



ANNUAL REPORT

REPORT

2023
2024

WE ARE ONE- A COMMUNITY OF CARE



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LETTER FROM BOARD CHAIR



It is with great pride that the Detroit Wayne Integrated Health Network’s Board of Directors presents its FY ’23-24 Annual Report. It was a year to remember and one that solidified our commitment to the people we serve by offering enhanced and expanded services and supports to help adults and children with mental illness, substance use disorder and disability related concerns.

We began with the launch of our mobile crisis units in December 2023 and are proud to say we have one full year of providing this vital service to anyone, anywhere in Wayne County 24 hours a day/7 days a week. From December 2023 through October 2024, the team has served over **900 individuals** in the community.

In March 2024, we held a ribbon cutting for our new administrative offices located in the beautiful and refurbished Utley Library in Detroit’s NorthEnd.

DWIHN history was made in June as we opened our first ever Crisis Care Center, adding 32 new beds to the Crisis Continuum, including 14 beds for children. Since the opening, over **800 individuals** have visited the Center seeking mental health, substance use, or community-based services.

DWIHN was also awarded a \$400,000/a year grant for five years to launch a Zero Suicide Initiative to eliminate suicides in Wayne County, through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment, and care management.

We are happy to report a perfect score on the Health Services Advisory Group (HSAG) Network Adequacy review which was a new standard this year as well as receiving a three-year Community Mental Health Service Provider certification.

This year, DWIHN received many accolades including Crain’s Best Places to Work, CORP magazine’s Diversity Award and the Detroit Free Press’s Top Workplaces distinction for the second year in a row.

We ended the year on a high note as we conducted a regional search for a new CEO and are proud to have a new President and CEO at the helm of the organization, guiding us and moving us forward into another year of innovative and data-driven, evidence-based best practices.

On behalf of the Board and myself, thank you for placing your trust in DWIHN and our provider network in providing exemplary services to our members.

Dr. Cynthia Tauog
Dr. Cynthia Tauog
Board Chair

LETTER FROM CEO



On behalf of the DWIHN executive leadership team, I am honored and humbled to have been chosen to lead this exemplary organization into the future and establish it as a world class organization.

In my short tenure with the agency, I have met with the Board of Directors, executive leadership, staff, members and some providers to find out how to move closer to our vision of excellence in providing exceptional, integrated behavioral healthcare to the 123,000 individuals we serve each day in Detroit and Wayne County.

Our collective objective this coming year is to improve access to care, quality of services and outcomes, focusing on partnerships, innovation and measurable impact.

There are several pillars of success that we will continue to focus on including outcome-driven provider measurement, implementation of a Certified Community Behavioral Health Clinic (CCBHC) model, expansion of jail diversion programs, diversified law enforcement partnerships, enhanced technology and AI integration and strengthening of our legislative partnerships.

My pledge to you is that all DWIHN decisions be made in our member's best interest. Our system of care will provide safeguards against stigma; promote delivery of care with integrity, dignity and respect. We are also very proud to offer care that is evidence-based, and data driven which enhances the outcomes of your recovery and/or ability to lead a self-determined life. We are committed to maintaining quality services rooted in the integration of care.

Thank you for putting your trust in DWIHN and myself to provide integrated and holistic behavioral health care to you and your family. I look forward to the year ahead.

James E. White
James E. White
President/CEO



Dr. Cynthia Taueg
Chairperson



Kevin McNamara
Vice Chairperson

Board of Directors 2023-2024

The Detroit Wayne Integrated Health Network is a safety net organization that provides access to a full array of integrated services that facilitates individuals to maximize their level of function and create opportunities for quality of life.



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**Substance Use Oversight Policy
Board of Directors
2023 – 2024**



Dr. Kanzoni Asabigi



Maria Avila



Thomas Fielder



Antoine Jackson



Jonathan C. Kinloch



Kevin McNamara



Jim Perry



Ronald S. Taylor



Darryl Woods

MISSION, VISION, VALUES

Mission

We are a healthcare safety net organization that provides access to a full array of integrated services that facilitate individuals to maximize their level of function and create opportunities for quality of life.

Vision

To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.

Values

- We are an advocate, person-centered, family and community-focused organization.
- We are an innovative, outcome, data-driven, and evidence-based organization.
- We respect the dignity and diversity of individuals, providers, staff, and communities.
- We are inclusive, culturally sensitive and competent.
- We are fiscally responsible and accountable with the highest standards of integrity.
- We achieve our mission and vision through partnerships and collaboration.



ACCOMPLISHMENTS AND ACCOLADES

DWIHN was named a *Top Workplace by the Detroit Free Press* for the second year in a row. This wonderful distinction was made possible by all our staff who provided valuable feedback to DWIHN leadership as well as how satisfied they are with their employment. This achievement was made possible by the hard working staff at DWIHN and the HR department that has implemented the positive feedback to make DWIHN a Top Workplace!



New this year, DWIHN was also named *Crain's Detroit Business 2024 Best Places to Work in Southeast Michigan*.

DWIHN also received recognition by *CORP! Magazine as Overall Diversity Champion*



Shining Stars

Each month, we recognize staff for going above and beyond at work. Below is a list of the DWIHN Shining Stars for this past year.

- Tiffany Karol, UM
- Monica Hampton, Children's Initiatives
- Brain Harris, Recipient Rights
- Tromone Guyden, Crisis Center
- Janell Hearn, Communications
- Carmen Smith, Administration
- Wynnee Cooper, Crisis Services
- Tania Greason, Quality Improvement
- Ortheia Ward, MCO
- Davon Jones, SUD
- Tonita Young, Claims
- Gwena Jones, Recipient Rights
- Laurence Wilson, Mobile Crisis Services



Awards and accolades garnered by DWIHN this past year:

- Detroit Public Safety Foundation Public Safety Partner Award
- Michigan Chronicle Women of Excellence- Tinetra Burns
- Crain's Health Care Heroes for 2024-Grace Wolf
- CORP Magazine's Michigan Most Valuable Professionals- Emily Patterson
- CMHA Partners in Excellence Award-SUD Board Member Darryl Woods
- CMHA Cookie Gant Award- Marguerite Maddox
- Crain's Notable Nonprofit Board Leader- Eva Garza Dewaelsche

PEOPLE WE SERVE

Disability Designation	Members
Intellectual/Developmental Disability	14,809
Serious Emotional Disturbance	10,242
Substance Use Disorder	4,832
Serious Mental Illness	46,523



ACCESS CALL CENTER

The Access Call Center is the front door to welcoming individuals seeking behavioral health services in Wayne County. For over three years, as DWIHN has expanded services, the Access Call Center continues providing prompt and efficient services while treating individuals with dignity and respect. The call center staff also work hard to maintain required performance metrics, adhere to quality standards, regulatory compliance and leverage technology to enhance operational processes.

ANNUAL PERFORMANCE: OCTOBER 2023 - SEPTEMBER 2024

QUEUES	Calls Offered (incoming Calls)	Calls Handled	% Calls Abandoned (Dropped Call, Disconnected, Hang Up) Goal: <5%	Average speed to answer Goal: 30 sec	Average Call Length	% of calls answered Goal: 80%	Service Level Goal 80%
CALL REPS	200,422	187,190	4.00%	00.26 secs	5:30 mins	93.00%	78.00%

*The above numbers include subsets for SUD and MH (Clinical) units; details are stated below

SUD Data - Fiscal Year 23/24

- 41,037 were transferred to complete a screening, which is a subset of the total call volume for the fiscal year.
- Average Length of call = 17:00 mins

MH Clinical – Fiscal Year 23/24

- 22,733 were transferred to complete a screening which is a subset of the total call volume for the fiscal year.
- Average Length of call = 22:00 mins

FY 23-24 ACCOMPLISHMENTS:

- Performance of the DWIHN Access Call Center in relationship to National Standards for Access Call Centers is as follows:
 - Call Center overall Average Abandonment Rate = 4.00%- Standard Met
 - Call Center overall Average Speed to Answer (ASA) = 26 seconds- Standard Met
 - Call Center overall Average Percent of Calls Answered = 93.00% - Standard Met
 - Call Center overall Average Service level = 78.00%
- The Access Call Center Service Level average did not meet the standard (80%+) during 1st-3rd quarter, in order to address this, the management team increased the frequency of performance standard monitoring and made adjustments to staffing as needed. This change in monitoring has become a regular part of daily management tasks.
- Adjustments to staffing have aided in the improvement of this area: 1st quarter, 76%, 2nd quarter, 77%, 3rd quarter, 77%, 4th quarter 81%.
- Met NCQA and HSAG requirements
- Onboarded 10 contingent staff (3 Clinical, 3 SUD, 4 Representatives)
- Trained staff on the newly implemented Genesys Phone System

ACCESS CALL CENTER

Workforce Development / Improvement:

- During FY 23-24, the department filled vacancies for Call Center clinicians, SUD techs, representatives and contingent staff.
- Staff completed trainings for Genesys Phone Systems, MichiCANS, ASAM, Implicit Bias, Customer Services Skills, Advance Directives, Corporate Compliance, Mental Health First Aid, Suicide Prevention - QPR (Question, Persuade, Refer), in addition to DWIHN annual required trainings

Policy and Procedures:

Reviewed current and developed new standardized processes for enrollment and eligibility for the following: DWIHN Community Outreach, Support programs and Partnerships.

A. SUD Program –Access Call Center supports enrollment, eligibility and scheduling appointments for:

- MDOC Programs- Returning Citizens from incarceration for MH and SUD
- Wayne County Jail Initiatives- to engage individuals into treatment during incarceration and prior to release.

B. Children Initiatives:

- School Success Initiative Referrals/Access
- Medicaid Autism Benefit Program – Physician Referrals, Direct contact with parent and Children in Foster Care
- Children’s Waiver program.
- SED Waiver Program
- MichiCANS

C. Behavioral Health Initiatives.

- MDOC Programs- Returning Citizens from incarceration for MH and SUD
- CCBHC- Certified Community Behavioral Health Clinic
- Residential Referrals – residential services for qualified individuals discharging from inpatient services
- Detroit at Works (DAW)- mental health initiative to provide support in the workplace to individuals diagnosed with SMI



D. Crisis Services

- Collaboration with DWIHN Crisis Care Center, Mobile Crisis Services and DWIHN Crisis Hotline – routing calls, new member enrollment and scheduling CRSP intake appointments
- Use of Mi Cal, 988 hotline and other community-based crisis services

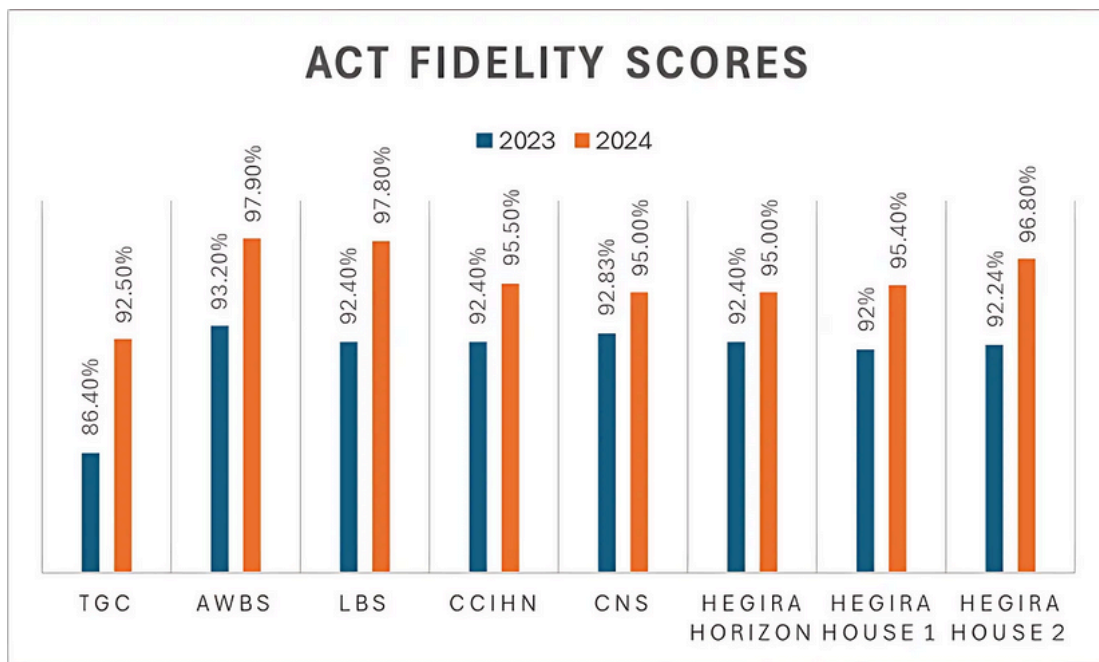
Upcoming Plans / Projects for FY 24-25

- Management will continue to analyze call trends and staff performance, increase the frequency or performance monitoring, adjust schedules to address high call volume times, provide regular one on one coaching sessions and hire staff to fill any vacancies, as needed.
- Increase frequency of Customer Services / Customer Experience trainings
- Work with IT to improve data collection and reporting system / procedures

ADULT INITIATIVES

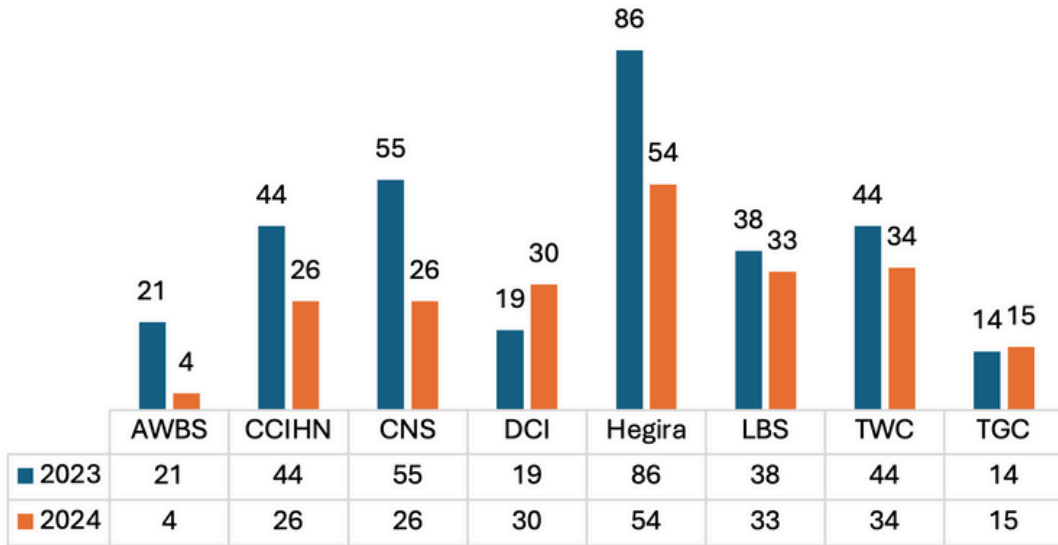
Med Drop: Med Drop is a community-based intervention that delivers medication directly to the member’s home 365 days a year. The objective is to improve medication adherence for adults who have challenges taking their medications as prescribed. The Med Drop program was expanded to provide services to the Assisted Outpatient Treatment (AOT) population, Returning Citizens, Assertive Community Treatment step-down members, and high-intensity case management members. There are seven network providers participating in Med Drop: All Well Being Service, CNS, MiSide, Hegira, Lincoln Behavioral Services, Team Wellness, and The Guidance Center. Currently, there are 67 active members in the program, ages 25 to 70. Participation in the program has had a positive impact on psychiatric hospitalization rates. Only 20% of Med Drop members were admitted to a psychiatric hospital in the last 12 months; a decrease of 5% from the previous fiscal year. Moreover, the average length of stay for psychiatric admission was under 10 days.

Assertive Community Treatment (ACT): ACT is a form of community-based mental health care for adults experiencing serious mental illness that interferes with the individual’s ability to live in the community, attend appointments with mental health professionals, and manage symptoms. Services are intensive and delivered with an integrated community approach rather than in a restrictive setting. The goal is to help individuals become independent and integrate into the community while in recovery. ACT team members share responsibility for the individuals served by the team. The staff-to-member ratio is 1:10 minimum, and services are individualized. For FY’23-24, the focus has been to increase fidelity to the model, resulting in increased fidelity review scores compared to FY’22-23.

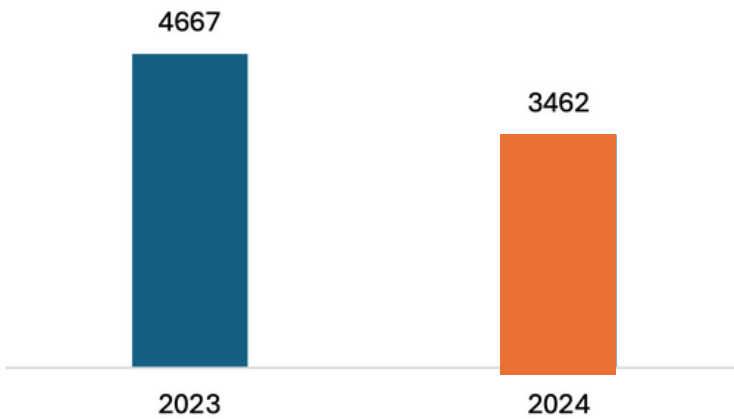


ADULT INITIATIVES

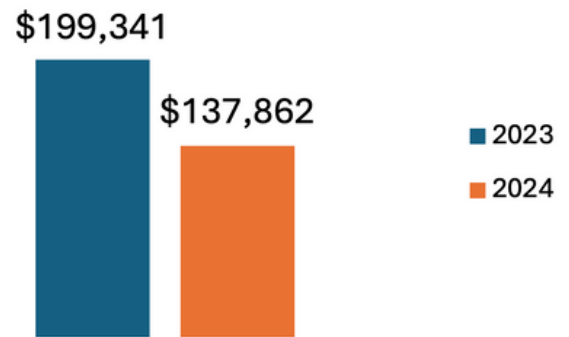
ACT Hospitalizations 2023 vs. 2024



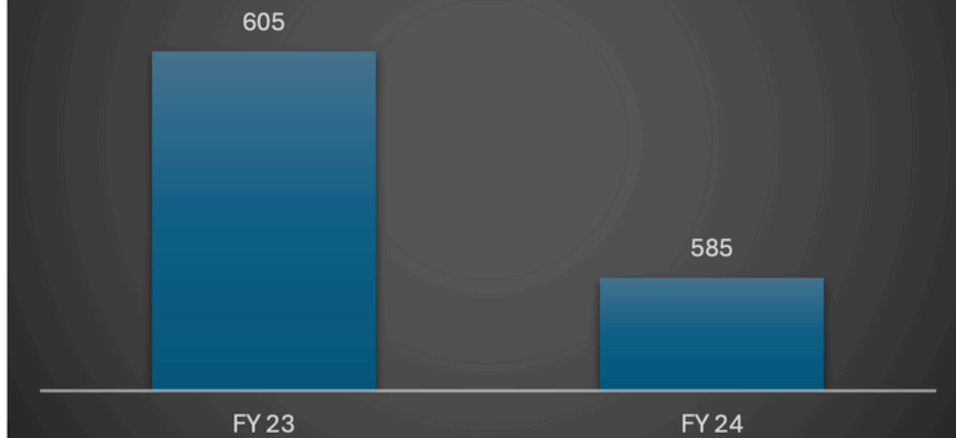
ACT Hospital Days 2023 vs. 2024



ACT Hospital Cost 2023 vs. 2024



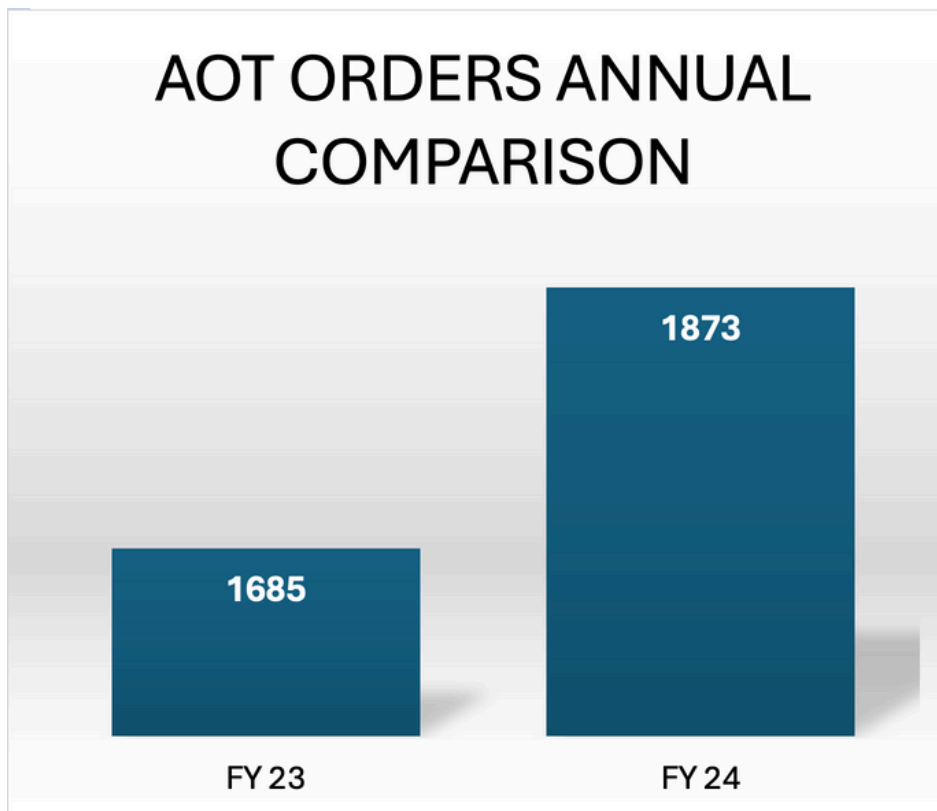
ACT MEMBERS SERVED ANNUAL COMPARISON



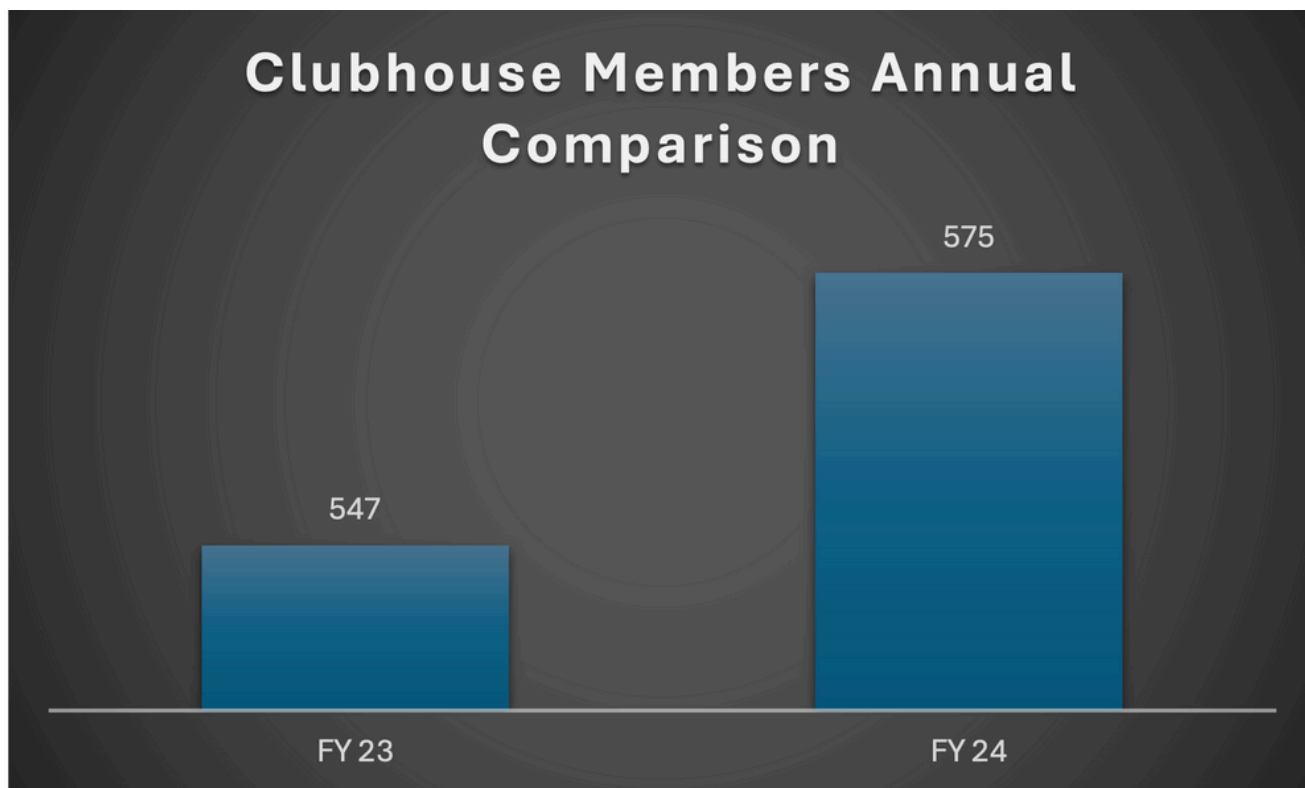
ADULT INITIATIVES

Assisted Outpatient Treatment (AOT):

Adult Initiatives partners with Wayne County Probate Court’s Behavioral Health Unit to provide oversight and compliance of AOT orders; a court-ordered civil commitment for individuals who present as a danger to themselves or others because of their mental illness, and a history of struggling with voluntary treatment adherence in the community. On April 1, 2024, Adult Initiatives added the supervision of DWIHN members who have been legally charged with a crime and submitted a Not Guilty by Reason of Insanity (NGRI) plea. An NGRI plea demonstrates that an individual was not of sound mind when a crime was committed. If the plea is accepted, an NGRI ruling ensures the individual receives the necessary mental health treatment rather than a punitive prison sentence. All individuals under NGRI status are required to also be under the supervision of an AOT. Adult Initiatives’ AOT/NGRI team consists of a manager, two coordinators, a care manager, and a peer support specialist who was added to the team in September 2024. This team launched a monthly AOT/NGRI workgroup in April 2024 to provide education, feedback, and problem-solving for CRSPs navigating the administration of the orders. In addition to the monthly workgroups, the CRSP has the opportunity for individualized training, by request. The AOT team also began a collaboration with the Wayne State School of Social Work’s Center for Behavioral Health and Justice (CBHJ) on the Foundational Strengthening Initiative. DWIHN was one of 10 counties awarded this grant to strengthen their AOT processes, procedures, and practices. The role that CBHJ’s AOT initiative team will have in this project is to be a facilitator in executing technical assistance, data collection, and increasing collaboration.



ADULT INITIATIVES



Clubhouse: Clubhouse is an accredited service which provides daily life, education, and skill building activities to members with persistent mental illness. Clubhouse is voluntary and without membership term lengths. Beginning with a work ordered day, members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and with whom they wish to interact. This comes with an emphasis on Clubhouse being run by members. Clubhouse offers varying opportunities applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy.

The goal is to help members regain self-worth, purpose, and confidence. There are currently five (5) Clubhouses (and their corresponding providers) that DWIHN currently works with including: A Place of Our Own (Goodwill), Hope House (ACCESS), New Directions (MiSide), The Gathering Place (Lincoln Behavioral Services), and Turning Point (Hegira). Memberships range at each location from approximately 50 to 200 members but are gradually increasing across all locations. Members take significant pride in their clubhouses and enjoy providing tours. Members openly share their stories and emphasize how important Clubhouse has been in their mental health journey. Pictured below is Harry, proudly posing with Brad Cucuro of Adult Initiatives after providing a tour of Turning Point (Hegira). Harry shared his personal story and contributed many of his successes to his engagement with Clubhouse.

AUTISM BENEFIT

DWIHN offers Applied Behavior Analysis (ABA) services for children and youth up to age 21 with a diagnosis of autism spectrum disorder (ASD). ABA uses evidence-based methods to teach skills and address challenging behaviors that may impact learning. This approach focuses on improving communication, social skills, and repetitive behaviors, which are common in ASD. ABA encourages better community engagement and development to assist individuals reach their full potential.

Autism Service Enrollment

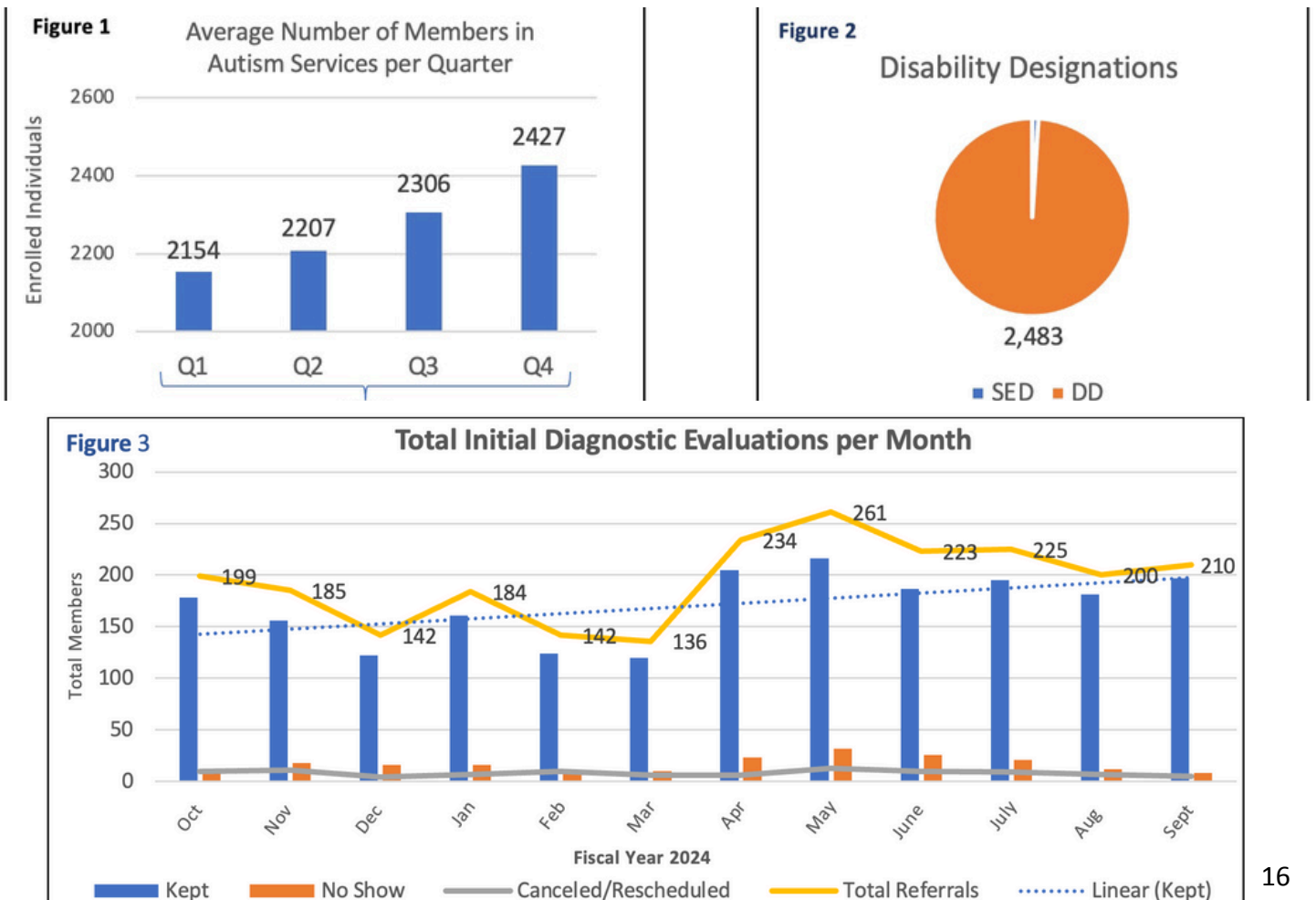
During FY'24, there were a total of 2,483 youth enrolled in Autism Services; in which, 1,252 of this total were newly enrolled in services.

Figure 1: Highlights the average number of children/youths who were actively enrolled in the Autism Services per quarter.

Figure 2: Highlights members actively enrolled in the Autism Services according to disability designation.

- Serious Emotional Disturbances (SED) = 0.01% (25 members)
- Intellectual Developmental Disabilities (IDD) = 99% (2,458 members)

Figure 3: Highlights the total number of referrals to determine eligibility for Autism Services for fiscal year 2024.



AUTISM BENEFIT

Autism Trainings

The Autism Department facilitated the following trainings:

DWIHN Autism Learning Series
Parent Coaching Training
Building Community: A Conversation for Parents of Children with Autism
Parent Training; Strategies for a Successful Meeting
Communicating, Training, and Supervising
DWIHN Claims Training
Neurodiversity in ABA Services
Mini IPOS Training

Major Department Initiatives

- Initial Diagnostic Evaluation reports were provided to members within 10-calendar days for a diagnosis and 7-days for a rule out of Autism.
- Facilitated educational presentations, autism services policy trainings, and technical assistance for autism providers.
- 10 autism related education videos were added to the Detroit Wayne Connect training website to provide education on a range of behavioral analytic principles.
- Updated the Autism Department website with ABA provider contact information.
- The Autism Service Policy was updated to include updated state requirements.
- Focused on members receiving ABA services within 14 days of authorization approval.
- Continued to provide access to the Request for Qualifications (RFQ) for Outpatient Mental Health Providers to provide Applied Behavior Analysis (ABA) services. As a result, 3 new ABA providers are in the contracting and credentialing phase and will eventually be added to the network to meet the growing demand of Autism Services.
- The fiscal year ended with a total of 21 ABA Providers in the network with 1 ABA provider closing, and 58 separate locations across Wayne County.



CHILDREN'S INITIATIVES

DWIHN provides a comprehensive and integrated array of services/supports which inspires hope and promotes recovery/self-determination for children and teens ages 0 to 21 with Severe Emotional Disturbances (SED) and/or Intellectual Developmental Disabilities (I/DD). Children, youth, and families with co-occurring mental health, substance use, and physical health conditions receive services within a System of Care.

Values	Goals
<ul style="list-style-type: none"> • Community Based • Family Centered • Youth Guided • Culturally and Linguistically Responsive • Trauma Informed 	<ol style="list-style-type: none"> 1. Increase Access to Services 2. Improve Quality of Services 3. Increase Youth and Parent Voice 4. Improve Quality of Workforce

Children Services Census:

During FY'23-24, DWIHN served 12,036 children, youth, and families in Wayne County ages 0 up to 21; including both SED and I/DD disability designations.

Note: FY24/Q4 data is preliminary

FY 24: Total Youth Served



CHILDREN'S INITIATIVES

Putting Children First Initiative

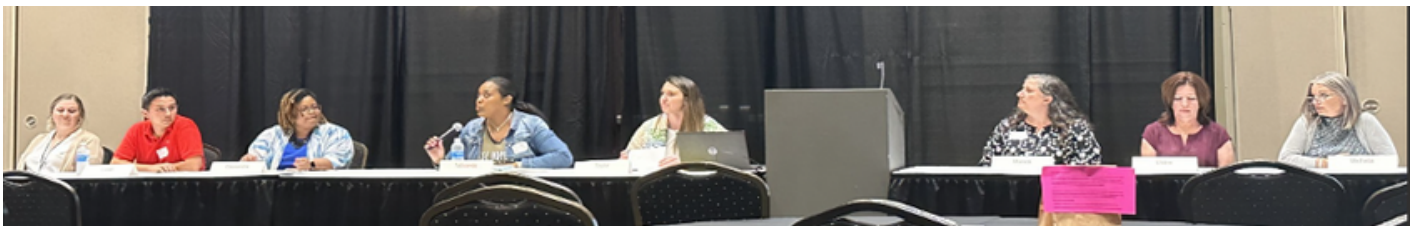
The goal for the Children's Initiative Department is to meet the needs of children, youth, and families in Wayne County by improving access to services, prevention, crisis intervention, and treatment. This year many activities were accomplished.

Annual Report to the Community:

On 12/7/23, the Annual Report to the Community "Bloom with Hope" occurred as a part of the System of Care Block Grant. During this event, Dr. Rose Moten, Director of Bloom Transformation Center was the keynote speaker who spoke on how to equip people with hope and discussed several steps to transformation.



Moving the Torch Conference: Staff participated in the "Moving the Torch" Conference panel discussion on 7/16/2024 with Michigan Department of Health and Human Services (MDHHS) to discuss the benefits of collaboration with child welfare system of care and community mental health.



MichiCANS Initiative: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services.

Accomplishments:

- Wayne County was selected as a pilot site in which DWIHN and The Children's Center participated in the Soft Launch Project.
- The DWIHN Access Department completed 2,586 MichiCANS screenings
- Hosted 2 MichiCANS Q&A sessions for Providers and Stakeholders
- Developed MichiCANS data report, new screening eligibility process, service utilization guidelines, and webpage to provide resources: <https://www.dwihn.org/Providers/MichiCANS>

CHILDREN'S INITIATIVES

Infant Mental Health and Early Childhood Services:

Early Childhood Mental Health Services (ECMHS) promote and support early developing attachment relationships between infants, toddlers, preschoolers, and young children and their families, as well as to reduce the risk of developmental delays and disorders of infancy and early childhood.

Census: During FY24 there were 1,065 infants and toddlers who received services (Note: data is preliminary).

Grants: Partnered with Providers to deliver various grants relating to infants and toddlers specifically.

- Infant and Early Childhood Mental Health Consultation Grant
- Infant and Early Childhood Consultation Expansion Grant
- Infant and Early Childhood Consultation – Home Visiting Grant
- Baby Court Grant

Perinatal Mental Health: Collaborated with Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) to train 12 clinicians for a 2-day Postpartum Depression Screening Training. In addition, supported Maternal Mental Health month; in which, DWIHN Medical Director of Crisis Services, Dr. Mammo participated in Wayne County Women’s Commission panel on 5/8/24 on the topic “From Awareness to Action: Practical Tools for Maternal Mental Health.”

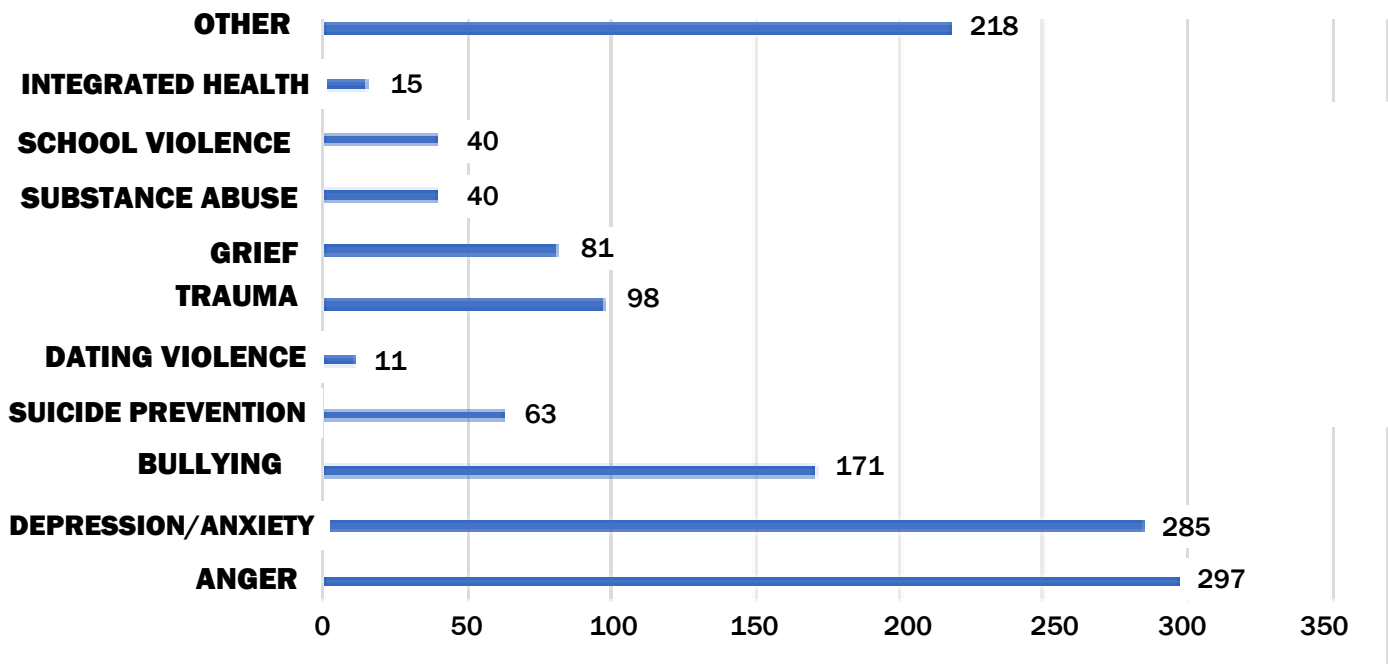


The School Success Initiative (SSI): An evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training and are being helped with reducing the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

Accomplishments:

- 8 Providers serviced 72 schools in Wayne County
- There were 181 new referrals to the SSI Program, 456 discharges, and 2,529 students completed the Strengths and Difficulties questionnaire
- Collaborated with Child’s Hope and the Hope Delivered Initiative of identifying 10 schools in Out-Wayne County to provide laundry supply kit to assist with washing clothes for students who might experience hardships
- Total of 1,319 Risk Factor Presentations; in which Integrated Health Care was a new risk factor to address the common health concern of asthma among children and youth

RISK FACTOR PRESENTATIONS



- **Expansion of Children Services:** Issued a Request for Proposal (RFP) resulting in additional Providers and programs added to the DWIHN network.
- NEW Children's Providers – Judson Center, Vital Health, DWIHN Community of Care
- NEW Juvenile Restorative Program

Trainings: The following trainings were held this year:

- PECFAS Initial and Booster Trainings
- CAFAS Initial and Booster Trainings
- Core Competency
- Children's Mental Health Lecture Series
- Creative Strategies – The Link Between Trauma and Substance Use in Children and Adolescents
- Be A Safe Place – Addressing Teen Violence
- Introducing PMTO - Empowering Parents and Caregivers
- Building Secure Foundations - Understanding Infant Attachment
- Treatment Foster Care Oregon Model (TFCO)
- Human Trafficking
- Creative Strategies for Fostering and Engagement of Children and Families
- Psychotropic Medications in Children and Adolescents
- Leadership Training Series
- Creating a Supportive Work Environment
- Supervision and Peer Support – Leveraging Professional Networks to Manage Burnout and Vicarious Trauma

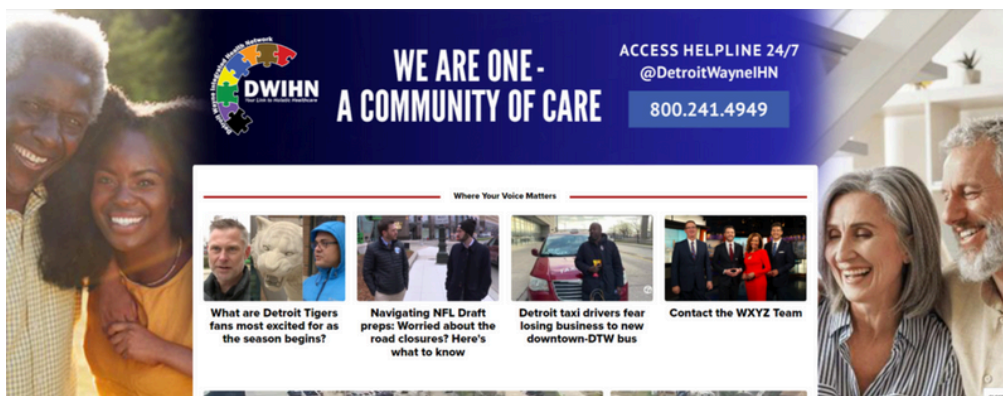
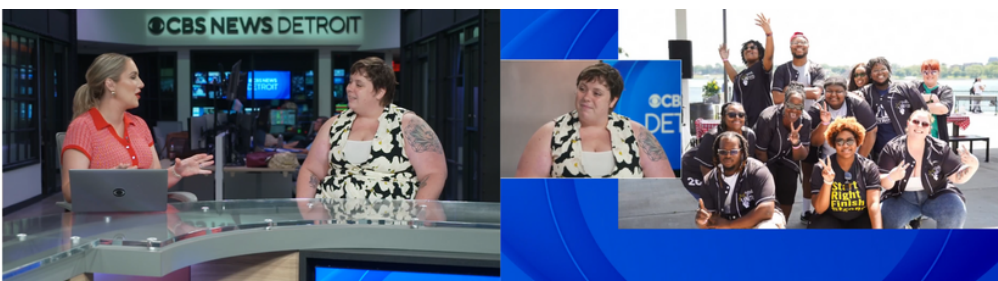
COMMUNICATIONS

The Communications department is responsible for most of the organization’s internal and external communications. Our team works daily with leadership, staff, members, media, and all stakeholders to inform and educate them about the vast array of services and supports offered to the 123,000 people served in Detroit and Wayne County. The team is responsible for planning and executing most of the organization’s community outreach events, staff appreciation functions, management of the DWIHN website, social media content management, and oversight of the myDWIHN mobile app.

Media Outreach

There was significant media coverage this year with the launch of our mobile crisis units, the ribbon cutting of our new administrative building and the grand opening of the 707 Crisis Care Center. We were also thrilled to break ground on our new 7 Mile Regional Behavioral health campus located on 7 Mile Road near the Southfield Freeway.

This year, we continued with multiple media partners including WDIV-TV 4, Fox 2 News, Scripps Media, Cumulus Radio, Ask the Messengers, Hamtramck Review, Latino Press, News-Herald, Community Publishing, Arab American News and many others. We also brought on a new partner this year, PBS Kids which highlighted the importance of access to services and the autism resources offered by DWIHN providers.



COMMUNICATIONS

Outdoor Media

DWIHN's outdoor messaging continues with educating the public on the dangers of vaping and smoking, and alcohol use as well as sharing information about our mobile crisis services and our new Crisis Care Services. We continue to blanket the metro Detroit area with messaging as well at local bus stations and bike racks in the metro Detroit area.



Social Media

The Communications team manages and oversees multiple social media channels including Facebook, X, Instagram, Linked In, YouTube, Tik Tok and Snap Chat. The team also works with several social media influencers to help spread the word about DWIHN resources. Content creation and management are integral parts of the social media team. For next year, we will continue promoting our Narcan branding campaign as well as search for newer and innovative ways to continue to reach our audiences especially Wayne County youth.



COMMUNICATIONS

Community Outreach

Over the course of FY'23-24, our community outreach teams attended over 200 events which are opportunities to interact with community and faith-based groups, schools, and others to continue to inform and educate the public about DWIHN and its provider network services.

Our team also planned and executed several new opportunities and events this year including a month-long event in May, recognizing Mental Health month at the Detroit Zoo where every Saturday, attendees enjoyed free resources and a discount on their Zoo admission. We also held our first virtual Autism event which was very well-attended by parents and caregivers. In addition, we held a community-wide Narcan event with WDIV TV4 in which our substance use disorder team trained over 400 people in how to administer Narcan. We also held our first ever Opioid Overdose Survivor event at Clark Park.



Youth United

This group of young mental health ambassadors plans events and activities and shares resources with Wayne County youth. One of Youth United's most popular events is Children's Mental Health Awareness Day which is celebrated in May in conjunction with Mental Health Awareness month. This year's event had a huge turnout with hundreds of people in attendance. Participants could listen to music, enjoy mental health discussions, pick up free resources at the dozens of vendor tables, find comfort in petting therapy horses, and win prizes.

YU also held multiple events focused on youth and breaking down stigma as well as focus groups discussing ways young people can get more involved in their communities. Several Courageous Conversations including topics such as, "Parents Just Don't Understand", and "Love Shouldn't Hurt" were well attended as young people shared their personal stories with others.

The Communications team is also proud that it began a Mental Health Youth Council and a scholarship program, both of which have become incredibly valuable to the organization. DWIHN distributed \$24,000 in scholarships to 11 Wayne County youth and the MH Youth Council, comprised of high school students is making an impact in the community by sharing their ideas and concerns when it comes young people and mental health as well as providing feedback to leadership to ensure youth voice is being heard when policies and decisions are being made at the local and state levels.

CRISIS SERVICES

The Pre-Paid Inpatient Health Plans (PIHP) Crisis Services Department works to ensure access to care for members via DWIHN’s full array of services within the crisis continuum of care.

The PIHP Crisis Services Department manages Crisis Services through the following providers.

Contracted Entity	Services Provided	FY 23/24 Outcomes
Hegira Health, Inc (pre-admission screenings for adults experiencing crisis)	COPE (Community Outreach for Psychiatric Emergencies) completes requests for service and authorizations for higher levels of care including inpatient, Substance use disorder (SUD) treatment, partial day hospitalization (PHP), crisis stabilization services in the community, crisis residential, and pre-placement housing.	COPE provided services to 12,257 members in FY 23/24. There were 8,693 members who were admitted to an inpatient level of care (70%). 3,564 members were authorized for a lower level of care (29%).
Hegira Health (COPE) Crisis Stabilization Unit	Crisis Stabilization Unit (CSU) provides 24-hour walk-in crisis screening, medication reviews, psychiatric evaluations, nursing assessments, housing referrals, and a variety of resources for members in crisis.	1,726 members were served at the CSU.
Team Wellness (TWC) Crisis Stabilization Unit	Crisis Stabilization Unit (CSU) provides 24-hour walk-in crisis screening, medication reviews, psychiatric evaluations, nursing assessments, housing referrals, and a variety of resources for members in crisis.	1,556 members were served at the CSU.
<u>Safehaus</u>	Children’s Crisis Residential Services	82 youth received crisis residential services.
The Guidance Center	Pre-admission review screenings for higher levels of care.	1,825 youth received services in crisis.
New Oakland Family Centers	Pre-admission review screenings for higher levels of care.	1,177 youth received services in crisis.

There were **2,410** Face to face screenings for children in FY 23/24 (**80%**) and **9,802** Face to face screenings for adults in FY 23/24 (**80%**, **threshold 80%**).

CRISIS SERVICES

Face to face screenings for children have increased 46% from FY 21/22 (1,389 to 2,608). Face to face screenings for adults have increased from 9,835 in FY 21/22 to 10,229 in FY 22/23.

Additional FY 23/24 Accomplishments:

- The PIHP Crisis Services Department has worked with Clinically Responsible Service Providers (CRSPs), screening agencies, and Adult/Children’s Initiatives Department at DWIHN to ensure communication occurs for member conditions who have been evaluated in crisis. This communication helps to ensure members are provided medically necessary services in the least restrictive environment.
- The PIHP Crisis Services Team has worked to provide members discharge planning and support when they are admitted to an inpatient level of care without a CRSP. The Crisis Services Department Clinical Specialists have seen 465 members since January 2024. Clinical Specialists have worked to support 313 members in keeping their hospital discharge appointments (67%).
- The PIHP Crisis Services Department has consistently met with emergency department and inpatient hospital partners to share ongoing information and updates. These regularly scheduled meetings provide a forum to ensure coordination and data-sharing is taking place



CRISIS CARE CENTER & MOBILE CRISIS

With the support of the Board of Directors, DWIHN leadership has launched multiple crisis services in Wayne County over the last year. When looking at the Substance Abuse and Mental Health Services (SAMHSA) crisis continuum, DWIHN has focused its efforts on its Crisis Call Line, Mobile Crisis, and Facility Based Crisis Services.



Crisis Call Line

- In May 2024, DWIHN launched the crisis call line at 844-462-7474.
- Crisis call line is available 24/7, 365 days a year.
- Each crisis call dispatcher receives Crisis Specialist Training and Certification through the American Association of Suicidology.
- From May 2024 through November 2024, the crisis call line has fielded, **6518 calls**.



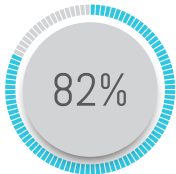
Average speed to answer:
18 seconds



Average length of call:
8 minutes and 7 seconds



Average percentage of calls answered: **86%**



Average service level:

Mobile Crisis

- In December 2023, DWIHN launched the first SAMHSA-based mobile crisis team in Wayne County, comprised of two staff: one licensed clinician and one peer support specialist.
- From December 2023 – August 2024, DWIHN has worked to add multiple shifts, and since August 2024, operates mobile crisis services 24/7, 365 days a year.
- Mobile Crisis serves all ages in Wayne County, regardless of insurance status.
- From December 2023 through November 2024, the team has served approximately **1400** individuals in the community.

Average response time:



Average percentage of encounters requiring mobile crisis transport:



Average time on scene:



Average percentage of encounters requiring law enforcement assistance:



CRISIS CARE CENTER & MOBILE CRISIS

Average dispositions

- Follow-up with CRSP: 29%
- New CRSP: 3%
- Intensive Crisis Stabilization Team: 15%
- Crisis Stabilization Unit: 27%
- Emergency Department: 13%
- Refused Follow-up: 13%



707
CRISIS CARE
CENTER



707 Crisis Care Center

- In June 2024, DWIHN opened its first ever Crisis Care Center, located at 707 W. Milwaukee Street, Detroit, MI 48202.
- The center is comprised of three different programs making up thirty-two beds. On the 1st floor, there is a twelve-bed Adult Crisis Stabilization Unit, and a six-bed Adult Transitional Unit (B.E.S.T.). On the 2nd floor, there is a fourteen-bed Child and Family Crisis Unit.
- From June 2024 – November 2024, approximately **1,000** individuals have presented to the Crisis Care Center seeking mental health, substance use, or community-based services.



Adult Crisis Stabilization Unit

Average admissions per month:

118 individuals

Average dispositions

- CRSP: **36%**
- Inpatient: **25%**
- Substance Use Residential: **14%**
- Transitional Housing: **4%**
- PHP: **5%**
- BEST Unit: **13%**
- Medical: **1%**
- Refused: **2%**

Average recidivism (30-day): **5%**

BEST Unit

Average admissions per month:

17 individuals

Average dispositions

- CRSP: **58%**
- Transitional Housing: **26%**
- Substance Use Residential: **11%**
- AMA: **1%**
- Medical: **4%**



Child and Family Crisis Unit

Average admissions per month:

14 individuals

Average dispositions

- CRSP: **56%**
- Inpatient: **13%**
- Crisis Residential: **5%**
- Medical: **5%**
- PHP: **14%**
- AMA: **5%**
- Acuity: **2%**



DWIHN

CRISIS

SERVICES



LEARN MORE



Member Experience Surveys

The Crisis Care Department and Mobile Crisis conducts follow-up surveys on guest satisfaction survey.

These surveys collect member feedback on the quality of services and resources provided during community visits by the Mobile Crisis Team or stays at the Crisis Care Center on 707 W. Milwaukee.



CUSTOMER SERVICE

During FY’23-24, DWIHN’s Customer Service Department has continued to address opportunities to ensure members had a seamless process for obtaining services.

Customer Service’s mission of ensuring the accessibility of effective behavioral health services and to continuously exceed DWIHN’s member expectations continued to focus on:

- Improving customer experience**
- Ensuring appropriate engagement in choice of service and care**
- Sharing customers enrollee rights**
- Monitoring satisfaction**
- Enhancing information awareness**
- Meeting regulatory compliance expectations**



Key components of the DWIHN Customer Service Department are inclusive of Member Calls, Family Support Subsidy Assistance, Member Due Process, Quality Performance Monitoring and Member Engagement and Experience.

	FY 23/24	
	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	15,028	2%

	FY 23/24	
	Number of Calls	Abandonment Rate Standard <5%
Customer Service Call Center	8,838	5%

DWIHN’s Call Center Goal

To always exceed the Customer’s expectation



**DWIHN transitioned to a new phone system, Genesys Cloud in December of 2023. The 5% Abandoned rate was elevated due to the new system filtering out glitches and staff training on the new system.*


CUSTOMER SERVICE

Customer Service Call Center Phone Stats for Fiscal Year 23/24

FY 23/24	<u>Number of Calls Offered</u>	Number of Calls Answered	Number of Abandoned Calls <u>Standard 5%</u>	<u>Abandoned Call Rate Standard 5%</u>	Average Speed to Answer (ASA<30 sec)	Service Level % Standard 80%	%Of Calls Answered Standard 80%
C.S Call Center	9,148	8,126	396	5%*	10.7 sec.	91.9%	91.8%
Reception/ Switchboard	15,496	14,166	302	2.74%	8.61 sec.	95.9%	91.5%

The Family Support Subsidy program is designed to provide financial help for families who are caring for their child with severe disabilities in the family home. The following assistance was provided remotely without any interruption of service.

	<u>FY 23/24</u>
Family Subsidy Inquiry	9170
Family Support Subsidy Applications Received	1490
Family Support Subsidy Applications Processed	1229



Due Process: Grievances and Appeals

Customer Service ensures that members are provided with their means to due process which is inclusive of addressing Complaints, Grievances, Appeals, Access to Mediation and State Fair Hearings.

Customer Service's effort to assist members with their due process rights of grievances and appeals resulted in the processing of **3,541** grievance-related communications (emails and calls). Actual Grievances received were 107 of which involved a total of **199** complaints that were addressed by the Customer Service Due Process unit. DWIHN's Dual Medicaid/Medicare Eligibility Program-MI Health Link had no appeal requests.

The DWIHN Provider Network reported processing **22,730** member Advance notices to reduce, suspend or terminate current services that were being provided. In the area of Adequate notices **3,722** were issued to deny or limit service that were requested. Of the notices that were processed, DWIHN's Appeals unit addressed **1,938** related correspondences (emails/calls). Actual members request for an appeal were **47**. The State Fair Hearings requested but not conducted this fiscal year had a request of only **3**. The MI Health Link program had no requests for State Fair Hearings due to an adverse appeal decision.

Throughout the year, the Appeals division conducted system-wide appeals training and technical assistance to the provider network as well as spoke at numerous member educational venues to promote the importance of member due process rights.

CUSTOMER SERVICE

Quality and Performance Monitoring

Customer Service’s Quality and Performance Monitoring division continued to conduct Clinically Responsible Service Providers (CRSP) audits. A total of 41 were conducted. to ensure compliance standards were addressed and maintained in the areas of Customer Service, Grievances, Appeals, Member Rights and Responsibilities. Applicable Plans of Correction were identified and reviewed with network providers. Training was conducted to address needed process improvements. Providers continued to make strides towards full compliance with the State mandated Customer Service functions and provide quality customer service to DWIHN members.



Customer Service continued to offer Quarterly Customer CRSP meetings to ensure providers were advised of updates and the importance of mandated standards.

Member Engagement, Experience and Outreach

Customer Service continued to ensure that members were provided with the opportunity for community inclusion. In addition to promoting principles of advocacy, member rights, and responsibilities, the use of focus groups, surveys, and outreach were utilized to address areas for their valued participation and interaction. Such events for the year included: Member meetings and forums on: Healthy Relationships, Guardianship, Self-Advocacy, Housing, Voter Education and Peer Chats. Social events included: Peer Picnic, Dreams Come True Award Luncheon, Walk-A- Mile in My Shoes Rally and a Men’s Health event. Member related surveys addressed the following: State’s National Core, Racial Disparity, Self- Determination. Adult and Children’s Annual ECHO, and Non-Emergency Transportation.

Member Engagement activities also resulted in the recruitment of 12 new members to the DWIHN Member Advocacy Committee -The Constituents Voice. Opportunities were also provided for Peer Support continuing educational credits to be earned towards Peer re-accreditation. Members were also able to assist in the submission of articles for DWIHN’s quarterly member Person Points of View publication.



FACILITIES

FY'23-24 was a milestone year for DWIHN's Facilities Department with a magnitude of accomplishments including increased operations, fleet management, construction and real estate. These efforts specifically focus on organizational growth that aligns with DWIHN's strategic mission and vision.

Milwaukee Care Center

The Facilities department completed renovations and opened DWIHN's first Crisis Care Center on June 10, 2024 providing Crisis and Direct Clinical Care Services to the community.



Woodward Administration

Completed Renovation of the beautiful former 1912 Utley Branch Detroit Public Library Building that now is the administrative headquarters for the organization.



7 Mile Behavioral Health Wellness Campus

In June, DWIHN broke ground on its new Regional Behavioral Health campus located on Seven Mile near the Southfield Freeway. Facilities has completed the design, permitting and contractor award for the brand new 52 bed facility. Construction is anticipated to be completed within an 18-month timeline. This campus will provide Crisis Services, Medical, Dental, Vision services to adults and children in the tri-county area.



FACILITIES

Ecorse Care Center

DWIHN has selected a new site location to provide Crisis Services in the downriver community. The 33,000 square foot facility located on Jefferson Ave in Ecorse's city center is anticipated to have a completed design process in the summer of 2025.



City of Ecorse

Fleet Management

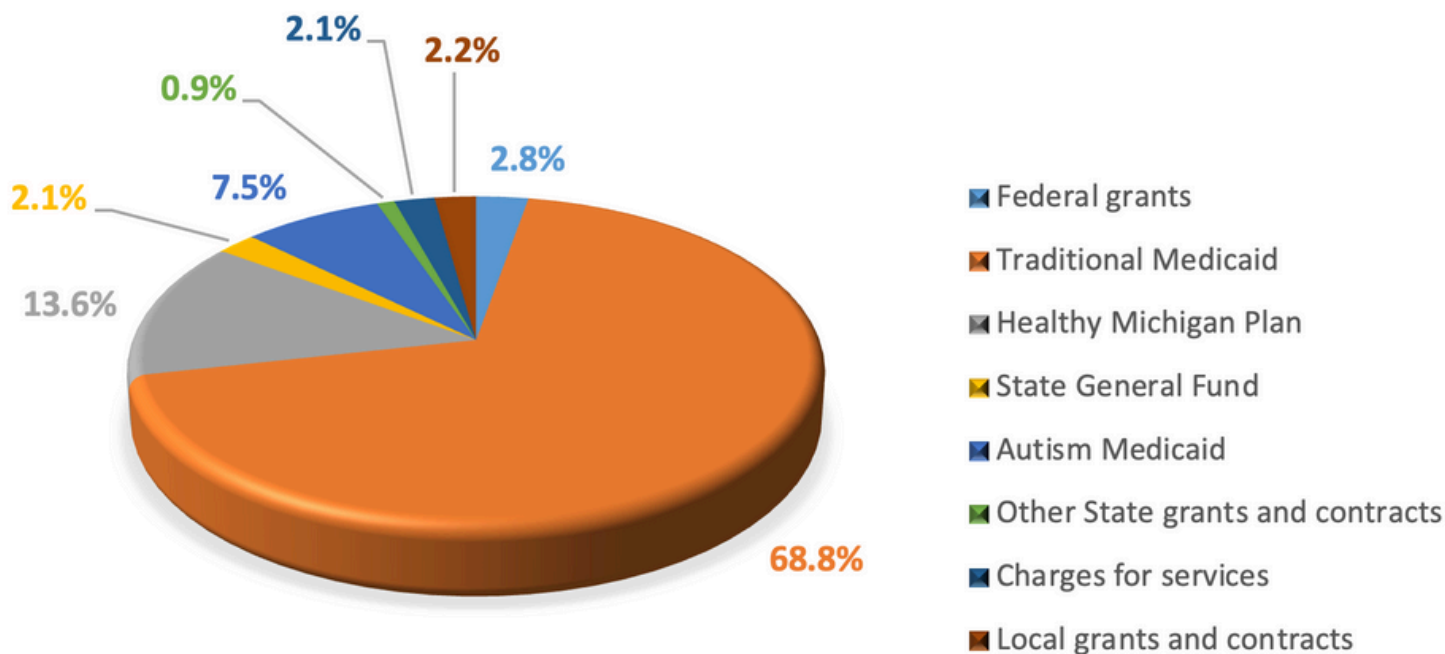
DWIHN largely expanded its Mobile Crisis and Outreach services over the last year with the purchase of specialty outfitted vehicles. Facilities oversees the maintenance and upkeep of this ever-growing fleet. The outreach vehicles are comprised of Chrysler Voyagers, Ford Transit Vans, and Ford F-Series.



FINANCE

Federal grants	2.8%	\$ 31,848,492
Traditional Medicaid	68.8%	\$ 790,036,596
Healthy Michigan Plan	13.6%	\$ 155,660,845
State General Fund	2.1%	\$ 24,460,901
Autism Medicaid	7.5%	\$ 85,856,062
Other State grants and contracts	0.9%	\$ 10,830,145
Charges for services	2.1%	\$ 24,635,154
Local grants and contracts	2.2%	\$ 25,259,921
		<u>1,148,588,116</u>

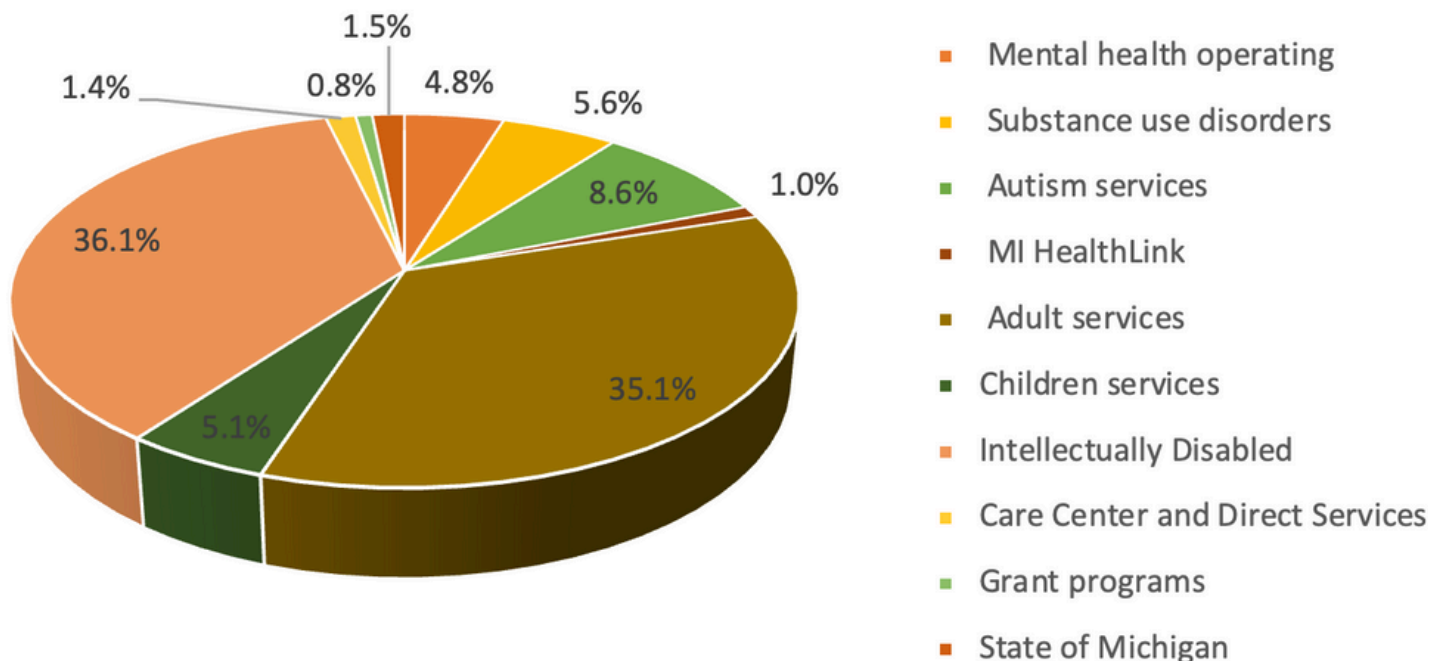
OPERATING REVENUES



FINANCE

Mental health operating	4.8%	54,214,993
Substance use disorders	5.6%	63,500,062
Autism services	8.6%	98,124,489
MI HealthLink	1.0%	11,574,883
Adult services	35.1%	399,419,446
Children services	5.1%	58,301,838
Intellectually Disabled	36.1%	410,890,802
Care Center and Direct Services	1.4%	16,175,581
Grant programs	0.8%	9,075,086
State of Michigan	1.5%	17,497,640
		<u>1,138,774,820</u>

Operating Expenses



HUMAN RESOURCES

The DWIHN Office of Human Resources Department establishes objectives that facilitate an employee-oriented, high-performance culture. The Department is responsible for the development of processes and metrics that support the achievement of DWIHN 's strategic goals and is vested in the pursuit of the organization's Strategic Plan and the achievement of a Culture of Excellence. It coordinates the implementation of people-related services, policies, and programs while advising and guiding executive management in the navigation of HR issues. The Department directly manages:

- Compliance with regulatory concerns regarding employees
- Diversity, Equity, and Inclusion (DEI)
- Employee compensation and benefits administration
- Employee onboarding, development, needs assessment and training
- Employee relations and organized labor management
- Employee safety, welfare, wellness and health
- Organizational succession planning
- Performance management and improvement systems
- Policy development and documentation
- Recruiting and staffing
- Staff services and employee assistance



During the past year, DWIHN HR has continued to thrive in a hybrid work environment, with no interruption in services to internal staff or the needs of the general public.

Diversity, Equity and Inclusion (DEI)

The DWIHN DEI Unit continues to uphold the vision for the agency in establishing diversity, equity, and inclusion (DEI) initiatives to be essential in everything that we do as an organization. One of the goals is to help employees focus on new procedures and behaviors which include people who have different perspectives.

The DEI Unit leads the DEI Committee which is comprised of staff that have done an exemplary job promoting an atmosphere of inclusion, transparency and fairness throughout the organization. This dedicated team works closely with executive leadership in developing actions that demonstrate DWIHN's commitment to eliminating systemic inequities that we can help carry throughout the entire provider network.



HUMAN RESOURCES

Collaborating with diverse community members ensures that various perspectives are included in decision-making processes, leading to more representative and effective outcomes. Another important outcome is the inclusion of underrepresented groups which helps ensure their voices are heard in shaping policies, programs, and initiatives.

Some of the community collaborations include the National Disability Institute (NDI) and other organizations to form the Detroit Alliance for Access and Assets. The goal is to discuss intersectionality and break down the unintentional silos that can impede holistic solutions to the complex economic challenges faced by people of color or individuals with disabilities.

Additional community collaborations include Wayne State University's (WSU) Center for Health Equity and Community Knowledge in Urban Populations (CHECK-UP), which is designed to support and promote the health and well-being of students, focusing on mental and physical health, wellness education and resource accessibility. DWIHN also partners with the Detroit Community Health Equity Alliance (D-CHEA), which addresses health disparities and promotes health equity.

A new initiative is the establishment of Employee Resource Groups (ERG) at DWIHN. ERGs are vital to creating an inclusive workplace culture. They empower diverse employees to connect, advocate for their interests and foster professional development. By enhancing engagement and promoting collaboration, ERGs drive innovation and contribute to DWIHN's success.

DWIHN Recruitment Efforts

The continued expansion of DWIHN over the past year has placed a great demand on the HR team to recruit and hire qualified candidates for all departments. HR has continued to recruit, select and onboard, retain and engage the best and the brightest to provide critical services to our most vulnerable population. This included the development, recruitment and selection of new positions not previously employed by DWIHN. During the past year, DWIHN established the Direct Clinic (Outpatient) Services Department, Pre-Admission Review (PAR) Services Unit and Mobile Crisis Dispatch Unit. HR successfully conducted a special recruitment effort to fill 265 positions created all while maintaining a retention rate of 99%.



Team Members D. Verrill-Huffman and J. Hall attending Central State University Job Fair, October 2024



Team Members (L to R) M. Nizyboriski, M. Reddick, C. Williams-Brown, J. Hall, J. Connolly at the ASE Open House April 2024



Team Members (L to R) K. Cullins, C. Phillips, D. Verrill-Huffman at the University of Toledo Job Fair September 2024

HUMAN RESOURCES

Training and Development Efforts

DWIHN HR provided leadership training to both executive leadership and management staff and also implemented an employee enrichment initiative providing an opportunity for staff to participate in an online program to attend Harvard Business School. This year also marked the launch of the DWIHN L.E.A.D. (Learn, Engage, Advance and Develop) Initiative for Middle Managers. We believe effective middle management is positively linked with employee engagement, performance, trust and inspiration, and job satisfaction.

Other Accomplishments and Outreach Efforts

For the second year in a row, DWIHN has been recognized as a Top Workplace by the Detroit Free Press and as a Diversity Champion by Corp! Magazine. In addition, DWIHN was recognized as a top workplace by Crain's Detroit Business.



CRAIN'S DETROIT BUSINESS 2024

best places to work in Southeast Michigan



Corp! Salute to Diversity Awards

(L to R) L. Wilson, C. Phillips, A. Rivett, D. Verrill-Huffman, M. Nizyboriski

INFORMATION TECHNOLOGY

The IT department is excited to present its year-end summary, showcasing the significant progress we've made in advancing our services and technology offerings. These achievements reflect our unwavering commitment to excellence and our dedication to supporting the needs of our community and organization.

Contract Center Operations: We successfully implemented a new cloud-based phone system designed to enhance the member experience when connecting with our Access Center. This modernized solution not only improves call quality and reliability but also streamlines routing, enabling faster connections and reducing wait times. With advanced features like intelligent call distribution and real-time analytics, our team can now provide more efficient, personalized support, ensuring that members receive the assistance they need promptly and effectively. This upgrade marks a significant step forward in our commitment to delivering a seamless and satisfying experience for our members.

Cybersecurity: The team made significant strides in cybersecurity by launching a state-of-the-art Security Operations Center (SOC). This dedicated center enhances our ability to monitor, detect, and respond to potential security threats in real time, providing a critical layer of protection for member data. The SOC not only strengthens our overall security posture but also ensures that our systems remain resilient in the face of evolving cyber threats.



In addition to this advancement, we successfully completed multiple external audits and assessments of our cybersecurity program. These evaluations, conducted by industry experts, validated the robustness of our policies, procedures, and systems. This comprehensive approach underscores our unwavering commitment to safeguarding member information, upholding data privacy, and maintaining trust.

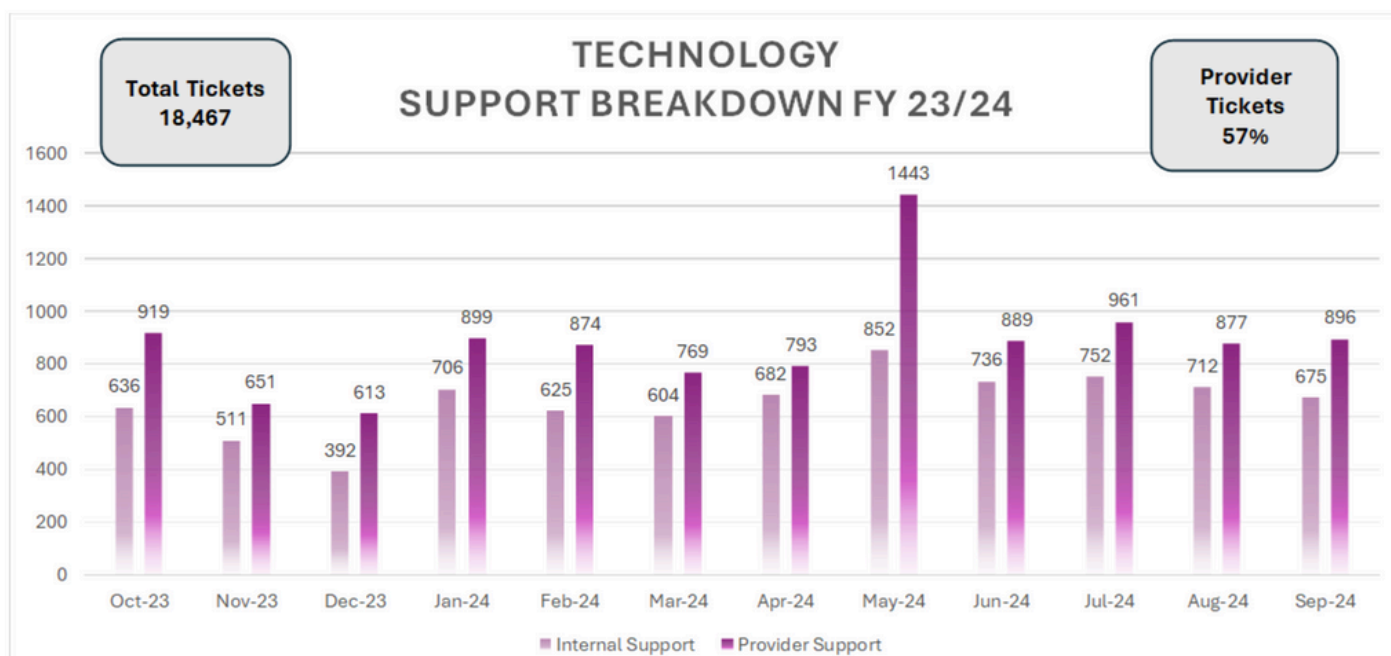
By combining proactive threat management with rigorous external evaluations, we continue to prioritize the security and confidentiality of our members' data while aligning with industry best practices and regulatory requirements.



INFORMATION TECHNOLOGY

Operational Efficiency: We implemented several system and process improvements to enhance operational efficiency. Key initiatives include developing an SUD Risk Matrix Dashboard for real-time insights, creating online forms to streamline the provider contracting process, and launching an upgraded Provider Network Adequacy Dashboard. Additionally, we introduced speech and text analytics within our phone system to improve call management and prioritization, ensuring a more responsive and efficient service experience.

MHWIN Platform Enhancements: In collaboration with other departments, we implemented several upgrades to boost interoperability across the system. These improvements include enhanced HIE functionality within IPOS documents, streamlined progress notes for behavioral health homes, a refined consents-for-service process, modules for the Care Center, PAR dispatch and electronic visit verification (EVV). Each enhancement reinforces MHWIN’s role as a comprehensive, reliable tool designed to better serve our members.



Infrastructure Operations: Our Infrastructure Operations team successfully implemented a desk hoteling system across multiple locations and facilities, providing flexibility and efficiency for our hybrid workforce. This system optimizes workspace utilization while accommodating the diverse needs of in-office and remote employees.

Additionally, the team introduced advanced project management and collaboration software, fostering seamless communication and streamlined workflows across the organization. These tools empower teams to manage projects more effectively, improve productivity, and enhance cross-departmental collaboration. To further strengthen our operations, we deployed new data protection and recovery software, ensuring the availability and security of critical data. This solution enhances our resilience against potential disruptions, safeguarding organizational continuity and the reliability of our services. Together, these initiatives demonstrate our commitment to building a robust and future-ready infrastructure.

INNOVATION AND COMMUNITY ENGAGEMENT

The Innovation and Community Engagement (ICE) mission is to lead in innovation through strategic program development and workforce advancement across the provider network. We are committed to fostering recovery, resilience, and community wellness by connecting individuals to essential treatment resources and offering continuous support through educational outreach and engagement initiatives

Primary Focus

1. Special Initiatives
2. Workforce Development
3. Jail Diversion

Building on our crisis prevention and response services, DWIHN applied for and received a SAMHSA grant of \$400,000 per year for five years to support the launch of DWIHN's Zero Suicide Initiative, which aims to eliminate suicides in Wayne County through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment, and care management. The Zero Suicide framework is implemented through seven elements: LEAD, TRAIN, IDENTIFY, ENGAGE, TREAT, TRANSITION, IMPROVE. The population to be served includes adults residing in Wayne County with mental health concerns, specifically suicide ideation and attempts.

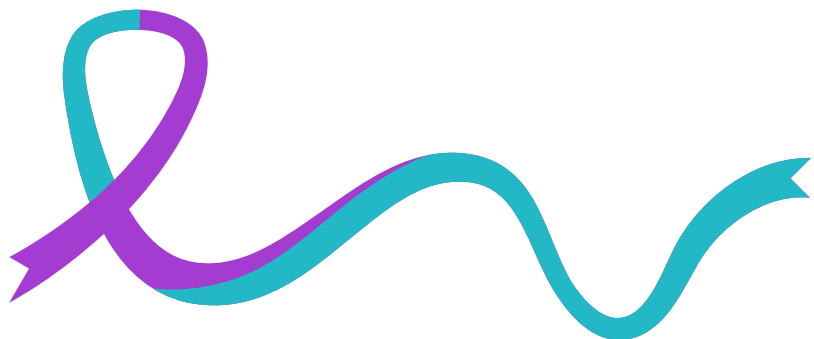
DWIHN's Zero Suicide Initiative goals include:

Goal 1: Increase the capacity of DWIHN to lead in a comprehensive, multi-setting approach and system-wide culture change through the implementation of the Zero Suicide intervention and prevention model to reduce suicide ideation, attempts, and deaths in Wayne County, Michigan.

Goal 2: Improve, expand, and coordinate access to and quality of suicide prevention practices, services, and infrastructure delivered across the entire system of care to advance health equity and reduce suicide ideation, attempts, and deaths in Wayne County, Michigan.

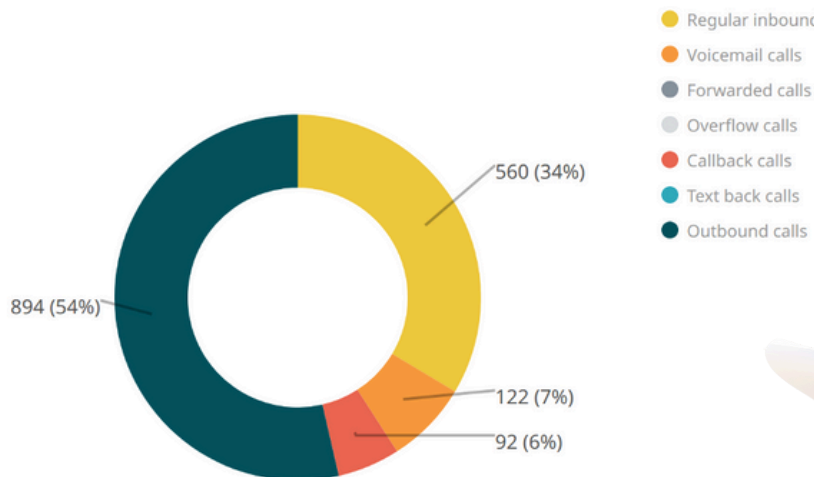
Goal 3: Decrease the stigma around suicide and mental health across the entire community so each person at risk for suicide has a supportive network that recognizes the warning signs and knows to alert for help before it is too late.

With funding from the Mobile Crisis grant, a 37-foot F550 bus was acquired to navigate communities, delivering outreach services, suicide prevention, and connections to essential care.



Reach Us Detroit

The Reach Us Detroit Therapy Line continues to be a critical support for Wayne County residents, effective in crisis prevention, crisis interventions, and referrals. This year, there were **1,668** incoming/outgoing calls. **The highest recorded calls for the year were in July 2024, with 235 calls.**



Summer Youth Employment Program – Assessment Outcome and Activities

The summer youth employment program had 13 partnering organizations throughout Detroit and Wayne County – May – September 2024 (5 months). Some organizations decreased the number of employees, as well as outsourced activities with other organizations to maximize their budgets and increase student wages. The total number of participants, **600** were placed with DWIHN and partnering organizations.

An impressive **578 individuals (550 adolescents)** gathered for the “Young Professional Conference” on August 2, 2024! This energizing youth event covered essential topics for building resilience in behavioral health, practicing self-care, enhancing social skills, and advancing career development. Attendees engaged in sessions on bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness, gaining valuable tools for a successful future.

The department hosted the annual Ready Set Succeed Back-to-School Day serving **420 children and families**. We disseminated resources on how to access behavioral health care, offered behavioral health screenings, and provided food and school supplies to attendees.

Workforce Development

Throughout the year, ICE offered various workshops focusing on behavioral health and suicide prevention awareness. We continued to provide **Mental Health First Aid training to 1,226 individuals** and facilitated **Question, Persuade, Refer (QPR) to 716 individuals** educating them on the signs and symptoms of mental illness and behavioral clues to address the risk of suicide.

In FY'23-24, **100 live training events and conferences** were posted to the DWC training calendar. There were 60 in-person and 40 virtual events. Roughly **5,485 participants** registered through the DWC portal, with **4,283** attending. With the rapid growth of DWIHN and its network, the use of DWC's online training portal has increased. Over **12,000 users** accessed the site, completing required online training 188,036 times and Supplementary training 188,550 times. There were 54 Continuing Education Unit (CEU) applications for training, conferences, seminars, and more held by DWIHN and organizations within the provider network.

Trauma-Informed Care Initiative - Assessment Outcomes and Activities

During FY 24, because of changes within our economic infrastructure, funding was awarded to provide continuing education and a trauma-informed fidelity review with partnering organizations. The Trauma-Informed Care Project Initiative strengthened and enhanced professional development of clinicians and administrators through specific evidence-based practice trauma-informed care conferences and training.

DWIHN planned and coordinated the 10th Annual Trauma Conference, the goal was to advance the development and implementation of evidence-based treatment services to individuals served by the public behavioral health system. The conference focused on the importance of developing and implementing treatment services that can effectively address post-traumatic stress symptoms while also successfully managing the risk of triggering individuals into episodes of mental illness symptoms or substance abuse relapse. There were **294 attendees**, who participated in various workshops that identified trauma as a public health concern that impacts the emotional and physical wellness of individuals.

Co-Occurring Disorders Initiative – Assessment Outcomes and Activities

During FY 24, ICE increased continuing education training about co-occurring disorders. We hosted the annual Co-Occurring Disorder Mini Conference on June 10, 2024, and a 2-day Co-Occurring Disorder Workshop Series on September 25 and 26. There were approximately 100 attendees who learned about the symptoms of co-occurring disorders, which include those associated with substance use problems and mental health conditions affecting an individual. People with co-occurring disorders are at high risk for additional problems such as symptomatic relapses, hospitalizations, financial challenges, social isolation, family problems, homelessness, sexual and physical victimization, incarceration, and serious medical illnesses.

Mental Health Jail Navigator

The Mental Health Jail Navigator referrals remain consistent, 87 individuals were referred and interviewed, met the criteria and were referred to various treatment providers, Genesis House III, Team Wellness Center and/or Christian Guidance Center. Currently, all individuals are being monitored and receiving jail navigation services.

Detroit Police Department Co-Response Partnership

Co-responders had **3,707** encounters, four hundred fifty-nine (**459**) individuals received various resources for mental health, substance use, and homelessness when crisis transport was not needed. A team of 30 individuals organized by ICE offered behavioral health support in partnership with the co-response teams for the 2024 NFL Draft. Staff were available to provide resources, verbal de-escalation, and a display of partnership.



Crisis Intervention Team (CIT) Training

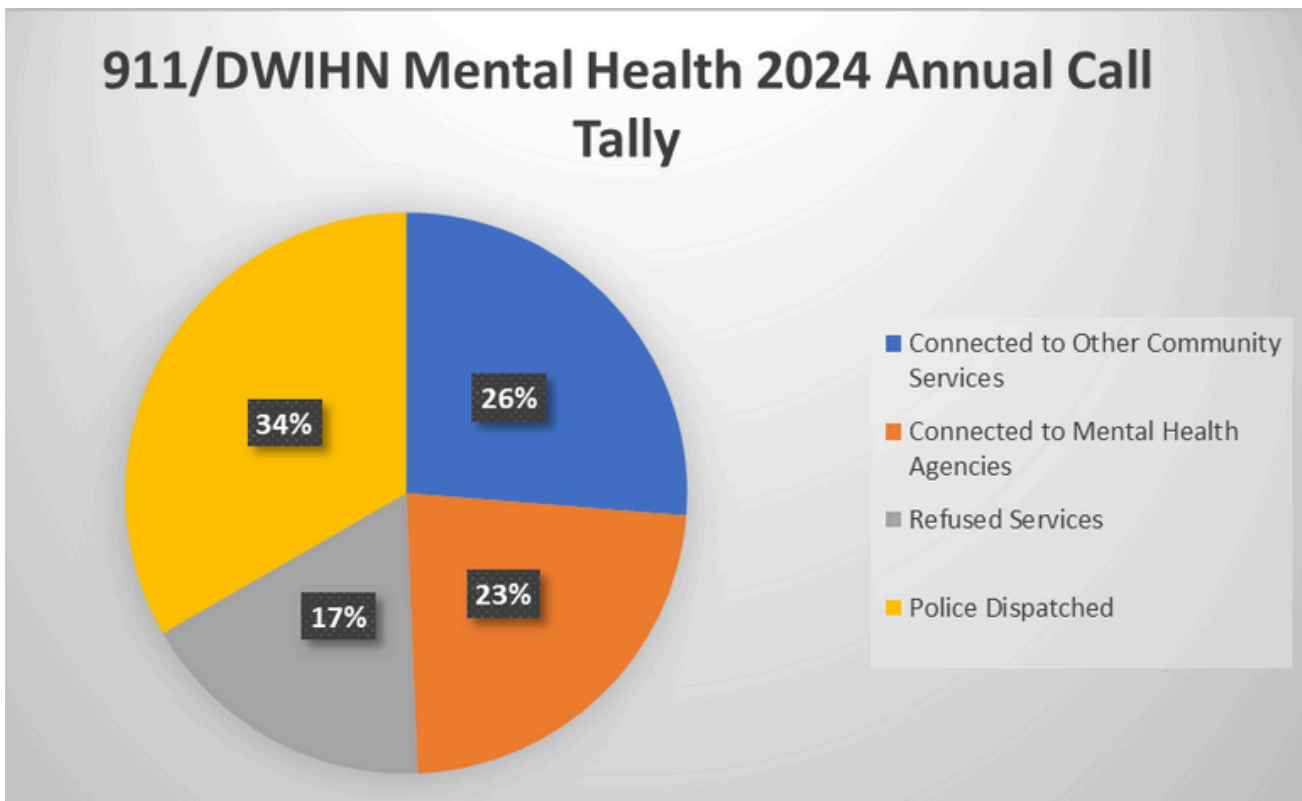
Crisis Intervention Teams help divert people with mental illness away from jail and to treatment. CIT creates partnerships between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety. DWIHN hosted 8 CIT 40-hour blocks this year, providing specialized training to **78** officers. Six CIT for call takers/dispatchers courses were provided. Crisis Response Training continued to be offered in the police academy with seven courses being provided to cadets.

Detroit Homeless Outreach Team (D-HOT)

During the year, DWIHN collaborated with various partners, including the City of Detroit Housing and Revitalization, the City of Detroit Police, and provider partner Central City Integrated Health to offer care and support of basic needs and referral to behavioral and housing services. The team had a total of 2,252 encounters.

911 Communications Embedded Behavioral Health Specialist

During the year, three 911 Embedded Behavioral Health Specialists (BHS) began working both part and full-time at DPD's Communication Center. Each has assisted with any calls that require mental health support and resources. There were **173** referred mental health-related calls, all received follow-up support.



Veteran Navigator

The Veteran Navigator program aims to strengthen partnerships and improve communication with the VA and community agencies. Key objectives include building awareness of the Navigator's role, streamlining referrals, and enhancing access to resources for veterans and their families. The Veteran Navigator provided support to **284** veterans.

Veteran Contact

Number of New Veteran Contacts for 2023/24	284+ (Some interactions were not captured due to outreach circumstances.)
Number of Veteran Family Contacts this year	35
Total Number of Veterans served 2 or more times	13
Total Number of Connections at an event	Hundreds of interactions
Total Number of Connections at an event with Referral for SUD/MH	54
Total of Email <u>Only</u> Contacts (Only contacted by email no other contact)	135
Total Number Phone <u>Only</u> Contacts (Only contacted by phone no other contact)	115

Race

Caucasian	African American	Native American	Hispanic
106	129	2	5
Asian	Pacific Islander	Other/Specify	Undisclosed
0	5		36

Age

20 or less	21-29	30-39	40-49	50-54	55 & Over
0	9	7	21	94	153

Referral to Navigator

Access	Local CMH	SUD	MVAA Resource Center	VCAT Coordinator
67	29	13	46	2
Hospital/Medical Professional		Other Source/Specify		
46		Jail/Prison, Shelters, VA contracted housing		

Veteran's Treatment Court

Downriver Veterans Court provides treatment services on misdemeanor cases for veterans with serious mental illness, co-occurring disorders, or substance use disorders caused by service in the United States Armed Services. The program has a strong mentorship component with the participants. Participants work at the VFW; courthouse, and American Legion. The program has a partnership with the UAW and Ford for welding training. It is a six-week program that provides a stipend for food and lodging and a job upon completion. Three participants have already completed the program. **For one participant, the program allowed him to purchase a house.**

Increase community engagement/support equitable access to care: We will continue efforts to advance comprehensive care, community safety, and mental health resilience throughout Wayne County. Launch our new mobile clinic to reach underserved communities, enhancing equitable access to healthcare services and ensuring comprehensive support is available for all individuals in Wayne County.



INTEGRATED HEALTHCARE

Accomplishments in FY 24

Integrated Health Care (IHC) Department goal is to provide holistic care to all members based upon their individualized needs by integrating physical health and behavioral health. IHC works with 8 Medicaid Health Plans and 5 Integrated Health Care Organizations (ICO) to aid in better outcomes for DWIHN members. IHC has a Complex Case Management Team that works directly with individuals who have high medical and behavioral health. IHC provides OBRA assessments to individuals who have behavioral health or developmental or intellectual disabilities and may need a nursing home.

IHC Team played a critical role in the DWIHN's receiving 3 year NCQA certification. IHC received 100% of possible points in all of the categories it is responsible for (Complex Case management and CC1/CC2). Complex Case Management was recognized on having the best Population Assessment that the auditors have read.

Complex Case Management is an intensive program to engage members who have medical and behavioral health disorders. The members are enrolled in this program typically for 120 days, and the goal is to link members with primary care, behavioral health, transportation, food, housing, in-home services and other independent living skills. Eighty-six percent of the members met their goals during the Fiscal year. Surveys sent out to members with Complex Case Management received 100% satisfaction with their services.



Integrated Health Care is also leading efforts on project for care coordination activities with two Medicaid Health Plans. This primary objective of this project to reduce care gaps for members served and improve HEDIS measures for the population of members that present with care gaps. Bimonthly meetings between care coordination teams take place with each plan to determine gap, identify plan to address gap and report outcomes of efforts. Both Medicaid Health Plans have access to the DWIHN HEDIS Scorecard and members can be stratified by care gaps for medical and behavioral health along with using the risk stratification in CC360. DWIHN and the Medicaid Health Plans Teams look at HEDIS Scorecard data and find trends to provide more care appropriate care that is both treatments oriented as well as preventive care to ensure crisis events can be reduced to members and overall member experience is improved. During Care Coordination efforts, the goal is to resolve any gaps in care within 90 days. DWIHN and the two Health plans agreed early in FY24 that an increase in care coordination was needed, and this was successfully accomplished leading to reduced hospitalization and improved HEDIS quality scores. In FY 23 only 88 members were served but in FY 24, that number was increased to 342 that were provided care coordination services. Of those 342 members 194 had gaps in care that was addressed within 30 days. The other three health plans and 5 ICO's that DWIHN works with will start care coordination in FY 25 per the new contract with MDHHS.

INTEGRATED HEALTHCARE

In FY 23 DWIHN's Integrated Care Team expanded its direct services footprint by starting to provide OBRA services. The OBRA program is a Federal mandated program that determines if an individual who has Medicaid and a behavioral health need and/or intellectual or developmental disability requires nursing home level of care and what level of treatment.

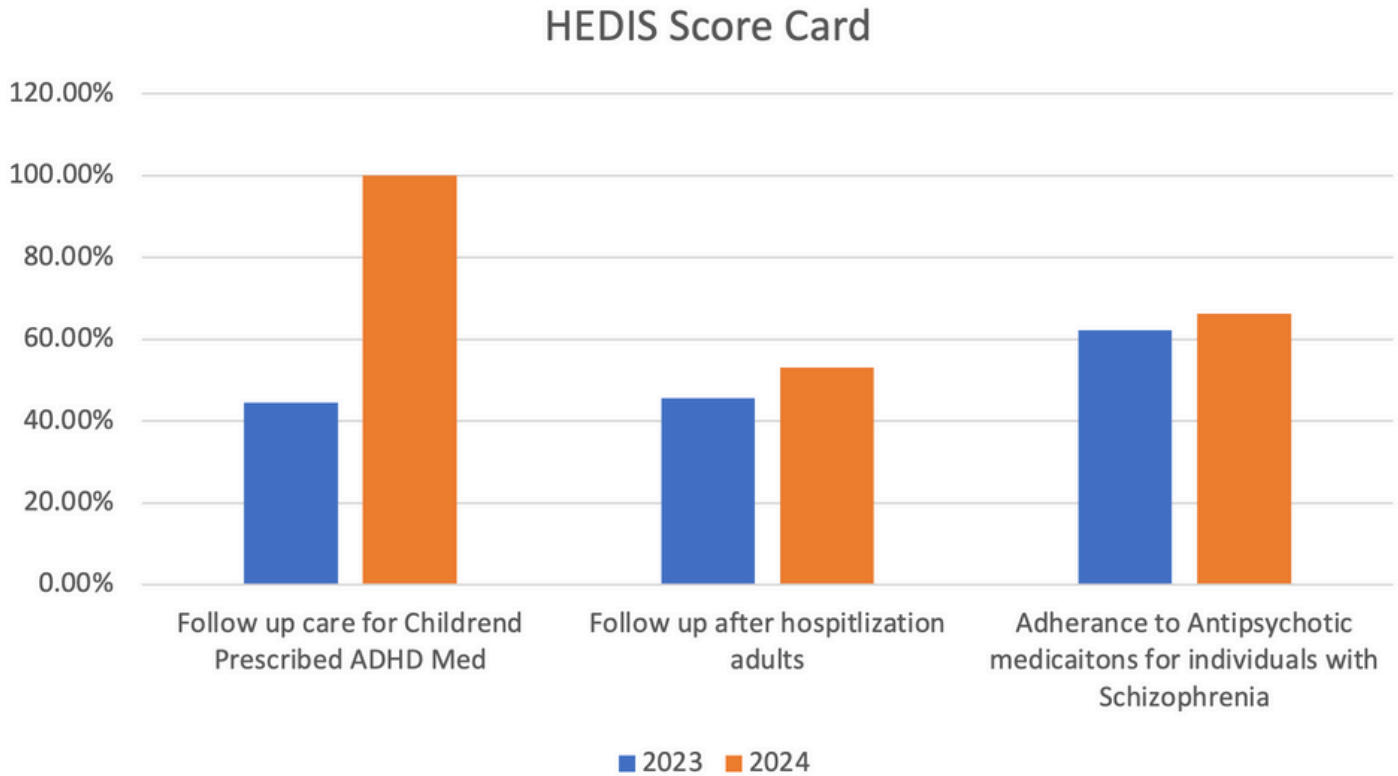
In the first full year of the program DWIHN accomplished:

- ✓ **6850 referrals were processed in FY 24 compared to 3,551 in FY23.**
- ✓ **1374 assessments were completed in FY24 compared to 850 in FY 23.**
- ✓ **Only 10% of 1374 assessments had pends (questions) from the state. MDHHS expects less than 25%.**
- ✓ **Ninety seven percent of DWIHN recommendations for level of care for services were agreed upon by MDHHS.**

During FY 24 DWIHN and Vital Data Systems expanded the access to the HEDIS Scorecard that enabled DWIHN to provide all Clinically Responsible Service Provider (CRSP), Medicaid Health Plans and Integrated Care Organizations access to data as to how the network is scoring as a whole and individually based on alignment. DWIHN added several new measures for Certified Community Behavioral Health Clinics (CCBHC), Opioid Health Home (OHH) and Behavioral Health Home (BHH) to start tracking quality of services as well identify any care gaps that existed for the membership enrolled in those programs. The Scorecard has data going back to 2019; therefore, trends and areas of improvement can be examined, and plans put into place. The Vitals Affinite platform uses claims data received from several sources as part of running HEDIS calculations before that data is displayed in the scorecard. This platform displays diagnosis, Rx, physician on claim, and care gaps needed to be addressed. Provider and member level access are managed to ensure all individuals who have access to the database can only see the members they serve. DWIHN and Vita Data Systems continue to make improvements on how to expand the platform to provide information to increase integration of care. The HEDIS Scorecard was rolled out to all CRSP providers and 4 Medicaid Health Plans. IHC meets with CRSP's every 45 days and reviews certain measures. IHC RN Team monitors HEDIS Measures and sends out quarterly letters to CRSP CEO's and Clinical Leaderships on the current scores and include information on where improvements are needed. DWIHN's Adult Initiatives team works directly with CRSP to improve scores for the membership it is responsible for. IHC performs quarterly lunch and learns on HEDIS measures with service providers to educate on HEDIS and uses feedback from provider teams as well to have a meaningful dialogue on best way to leverage data and manage outcomes. All these tasks help improve the HEDIS scores which means more individuals are receiving integrated care to aid in better treatment for their behavioral and physical health.

Measure goals are based on Quality Compass which is what the Medicaid Health Plans base goals on. The data below around Follow up Care for Children Prescribed ADHD Medication and ongoing Maintenance, Follow up after Hospitalization for adults, and Adherence to Antipsychotic Medications reflects the work completed through Care Coordination and work with our service providers.

INTEGRATED HEALTHCARE



Goals for 2025:

1. Provide Care Coordination with all 8 Medicaid Health plans and ICO.
2. Increase Care Plans in CC360, per MDHHS contract DWHIN must have 25% of the members in the risk stratification to have plans in place in CC360. DWHIN is at 28% now.
3. Double the number of members served in Complex Case Management.
4. Decrease the turnaround time for annual OBRA assessments.
5. Increase HEDIS Scores by working with local Federal Qualified Health Centers (FQHC) and providers to aid in medical care related to HEDIS Measures.

MANAGED CARE OPERATIONS

The Managed Care Operations (MCO) Department is dedicated to the development, credentialing, maintenance, and evaluation of the DWIHN provider network, which is comprised of over 400 providers, spanning various specialties such as Autism, Crisis Stabilization, Grant Funded Programs, IDD/SMI, MI-Health Link, OBRA, Self-Determination and Substance Use Disorder (SUD).

Our foremost commitment is to ensure the adequacy of the network, guaranteeing the delivery of top-tier services to the individuals within the DWIHN system.

The department upholds continuous monitoring of provider contracts, focusing on performance outcomes, and strict adherence to regulatory standards. This commitment extends to our members and is an integral part of our obligation to the Michigan Department of Health and Human Services (MDHHS) contract.

Our dedicated MCO department is staffed by 23 individuals, including 12 Provider Network Managers, also known as Contract Managers, who oversee and collaborate with providers. Together, we serve a diverse community of over 123,000 members in Detroit and Wayne County.

Highlights for the Fiscal Year 2024:

Contracts:

- Processed over 400 contracts for FY'24-25
- Updated the Provider Manual
- Onboarded 32 new providers
- Processed 71 expansion requests for services or locations

Goals accomplished from last year:

We implemented an effective tracking system to monitor the onboarding progress of both new and existing providers.

Provider Meetings:

- Conducted 10 CRSP/Outpatient and 10 Residential Meetings
- Facilitated 88, 45 Day Meetings with CRSPs in collaboration with various DWIHN departments

Providers/Practitioner Credentialing:

Medversant Technologies is DWIHN's Credentials Verification Organization (CVO) and it is responsible for conducting primary source verification of practitioners' credentials for other organizations. Those results are as follows:

MANAGED CARE OPERATIONS

Credentialing Status for FY 2024:

- 674 Initial Credentialed Practitioners
- 316 Recredentialed Practitioners
- 145 Credentialed Facilities
- 37 Recredentialed Facilities

Total 990 Practitioners and 182 Facilities

Goals accomplished from last year:

- Developed a tracking system for the credentialing status of providers and practitioners with a monthly report sent to MCO.
- Credentialing letters are being added to MHWIN, which allows staff to view and monitor status.

Provider /Practitioner Survey

DWIHN's Annual Provider Survey was sent out to 283 providers in October. Additionally, the survey was sent to 1,925 practitioners, results are still pending at this time.

Both surveys were revised and encompassed 34 in-depth questions, addressing all facets of DWIHN's departments including Credentialing, Claims, Managed Care Operations, Quality Management, and Utilization Management. The survey has five essential components:

1. Assessing DWIHN's effectiveness in meeting its contractual obligations
2. Evaluating level of support to providers in fulfilling the needs of members
3. Gauging DWIHN's responsiveness to providers concerns
4. Identifying any existing gaps or deficiencies within DWIHN's operations
5. Identifying opportunities for improvement and/or the need for corrective actions

Both surveys were completed in October 2024 and will be fully analyzed in early 2025.



MANAGED CARE OPERATIONS

Provider Quarterly Report process/review:

Provider Network Managers (PNM) received and reviewed 1,267 quarterly reports to ensure contractual compliance.

Major Accomplishments:

- Perfect audit score in the HSAG Network Adequacy Verification review and in the HSAG Compliance review for the Assurances of Adequate Capacity and Services. The HSAG Network Adequacy Verification review was a new standard this year. Our timely submission of the Network Adequacy Report to MDHHS contributed to the high marks during the HSAG audit.
- All HUD renewal applications submissions were accepted by the CoC securing scores of 80% or higher for three of our subrecipients—above the 70% threshold—ensuring the continuation of HUD funding.
- Developed a monitoring checklist, a HUD Standard Operational Procedure, and a monitoring schedule to ensure compliance with grants. This received high recognition during our FY 24 HUD Monitoring Review.
- Received three-year MDHHS CMHSP certification.
- Passed all NCQA requirements surrounding Contracts and Credentialing to secure our accreditation for another three years.



Future projects for FY'24-25:

1. Develop a comprehensive Provider Network Manager Monitoring Tool that will include standardized Key Performance Indicators (KPIs) to better track and evaluate network performance.
2. Develop feedback survey for providers to assess effectiveness, and responsiveness, in identifying gaps or inefficiencies and opportunities for improvement.
3. Develop provider education and training resources on accessible platforms.
4. Develop a comprehensive auditing site tool for all departments to share information internally.
5. Update the Risk Matrix module to encompass non-traditional, Outpatient and Residential Providers.
6. Create a digitized Provider Orientation for the New Providers entering the network.

Continue to enhance the 5 Goals to maintain a strong network:

- Continue to foster a working relationship with our network providers.
- Conduct a Network assessment to identify member needs through the addition of new providers and/or approving existing providers locations and services.
- Continue to provide technical assistance to our providers and alert them of all MDHHS updates.
- Continuously ensure provider compliance by monitoring insurance and licensing, conducting thorough quarterly reviews, hosting bi-annual meetings, arranging both announced and unannounced face-to-face visits.
- Assist the credentialing team with the necessary support to expand the number of providers requiring credentialing.

OFFICE OF RECIPIENT RIGHTS

The Office of Recipient Rights' (ORR) mission is to ensure that individuals receiving mental health services receive treatment as identified in their individualized Plan of Service (IPOS). The IPOS is developed by using the Person-Centered Planning (PCP) process and maps out how to receive service in a safe, sanitary, and humane environment where people are treated with dignity and respect, free from abuse and neglect.

The ORR has four primary responsibilities :

1. Prevention of rights violations through consultation on rights-related matters, policy development/review and direct communication with the DWIHN President/CEO and other Directors and Providers about problem areas.
2. Educate staff (DWIHN and Providers) by providing mandatory Recipient Rights Training.
3. Monitor for Recipient Rights compliance through the review of incident and death reports, behavior plans, contracts and conducting yearly Site Reviews at various Service Provider locations.
4. Complaint Resolution through the recipient review and investigation of suspected or alleged rights violations.



If it is determined that violations have occurred, DWIHN ORR recommends appropriate remedial action and will assist recipients and/or complaints to fulfill its monitoring function. To make this happen, the ORR has an unimpeded assessment of all programs and services operated by or under contract with DWIHN, all staff employed by or under contract with DWIHN, and all evidence necessary to conduct a thorough investigation or to fulfill its monitoring function.

The ORR Reporting data for FY 23-24 shows that it received **2,031** allegations, **1,603** actual investigations, **561** substantiations, and **117** investigations that remain open for this reporting timeframe.

ORR also oversees the training for all DWIHN and provider employees and this past year, trainers registered **6,752** participants, **4,163** attended and passed the virtual class.

QUALITY IMPROVEMENT

The Quality Improvement Department remains dedicated to enhancing the quality and safety of clinical care and services provided to our members. Through rigorous monitoring and measurement, our team guarantees that providers not only meet high standards of care but also deliver dependable support across all programs. Our efforts ensure that services are seamlessly integrated into the community, ultimately enhancing the overall healthcare experience. Below is a brief snapshot of FY'23-24 and our key accomplishments and recognitions.

Quality and Performance Monitoring

This year's monitoring activities have been pivotal. The Quality Improvement Performance Monitoring team collaborated with **318 contracted providers to complete a total of 707 case record reviews and assess the qualifications of 1,349 staff members** within the network. These monitoring efforts encompassed a wide range of services, including child and adult case management, outpatient services, Autism/ABA, substance use disorder (SUD), and residential support for populations affected by Serious Emotional Disturbance (SED), Serious Mental Illness (SMI), and Intellectual and Developmental Disabilities (I/DD). By focusing on these areas, we are committed to enhancing the quality of care and promoting positive outcomes for our communities.

The monitoring activities also involved facilitating the MDHHS 1915(c) Waiver and the 1915(i) State Plan Amendment (SPA) review. The CRSP Provider Network successfully conducted 1,221 self-reviews of case records, which are a vital part of the self-monitoring efforts required by DWIHN. Although the average compliance score for DWIHN and provider self-monitoring case record reviews is 87%, reflecting a 5% decline from last year's score of 92%, we see this as an opportunity for improvement. We remain committed to enhancing the quality of care and ensuring that our services meet the highest standards.

Notable strengths include the Children's Waiver Program, which has achieved full compliance in both clinical records and staff qualifications. Additionally, DWIHN has maintained full compliance with the administrative requirements of the MDHHS Waiver and iSPA reviews. Another strength worth mentioning is DWIHN's standardized Integrated Biopsychosocial Assessment, which leads to well-documented and thorough evaluations of member needs.

Critical Sentinel Events

During FY'23-24, we delivered essential Critical/Sentinel Event training to CRSP Providers and Specialized Residential Providers. An impressive total of 240 staff members engaged in this vital training, ensuring comprehensive understanding across the board. Furthermore, the Quality Performance Improvement Team (QPIT) took proactive steps by offering 15 specialized technical assistance training courses, empowering CRSPs to meet the critical MDHHS reporting requirements effectively. Together, we are enhancing the quality of care and compliance within our community.



QUALITY IMPROVEMENT

Key Achievements and Recognitions:

- For the third year in a row, DWIHN has met all required reportable areas in the Performance Measurement Validation (PMV) Review conducted by the Health Services Advisory Group (HSAG) and MDHHS.
- For the fifth consecutive year, DWIHN has proudly achieved full compliance with the PIHP Administrative Processes for Behavior Treatment Review (B.1). Also, MDHHS recognized DWIHN's excellence by commending our BTAC quarterly reports and their engaging visual representations of behavior treatment data. This speaks to our commitment to quality and transparency in behavioral health care.
- The DWIHN Children's Waiver Program achieved full compliance during the MDHHS Habilitation Supports Waiver 1915(c) Review.
- DWIHN maintained excellent scores for PI#1, which measures the percentage of individuals receiving a pre-admission screening for psychiatric inpatient care where the disposition was completed within three hours, for both children and adults.
- DWIHN achieved some of the highest compliance rates in the state for Performance Indicator #3 (Ongoing services 14 days after intake) with over 90% receiving timely services within 14 days, surpassing the standard.
- Each quarter during FY'23-24, DWIHN met Performance Indicator #4a (follow-up after hospitalization) and 4b (SUD Detox Discharge Follow-up) for each population.
- The Quality Department has worked to address Recidivism by coordinating with the provider network to ensure member care is focused on the least restrictive environment.

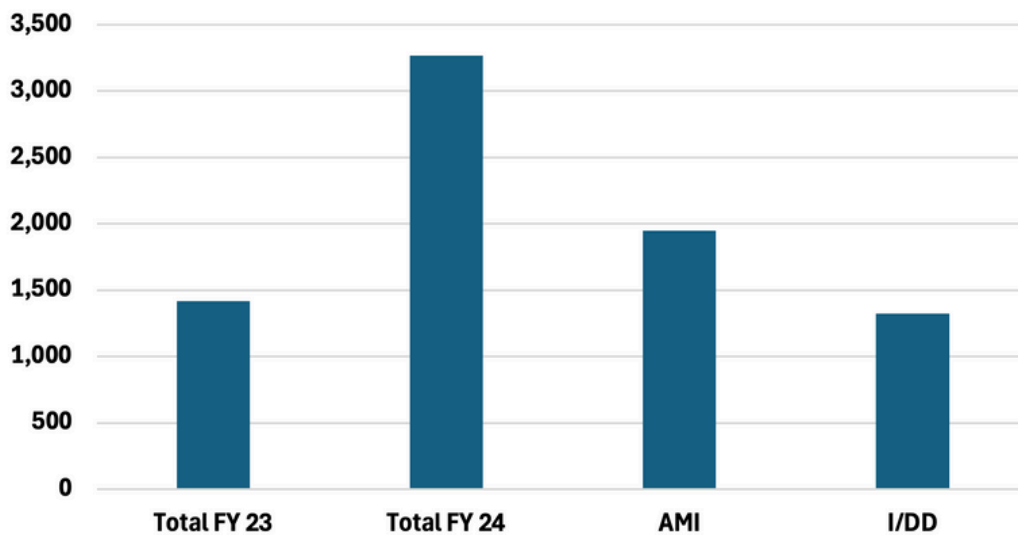


RESIDENTIAL SERVICES

Achievements:

- Over the course of FY '24 the Residential Services Department exemplified growth and development that will lead the department down an exciting path in the future. Transformational changes were made within Residential Services that will allow the department to see continued success and sustainability moving forward. Here are a few highlights of these accomplishments over the last year: The Residential Services Department ensures all members have a current in-home residential assessment. It is important that all members have updated assessments that are reflective of their needs and abilities; while ensuring they are receiving medically necessary services. Over the course of the year the Residential Department completed **3,269** assessments compared to **1,419** during FY '23.

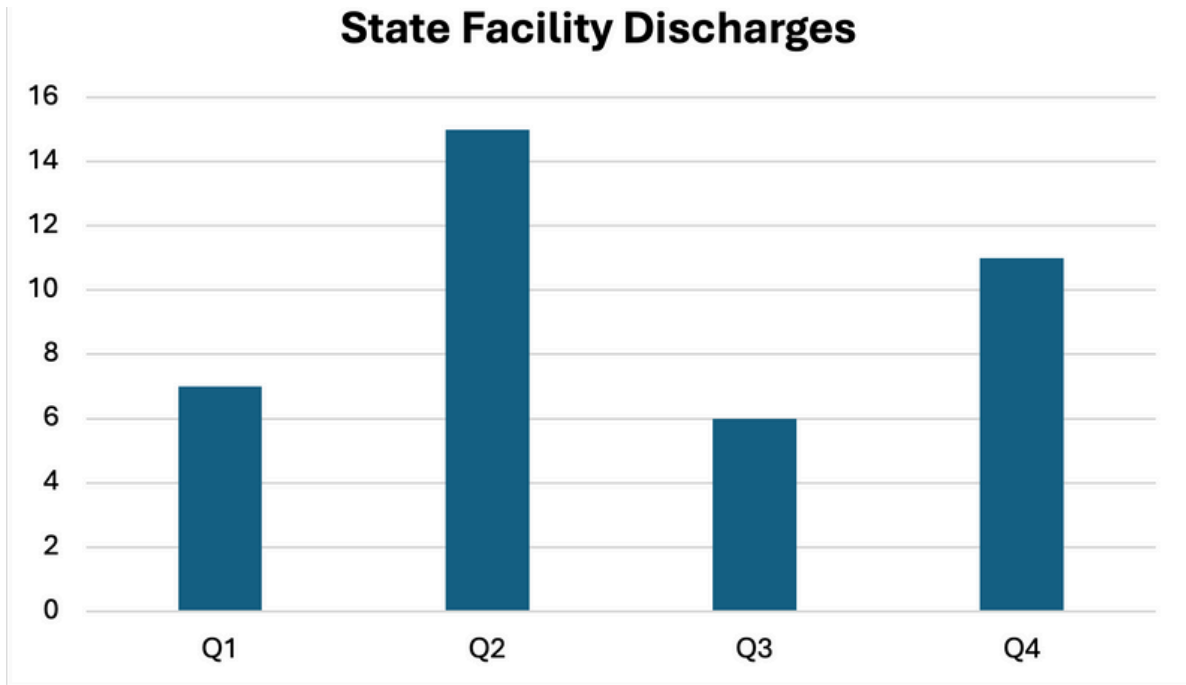
Residential Assessments Completed



Total FY 23	Total FY 24	AMI	I/DD
1,419	3,269	1,947	1,322

- The Residential Services Department onboarded a new director, Ryan Morgan in addition to a new Residential Manager, Danita Love-Carter.
- Residential Services added twenty-two (22) new residential providers to the network over the past fiscal year to meet the needs of our diverse population. Residential services redeveloped the residential progress note and implemented training to the provider network. The Residential Services Department was able to discharge 39 members out of state facility placements and into the community.

RESIDENTIAL SERVICES



Q1	Q2	Q3	Q4
7	15	6	11

- Residential Services redeveloped and implemented departmental trainings focused on improving the clinical documentation amongst Clinically Responsible Service Providers.
- Streamlined the process and developed a brochure for youths aging out of foster care and transitioning into adult residential services.
- Approved **11,699** Residential Service Authorizations over the past year.
- Updated and streamlined the internal transfer process and vacancy notification forms.
- Residential Authorizations processed **13,208** service authorizations this year.

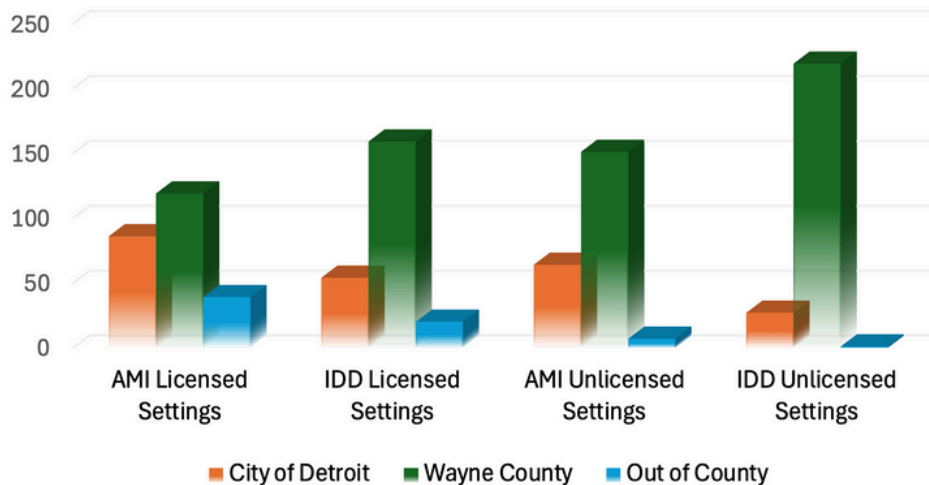
RESIDENTIAL SERVICES

Collaborations:

The Residential Services Department relies upon a variety of collaborations with internal and external entities on a consistent basis. Some of these collaborations include:

- The Residential Services Department utilizes 477 licensed settings and 469 unlicensed settings around the state of Michigan, serving 2,878 members. The vast majority of homes are located within Wayne County, as indicated in the chart below. There are 231 sites within the City of Detroit, 879 sites within Wayne County, and 67 sites outside of Wayne County.

Specialized Residential Settings



	Totals	City of Detroit	Wayne County	Out of County
AMI Licensed Settings	244	86	119	39
IDD Licensed Settings	233	54	159	20
AMI Unlicensed Settings	222	64	151	7
IDD Unlicensed Settings	247	27	219	1

- The Department of Health and Human Services (DHHS) for foster care youth transition planning.
- Community Outreach for Psychiatric Emergencies (COPE)
- Detroit Wayne Integrated Health Network (DWIHN) 707 Crisis Care Center
- Public Guardians and the Public Guardianship Forum
- Local hospital emergency departments
- DWIHN pre placement providers
- Coordination with DWIHN Quality, Credentialing, and Managed Care Operations for onboarding of new providers.
- Coordination with Clinically Responsible Service Providers for completion of documentation and authorizations.
- Coordination with residential providers to ensure placement and bed availability.
- Coordination with state hospitals for discharge planning.

RESIDENTIAL SERVICES

Department Objectives and Initiatives:

The Residential Services Department has a variety of objectives that aim at enhancing the lives of the members we serve. DWIHN will continue to track and maintain updated assessments for all members within the Residential Unit. Additionally, we will monitor and track treatment plan compliance within the network and provide feedback to clinically responsible services providers. The Residential Department will organize bimonthly trainings that focus on improving clinical documentation. DWIHN will focus on improving the efficiency of the referral process in efforts to decrease the amount of time it takes to locate a placement.

As a department we have made tremendous progress over the past year, however our goal is to continue to improve the overall member experience. We are currently working with the Customer Services Department to implement a member satisfaction survey that will help identify areas of improvement as we move forward into the next year.



Residential Care Specialist Catherine Broadnax with DWIHN member at Kinloch Home in Redford MI



Residential Services team (Absentia: K. Mancani, C. Broadnax, C. Qayed, E. Henderson, O. Marhsall, and S. Jones)

STRATEGIC OPERATIONS

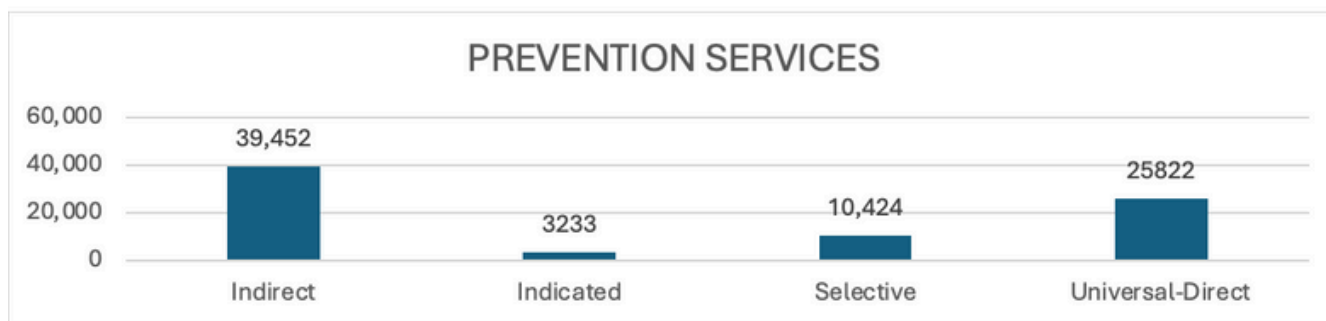
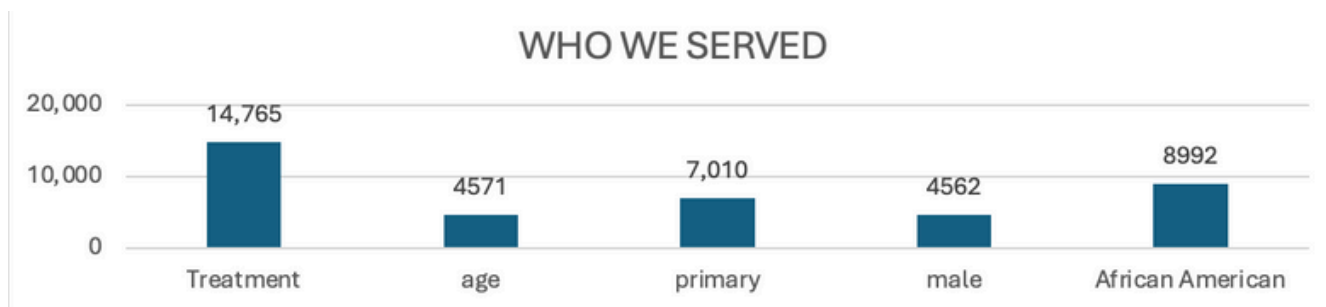
Accomplishments, Achieved Goals and Recognition:

- We are proud to announce that in May 2024, DWIHN earned its third consecutive National Committee for Quality Assurance's (NCQA) three-year Full Managed Behavioral Healthcare Organization (MBHO) Accreditation. The final score was 91.81 out of a possible 100. This accreditation demonstrates DWIHN's unwavering commitment to quality across all our organizations' operations, which allows us to continue supporting our Members, Provider Network, and community effectively.
- In July 2024, the department initiated an RFP to secure a NCQA consultant to guide the next three-year accreditation cycle. HPS Consulting, LLC was awarded the three-year contract.
- Implemented Quest Analytics to increase our efficiency in reporting, by maintaining adequate and accurate provider networks and ensure compliance with governing bodies for MDHHS and NCQA standards. This will be the first year generating reports using the system to show evidence of network adequacy.
- Contracted with RLDatix to enhance our policy management system (PolicyStat) to allow DWIHN to establish policies and procedures that support the expansion of new lines of business and to ensure compliance with regulatory requirements.
- Managed and provided oversight for the annual Provider and Practitioner Satisfaction Surveys. A 39% response rate was favorable in comparison with industry averages of 30%. The overall satisfaction for the Provider network was 83% and the Practitioner Satisfaction was 77%.
- In September, launched the 2024 Practitioner and Provider Survey to assess the needs of Providers and Practitioners in support of the strong value DWIHN places on partnership and collaboration.
- As of the end of FY 2024, 17 out of 19 strategic objectives approved by the Board are on-track to be completed by the end of next year. The overall status of the DWIHN Strategic Plan reflected a 51% completion rate so far.



SUBSTANCE USE DISORDERS

In 2024, we provided effective treatment to 14,565 individuals managing substance use disorder (SUD), reflecting a modest decrease from the previous year. A key focus this year was on individuals aged 50-64, acknowledging the distinct challenges they face in managing SUD. Alcohol was identified as the primary substance at the time of admission, underscoring the need for tailored, evidence-based interventions. Additionally, a significant portion of those served were African American males, emphasizing our continued commitment to addressing the unique needs of this demographic through targeted support and care.



In FY 2024, over 14,000 members in Wayne County sought Substance Use Disorder (SUD) treatment services. DWIHN also delivered 78,935 prevention services in collaboration with 30 prevention coalition partners.

This year, DWIHN was honored by the Detroit Medical Center (DMC) and Emergency Medicine Physicians Dr. Roy Elrod and Dr. Andrew King for our outstanding work in delivering Screening, Brief Intervention, and Referral to Treatment (SBIRT) services. This approach is designed to identify and address substance use disorder at an early stage within the emergency department. Our contributions were recognized as a key component of DMC's recovery infrastructure, leading to the designation of Sobriety House as the official Recovery Program for the DMC.



SUBSTANCE USE DISORDERS

Since October 1, 2023, a total of 3,245 SBIRT screenings have been conducted, resulting in 1,935 individuals being referred to and/or admitted into residential treatment. This represents a 59.6% conversion rate from screening to treatment engagement, highlighting the program's effectiveness in connecting individuals to necessary care.

This follow-up rate reflects the success of connecting individuals to ongoing support after residential treatment. A 50% engagement rate means that half of those completing treatment took proactive steps to continue their recovery through follow-up services. This outcome underscores the effectiveness of sustained care in promoting long-term stability and highlights opportunities to further enhance engagement strategies, ensuring even more individuals receive the support they need.

Naloxone Initiative



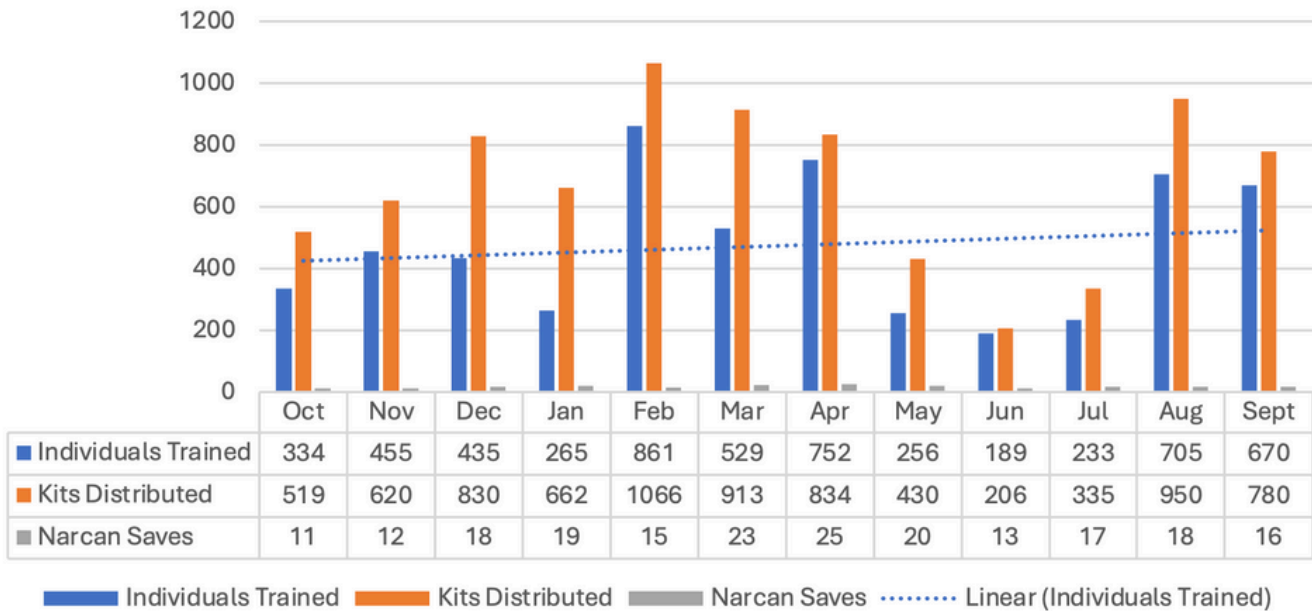
Department Objectives: The SUD department remains committed to expanding access to Naloxone as part of its efforts to combat the opioid overdose crisis in Wayne County. The program aims to equip individuals with free Naloxone training and distribute life-saving kits to reverse opioid overdoses. By increasing the number of people trained in Naloxone administration, the initiative seeks to reduce opioid-related deaths and empower the community to act in overdose situations.

On September 24, 2024, six Naloxone training sessions were held at Wayne County Community College Downriver Campus through a partnership with Channel 4 and Marner's Inn. A total of 400 community members participated, gaining critical skills to recognize and respond to opioid overdoses. Channel 4's extensive media coverage helped raise public awareness about the event and underscored the importance of opioid overdose prevention efforts, further expanding the reach and impact of this life-saving initiative.

We are partnering with the Detroit Public Schools Community District (DPSCD) to provide Naloxone training for students and staff. This initiative empowers the school community with life-saving skills to recognize and respond to opioid overdoses, helping to create a safer and more environment for everyone.

SUBSTANCE USE DISORDERS

SUD - Naloxone and Distribution (FY24)



SYNAR Initiative

The SYNAR initiative, in collaboration with three designated providers – Leaders Advancing and Helping Communities, The Youth Connection, and Strategies to Overcome Obstacles and Avoid Recidivism – focuses on reducing underage tobacco use through rigorous monitoring and enforcement of laws prohibiting sales to minors. A primary goal is to achieve at least a 20% success rate in compliance checks, ensuring that retailers do not sell tobacco to minors. Meeting this target is essential to maintaining federal funding and strengthening efforts to protect youth from the harmful effects of tobacco use.



In fiscal year 2024, DWIHN achieved a commendable success rate of 16.9%. This initiative includes regular compliance checks at retail outlets and public education campaigns targeting both youth and retailers about the risks of tobacco usage and the significance of adhering to age restrictions. Additionally, SYNAR partners with local health departments and community organizations to promote healthier choices among youth, aiming to create an environment supportive of tobacco-free lifestyles. Overall, the SYNAR program strives to bolster public health and reduce youth tobacco consumption in Wayne County.

UTILIZATION MANAGEMENT

The role of the Utilization Management (UM) Department is to manage and monitor the utilization of services by DWIHN members. UM is responsible for reviewing authorization requests and making medical necessity determinations for the following benefit programs and levels of care:

- Autism Services
- County of Financial Responsibility (COFR)
- Denials and Appeals associated with service requests
- General Fund Exception
- Habilitation Supports Waiver (HSW/HAB)
- Higher Levels of Care (e.g., Inpatient, Partial Hospitalization, Crisis Residential)
- MI Health Link population
- Outpatient (including CLS/Respite and other ancillary services)
- Self-Determination/Self-Directed Services
- Substance Use Disorder (SUD) Services

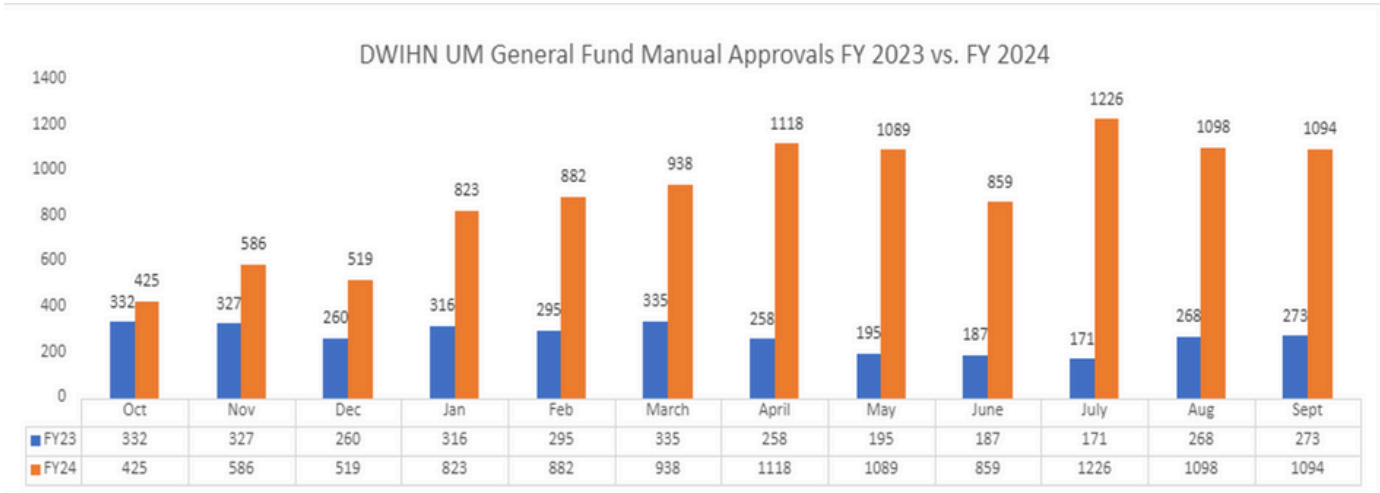
Some of our department accomplishments include:

- The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW’s goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).
- In FY’23-24, the HSW team exceeded the state’s required 95% slot utilization each month. As a direct result of the HSW team’s diligence and dedication to our members & provider network, MDHHS assigned DWIHN 41 additional slots, beginning 10/1/24. This increases our total **available slots from 1,084 to 1,125. We are now able to serve even more of our members.**

HSW Utilization Fiscal Year 2023-24												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084	1078	1082	1082	1082
Available	22	4	0	0	1	1	1	0	0	2	2	2
New Enrollments	12	27	10	4	6	8	4	4	8	3	13	22
Disenrollments	2	4	2	2	5	3	1	9	2	8	2	2
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.8%	99.8%	99.8%

UTILIZATION MANAGEMENT

- General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway.
- DWIHN experienced a significant increase in General Fund Exception manual approvals between FY-23 & FY-24, following 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.



To address the surge in General Fund Exception requests, UM (in conjunction with clinical teams & subject matter experts) revised the General Fund Benefit Grid to identify essential services covered for members who do not have Medicaid.

- Collaboration with PIHP Crisis Services on UM-related training for the incoming PAR Dispatch team and current screening entities.
- Development and deployment of electronic notification to providers for returned authorizations, to improve timeliness and expedite disposition for authorization requests.

UTILIZATION MANAGEMENT



FY '24-25 Department Goals:

- Reduce response and disposition time for standard prior authorization requests.
- Improve the depth of reporting for higher levels of care (inpatient, partial hospitalization, crisis residential), including drilled down authorization and provider information, and recidivism.
- Ongoing training & retraining of contracted hospitals on completing documentation in our electronic health record.
- Manualize functions within each line of business to improve efficiency and promote staff cross-training & onboarding efforts.
- Participation in meetings for “high priority” members (e.g., recidivistic, “familiar faces”, or high risk), in conjunction with the Children’s and Adult Initiatives Departments.
- Review and update service utilization guidelines, including the development and deployment of guidelines for SUD authorizations.
- Intensive review of department policies, procedures, and program description to ensure alignment with NCQA, HSAG, and PIHP/CMHSP contract requirements and feedback.



Customer Service

888-490-9698 / 313-833-3232

Recipient Rights

888-339-5595

Services for Deaf Individuals

TTY/TDD: 800-630-1044

24-Hour Crisis Helpline

800-241-4949

707 W. Milwaukee St.

Detroit, MI 48202

313-833-2500

www.dwihn.org

WWW.DWIHN.ORG



@DetroitWayneIHN