



President and CEO Report to the Board

February 2025

James E. White

ADVOCACY AND ENGAGEMENT

DWHIN is receiving ongoing support from PAA as we look at the changes taking place in Lansing with newly elected lawmakers and the landscape shift in the legislature. We are working to educate key governmental stakeholders on DWHIN's policy priorities, CCBHC, direct care services and access to care initiatives.

On January 31, there was follow-up with leadership from MDHHS at the 707 Crisis Care Center. MDHHS offered feedback and guidance for youth crisis services that will allow for greater overall success of the unit and the young people it aims to serve throughout our community. Among the clarification we received, it was indicated that a parent or guardian would not be required to stay with the youth for an admission to CSU as long as appropriate consent for treatment was obtained.

Engagement

Mobile Crisis Support – Wayne County
January 28, 2025

I wanted to take a moment to express how impressed I am with the Mobile Crisis Unit and the exceptional service they provided today.

This morning, a member of our community came to our building in Wayne seeking assistance, stating that he was "having a mental health crisis and looking for help to get through this." I brought him to my office, and after building a rapport and conducting a quick field assessment, I asked if I could contact our partners at DWHIN so he could speak with a mental health professional.

From the operator who took my call to the crisis team that arrived at our building, every individual demonstrated professionalism, compassion, and excellence. The team worked respectfully, ensuring this gentleman's dignity was maintained throughout the entire process.

As a public health practitioner and first responder, I cannot overstate how grateful I am that Wayne County has access to this vital resource. It makes a significant difference in our ability to serve and support the community effectively.

Please extend my gratitude to the team for their exemplary work.

Regards,
Chief Mautz
Timothy Mautz, BS CPH PEM
Chief, Emergency Preparedness & Response

Wyandotte Today featured DWIHNS CCBHC status and the benefit to the Veterans in the community. a veteran who now serves as DWIHN's veteran navigator, said the CCBHC demonstrates how well the organization is positioned to support veterans.

<https://www.communitypublishing.com/articles-wyandotte-today/DWIHNVeterans>

Dr. Kanzoni Asabigi, SUD Board Member, discusses the crucial link between substance use and HIV transmission, emphasizing prevention and treatment strategies for vulnerable populations.

https://rollingout.com/2025/02/01/dr-kanzoni-asabigi-on-hiv/?fbclid=IwY2xjawlYuc9leHRuA2FlbQIxMQABHQ1-NAgCGxwUN0RSCM5YqBmfxLfzbA2wx8rrncCZTuxRD3D94w0Dx3ts4A_aem_ZjMdhfXrAxtfyxXAhPYpJQo

On February 21, DWIHN and the Michigan Science Center team up for a family event aimed at engaging young people. The Game Night event brings together virtual reality and gaming, along with a sit-down with Dr. Faheem to talk about the impact of gaming on our mental well-being.

Upcoming Items

- March 20: Annual Report Presentation before the Wayne County Commission.
- March 27: Tri-County Metro Region Meeting, Macomb hosting (virtual).
- Full Board Member Appointment terms set to expire March 31: Wayne County (Brown, Ruth) and Detroit (Carter, Glenn).
- SUD Oversight Policy Board - DWIHN Board Appointment terms set to expire March 31 (Asabigi, Jackson, McNamara). On February 11, Wayne County Commission reappointed board members Fielder and Taylor. The three-year terms will commence April 1, 2025.

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.

Care Coordination is completed monthly with Health Plan One and Two. Historically, Data Sharing was completed with Health Plans. DWIHN would meet with the Health Plans and share data, for example address or phone numbers. In 2020, DWIHN met with two health plans to discuss care coordination. This is a service where DWIHN and the Health Plans actively search out members who have gaps in care with behavioral health and medical. The health plans work with the primary care providers and DWIHN works with the CRSP agencies to bring a team together treat a member. The goal of care coordination is to close the gaps in care within 90 days. Gaps in care could be, not engaged with a primary care provider, untreated diabetes and on antipsychotics, high hospitalizations (medical and psych), not taking medications as prescribed, not engaged with CRSP agency. For FY 2025 125 members were serviced in care coordination. This count does not include members who could not be located or refused services at the CRSP.

Health Plan Partner One

DWIHN and IHC meet monthly for care coordination. Health Plan One resumed care coordination in January. Plans and care gaps for 12 members were jointly reviewed by both care teams with 4 members had gaps in care resolved, two cases will get addressed as part of care coordination in February 2025.

Health Plan Partner Two

Care Coordination with Health Plan Two was initiated in September 2020. These meetings occur monthly. Health Plan Two had 20 members plans reviewed by the care teams in the meeting. Eleven members care gaps were resolved in 30 days and 6 will carry over to February.

Health Plan Partner Three

There has been a change in direction at Health Plan Partner Three and they are no longer able to commit staffing resources to continue the project. DWIHN is working aggressively and looking to identify a partner for Health Integration Plan project.

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 an HEDIS scorecard based on claims from our CRSP and claims pulled from the MDHHS claims warehouse CC360. DWIHN is following the guidelines set by 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 January, the HEDIS scorecard was reviewed at fourteen CRSP monthly meetings.

CHIEF MEDICAL OFFICER

PIHP/CMHSP Medical Directors

DWIHN was encouraged for its Mobile Crisis data indicating low numbers of law enforcement involvement. We had 1,400 members served between Dec. 2023-Nov. 2024, with 23% of them requiring mobile crisis transport and only 6% of them requiring law enforcement assistance. Among those requiring law enforcement assistance, most of them were for transport of involuntary individuals rather than for aggression.

Michigan has been selected by CMS as one of the four states to participate in Innovative Behavioral Health Model. DWIHN is well positioned due to its NCQA status and its participation in care coordination with health plans.

State Medical Director Assisted Outpatient Treatment Advisory Committee

Mental Health Courts, Emergency Departments, Hospitals, MDHHS and CMH continue to be involved in advocacy and discussion around expansion on the use and compliance of court ordered treatment (AOT).

AOT Bills (SB 916–918, led by Sen. Hertel) are awaiting on House floor for final approval. These Bills would decrease the threshold at which law enforcement could take individuals for screenings and could result in increased crisis stabilization drop offs. It also expands other clinicians besides psychiatrist to testify for court ordered treatment and provides court-ordered treatment for misdemeanor offenders with mental health issues.

In order to improve compliance with AOT and improve data, DWIHN has been working on creation of AOT dashboard as part of AOT grant received through the Michigan Health Diversion Council.

Crisis Center Updates:

Over 90% of our admission continue to be voluntary which has been the goal for the Center despite around 25-30 % of our referrals coming from Law enforcement. This indicates that we are able to de-escalate high acuity individuals who are often brought in by law enforcement and help them get help voluntarily.

Verbal De-escalation remains the primary source of agitation management as evidenced by low use of agitation medications. (Less than 10 Intramuscular use of common combination called B52 in 3 months.

Substance Use Disorder continues to be address in the management protocol at Crisis Center knowing the high co-occurring population we serve. This has been evidenced by high use of withdrawal medications for Alcohol Use Disorder, Opioid Use Disorder and Nicotine Use Disorder.

Schizophrenia Spectrum Disorder remains the most common diagnosis resulting in crisis presentation and hospital admissions. We have been tracking use of long acting injectable at our Crisis Center and have been working with our EMR system to develop alert when the use of LAI is appropriate to improve medication compliance for this group, especially knowing that this is resulting in recurrent admissions and crisis presentation. We have also been sending referrals to First Episode Psychosis Program (FEP), which is an evidence-based program to reduce later development of schizophrenia through early intervention and treatment. Hegira got enrolled in this State expansion grant last year.

Referral rates to psychiatric hospitals for Adults at the Crisis Center as a disposition remains low. (Ranges between 10-20%). Our CSU is considered a Preadmission Screening Unit. As compared to traditional preadmission screening reviews completed in emergency departments where referral rate to inpatient hospital typically averages 70%, this is a three to four times lower rate of referral for inpatient hospitalization.

DWIHN has started outpatient services and has been serving both adults and children. Currently, our Medical Director is prioritizing Joint Commission review process and developing an extensive list of Psychiatric policies and protocols for the clinic. The clinic has 181 scheduled patients, and 144 have been seen. The clinic has been compliant in meeting the State's 14-day access standard in last quarter.

CLINICAL OPERATIONS

Health Home Integrated Service Expansion

Detroit Wayne Integrated Health Network (DWIHN) recognizes the value of integrated healthcare models and continues to promote expansion throughout our provider network. As a Lead Entity, DWIHN works with our Health Home Partners to ensure they provide care management services to DWIHN members. DWIHN has nine (9) Behavioral Health Home partners serving 810 members and eight (8) Substance Use Health Home partners serving 658 members. Although DWIHN currently has the most health home enrollees State-wide, we know there are more members that can benefit from these services. The DWIHN Health Home Team is reaching out to providers to educate them on the benefits of this model and gauge their interest in becoming a provider. DWIHN recently recommended that two (2) providers be removed from the SUD Health Home program due to their inability to meet minimum program requirements.

Emily Patterson, Health Home Director, and her team (Amy Adams and Mark Matthews) presented at the CMHA Winter Conference providing education on health home models and the benefits they provide to members. It was a very insightful presentation that was very well received by audience members.

Michigan Department of Health and Human Services (MDHHS) Updates

DWIHN is currently preparing and submitting files to the Health Services Advisory Group (HSAG) in preparation for our external quality review. HSAG is contracted by MDHHS to review quality standards and to analyze HEDIS measures and results for Medicaid plans in Michigan.

Transitions of Care Technical Requirement. A PIHP must develop and implement a transition of care policy consistent with 42 CFR 438.62 to ensure continuity of care for its enrollees. The PIHP should take into consideration the impact on an enrollee's health if they lose access to the enrollee's established providers. DWIHN has an interdepartmental team developing a Transitions of Care Policy that will adhere to this MDHHS technical requirement.

In June 2023, MDHHS required members to re-apply for Medicaid and re-established Medicaid deductibles. When members applied for Medicaid and MDHHS needed additional information from the member, they automatically enrolled applicants into the Plan First program pending receipt of the requested documentation. Plan First does not cover behavioral health services. MDHHS has reported that it has stopped this practice and is working on aligning members to the appropriate Medicaid programs. This is significant as DWIHN has had to use general fund dollars to cover services for persons enrolled in Plan First.

CRISIS SERVICES

Over the last 3 months, the crisis call line has fielded approximately 3,000 calls. Of those 3,000 calls, approximately 20% resulted in a mobile crisis dispatch. In addition, there have been 542 presentations to the 707 Crisis Care Center from November – January.

As of last week (2/7/2025), policy adjustments were made to the Child and Family Crisis Unit, with the support of MDHHS. The unit is now able to serve a higher level of acuity due to the additions of emergency physical management and emergency medication. The unit has also developed a process to reduce barriers to parents seeking treatment for their children but are unable to stay for the duration of treatment. We are hopeful these two major changes will allow more families to access and utilize this resource.

DIRECT CLINICAL SERVICES

DWIHN Direct Clinical Service Provision

Beginning in February 2025, the DWIHN Community Care Clinic will expand its direct services to an additional site location at 15400 W. McNichols Rd within the Federally Qualified Health Center (FQHC), Advantage Health. Services can either be in-person or telehealth and will include comprehensive intake assessment, treatment planning, outpatient therapy, case management, psychiatric evaluation and management for children and adults. The clinic will also continue its current service delivery on the third floor of the 707 Milwaukee building for both children and adults.

Clinical Updates

The DWIHN Community Care Clinic team will be delivering school-based services in the downriver area starting this month. Services delivered will consist of screening children for behavioral health services and linking and coordinating with DWIHN's network of providers. The school-based clinician will use the social emotional learning curriculum endorsed by Wayne-RESA and they will also address social issues unique to the district's challenges with students.

The direct services clinic is currently working in partnership with the crisis care services team, to apply for Joint Commission accreditation. This accreditation will expand DWIHN's ability to provide services to individuals with co-occurring disorder, improve member safety, quality of care and quality outcomes. DWIHN has not yet received notification from Joint Commission on its scheduled review date but will provide information once received.

The direct services clinic is also working in partnership with the Communications team to increase community outreach, expand promotional materials and media presence to inform the community of DWIHN outpatient clinic services. This will support the growth of the clinic and ensure expansion of services throughout Wayne County.

To accommodate enrollment requests and comply with CCBHC requirements, the direct services team is recruiting full time intake behavioral health clinicians, that will offer multiple intake appointments for both children and adults Monday-Friday. Intakes will be offered at both clinic locations. The intake department is expected to be fully staffed by mid-March.

Community Care Clinic Data:

The DWIHN Community Care Clinic enrollment continues to increase. Current enrollment is 183 members. The current demographic data is as follows:

<u>Cities with highest enrollment</u>	<u>Race</u>	<u>Adults</u>	<u>Children</u>
Detroit 78%	African American 80%	69%	30%
Hamtramck 4%	White 14%		
Highland Park 3%	Arab American 3%		
Taylor 3%	Other 4%		

Currently the zip codes with the highest enrollment to date are 48202, 48206 and 48224. Additional demographic data by zip code has been attached in a separate report.

The direct services clinic continues to work with the DWIHN IT department to further enhance its data reporting mechanism inside its electronic health record. This data enhancement will consist of ensuring that DWIHN meets the necessary clinical, quality and compliance standards across all accrediting bodies.

Next Steps:

- Continue to build direct services in Detroit and Downriver area to serve both children and adults.
- Enhance electronic medical record to meet contractual quality performance measures, direct service model of practice and CCBHC performance measures.

- Build ACT services for adults with mental illness.
- Apply for Joint Commission accreditation to deliver substance use disorder services.

FINANCE

Detroit Wayne Integrated Health Network (DWIHN) received notification from the Michigan Department of Health and Human Services (MDHHS) of our annual Performance Incentive Bonus Payment (PIBP). DWIHN received \$6.1 million out of a possible \$6.9 million. The funds are considered local and have been appropriated to cover FY24 general fund overages. DWIHN received \$6.4 million in the previous year.

DWIHN received notification from the federal government that there would be a pause on payments in the Line of Credit Control System (LOCCS) for processing and distributing federal grants, loans and subsidies, effective January 28, 2025. The pause on payments was rescinded on January 29, 2025. These payments include grants from the U.S. Department of Housing and Urban Development (HUD) that are disbursed to five (5) providers totaling approximately \$2.1 million annually or \$175,000 per month. In an effort to not disrupt the programs, DWIHN was prepared to continue payments to these providers until such time of the pause being lifted.

DWIHN is still awaiting its Prospective Payment System Rate (PPS-1) from MDHHS. DWIHN received feedback from the Centers for Medicare and Medicaid Services (CMS) and based on the feedback, we revised the cost report to address all the questions and concerns that were raised. Until DWIHN receives CCBHC approval from CMS, the services and costs incurred are Medicaid eligible under DWIHN's Community Mental Health Services Program (CMHSP) status.

Lastly, the annual single audit is underway and there are five (5) major programs. The audit scope and pricing take into consideration three (3) major programs. This will increase the audit contract by approximately \$12,000 per program or \$24,000. A board action amendment will be forthcoming.

HUMAN RESOURCES

During the past month, DWIHN hired the following staff:

Behavioral Health Clinician (Children Outpatient Clinics)	
Behavioral Health Clinician (School Based Initiatives)	
Behavioral Health Technician Supervisor (Contingent)	2
Behavioral Health Technician Supervisor (Contingent)	
Behavioral Health Technician (Contingent)	
Case Manager - Outpatient Clinics	3
Compliance Specialist	2
Dispatch Coordinator - PAR (Part-Time)	
Dispatch Coordinator (Contingent)	
Executive Assistant 2	
Human Resource Assistant 1	
IT Systems Administrator II	
Medical Assistant	

Parent Support Partner	
Peer Support Specialist - Crisis Services	
Peer Support Specialist - Crisis Services (Contingent)	4
Peer Support Specialist - Mobile Crisis	
Peer Support Specialist - Mobile Crisis (Contingent)	
Senior Provider Network Manager	
Student Intern	2

DWIHN HR has concluded contract negotiations with AFSCME and continues negotiations with GAA. Supervisory Institute Group D held its 11th session on February 6. The topic was “Manage Time and Priorities”.

Planning is underway for the upcoming Directors’ Retreat, scheduled for March 20-21, 2025 at Marriott at Eagle Crest.

INFORMATION TECHNOLOGY

CCBHC/Outpatient Clinic

We have successfully completed the setup of staff profiles in MHWIN for our new 6 Mile location. Additionally, we have finalized the installation of IT equipment throughout the building. This includes configuring computers, networking devices, and other necessary technology to ensure a fully operational environment for our team.

Plante Moran Financial Audit

Plante Moran has broadened the scope of their financial audit activities to encompass both the PCE system and its associated controls. We have promptly provided all initial information requested by Plante Moran for their review. This submission is part of the comprehensive ongoing financial audit process. We are now awaiting their detailed feedback to proceed further.

Security

The AmeriHealth IT audit has now been integrated into their broader services audit conducted with DWIHN. This integration allows for a more comprehensive evaluation of our services and strengthens our collaborative efforts with AmeriHealth and DWIHN. Additionally, Molena has requested additional audit information, which we have promptly provided.

MAPS Integration with MHWIN

We have successfully completed the integration of the MAPS system into MHWIN, enhancing our support for prescribers in the medication prescription process. The MAPS system provides prescribers with a comprehensive view of controlled substances that have been prescribed to a member across the state. This integration ensures that our prescribers have access to vital information that can help prevent overprescription and promote safer medication practices.

ADULT SERVICES

In collaboration with Wayne State Center for Behavioral Health and Justice, DWIHN has been provided with additional resources (toolkit) in relation to Assisted Outpatient Treatment (AOT)

services. As part of the State's AOT Diversion grant, DWIHN has been working with PCE on the development of an Assisted Outpatient Treatment (AOT) module that will provide increased communication between DWIHN, the Wayne County Probate Court Behavioral Health Unit and our provider network for members on AOT. This will improve monitoring of engagement in services and resultant communications with the court. This also includes NGRI members (Not Guilty by Reason of Insanity). The goal is to see a reduction in expired court order and increased compliance in treatment.

Senate bills 915 and 918 have proposed changes to the Mental Health Code in relation to Assisted Outpatient Treatment. These changes include allowing a qualified mental health professional to file a second or continuing order for AOT, an individual can be put on an AOT for a misdemeanor and allows a peace officer to take an individual into protective custody if the officer has "reasonable cause" to believe the person requires mental health treatment. The Senate bills passed through the Health Policy Committee and is awaiting final approval.

CHILDREN'S INITIATIVES

Detroit Wayne Integrated Health Network, DWIHN Infant Mental Health provider sites (Starfish Family Services, Guidance Center, Children's Center, CNS Healthcare, and MiSide), Wayne State University, and Merrill Palmer Skillman Institute (MPSI) are partnering on the Project Launch SAMHSA grant. Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) focuses on children from birth through 8 years of age living in Detroit, Michigan. The goal is to educate and support hundreds of parents and other adults who care for and work with young children while increasing access to high-quality infant and early childhood mental health services in multi-sector settings (home visiting, pediatric clinics, early childhood education). The overall objective of the program is strengthening opportunities to support babies, families and professionals. As part of the project, we will be tracking and recording the rates of developmental and behavioral health screeners complete at each partnering provider site.

COMMUNICATIONS

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 (Hyperlinks connect to stories and interviews):

CCBHC

The January edition of [Wyandotte Today](#) covered the latest developments of DWIHN's certification and the impact it would have on residents, specifically veterans in the downriver area. The article interviewed both Ebony Reynolds and Veteran Navigator Chris Brown. This month's issue also featured the DWIHN logo on the Cover Page.

The [News-Herald](#) also interviewed Ebony Reynolds regarding the CCBHC accreditation and how it will allow us to provide access to quality care for many more residents and we DWIHN will have the ability to treat "mild to moderate" cases.

Stories of Recovery

The [Ask the Messengers](#) Stories of Recovery Continues, with highlighted stories of recovery with various recipients of care from our Substance Abuse Disorder provider network.

WXYZ-7 SUD Commercials

[SUD Narcan Commercials](#) ran on January 17, January 28, and February 4.

Access Call Center Calls Related to Outreach - Each quarter the Access Call Center asked callers "How Did you Hear About Us?" During the 4th quarter of FY '23-'24, the total number of calls managed by the Call Center.

The numbers show a significant increase in awareness due to advertising.

Category	3rd Qtr.	4th Qtr.
Total Number of Calls	44,567	46,306
Callers who Answered the Question	44,567	44,601
Billboard / Bus Advertisement	26	233
Website/Online/Flyer/Hotline/TV/Radio/Internet/ Google/Social Media/MyDWIHNapp	587	607

Community Outreach:

In January, DWIHN staff actively engaged in several impactful community outreach initiatives. Our team participated in the Kevin's Song Conference, the 13th Annual MLK Community Health Fair, and the Big Brothers Big Sisters in Action: Empowering the Next Generation event, reinforcing our commitment to mental health awareness and community support.

Additionally, Youth United hosted Courageous Conversations: Let's Talk Human Trafficking & Youth, providing a vital platform for education and dialogue on this critical issue.

Upcoming Events:

- Saturday, Feb. 15th-Center for Urban Youth & Development's Men's Substance Use Disorder Mental Health Summit
- Friday, Feb 21st Mental Health Pep Rally, Cornerstone Lincoln-King High School, 10-11:30am
- Friday, Feb 21st Game Time at The Michigan Science Center 1-4pm (positive effects of gaming on mental health & youth)

Social Media- Influencer Marketing Update:

Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	1 Post, 4 Story Posts	Over 110K total views
Kathleen Springer	4 Posts	Over 26k total views

Social Media Performance Report Summary:

Social Media Performance: (Facebook, Instagram, LinkedIn, X and YouTube)	Current Period (Jan 2025)	Previous Period (Nov/Dec 2024)
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Total Audience Growth	20,762	20,639
Engagements	2,652	8,059
Post Click Links	829	3,276
Engagement Rate	3.3%	7.2%
Impressions	78,918	110,092

Google Analytics:

Google Analytics/Business Profile	Current Period (Jan 2025)	Previous Period (Nov/Dec 2024)
Profile Interactions	2,218	3,791
People Viewed Business Profile	5,650	8,664
Searches	2,553	3,826
Website Clicks	1,571	2,669