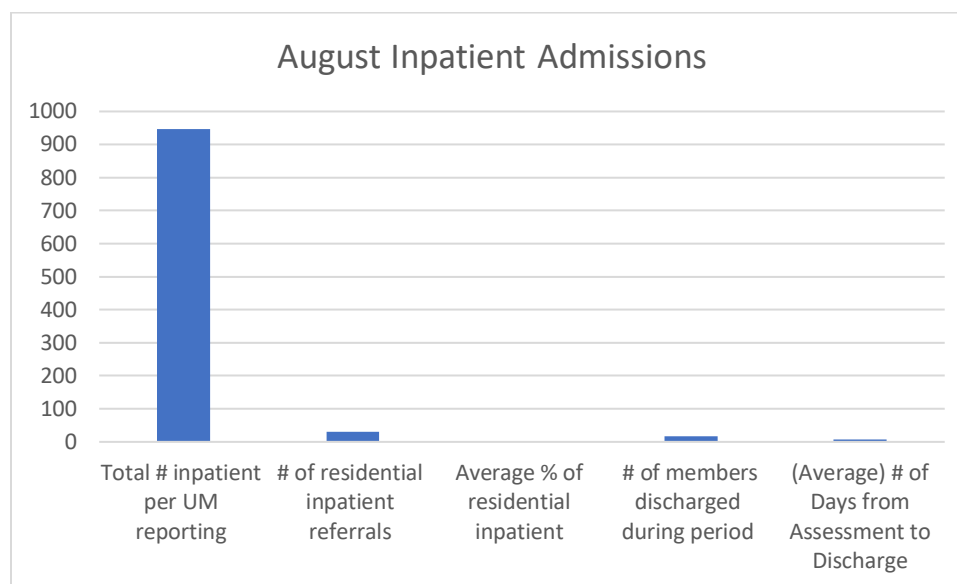


The team has improved the percentage of members who received service within 30 days of discharge from BCA, Kingswood, and BBH, after having been admitted without an assigned CRSP. This is in comparison to the percentage of members who received a service within 30 days at all other hospitals after having been admitted without an assigned CRSP. DWIHN Liaisons have improved the percentage of appointments kept (70% in July).

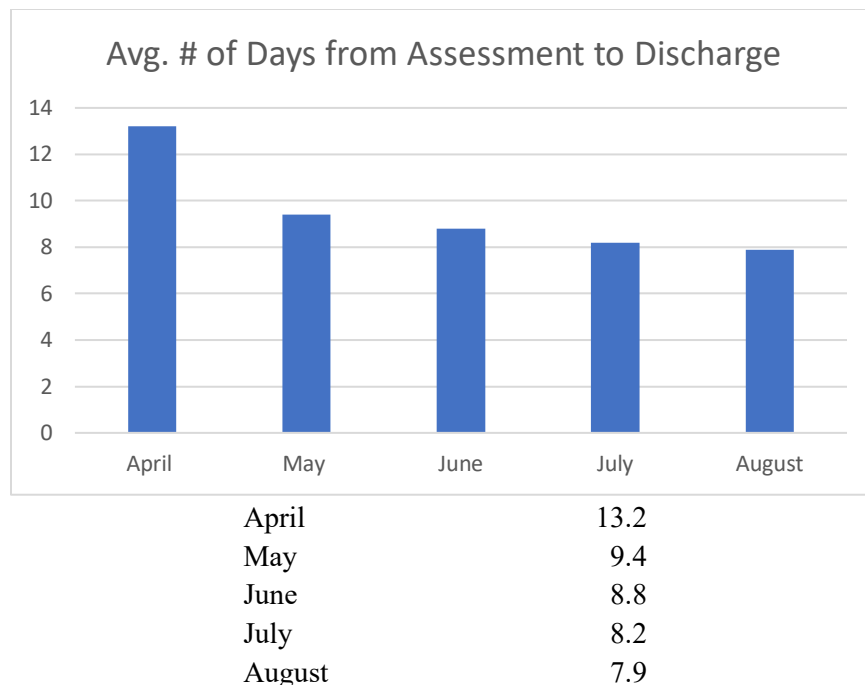
The team has recognized the need to collect data for reasons members miss their follow-up appointments to initiate targeted interventions. The team will expand on the previously developed report to include percentages of members receiving ongoing care post-discharge at 30-, 60-, 90-, and 120-day markers. These trends will be analyzed to determine common barriers to ongoing treatment in the community. The team found there to be an increase in missed appointments for both TWC and CCIH.

RESIDENTIAL SERVICES

Residential Referral Efficiency- The Residential Services Department continues to examine the efficiency of residential referrals from hospital settings. It is important to maintain an efficient referral process to minimize the duration of hospital stays.



Total # inpatient per UM reporting	947
# of residential inpatient referrals	31
Average % of residential inpatient	3.27%
# of members discharged during period	17
Average # of days from assessment to discharge	7.9



Since streamlining the residential referral and assignment process there has been a continued decrease in the time to takes to discharge a member from the hospital to a residential setting. The Residential Services Department managers continue to meet with staff weekly to review cases and develop discharge plans. Additionally, we are taking part in meetings with hospital emergency departments to problem solve and discuss barriers to placement and discharge. The Residential Services Department was recently able to onboard 3 newly credentialed residential service providers during the month of August.

SUBSTANCE USE DISORDERS

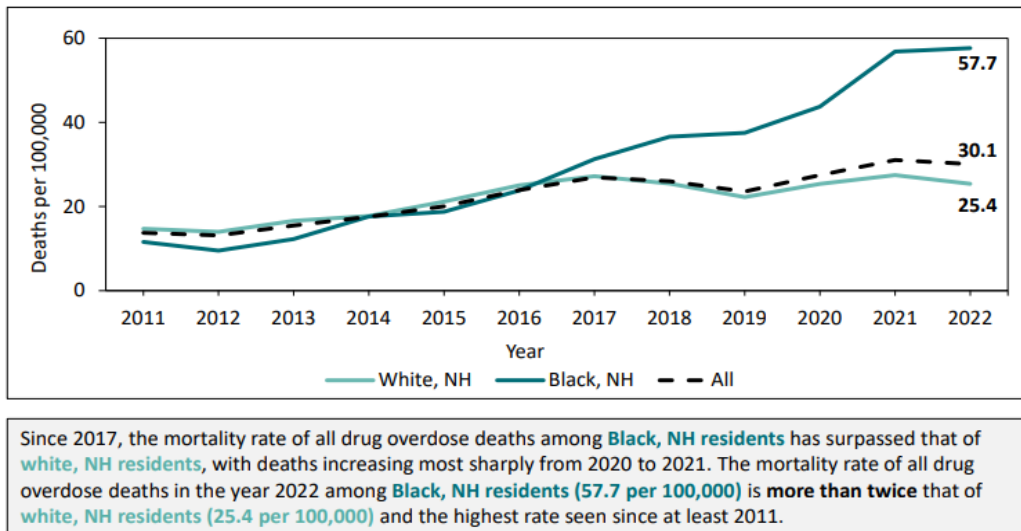
Overdose and Racial Disparity

The drug overdose crisis is a sweeping epidemic across the nation, totaling 891 overdose deaths in the Wayne County in 2022 alone. Opioids, a category that encompasses both prescription pain relievers like Oxycontin and illicit drugs such as heroin and fentanyl account for about 61% of these deaths.

Communities of color have historically borne a disproportionate burden in the drug overdose crisis, in Michigan and nationwide. This is a result of systemic racism and the high rates of mass incarceration. For instance, Black Americans are more likely to live in poverty and have limited access to quality healthcare, posing barriers to treatment for substance use disorder. Additionally, they are overrepresented in the criminal justice system, leading to isolation from support networks, social stigma, and limited job and housing opportunities upon release. These factors significantly heighten the risk of substance use disorders and overdose.

Mortality Overdose Data

Figure 1. Drug Overdose Death Rate by Race & Ethnicity per 100,000 Michigan Residents, 2011-2022



The SUD department marked Overdose Awareness Day by organizing a comprehensive community training session focusing on overdose prevention and response. The event included hands-on naloxone training, distribution of educational materials, and insightful discussions led by our SUD Board Chair, Thomas Adams local recovery coaches that are now community leaders. The initiative's goal was to raise awareness and empower the community to address the overdose crisis effectively.

DWIHN has successfully recorded over 1,737 overdose reversals since the 2016 launch of Narcan training, providing the opioid overdose reversal medication at no cost to community groups. In FY23, SUD funded the distribution of nearly 5,793 kits. As part of the effort to ensure naloxone availability in communities of color, the SUD Department has conducted in-person and virtual trainings on naloxone administration for 5,585 individuals, providing training to various community organizations, including law enforcement, barbershops, churches, schools, and provider agencies. Additionally, as of April 2024, 5,342 fentanyl test strips and 2,853 xylazine test strips were distributed. Data indicates people using drugs practice safer use when knowing these substances are present.

Crucial steps in addressing racial disparities in overdose rates is to support programs that tackle arrest and incarceration issues, launch campaigns to reduce the stigma surrounding substance use, and partner with the Detroit Public Schools Community District (DPSCD) to implement Narcan (naloxone) training in all public schools. DWIHN will install red distribution boxes in these schools' common areas to ensure easy access to Narcan, thereby strengthening the immediate response capability in the event of an opioid overdose. This initiative aims to provide essential training and resources to school personnel, potentially saving lives. The "A Leg Up" program is designed to deliver evidence-based wraparound services to individuals transitioning out of the criminal justice system with Opioid Use Disorder (or a history) and any co-occurring SUD or Mental Health condition.

UTILIZATION MANAGEMENT

General Fund Exception- is the process designed to prevent the interruption of needed services while the 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).

As a result of this substantial increase in requests UM initiated the following:

- Revision and distribution of General Fund Benefit Eligibility Grid
- Initial Discussion of Non-Clinical Quality Improvement project
 - The General Fund UM Specialist met with Quality Department Data Analyst to begin development of non-clinical Quality Impact Assessment (QIA) for prevention of lapse in Medicaid benefits, with the goal of reversing the increase in General Fund Exception requests.
- Members requesting General Fund Exceptions beyond their intended purpose are being identified and problem solved.

Self-Directed Services - Self-Directing Services (SD) is a partnership between Detroit Wayne Integrated Health Network and members using specialty mental health services. Self-Directing services is a method of service delivery that shifts budget authority and control of services to the person, as identified in their Individual Plan of Service (IPOS). Based on services authorized in the IPOS, the member will select qualified service providers of their choice. The costs of services will be outlined in an individual budget and managed by the person through a Financial Management Service (FMS).

In the month of August, there are 1,276 members who self-direct their services. Of those self-directing, 365 utilize agencies and 881 direct hires. This continues to reflect lower use of traditional agency-supported arrangements.

Self-Directing Services											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Total Members	1243	1247	1252	1258	1264	1279	1279	1262	1248	1268	1276

The SD team has been working with the Financial Management Service (FMS) agencies to ensure readiness for Electronic Visit Verification (EVV), effective 9/9/24. EVV is a validation of the date, time, location, type of services provided, and the individual(s) receiving or providing services. This information helps to ensure that beneficiaries receive the expected care.

The SD team self-identified data for housing assistance and use of support brokers as opportunities for improvement. Additionally, the team receives two proposed outcomes for state litigation which will impact the unit rate for members who self-direct (H2015) and have a Habilitation Supports Waiver (HSW). However, the court must make a final ruling. Staff will work with I/DD Program Administrator to identify data sources relevant to housing assistance and research use of support brokers. Additional action related to unit rates will be explored, following official court ruling expected in September 2024.

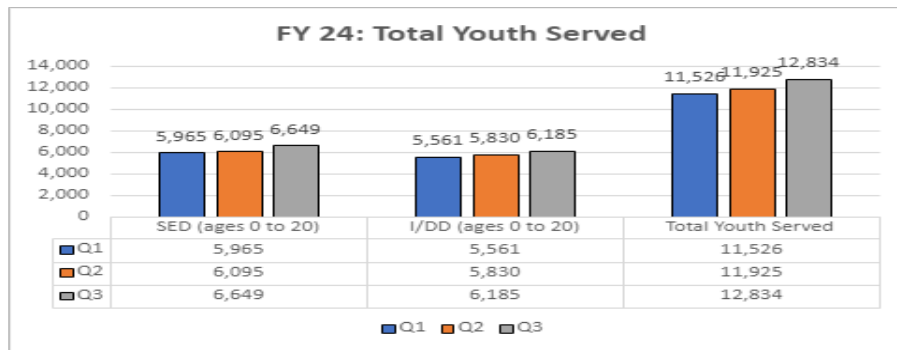
The Habilitation Supports Waiver (HSW)

The 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). DWIHN enrollment has consistently remained above 99% which has resulted in DWIHN receiving additional 41 additional HSW slots from MDHHS.

CHILDREN'S INITIATIVES

Overall Clinical Services:

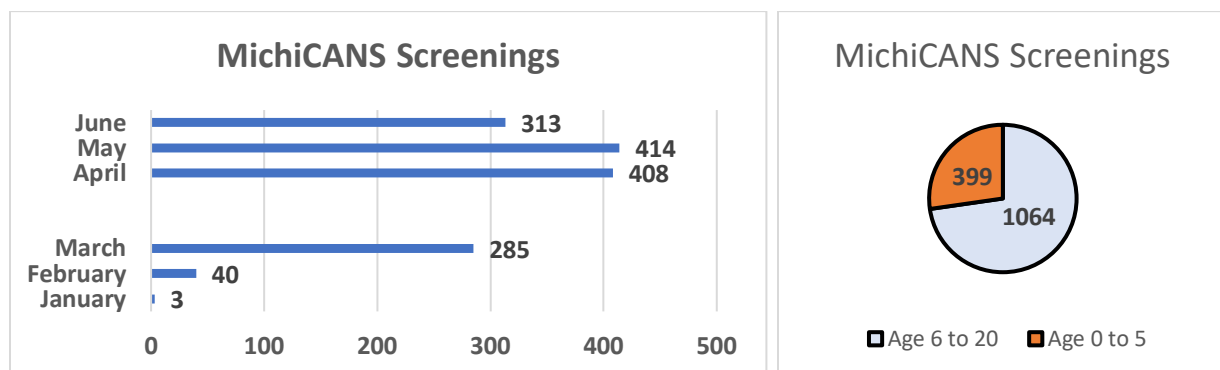
During FY 24, Q2 DWIHN served a total of 12,834 unduplicated children, youth, and families in Wayne County ages 0 up to 21st birthday, including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY 24/Q2 with 11,925 members served. During FY 23 there were 12,123 unduplicated youth who received services.



MichiCANS

Screening 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. The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with serious emotional disturbances (SED) and intellectual developmental disabilities (IDD). In addition, the Devereux Early Childhood Assessment (DECA) will change during October 2024 as well to be administered as an assessment tool for ages 0 to 6 for both SED and IDD children.

The below is the chart of total MichiCANS screenings completed by DWIHN Access Department. FY24/Q2 = 328 screenings and FY24/Q3 = 1,135 screenings (total of 1,463). Of the total, 339 screenings pertained to the age range of 0 to age 5 (27.27%) and 1,064 of the screenings were associated with the 6 to 20 age range (72.72%).



In preparation for October 2024 MichiCANS the following is being completed:

- Update the Screening Eligibility Bulletin to include an additional guidance for Providers to reference
- Continue to participate in monthly MichiCANS meetings in preparation for the hard launch
- Finalize the referral process for Department of Health and Human Services (DHHS) to submit referrals for children and youth involved in the foster care system that meet criteria for community mental health services according to MichiCANS Screener eligibility.
- By September 2024 update policies and utilization guidelines to incorporate MichiCANS requirements

Juvenile Restorative Program (JRP)

JRP is a short-term 3-to-6-month program that includes a comprehensive array of services including therapeutic services (individual, group, and family), care management, peer supports, educational services, skill building services, meals, and transportation to all members.

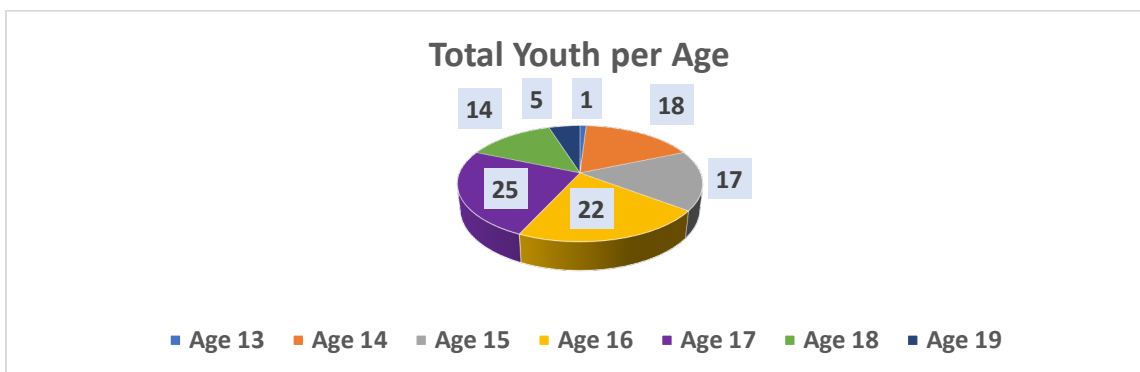
During the year of 2022-2023 there were, on average, about 70 to 80 youth held at the Juvenile Detention Facility (JDF) due to not enough juvenile placement residential beds. Consequently, this resulted in overcrowding and the mental health needs of youth were unaddressed. In addition, there were funding barriers due to the community mental health system being unable to deliver Medicaid funded services in the jail setting for youth. As a result, various collaborative meetings were held with DWIHN Leadership, Children Providers, Juvenile Justice Partners, Hospitals, etc. to address the dire need to support youth in the juvenile justice system. The Juvenile Restorative Program was developed to prevent juvenile justice recidivism and to have community-based services specifically to address the high risk needs of youth.

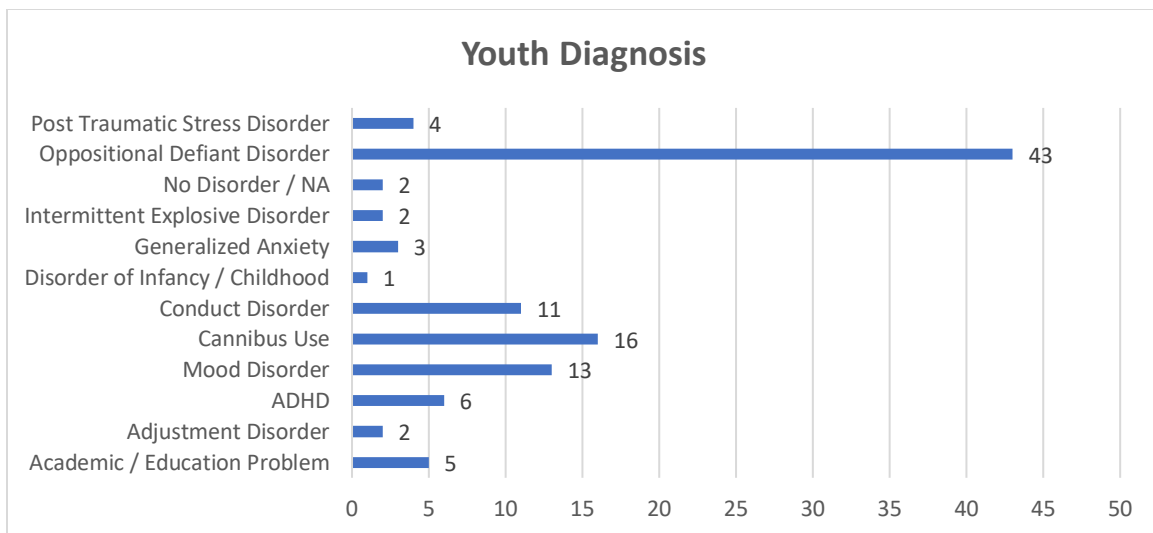
The goal for FY24 was to service at least 70 youth within the juvenile restorative program, which has been accomplished. During FY24 there have been 102 referrals to the program, 91 intake assessments completed, 87 youth actively enrolled in the program (attended consistently minimum of 30 days), and 32 discharges. In reviewing the demographics of the members referred to the program the most prevalent ages were age 16 and 17; in which, age 13 was the youngest age. Also, the primary disability designation was Serious Emotional Disturbances (SED) as well. Lastly, Oppositional Defiant Disorder was the most common diagnosis referred to the program.

Juvenile Restorative Program	FY 23 / Q4 July - Sep	FY 24 / Q1 Oct - Dec	FY 24 / Q2 Jan - Mar	FY 24 / Q3 Apr - Jun	FY 24 / Q4 July <i>Preliminary</i>	Total
# of Referrals	24	25	24	19	10	102
# of Actively Enrolled (<i>Attended at least 30 days</i>)	23	19	22	13	10	87

Summary of youth services include:

- Youth are attending therapy sessions, group sessions, and life skill activities according to the individual plan of service (IPOS).
- Youth are attending online schooling and working towards receiving high school diplomas.
- Youth are completing psychiatric evaluations and stabilizing on medications.
- Youth are reducing substance use.





Youth participating in the Juvenile Restorative Program (JRP) are court ordered and or court approved prior to enrollment. Referrals are submitted by the Care Management Organization (CMO) Care Managers. Assured Family Services (AFS) is the Children Provider who completes screenings and intake assessments for adjudicated youth in the juvenile justice system and assigns to a CMO. The CMO provides coordination with the court system and youth while there is court involvement.

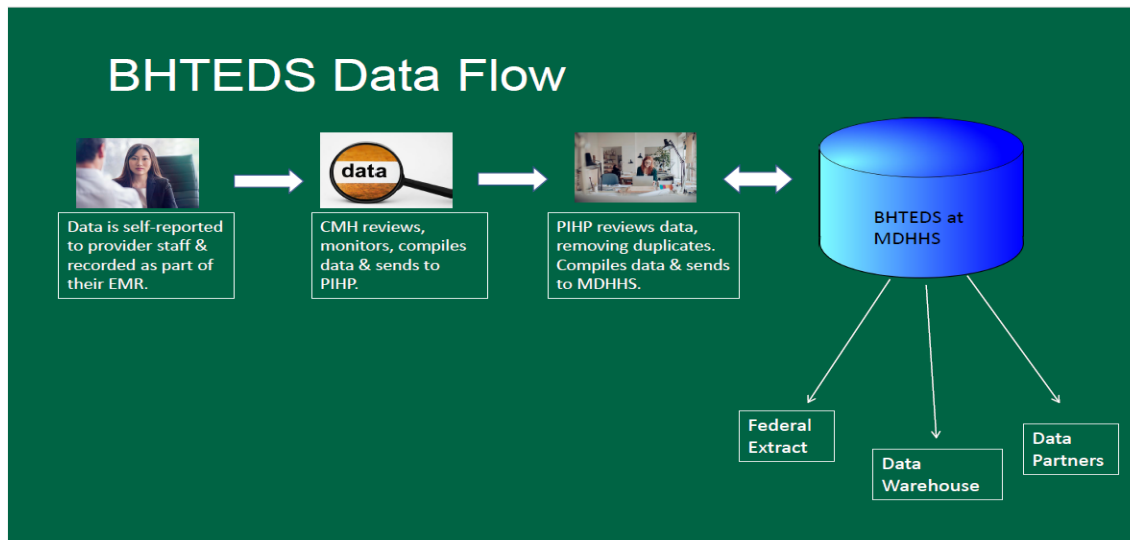
The discharge planning process involves families participating in (4) parent sessions and ensure there is a school plan in place of either traditional schooling or a GED program. As of July 2024, there have been a total of 32 actively enrolled youth who were discharged from the program. Most of the youth who graduated from the program returned to traditional school and/or completed the GED program. Also, youth were connected to housing and completed other goals in the Individual Plan of Service (IPOS). Out of the 87 actively engaged youth in the program, 8% returned to Juvenile Detention Facility (JDF). The main reasons were due to violating probation: vehicle theft, and domestic violence in the home, or tether violation.

ADULT INITIATIVES

BH-TEDS

In 2015, Michigan Department of Health and Human Services (MDHHS), in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), implemented the Behavioral Health-Treatment Episode Data Sets (BH-TEDS). BH-TEDS are demographic information used as a point-in-time snapshot to assist in identifying level of function in one's environment. The information gathered is a combination of questions dictated by the State and the Federal government, and the data collected is used for funding and rate setting for services. The providers within the DWIHN complete these at point of entry to the network, which is the admission, yearly during the annual reassessment (update) and at discharge from the network. This data is then sent to DWIHN through our Mental Health Wellness Information Network (MHWIN), where it is compiled and forwarded to the State. A BH TEDS episode covers all services provided between the two "bookends"- admission and discharge - with the services provided in between considered updates.

Adult Initiatives is monitoring the BH TEDS compliance among our providers. This assists in identifying areas that require more training with the providers regarding correctly addressing data fields as well as some system/technical issues that providers have had submitting their BH TEDS data to MHWIN.



Adult Initiatives has developed a strong working relationship with the MDHHS BH TEDS coordinator, as well as introduced the coordinator to our providers at our Adult Provider Forum to facilitate conversations regarding what is working well within the data flow and what needs improvement. Adult Initiatives has begun attending a quarterly BH TEDS workgroup and has attended a BH TEDS training, which will improve the dissemination of updates to our provider network as well as assist in problem solving errors or rejection of files from the State.

DWIHN serves approximately 123,000 members and all this data is transferred from each individual provider's electronic medical record or PCE system to our MHWIN system. Earlier this year it was brought to our attention that our network had **24,645** admissions that were "dangling" (no updates and no discharges associated with them). Adult Initiatives worked with our IT department to address these dangling admissions and as of August 27th we had reduced this number to 4,149.

Adult Initiatives staff have worked collaboratively with providers to identify barriers to gathering and transmitting the data. A significant issue that has come to light is the ability for our MHWIN system to "talk" to the provider systems and transmit the data correctly. As noted in the description, an admission is completed at the members first entry point to our network and subsequently to one of our providers. Every year this admission is updated, whether it be by that provider, or should they move to another agency, the update process must be the same. If there is an error in the transmission of any of these, each update attached will also be rejected. There have already been transmission errors identified with MHWIN and the PCE systems of 10 of our adult providers. Adult Initiatives has been working with our IT department to develop a plan to fix the technological issues preventing the effective communication between the PCE systems.

COMMUNICATIONS

Main Activities

- ✓ Media Outreach-24/7 mobile units, opioid overdose awareness event
- ✓ Mobile Outreach
- ✓ Access Call Center calls related to Comms outreach
- ✓ Community Events and Outreach
- ✓ Social Media Outreach
- ✓ Identified Opportunities for Improvement

ACTIVITY 1: MEDIA OUTREACH

The Communications Department is always looking for ways to work with the media and share stories about resources, events and activities related to DWIHN and its providers. During this month the Communications Department garnered multiple media stories including the below examples:

Mobile Crisis Services: (Hyperlinks connect to stories and interviews)

Mobile Crisis went fully operational on Monday, August 26th and [WDET's The Metro shared with their audience on Wednesday, August 28th](#). Jakeya Kellom, Director of Mobile Crisis Services, was in-studio to discuss the services.

SUD Outreach-Opioid Overdose Awareness Event:

On [August 30, WDIV's Will Jones joined DWIHN SUD Services for Opioid Awareness Day Activities](#) at Clark Park in Southwest Detroit. The day was filled with personal stories of resilience, Narcan training, and a balloon release ceremony. Along with highlighting the training and attendees, Jones fielded an in-depth interview with Joshua Forsythe, a peer recovery coach, from Abundant Recovery Services.



The [August 30th issue of the Hamtramck Review](#) shared the event with its readers.

The [Ask the Messengers](#) team were on the scene for the event interviewing participants, the episode will air later this month along with the Celebrate Recovery Walk.

ACTIVITY 2: MOBILE OUTREACH

The DWIHN Mobile Outreach Clinician, Kevin Giles, was able to add new events to the calendar and continued the partnership with Wayne Metro and Black Family Development. One of the major events of the month was Detroit Police Department's National Night Out on August 6th.

Category	
Number of mobile events attended	12
Number of meaningful engagements	1,145
Number of screenings in the system	0
Number of follow-up calls made	20
Number of referrals made as a result of follow up	86
Benefit assistance referral	0
Bill payment referral	0
Complex Case Management referral	0
Connection to Access Center	6
Housing referral	0

ACTIVITY 3: ACCESS CALL CENTER CALLS RELATED TO OUTREACH

Each quarter the Access Call Center asked callers "How Did you Hear About Us?" During the 3rd quarter of FY'23-24, the total number of calls managed by the Call Center were **44,567**.

The total number of callers who answered the question was **28,145 or 63%**.

- Of those callers, **587** of them heard about the services from: website, online, flyer, hotline, TV, radio, internet, Google, social media, myDWIHN app.
- Provider Network: 14,450 calls
- Hospitals: 3,630
- Billboards: 29

**special note: this is a snapshot of the categories and not a complete list*

ACTIVITY 4: COMMUNITY OUTREACH

In August, DWIHN staff actively engaged in various outreach activities, like the Detroit Health Department's Children's Wellness Fair, the Seize the Smoke Anti-Violence Event, PBS Kids- Be My Neighbor Day and NCADD's Community Street Festival. DWIHN also hosted Back to School events and supported the 2024 Detroit Opioid Summit.

Upcoming Events:

- September 13 - Celebrate Recovery Walk & Rally, 9am-3pm
- September 16-17 - 25th Annual Substance Use and Co-occurring Disorder Conference, 12-4pm
- September 17 - Walk a Mile in My Shoes Rally (Lansing) 12-3pm
- September 21 - DWIHN Men's Conference 9am-4pm
- September 28 - Statewide Youth Summit 10am-3pm

Channel 4/Mariner's Inn partnership: On Tuesday, Sept. 24, DWIHN, in partnership with Mariner's Inn and MASCO, will hold a community-wide Narcan training at WCCCD Downriver Campus.



ACTIVITY 5: SOCIAL MEDIA OUTREACH

Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	2 Post, 4 Story Posts	Over 38.7K total views
Kathleen Springer	4 Posts	21.7k total views

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.

Performance Report Summary

- Impressions: 128,840 down 3.2%
- Engagements: 11,585 up 2%
- Post Click Links: 3,154 up 90.2%
- Engagement Rate: 9% up 5.8%
 - Total Audience Growth over the last month was 19,634

Google Analytics

- 2,067 Business Profile interactions
- 4,238 People viewed the DWIHN Business Profile
 - 2,358 (56% Google search - desktop)
 - 1,656 (39% Google search - mobile)
 - 194 (5% Google Maps - mobile)
 - 30 (1% Google Maps - desktop)
- 1,972 Searches DWIHN was shown in users search results:
 - DWIHN – 481
 - Wayne County Community Mental Health – 118
 - Mental Health Services Detroit – 107
 - 707 Crisis Center Detroit - 100
 - dwctraining – 95

IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT

Continue identifying events and opportunities where voting information can be distributed at events:

- Walk a Mile in My Shoes Rally
- NAMI Walk
- WDIV Community-wide training
- Youth United Statewide Youth Summit