



## President and CEO Report to the Board

April 2025

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### LEGISLATIVE EFFORTS

Ongoing support from PAA as we look at the changes taking place in Lansing with lawmakers and the landscape shift in the legislature. Working to educate key governmental stakeholders on DWIHN's policy priorities, CCBHC, direct care services and access to care initiatives.

Meetings include: County Executive Warren Evans, Mayor Mike Duggan, Rep. Ron Robinson, Rep. Donovan McKinney, and staff from Congressman Shri Thanedar's Office.

Michigan State Budget Director Jen Flood highlighted the potential impact of federal funding cuts on key programs such as Medicaid and education, emphasizing that while the state can manage short-term losses, long-term reductions would be unsustainable:

#### Short-term Solutions, Long-term Challenges

Flood acknowledged that Michigan could cover some federal funding cuts in the short-term using the state's \$2.2 billion rainy day fund. However, she warned that major reductions, especially to essential programs like Medicaid and education, would not be sustainable in the long run.

#### Budget Adjustments Based on Federal Decisions

Michigan's budget is currently based on existing federal funding levels, but Flood noted that any significant cuts from Washington would require adjustments. The state is monitoring potential changes to federal programs, particularly Medicaid, which serves around 2.8 million people in Michigan. The governor's budget reflects current funding, but if cuts occur during the year the state would need to revise the budget accordingly.

The Michigan State Housing Development Authority (MSHDA) recently testified before the House Appropriations subcommittee discussing key initiatives and funding needs for the upcoming fiscal year. Amy Hovey, Executive Director of MSHDA, emphasized the significant impact of steady funding on housing, noting that recent grants have successfully helped local governments update land use policies to encourage housing development. She also discussed the Employer Housing Toolkit, and a pilot program designed to incentivize employers to support housing efforts with a dollar-for-dollar matching fund. The initiative leverages \$10 million in state funding to create a \$20 million impact on affordable housing across Michigan. MSHDA officials emphasized the importance of sustained funding for workforce development and housing initiatives, while expressing concerns over the uncertainty of federal funding for future projects.

On March 27, the US Department of Health and Human Services announced that SAMHSA would be absorbed into a new agency, called the Administration for a Healthy America (AHA). Divisions of AHA include Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce, with support of the U.S. Surgeon General and Policy team. CMS will decrease its workforce by approximately 300 employees, with a focus on

reducing duplication across the agency. We are hopeful that this reorganization will not drastically impact Medicare and Medicaid services.

While it's difficult to know exactly how this shift in federal public health administration will impact individual organizations, we will continue to monitor, be mindful and advocate for all critical federally funded services.

Thus far, the following programs and services receive federal funding and will be impacted:

1. A reduction of overall grant-making for addiction treatment organizations from the federal government
2. Cuts to or elimination of federal educational and training programs for addiction treatment providers, nonprofits, and state-level organizations
3. A discontinuation for population-specific addiction treatment services, including programs that are designed specifically for the LGBTQ community and/or patients of a particular race, such as programs designed to meet the specific needs of people of color.
4. A possible expansion for faith-based programs, that fall outside the evidence-based best practices.

Background: SAMHSA had a comprehensive mandate for advocating for people with mental health and Substance Use Disorders throughout the country. They direct grants to state-based programs to treat mental and behavioral health concerns to providers on evidence-based best practices for addiction treatment and advocate for policy, trained non-profits and state agencies in best practices.

## **ADVOCACY AND ENGAGEMENT**

We continue to work with MDHHS and CMHs around the state in disaster response training and strengthening the role of the CMHSPs in local emergency operations centers to promote evidence-based disaster-specific trainings and resources for behavioral healthcare staff to respond to man-made or natural disasters.

DWIHN is working with MDHHS to recruit members for the Michigan Beneficiary Advisory Council (BAC) that will work to advise MDHHS on Medicaid policy and help improve Medicaid services.

Full Board Members Angelo Glenn and Dr. Lynne Carter were reappointed by the Wayne County Commission at their meeting on April 1, 2025.

## **Upcoming Items**

- April 17: SUD Impact Conference for Employers and Providers. This conference is hosted annually by DWIHN and MPHI
- April 24: Building Community Conversation – a virtual event for parents with children with Autism
- May 4–6: NatCon 25 Conference, Philadelphia, PA

## **CCBHC UPDATE**

We are currently working with MDHHS to submit the revised CCBHC cost report as well as additional information based upon feedback received from CMS.

## **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 Plans One and Two. Historically, Data Sharing was completed with all Health Plans, which included member address and phone numbers. In 2020, DWIHN met with two health plans to discuss a care coordination pilot. This is a service where DWIHN and the Health Plans actively search out and consult on members who have physical and behavioral health gaps in care. The goal of care coordination is to close the identified gaps in care within 90 days. Examples of gaps in care include not engaging with a primary care provider, untreated diabetes and on antipsychotics, high hospitalization rates (medical and psychiatric), not taking medications as prescribed, or not engaged with CRSP agency.

MDHHS has set a standard that all PIHP are to have 25% of care plans open in CC360 when the easy risk stratification is tab is used. Historically the Medicaid Health Plans decided if a care plan was to be open. DWIHN has decided to open 40% of members who are in the easy risk stratification tab as these members have a higher need of care and could benefit from care coordination. For FY 2025, 201 members were served in this care coordination.

### **Health Plan Partner One**

Health Plan Partner One and Integrated Health Care meet monthly for care coordination. In March, DWIHN opened forty members for care coordination. Twenty-five of those were opened jointly with Health Plan One. Fifteen were opened only by DWIHN due a psychiatric hospitalization or emergency room visit. Twenty-five had gaps in care resolved in March. Eight members were unable to be reached and DWIHN letters were sent out. Seven cases will carry over to April because they have not had their appointment at the Clinically Responsible Service Provider (CRSP). There were two cases that carried over from February and those gaps in care were resolved in March.

### **Health Plan Partner Two**

Health Plan Two had thirty-one members discussed in the March meeting. Twenty-four were opened with Health Plan Two. Seven were opened by DWIHN due to psychiatric hospitalization. Twelve had gaps in care resolved during the month of March. Five members were unable to be reached and DWIHN letters were sent out. Eight members will carry over to April because they have not had their appointment at the Clinically Responsible Service Provider (CRSP). The two cases from February had gaps in care resolved in March.

### **Health Plan Partner Three**

For the original project that was with Health Partner Three, DWIHN is actively looking and discussing with other providers to do this. The Integrated Health Care director and Mr. Singla discussed another Health Plan Partner.

There has been a change in direction with original Health Plan Partner Three. They are no longer able to commit staffing resources to continue with this project. DWIHN and Health Partner Three want to continue to work on a project together and discuss a possible joint project for diabetes.

We are currently in discussions with Corwell Health and will discuss if they have the capacity to become Health Plan Three. We continue our talks with the Henry Ford Health Diabetes Clinic regarding a potential joint diabetes project. These discussions are ongoing and aim to enhance our collaborative efforts in diabetes care.

Current Health Plan Three and DWIHN met with their Diabetes Clinic on March 24, 2025. The Diabetes Clinic is only able to assist members who are referred by a primary care doctor after they are diagnosed with diabetes; they do not offer prevention. Therefore, DWIHN will be meeting with two local FQHCs who work with a DWIHN Clinically Responsible Service Provider (CRSP).

The Health Plan Three project requires the hospital system to have staff to follow up with individuals who come into the emergency room for medical and then call one of our CRSP's to set a follow up appointment. It's a big task and that is why Henry Ford stopped and realigned their staff.

### **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 CRSPs, 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.

MDHHS has rolled out a three-year plan beginning 2025 where all quality metrics a PIHP will be monitored on are HEDIS. This will encompass 11 HEDIS measures. DWIHN has 10 of these measures built and in use currently.

The HEIDS Scorecard is also used to track HEDIS Measure needed for Certified Behavioral Health Clinics (CCBHC) and Behavior Health Homes (BHH). DWIHN and Vital Data are working on adding substance abuse data to the Scorecard in the next few months for Substance Use Disorder Health Home (SUDHH).

DWIHN Community Care Clinic is included in the CRSP's that have access to the scorecard. This data will be used to report to MDHHS for CCBHC certification.

During the month of February, the HEDIS scorecard was reviewed at eighteen CRSP monthly meetings.

The DWIHN Integrated HEDIS Specialist started on March 31. They will be focusing on the four HEDIS Measures that Integrated Health has NCQA quality plans on.

## **LONG TERM RESIDENTIAL CARE UPDATE**

Trillium Health is currently working to obtain necessary permits from the City of Detroit to finish the construction of the site. The DWIHN Team continues to work closely with them to track the progress of the project.

## **CHIEF MEDICAL OFFICER**

The Crisis Center Psychiatrist and Advanced Practice Providers (Nurse Practitioners and Physician Assistants) meet with Dr. Mammo and Dr. Faheem on a monthly basis to discuss updates and quality improvements. They were given a biannual satisfaction survey. The Psychiatrist (1FT, 10PT) had a 91% response rate. The APPs (8FT, 3PT) had a 72% response rate. Overall, 60% of them rated as being very satisfied and 40% as satisfied working at Crisis Center, with no one as dissatisfied. For the ones who are moonlighters and in the last years of their Psychiatry trainings, they were asked if they would consider future permanent opportunities at DWIHN. For all those where this question was applicable, 90% indicated their interest, which is encouraging given our plans on expanding Crisis Centers. One of the areas of improvement that they highlighted was to revise the Children's Unit admission process as that could sometimes result in delayed admission. Dr. Mammo has been meeting with the Child Unit administrator to revise the procedure to make it more efficient.

Assisted Outpatient Treatment (AOT) is a court-ordered program designed for individuals with serious mental illness who need ongoing support but may not voluntarily seek or comply with treatment. DWIHN's total member's on AOT ranges between 800-900 at any given time. This include individuals who are put on new initial orders as well as the 6-month 2<sup>nd</sup> order and the annual continuation orders. AOT is also used by MDHHS to step down persons who are not guilty by reason of insanity (NGRI) when discharged from a State hospital on an AOT order. DWIHN monitors approximately 70-80 NGRI cases at any given time, in collaboration with NGRI Committee. The person's NGRI status, and the scope of NGRI Committee, currently ends if a person's AOT expires. Medical Directors of PIHPs and CMHSPs have advocated for expansion of role of NGRI Committee to continue to be involved in getting a person back on AOT in case their AOT expires as well as to expand the role to be involved in cases that are deemed non-restorable. Dr. Pinals stated that she is working with State on potential expansion of scope.

Schizophrenia Spectrum disorder is one of most common diagnoses that contribute to psychiatric admissions and recidivism. Medication nonadherence is a barrier in individuals with Schizophrenia and hence an important HEDIS measure. DWIHN saw a decrease in compliance in FY 24 and revised some interventions. Discussed the importance with CRSP Medical Directors meeting in March. Preliminary Compliance (claim lag) until March 2025 has shown improvement with a rate of 86.25% while FY 24 rate was 47.71%. Integrated Health Department has worked on defining HEIDS expectations for CRSP, increasing education to community though mobile app and trainings and DWIHN has focused on assisting members with re/applying for Medicaid as that contributed to members losing prescription coverage. We have also worked on alerts in PCE to remind prescribers to assess if an injectable antipsychotic is appropriate for members who are non-compliant with oral antipsychotics.

## CLINICAL OPERATIONS

### Health Home and Integrated Healthcare Services:

There are currently 19,650 enrollees in the Certified Community Behavioral Health Clinic (CCBHC) State Demonstration. MDHHS recently held listening sessions regarding the current CCBHC funding model, which included the consideration of MDHHS paying CCBHCs for services directly. The CCBHC Demonstration is set to end at the conclusion of FY2027 unless it is federally extended or MDHHS makes policy changes. DWIHN's direct service clinic is still waiting on final CMS approval to become a certified CCBHC.

The DWIHN OBRA team (Omnibus Budget Reconciliation ACT) processed 580 referrals in the month of March and assigned 275 of those for assessments. The number of preadmission reviews and annual reviews have continued to rise in recent months. Members who are in the hospital are at higher risk and therefore must be assessed first, which impacts timeliness of annual reviews. The Integrated Healthcare Department will be hiring more contingent evaluators to assist in this area.

### Michigan Department of Health and Human Services (MDHHS) Updates:

*Conflict Free Access and Planning (CFAP):* Centers for Medicare and Medicaid Services (CMS) require States to implement CFAP policies that will directly impact the provision of behavioral health services across the State and in our region. CFAP states that CMHSPs, in their role as a provider, may not offer both service planning and direct services to the same member. DWIHN was recently informed this will go beyond Home and Community Based Services and includes State Plan services, which is much more expansive and will impact most providers (excluding CCBHCs who are exempt from this standard). DWIHN is meeting internally to develop a plan around this structure while we are awaiting receipt of MDHHS's implementation plan.

*Care Coordination:* In 2024 the State of Michigan published an RFP for health plans to bid on provision of health insurance for the dual eligible population in Michigan. Currently there are five (5) health plans working with dual eligibles, but as a result of the RFP, this will increase to eight (8) health plans starting in FY2026.

## CRISIS CARE SERVICES

During the past month, 325 individuals were admitted to the adult unit and 88 individuals were admitted to the child and family unit. The largest discharge disposition with Outpatient/CRSP at 40% for the adult unit and 64% for the child and family unit. There was a reduction in inpatient referral rates from the previous quarter – reducing from 25% to 11% on the adult unit and from 10% to 8% on the child and family unit.

The Joint Commission accreditation review will be held on April 14-15, 2025. Accreditation is a requirement under the MDHHS Crisis Stabilization rules. The Joint Commission is the gold standard for healthcare facilities.

## ADULT INITIATIVES

Assisted Outpatient Treatment (AOT) is court-ordered treatment for members with a mental illness. All AOT orders must be supervised by a psychiatrist/psychologist and an outpatient treatment provider. An AOT order can include case management, psychiatric/therapy services, and medication. A petition for an AOT is filed with the Probate Court which results in one of



three options including: waiving the hearing and stipulating to treatment order, request to defer the hearing for up to 180 days and voluntarily comply with treatment recommendations or agrees to a hearing with or without a jury. There were 435 new AOT orders filed from January 1, 2025, to March 21, 2025. Of those, eighty-three (83) agreed to engage in the recommended treatment plan set forth by the provider and forty-six percent (46%) of those 83 were successful in connecting and following through with treatment. To increase member engagement, DWIHN has started utilizing Peer Supports to meet with members and provide education on treatment orders, options available, assist with engaging with treatment providers, and providing transportation to outpatient services. DWIHN, in partnership with PCE, is expanding and enhancing our court service module in MHWIN that will greatly increase DWIHN's ability to track deferrals and court orders and identify and address trends.

## **CHILDREN'S INITIATIVES**

The Children Initiatives Department presented "Accessing Community Mental Health in Wayne County" presentation March 5, 2025, and March 6, 2025, at Trinity Health in Livonia, as part of the Hope Empowerment Coalition Lecture Series for 2025. The audience included school professionals and mental health advocates. The goal was to train school partners on ways to connect youth to mental health services in Wayne County and gain awareness of treatment, prevention, and crisis options available. Professionals and attendees reported gaining knowledge of the community mental health system and ways to refer individuals for services. Children Initiatives has been asked to participate in the Suicide Prevention Conference in November 2025.

DWIHN's Youth United participated in multiple events this month including Your Role as a Youth Advocate Mental Health Pep Rally at Cornerstone Lincoln King High School, Vista Maria youth focus group, Courageous Conversation on school safety at University of Detroit Mercy, 10<sup>th</sup> Annual March DADness at the Ford Community Center, and Ask the Messengers interview on teen bullying and suicide prevention.

## **CRISIS SERVICES**

DWIHN continues its ongoing efforts to reduce inpatient hospitalizations and recidivism. The Crisis team developed an intervention for members who have had a repeat crisis screening within 30 days of discharge from an inpatient facility. Members who present to an emergency department for crisis screening within this parameter are identified, and efforts are made to transfer these members to Crisis Stabilization Units (CSU) to avoid unnecessary inpatient hospitalizations and promote service connection where medically appropriate. The team analyzed 30 randomly selected adult cases from October to December 2024, comparing ongoing service engagement between members transferred to a CSU and those who were not. Findings indicate that members transferred to CSU had better outcomes, including a lower likelihood of repeat crisis contacts, a reduced likelihood of hospitalization, and a higher likelihood of service connection post-transfer. These results suggest that CSU transfers play a critical role in improving crisis stabilization and continuity of care.

## **HUMAN RESOURCES**

DWIHN HR is still in negotiations with GAA. Supervisory Institute Group D held their last session this month. Group E is scheduled to begin on April 24, 2025.

HR is finalizing the approval process for the next Cohort of the Harvard Business School Online. Once approved, ten additional DWIHN staff members will be selected to participate in this round, bringing the total number to 30.

## UTILIZATION MANAGEMENT

In accordance with State standards, DWIHN has 14 days to provide a disposition on prior authorization service requests. This timeliness standard will be changing to a 7-day requirement starting in FY2026. In Quarter 2, 47.57% of prior authorizations were completed within 7 days. To improve current timeliness and move toward meeting the 7-day standard, the UM Department developed an internal performance improvement plan. This plan includes a complete review of the UM review process, development of key performance indicators, updating Service Utilization Guidelines, and implementing electronic system improvements to improve efficiency.

## COMMUNICATIONS

### Media Outreach

For the 24/25 fiscal year, the Communications team recently acquired Critical Mention, an online media analytics, monitoring, and search tool. It is used to measure earned media impact for stories, gather clips of broadcast segments and print articles, and search for media contacts to reach more outlets. Quarterly Reports will provide a comparison of Audience, Mentions, and Publicity Values from the previous quarter in the same categories.

### Monthly Highlights

On March 1 the comms department issued a statement from the CEOs desk in response to online rumors about Crisis Care Center admissions. It was immediately quelled and no additional outlets picked up the misinformation. [Fox 2](#) ran our response to provide truth to the public.

### DWIHN Youth Mental Health Ambassador Scholarship

Janell Hearn was featured on the Fox 2 News LiveNow streaming newscast on March 25<sup>th</sup> to share the third year of the Youth Mental Health Ambassador Scholarship with its audience.





### Social Media- Influencer Marketing Update

<b>Social Media Influencer</b>	<b># of Posts</b>	<b>Engagement/Impressions</b>	
The Capital Brand/Randi Rosario	2 Post, 4 Story Posts	90.3k total views	117.8k total views
Kathleen Springer	4 Posts	5.5k total views	5.7k total views

### Social Media Performance Report Summary

<b>Social Media Performance</b> (Facebook, Instagram, LinkedIn, X and YouTube)	<b>Previous Period</b> <b>(Feb 2025)</b>	<b>Current Period</b> <b>(March 2025)</b>
Total Audience Growth	21,735	21,964
Engagements	7,019	8,266
Post Click Links	2,283	2,266
Engagement Rate	6%	1.9%
Impressions	115,268	440,284

### Google Analytics

<b>Google Analytics/Business Profile</b>	<b>Previous Period</b> <b>(Feb 2025)</b>	<b>Current Period</b> <b>(March 2025)</b>
Profile Interactions	2,122	2,227
People Viewed Business Profile	5,405	5,594
Searches	2,578	2,348
Website Clicks	1,521	1,599

### Community Outreach

During the month of March, Communications participated in eight events, reaching a potential 150 individuals.

### Branding, Visual Design & Outreach Initiatives

The Communications team continues to elevate the DWIHN brand through strategic outreach and cohesive design across internal, external, and digital platforms:

- **Internal Staff Communications:** We officially launched DWIHN News, a redesigned, consolidated internal newsletter distributed to all staff in March. The format enhances visual consistency and ensures streamlined delivery of organizational updates.
- **Provider Communications:** All provider-facing newsletters were merged into the newly branded Network News, creating a unified channel for delivering essential information to our provider network.
- **PPOV Newsletter Redesign:** The PPOV Newsletter was reformatted and refreshed to align with updated brand standards, improving readability and presentation.

- Outpatient Clinics Branding: New branding was developed for DWIHN's Outpatient Clinics, including visual identity assets such as logos and signage. These updates ensure a cohesive public-facing presence across clinical locations.
- Youth Outreach – Mental Health Youth Ambassador Scholarship: In March, DWIHN launched its 3rd Annual Mental Health Youth Ambassador Scholarship as part of our broader youth engagement strategy. Communications support included branded digital flyers, social media graphics, and a dedicated outreach for schools and partners. The campaign received notable visibility through a segment on Fox 2 News LiveNow, helping raise awareness about the scholarship and DWIHN's youth-focused mental health initiatives.