

DETROIT WAYNE INTEGRATED HEALTH NETWORK



ANNUAL REPORT



2018 - 2019



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Welcome



The Detroit Wayne Integrated Health Network is committed to the 75,000 citizens it serves in Detroit and Wayne County and strives to ensure only the highest quality behavioral health care every step of the way. Whether it is a call into our 24-hour Access Center Help line or a Person-Centered Planning meeting, we want people to know they can rely on us to provide the highest quality support and services available so they can thrive in their communities.

This past fiscal year has been one of radical System Transformation. DWIHN is no longer funding care but rather managing care. This year, we eliminated the Managers of Comprehensive Provider Networks (MCPNs) and began working directly with provider organizations, implementing a holistic approach to care in all that we do. This gave us the opportunity to better manage care and provide services that are more comprehensive to Wayne County citizens. Several accomplishments came out of this radical change including: integrating the coordination of physical and mental health services and supports, re-establishing what it means to be a quality provider, contracting directly with fiscal intermediaries for those living in self-determination, reducing and eliminating duplicative health care services and costs and much more.

As this change was in its planning stages, our organization had to prepare to get the work done, we did this by: hiring over 100 new staff, fortifying our current building infrastructure, upgrading our information technology framework, moving entire departments to another building and creating new units to manage the additional responsibilities that come with transformative change. As we embraced holistic, integrated physical and behavioral care, we also wanted our name to reflect what we do and so we began discussing changing our name to Detroit Wayne Integrated Health Network, which became official October, 2019.

As we move forward into this next fiscal year, there are many projects and initiatives, new and continuing, that we are pursuing as we strive to be a national leader in providing the highest quality behavioral health care services. Our work continues with our highly successful Crisis Intervention Training, bringing together law enforcement and mental health professionals in reducing mental health stigma and linking people to appropriate treatment and resources. We will continue working within the Wayne County Corrections system in identifying options to incarceration for people with mental illness and providing support to those within the system with our Jail Navigator program. Our partnership with the Detroit Public Schools Community District continues with our School-Based Mental Health initiatives program, which is in 73 Wayne County schools. We will also ensure providing treatment, prevention and recovery services for those with substance use disorder (SUD) including working with almost 80 SUD providers remains a top priority.

Our organization is also proud to soon be building Wayne County's first full-service crisis center that will include: crisis assessment teams, screening, intervention, psychiatric consultation, mobile and intensive stabilization teams, residential and stabilization units for children and adults. As you can see, there is still much work to be done but our highly dedicated and qualified staff are up to the challenge. On behalf of myself and our Board of Directors, thank you for your support and for the privilege of serving the citizens of Wayne County.



Bernard Parker
Chairperson



Dr. Iris Taylor
Vice-Chairperson

Board of Directors **2019 — 2020**



Tim Killeen
Treasurer

The Detroit Wayne Integrated Health Network is 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.



Ghada Abdallah, RPh
Secretary



Dora Brown



Dorothy Burrell



Dr. Lynne F. Carter



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Kevin McNamara



William T. Riley, III



Kenya Ruth



Dr. Cynthia Taueg



*Angelo Glenn
Chairman*



Ghadda Abdallah

***Substance Use Oversight Policy
Board of Directors
2019 — 2020***



Thomas Adams



Dr. Cynthia Arfken



Thomas Fielder



Jim Perry



Margo Martin



Monique Stanton



William Riley



William Ventola



Jewel Ware

Mission, Vision, and 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

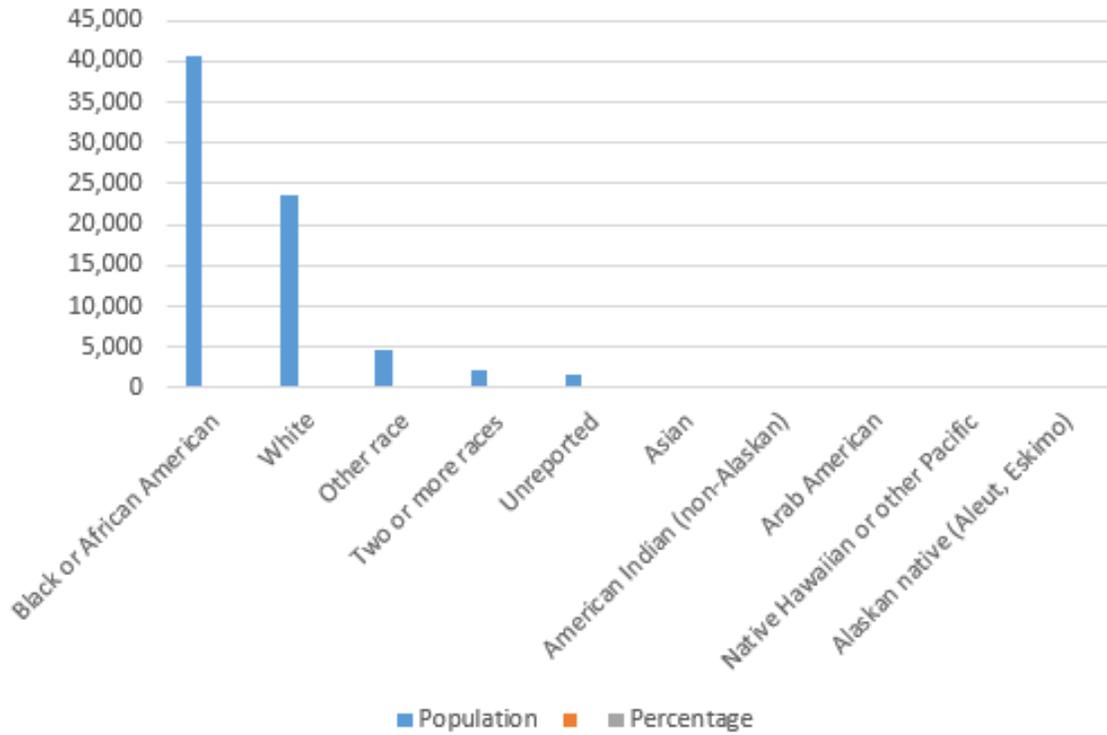
- We are an advocate, person-centered, family and community focused organization.
- We are an innovative, outcome, data-driven, and evidence-based organization.
- We respect the dignity and diversity of individuals, providers, staff and communities.
- We are inclusive, culturally sensitive and competent.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

DWIHN is proud of its full three-year accreditation as the Managed Behavioral Healthcare Organization by the National Committee on Quality Assurance (NCQA). This accreditation means that DWIHN maintains the highest quality standards and practices when it comes to clinical performance and consumer experience. NCQA uses measurement, transparency and accountability when measuring and accrediting organizations.

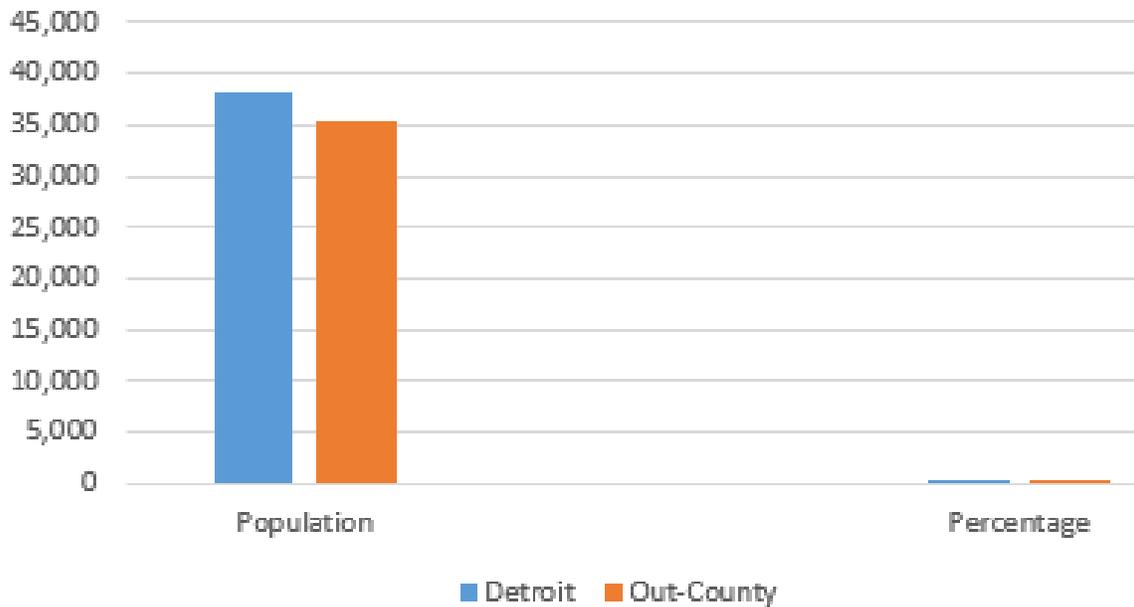


Population Demographics

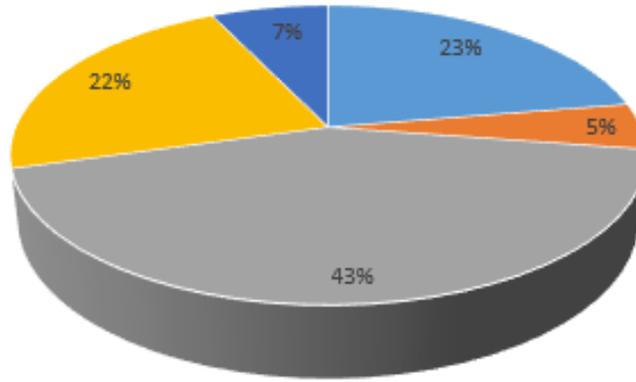
Population by Race



Population by Service Area

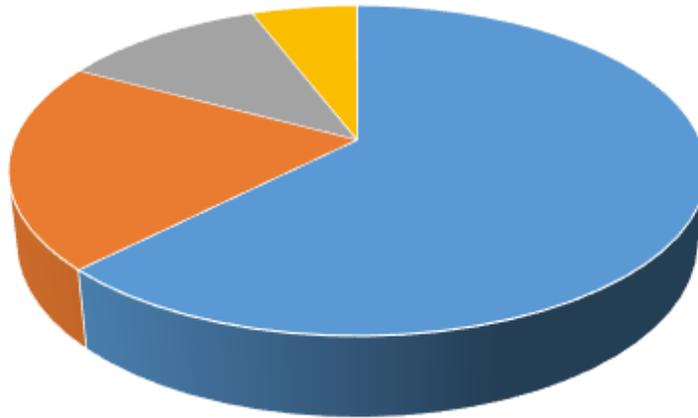


Population by Age



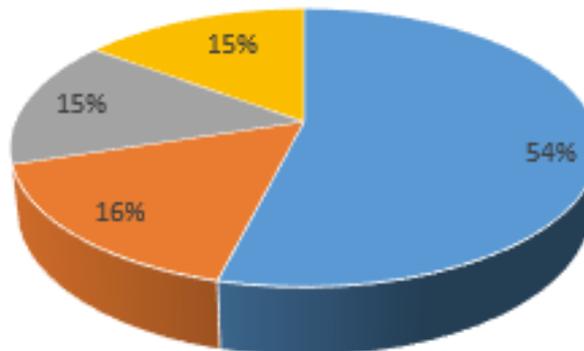
■ Children (under 18) ■ Adults (18-21) ■ Adults (22-50) ■ Adults (51-64) ■ Adults (over 65)

Insurance



■ Medicaid ■ Healthy Michigan Plan ■ DWHN - GF ■ MI Health Link ■ Child Waiver ■ SED Waiver

Disability Designation



■ Adults with MI
■ Children with SED
■ Individuals with an I/DD
■ SUD -Served (co-occurring with other populations)

Access and Crisis Services

The Access and Crisis Department was established in FY'18/19 to focus on ensuring appropriate access to behavioral health services and crisis management. It works in collaboration with other departments to ensure access to DWIHN's full Crisis Continuum Service System and manages access and crisis services through the following providers:

Contractor	Services Provided	FY 18/19 Outcomes
Wellplace	<ul style="list-style-type: none"> DWIHN Access Center Guides the welcoming, triage, screening, linkage and referral processes for persons seeking access into the public behavioral health system Dispatches Children's Mobile Crisis Teams 	<ul style="list-style-type: none"> Screened 36,949 individuals Total call volume: 289,052 Provided information and referral services to 23,398 Scheduled 10,821 hospital discharge appointments
ProtoCall	24 Hour Crisis Line	Serviced 14,184 calls
Hegira	Community Outreach for Psychiatric Services (COPE), crisis residential services, crisis stabilization, inpatient hospitalization, partial hospitalization, pre-placement housing, SUD withdrawal management	<ul style="list-style-type: none"> There were 14,149 services requests involving 8,207 people 35% of individuals assessed were diverted from inpatient hospitalization There were 1,436 stabilization episodes for 1,062 people
The Children's Center The Guidance Center New Oakland	Children's Crisis Care Center Children's Crisis Screening (mobile teams) Children's Crisis Screening and Stabilization (mobile teams)	<ul style="list-style-type: none"> Providers had 3,633 service requests involving 2,450 people 70% were diverted from inpatient hospitalization. 759 cases received stabilization services

Responsibilities for Access and Crisis Services also include implementing and coordinating the full DWIHN Crisis Continuum.



A Continuum of Behavioral Health Crisis Services

There are several different types of crisis services that create a continuum of care for individuals experiencing a psychiatric emergency. Each approach can be used individually, but a comprehensive crisis services system includes many or all of the components. The primary goal is to prevent crisis, provide early intervention, respond and stabilize individuals so they can receive the most appropriate treatment.

Additional FY 18/19 Accomplishments

- A major component of the continuum is the development of a Crisis Assessment Center. An architectural firm is in the process of developing a floor plan for a proposed site that will provide crisis intervention & stabilization services for adults and children, crisis residential services for adults and serve as a hub to dispatch mobile crisis and stabilization teams.
- DWIHN has three Liaisons - two hospital and one community working with emergency departments, law enforcement and other providers to assist with transitions of care in emergent and urgent situations.
- Initiated “Familiar Faces” Workgroup and started a pilot project to address complex needs of individuals living in residential settings, i.e., AFC homes, people that frequently show up in hospital ERs and have consistent contact with law enforcement.
- DWIHN and local police departments created processes and procedures to respond when 9-1-1 is inappropriately called so that crisis staff can follow-up and connect the person with a community Provider. Also, we are working to identify Adult Foster Care Homes with excessive 9-1-1 calls enabling crisis providers to engage with home providers and staff, assess needs for training and coordinate these efforts with residential services.



Children's Initiatives

Children's Mental Health Awareness Day 2019

In early May, the Youth United group lead staff on a Mental Health walk over to the New Center One offices courtyard. This was an opportunity to show support for mental health and engage employees in this annual Children's Mental Health Awareness Day Green Out Rally. Staff were encouraged to wear green in support of children's mental health. Resource information was distributed and DWIHN President and CEO Willie E. Brooks, Jr. provided remarks on why stomping out stigma and taking care of your mental health is vital to yourself and the community.

Statewide Youth Summit

The Youth MOVE Michigan-Be Seen Summit took place in August with keynote speaker and singer Nique 'Love' Rhodes who shared her personal story of anxiety, mental health struggles and stressed the importance of positive vibes. Nique also performed a few of her own original songs. Workshop topics included Self- Care, Stigma Busting and Advocacy.

2019 Autism Conference Ability & Assets: From Adolescence through Adulthood

This event took place in April and attendees had the opportunity to learn about best practices in the Autism field. Keynote speaker, Dr. Kara Brooklier, presented on A Lifetime of Autism: A Developmental Understanding of ASD and Notable Transition Periods. Almost 300 clinicians, advocates, and family members attended.



Applied Behavioral Analysis Benefit

The ABA Benefit is a \$60 million Medicaid Service providing therapy to youth up to age 21 who have an Autism diagnosis and meet certain medical criteria. We added three new ABA providers during FY 18/19. DWIHN receives approximately 100 new referrals each month for the Benefit. Through the third quarter, 1,569 cases were open with the largest concentration of enrollees age 10 or younger.

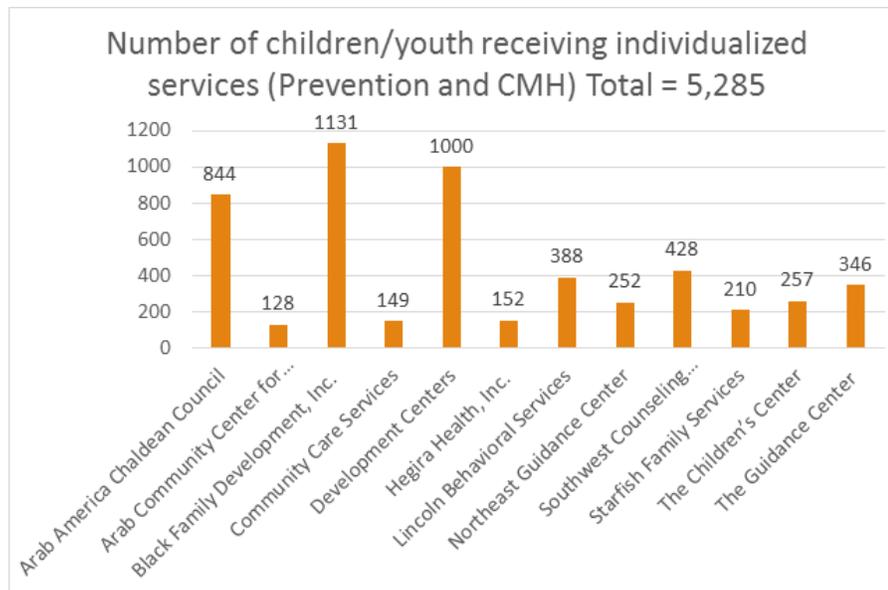
Family Fun Night

In September, DWIHN hosted a “Family Fun Night” for children, youth, and families who have Intellectual and Development Disabilities (I/DD). Guests enjoyed dinner, dancing, face painting, balloon animals, a photo booth, and a visit from the Detroit Tigers Mascot, PAWS! This event was free and open to the community. DWIHN Board Chair Bernard Parker spoke about the importance of inclusion and ending stigma.



School Success Initiative

The School Success Initiative Provider Network was trained in the Transforming Research into Action to Improve the Lives of Students (TRAILS) evidence-based practice (EBP) intervention. This EBP will be utilized in the 2019-2020 school year and focuses on a three-tiered approach to delivering school-based behavioral health supports. Students that score in Tier 1 are categorized in the prevention and stigma reduction area. Tier 2 participants will receive evidence-based behavioral health supports and Tier 3 children will be linked to community mental health or to private insurance.



Note: The number of children who received individualized services per agency is impacted by the number of schools in which each agency is providing services.

Clinical Practice Improvement/Workforce Development

Jail Diversion Crisis Intervention Teams

Crisis Intervention Teams (CIT) help keep people with mental illness out of jail and in 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 successfully sponsored its first CIT 40-hour block in September 2019. There were 22 representatives from the Detroit Police Department, Greektown and Detroit Lions security, Inkster, Northville and Dearborn Police Departments.

Flinn Mental Health Jail Navigator Pilot Project

The Flinn Mental Health Jail Navigator Pilot is a project awarded by the Flinn Foundation for a two-year period. This is a collaborative partnership between DWIHN, Wayne County Courts and Jails, along with Wayne State University's Center for Behavioral Health and Justice and WIT, Inc. Program goals include: reducing the length of jail stay, reducing recidivism, improving access to mental health services, increasing treatment retention and public safety.

Individuals booked in the Wayne County Jail charged with misdemeanor offenses who are also DWIHN participants are identified within 24-72 hours of booking for participation in the program. A Mental Health Jail Navigator (MHJN) meets face-to-face with each person and screens them for clinical and legal eligibility while considering criminogenic risk factors and needs such as mental health treatment, substance use disorder and housing assistance. The MHJN works in collaboration with jail personnel, medical staff and community-based providers to successfully transition them into community services.

Implementation and planning began in December 2018, with two contractual staff hired in May 2019. The first participant joined in June, with there being 70 individuals referred to the program at the end of the fiscal year. Of these, there have been 21 graduates, three obtained employment, and four acquired housing.

Summer Youth Employment Program

During a five month period, 16 organizations and 1,256 participants were placed at partnering organizations. Over 500 adolescents attended the Young Professionals Conference in August. Conference topics included: bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness. About 250 youth placed at Out-Wayne employment organizations participated in mental health awareness trainings at their work sites or within their community during the summer.

Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) Training

Under the oversight of CPI, several community organizations and individual contractors assisted to deploy MHFA and QPR trainings. The targeted population included: 1) first responders (law enforcement); 2) a broad cross-section of the faith community; 3) youth and families (through the school system) and 4) mental health providers. Over the course of the year, there were 2,969 trained in MHFA and 1,907 in QPR.

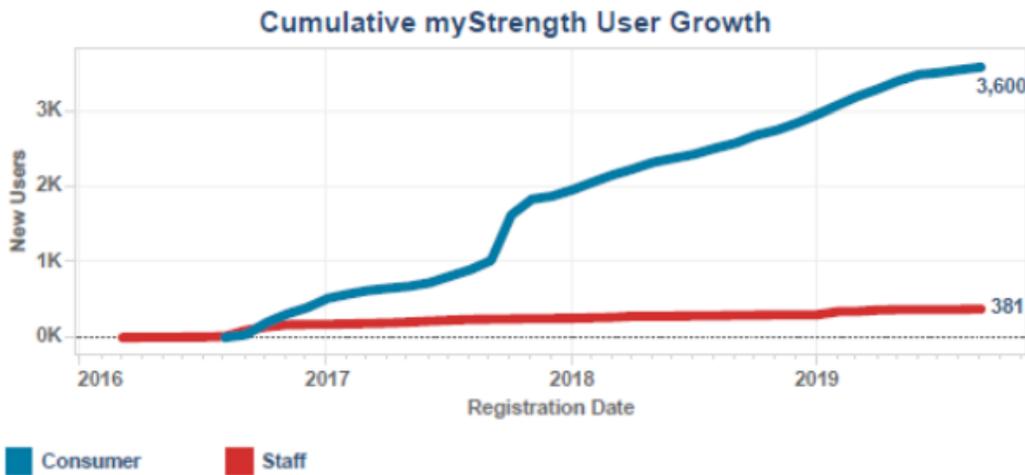
Veteran Navigator

MDHHS implemented a Veteran Navigator program statewide two years ago and so far over 1,200 vets and their families have been helped in finding services and resources. The DWIHN Veteran Navigator connected with almost 50 Veterans in Wayne County this past year. This is a valuable resource for Veterans and their families to find community resources for their mental health, benefits, and housing. There are 10 regional and 7 county Navigators in Michigan.



Self-Management - myStrength

DWVHN has maintained steady numbers in recruiting, as individuals continue to sign up for free access to the myStrength app. Providers have continued to integrate it into case management and clinical care services. There are 3,981 total MyStrength users, with 50% of individuals accessing tools that address depression.



Total myStrength Users

3,981

Detroit Wayne Connect (DWC)

This platform serves as the training arm to DWIHN. There are currently 65,460 individuals that actively utilize DWC with 56,633 completing the required online courses and 38,755 taking optional online courses.

The Workforce Development team was quite busy this fiscal year:

- There were 121 live training events that required individuals to pre-register
- There were 7,392 participants that registered for various events, of that number, 5,890 participants attended
- Approximately 42 topics were addressed in various trainings

DWC remains a valuable training hub in Wayne County and has awarded 417 Continuing Education Units to participants. Attendees represented the diversity of the Detroit Metropolitan area in every measurable category. Additionally, over 500 companies were represented; 400 network providers and approximately 100 out of network companies.

Communications

Community Education Campaigns

The partnerships with Graham Media (WDIV-TV 4) and SCRIPPS (Channel 7, TV 20 and Bounce) continued during FY '18-19. Each month there was a different community education public service announcement that aired and focused on mental health, substance use disorder and overall access to care.



The community outreach campaign continued through FY'18-19 to include billboard and bus wrap messages strategically located throughout Detroit and Wayne County. Earlier in the year, DWIHN held a photo shoot with First Responders and local community members and featured them on some of the billboards, making the messaging even more authentic. The billboard campaign during this fiscal year remained the second largest referral source into the Access Center.



Media

Fox 2 News Detroit covered the story of DWIHN using First Responders and people we serve in its billboard campaign. Fox 2 News reporter Ryan Ermanni interviewed DWIHN Board member and Inkster Police Chief William T. Riley, III about this unique campaign.



Michigan Matters TV host Carol Cain interviewed DWIHN President and CEO Willie E. Brooks, Jr. and NAMI-MI President Kevin Fischer. Interview topics focused on System Transformation and partnering with one or several Medicaid Health Plans which would integrate behavioral and physical health.



The Communications team created a 30-minute, **Access to Care** video that aired on Fox 2 News during the month of May, Mental Health Awareness Month. The community awareness and educational video focused on several different programs and people we serve.



The team also produced an emotional video focusing on young people and suicide. The message was called "Not My Suicide Note" and highlighted survivors and how they are helping others who are struggling. The story aired on Fox 2 News as part of their Mental Health coverage in the tri-county area.

Our Tri-County Media Initiative continued with **WDIV-TV 4** opening up its phone bank which allowed viewers to call and get help from reps from DWIHN, Oakland County Integrated Health Network and the Macomb County Community Mental Health. DWIHN Chief Medical Officer Barika Butler was interviewed live with Dr. Frank McGeorge.



Fox 2 News produced a special two part series on Mental Health and interviewed Dr. Barika Butler. News personality Monica Gayle interviewed her about the science of the brain and how mental illness affects it.

The Detroit News featured an Op/Ed piece on gun violence written by DWIHN President and CEO Willie E. Brooks, Jr. surrounding outcries from the the mass shootings that have taken place in our country. “We continue to stand with our nation as we mourn senseless acts of gun violence and believe it is imperative that we unite with multiple organizations to address gun laws and legislation aimed at keeping our communities safe.” – Mr. Brooks



Social Media

DWIHN has a robust Social Media campaign which includes posts on Facebook, Instagram, Twitter and LinkedIn. We have over 6,100 followers on Facebook, 952 followers on Twitter, 738 followers on Instagram, 144 Subscribers on YouTube, and 512 followers on LinkedIn. Facebook and Instagram garner the most engagement. Some of the top performing posts of the year included suicide messaging, Youth Peer Recovery Coaching and Vaping education and information.



Community Outreach

The DWIHN Community Outreach team attended 120 events during FY '18-19. Some highlights include sponsorship and outreach of The UM Men's Health event at Ford Field. Over 2,000 men who received hearing, vision and dental health screenings attended the event. DWIHN was also invited to a Shedding Light on Stigma at the Detroit Farmer's Market. Sports Marketing Agency led by former NFL players Herman Moore and Sean Jordan helped set up the event.



Customer Service



The Customer Service Department's mission is to ensure the accessibility of effective behavioral health services and to continuously exceed expectations. During FY 18/19, the department had a busy year in carrying out: Call Center Operations; Member Welcome Center; Member Grievances; Local Appeals/Medicaid Fair Hearings; Family Support Subsidy, Outreach, Member Education and Peer Training, Customer Service Standards Monitoring and Reporting, Member Engagement and Experience; and preparing for an upcoming three year NCQA re-accreditation review.

Welcome and Call Center Operations

Member experience was a continued area of focus with the Customer Service "Welcome Center" warmly greeting 6,272 visitors, routing 42,319 welcome calls, handling 17,503 Call Center inquiries and processing 286,051 Access Center related calls with an overall abandonment rate of

less than 5%. The Emergency ProtoCall Center handled approximately 11,616 inquiries while meeting the abandonment rate of 5%.

Member & Provider Experience

Customer Service engaged in numerous collaborative initiatives including member and provider outreach, education, advocacy, peer development and surveying member experiences. The division was instrumental in educating people and the behavioral health community on systems transformation. Through the efforts of the Constituent's Voice Advisory Committee, a diverse group of 14 Ambassadors were trained and certified to speak about mental health issues and the available resources.

DWIHN joined peers and advocates in the annual "Walk a Mile in My Shoes" rally in Lansing. Detroit Wayne was proud to have over 650 people from Wayne County represent and show their support.

The department coordinated two Peer Support Certification trainings in FY18/19 resulting in 25 additional Peer Support Specialists being trained and certified. Bringing Detroit Wayne's Peer Support Specialist total to 397. The State currently lists 2,655 Certified Peers across Michigan, 15% of them are in Wayne County.

Customer Service continued assessing and initiating process improvement efforts with its Member Experience satisfaction survey program and the facilitation of the National Core Indicator's survey. The development of a Children's experience tool was also designed and will be administered in FY'19-20 in partnership with Wayne State University Center. In addition, three provider surveys were developed and administered to the network to assess their satisfaction with DWIHN.

Customer Service's Member Engagement division was the recipient of the Michigan Department of Health and Human Services (MDHHS) Innovation award for their Ambassador Program at the 2019 Recipient Rights Conference. The division was also awarded a MDHHS \$150,000 Mental First Aid grant for people with I/DD. As well as \$20,000 was awarded to three of DWIHN's drop-in centers so they can offer healthy living services to their participants.



Facilities

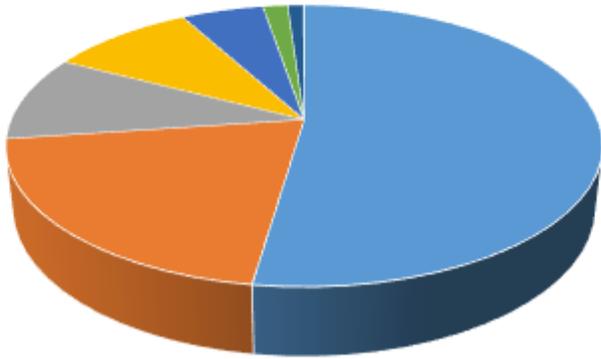
Over the past year, DWIHN has grown in size tremendously and the 2018-19 goal of the Facilities Department was to focus on this growth and prepare our buildings and staff for those changes. This was accomplished by:

- The creation of additional employee office and workstation spaces using our existing building layout
- Elevator equipment upgrades to accommodate increased use and reduced equipment downtimes
- Upgrades to HVAC equipment and controls
- Installation of a building two-way radio system
- Update and modification of building emergency preparedness plans
- Increased security staffing and procedures
- Installation of restroom hand dryers

Also, in an exciting development, DWIHN has secured a contractual agreement with the Detroit based architectural and engineering firm Tetra Tech. It will facilitate the design and construction services for our first Crisis Center and expanded administrative offices. As DWIHN continues to move forward with our System Transformation plans, the growth of our organization must adapt in order to meet the needs of the people we serve.

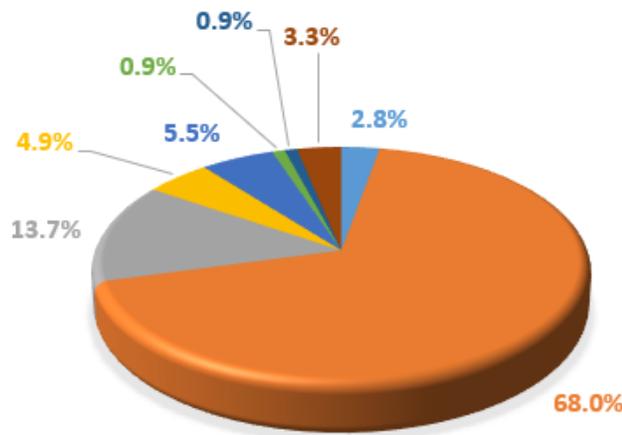


Funding Source



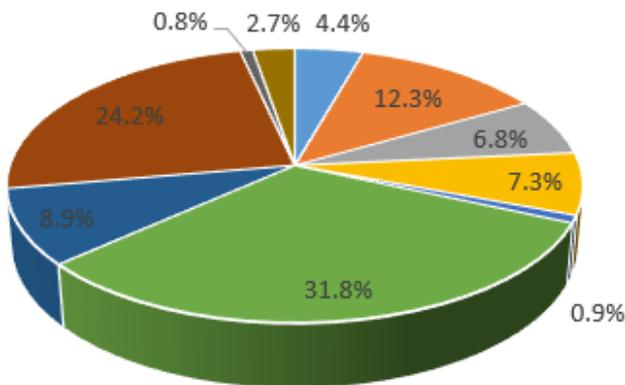
- Medicaid
- DWIHN - GF
- HAB Waiver
- Healthy Michigan Plan
- MI Health Link
- Mi Health Link Medicaid HAB
- SUD Block Grant
- SUD SDA

Operating Revenues



- Federal grants
- Traditional Medicaid
- Healthy Michigan Plan
- State General Fund
- Autism Medicaid
- Other State grants and contracts
- Charges for services
- Local grants and contracts

Operating Expenses



- Mental health operating
- MCPN costs
- Substance use disorders
- Autism services
- MI HealthLink
- Adult services
- Children services
- Intellectually Disabled
- Grant programs
- State of Michigan

Human Resources

The Human Resources Department (HR) establishes objectives that facilitate an employee-oriented, high-performance culture. HR is responsible for the development of processes and metrics that support the achievement of DWIHN 's strategic goals. The department 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:

- Compensation and benefits administration
- Compliance with regulatory concerns regarding employees
- Employee onboarding, development, needs assessment and training
- Employee relations and integrated management of organized labor
- Employee safety, welfare, wellness and health
- Organizational departmental planning
- Performance management and improvement systems
- Policy development and documentation
- Recruiting and staffing
- Staff services and counseling

DWIHN HR has successfully on boarded over 100 FT/PT team members in less than six months. This included the development, recruitment, and selection of new positions not previously employed by Detroit Wayne.

The Systems Transformation process placed a great demand on the HR team to recruit and hire qualified candidates for every department in the Network with an extremely limited timeframe. HR developed and managed the process to achieve the necessary recruiting goals which included recruiting and hiring candidates to fill vacant positions that were crucial to our operation. The Network is able to function more efficiently now that these positions have been filled. The strategy for successful recruitment during the System Transformation period included:

- Over 80+ applicants made a significant impact on the Network
- Several new forms and protocols were established to promote efficiencies in the hiring and selection process.
- Successfully met critical recruiting goals
- Trained Attendance administrators on the effective use/management of ADP's Timekeeping System
- Trained and developed new and current HR Team members



Information Technology

The Information Technology Department (IT) is an integral part of DWIHN and our Provider Network as we work together to deliver a Holistic care model to the people we serve. IT is the foundation that the DWIHN Strategic Planning Pillars are built upon and therefore is continuously investing in its initiatives and collaboratives that can extend an evidence-based care model to the people we serve. By continuously moving towards being fiscally sound in managing care, enabling data integration, providing data and value-based performance incentives, our systems help various departments monitor and track service delivery.

As part of System Transformation, major IT support was required for data migration from former Managers of Comprehensive Provider Networks (MCPNs) systems, setting up provider records and contract fee schedules to ensuring there was no breakdown in care delivery to the people served and that Provider payments were not affected.

There were significant IT resources used to prepare alternate work sites at our New Center One offices for our growing workforce. IT works diligently with all departments in developing solutions and streamlining processes by ensuring there is data available to staff. IT also works with various departments to develop a central data repository for records along with a secure way to connect with all stakeholders. The department is also implementing a paperless credentialing and impaneling solution that will provide the ability to track and monitor providers, practitioners and ensure a robust network of service providers.

The department is also enhancing its data management and warehousing capabilities by investing in solutions that can help with preventive care that can improve delivery and evidence based models including correction facilities, crisis center, inpatient hospitalization and moving people into self-determined settings.



Integrated Healthcare

The Integrated Healthcare Department (IHC) facilitates the integration of behavioral and physical health care services to improve overall health and wellness for people served by DWIHN.



MI Health Link

This is a dual eligible demonstration project between the Centers for Medicare and Medicaid Services (CMS), the State of Michigan, and Integrated Care Organizations (ICO). This partnership integrates Medicare and Medicaid benefits, rules and payments into one coordinated system. Five health plans participate as ICOs in Wayne County: Aetna, AmeriHealth, HAP, Michigan Complete Health, and Molina. The ICOs manage acute, primary, pharmacy, dental and long-term services and supports for persons enrolled in MI Health Link. DWIHN, as the Prepaid Inpatient Hospitalization Program (PIHP) for Wayne County, contracts with each of them to provide the behavioral health and substance use disorder benefits for all Wayne County residents enrolled in MI Health Link.

DWIHN provided services to approximately 4,500 people enrolled with MI Health Link last Fiscal Year. Over 5,000 referrals for services were received. IHC staff participated in approximately 50 Integrated Care Team meetings and provided Transitions in Care services for the 563 psychiatric hospitalizations experienced by members.

Collaboration with Medicaid Health Plans

IHC staff participated in monthly care coordination meetings with each of the 8 Medicaid Health Plans (MHP) operating in Wayne County: Aetna Better Health of Michigan, Blue Cross Complete of Michigan, Harbor Health Plan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Total Health Care, and United Healthcare Community Plan. IHC staff also participated in monthly PIHP and MHP Collaboration Work Group meetings. Members were identified for Care Coordination based on number of ER and hospitalization admissions and chronic health conditions. IHC staff developed shared care plans with the MHPs for almost 200 members during the Fiscal Year.

Integrated Healthcare Initiatives

The IHC department continued the collaborative project with the Detroit Health Department and Wayne County Health Department in response to the Hepatitis A epidemic. IHC staff, in conjunction with Health Department staff, offered 9 Hepatitis A vaccination clinics at multiple DWIHN provider sites, as well as at a Community Health Fair in Eastern Market. Education and vaccination was offered to adults free of charge. A total of 514 individuals were educated about Hepatitis A and 224 individuals received vaccinations.



Quality Improvement Plans

The IHC department directed 6 Quality Improvement Plans during FY 18-19 which addressed the areas of follow-up with a mental health practitioner after psychiatric hospitalization, adherence to antipsychotic medication, adherence to antidepressant medication, controlling high blood pressure, decreasing the use of multiple antipsychotic medications, and diabetes screening for people with Schizophrenia or Bipolar Disorder who are receiving atypical antipsychotic medication. The interventions associated with the follow-up visit with a mental health practitioner after psychiatric hospitalization Quality Improvement Plan led to a greater than 10% increase in members keeping their follow-up appointment.

Over 66% of members attended a follow-up appointment with a mental health practitioner within 7 days of discharge from a hospitalization and over 87% of members attended a follow-up appointment with a mental health practitioner within 30 days of discharge from a hospitalization. The percentage of members receiving 3 or more antipsychotic medications for 45 or more days was an average of less than 1% in Fiscal Year 18-19 and the percentage of members receiving 2 or more antipsychotic medications for 60 or more days was as average of less than 2%.

Complex Case Management

IHC staff continued to offer and provide Complex Case Management (CCM) services to children and adults. CCM is a collaborative process that includes assessment, planning, facilitation and advocacy. Goals of CCM include improving quality of life, engaging in behavioral and physical health care services, and connecting to community resources. CCM services are voluntary and provided at no cost.



Office of Recipient Rights

The Office of Recipient Rights mission is to ensure that recipients of mental health services throughout the DWIHN system of care receive individualized treatment services suited to their condition as identified in their Individualized Plan of Service (IPOS). The IPOS is developed using the Person Centered Planning process, and maps out how to receive services in a safe, sanitary, and humane environment where people are treated with dignity and respect, free from abuse and neglect.

The Office of Recipient Rights has four primary responsibilities to ensure the above:

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. Educating staff (DWIHN and Providers) by training on Recipient Rights.
3. Monitoring for Recipient Rights compliance through the review of incident and death reports, behavior plans, contracts and service provider locations.
4. Complaint Resolution through the receipt, 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 complainants with the complaint appeals process.

In order to carry out its responsibilities, ORR has unimpeded access to 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.

During FY '18-19, ORR provided training on Recipient Rights to over 4000 staff, monitored over 600 service provider locations for Recipient Rights Compliance and investigated (and remediated as applicable) over 1,300 complaint allegations of rights violations. ORR Annual Reporting data for FY'18-19 also shows that staff represent the highest number of individuals to file complaints, followed by recipients of service. This is significant and supports the fact that employees are one of our greatest resources in protecting the rights of the ones we serve.

Rights is Everybody's Business!

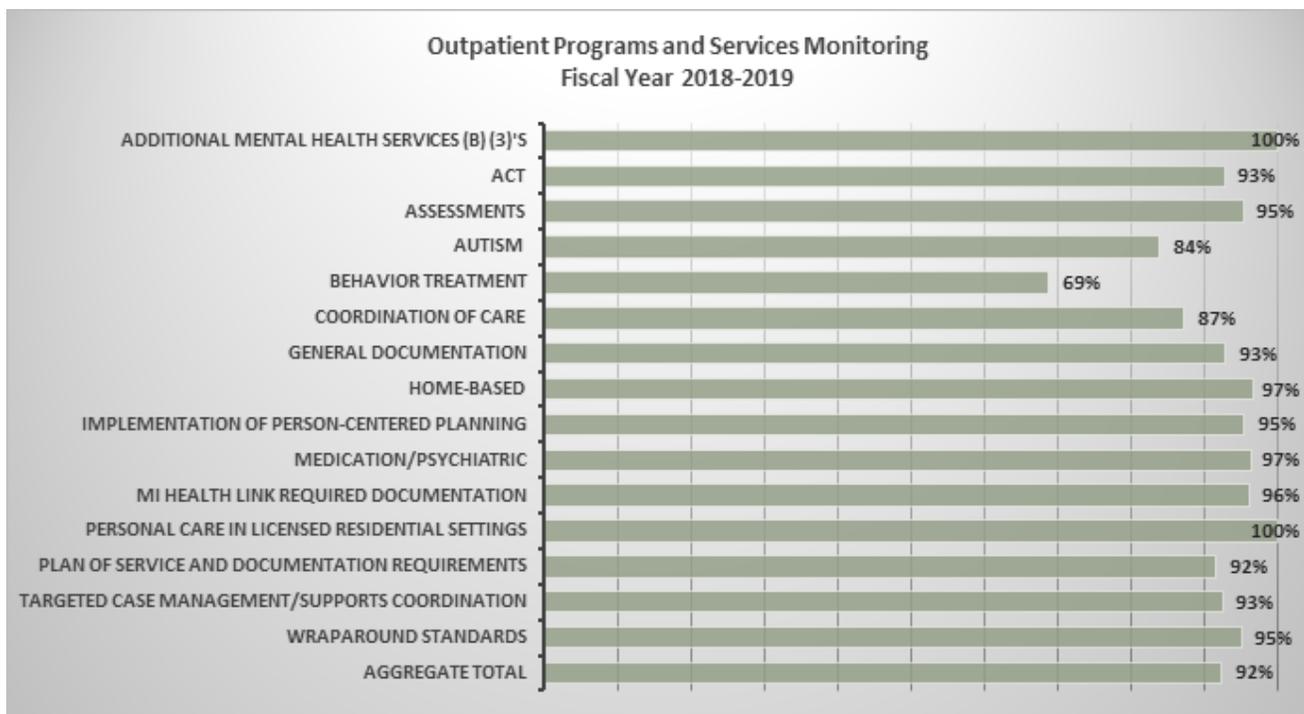


Quality Improvement

The Quality Improvement (QI) Department is committed to improving quality and safety of clinical services and outcomes. QI focuses on improvement that involves both prospective and retrospective reviews measuring where the organization is currently, then identifying opportunities for improvement. The unit uses measurement, transparency and accountability to highlight performance and drive improvement.

This year's goal was to move forward with System Transformation to assume direct management of the Behavioral Health Care Provider Network System to ensure the network of providers are meeting the Triple Aim of healthcare: improving the member's experience of care, improving the health of the population and reducing the per capita cost of health care.

Each year the performance monitoring staff conducts reviews of providers' services and programs. During FY 18/19, compliance scores ranged from 69% to 100% for each individual service and program, with an overall aggregate score of 92%.



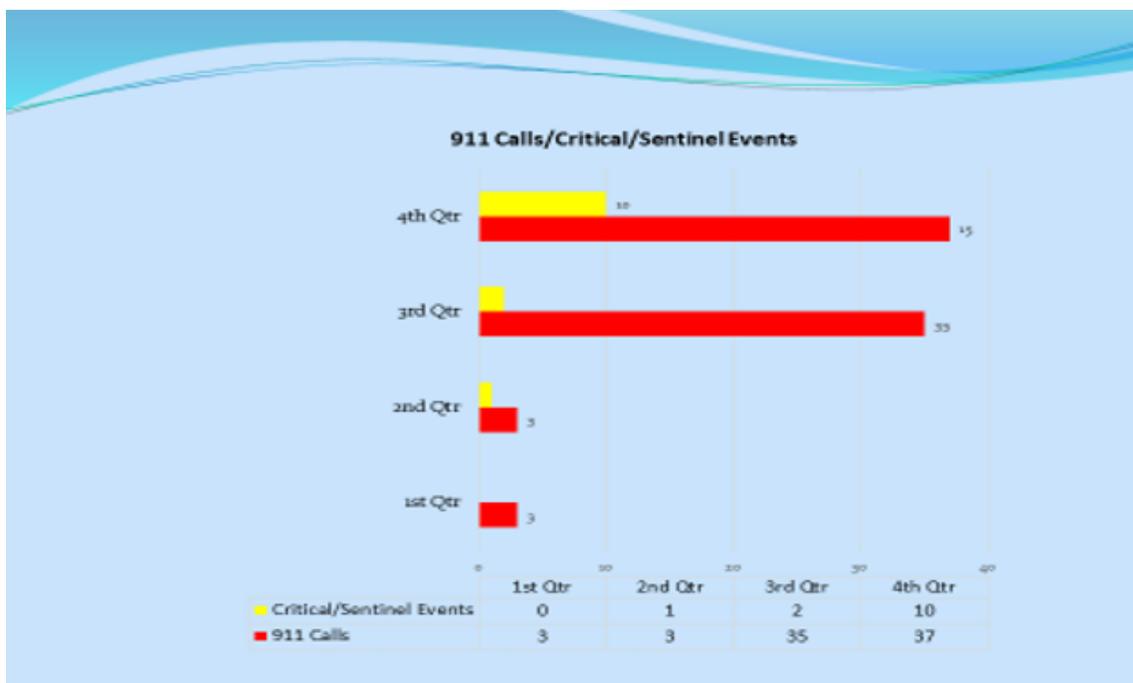
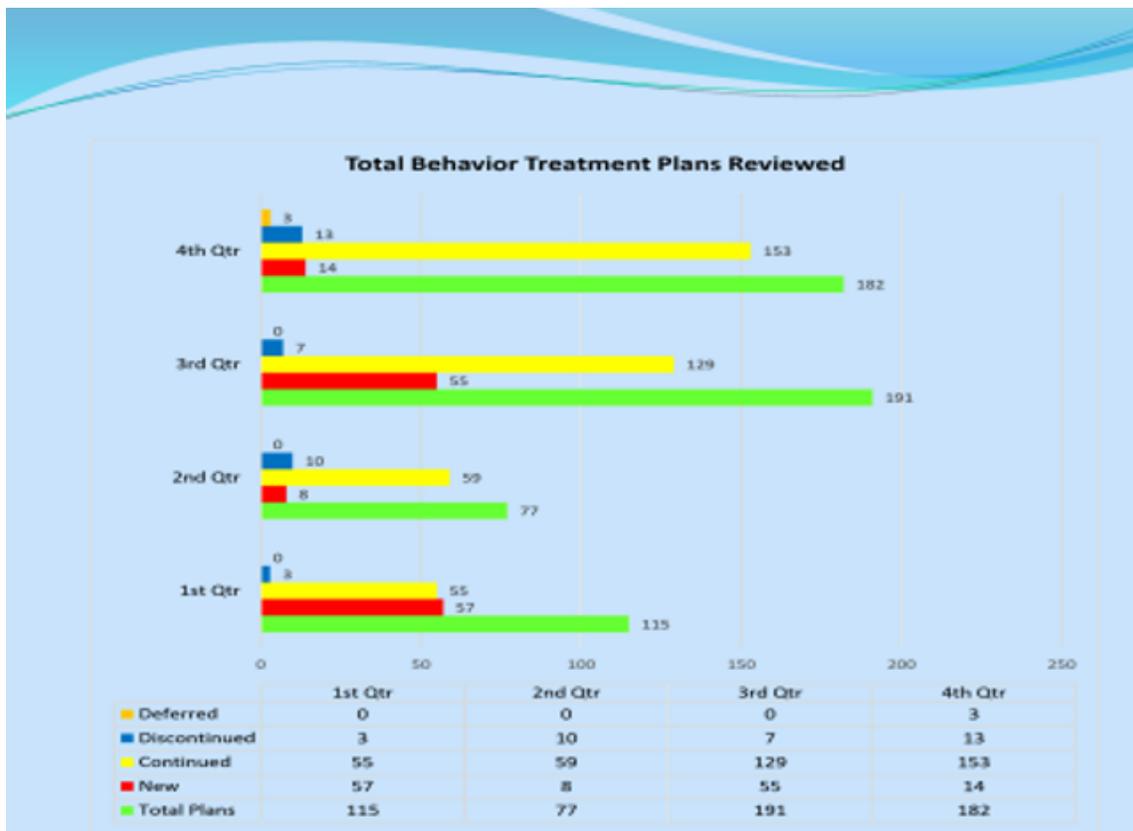
Claims Verification

DWIHN receives on average 4.6 million claims service lines per fiscal year and has front end claims audits built into its claims system - MHWIN - to stop any claim that does not meet the minimum standard.

The Behavior Treatment Advisory Committee

The Committee has oversight for nine Behavior Treatment Plan Review Committees (BTPRC) across the network. The BTAC reviews Behavior Treatment Plan procedures and evaluates each committee's overall effectiveness and implements corrective action as necessary.

The data below depicts all the use of intrusive and restrictive techniques, 911 calls/critical events and use of medication per Individual receiving the intervention. The quarterly analysis is performed to identify any trends or patterns of behavior that may demonstrate a risk to an individual.



Accomplishments:

- DWIHN is in full compliance with Behavior Treatments Plans
- DWIHN started submitting quarterly data analysis reports on Behavior Treatment Plans reviewed to MDHHS
- Expedited procedure for Behavior Treatment Plan Review in emergent situations and incorporated into policy.
- Started Case Validation Review Process for complex cases.

MDHHS conducted its first training on Behavior Treatment Plan Procedures for providers in December 2018. The purpose was to increase provider knowledge about adults and children who are on Behavior Treatment Plans. The audience included administrators, clinicians, supports coordinators, case managers, psychologists, social workers, direct care workers and community members. MDHHS conducted a second training on for providers on November 19, 2019.

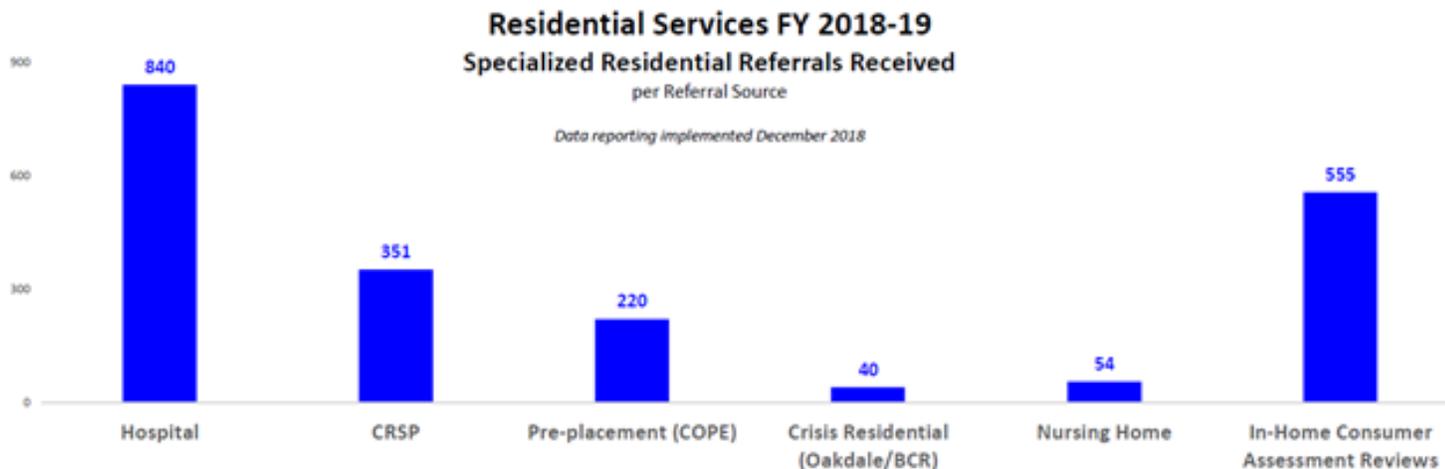
Residential Services

The Residential Services department is a newly created unit with the goal of bringing specialized residential services under one umbrella throughout Wayne County. The purpose was to standardize and manage services to DWIHN members receiving MI/IDD Community Living Support and Personal Care Services in various specialized residential settings. Key components of our program for FY'18-19 included:

1. Setting benchmarks for Residential Care Specialists to assess and manage approved services following identified measurements which are reported monthly.
2. Centralized the development and implementation of department process flows, instructions, and forms.
3. Notifying Clinically Responsible Service Providers (CRSP) of their designated consumers who do not meet criteria for specialized services in relation to LOCUS score and/or current Individual Personal of Service (IPOS)
4. Immediate responses and actions of recommended facility closures; coordinating and managing the relocation of all members residing in the facility.
5. Development and implementation of Standardized Residential Daily Progress Note

Moving forward into FY'19-20, Residential Services will continue to review, monitor, and finalize all (internal and external) departmental policies, processes, and procedures; in collaboration with internal departments to assure changes and adjustments are modified and/or implemented as needed to provide the best service for our 3,092 MI and IDD consumers.

As this is Residential Services' first year-end summary, defining and quantifying our department measurements and accomplishments are continuously being modified and redeveloped as needed as we continue to take on new books of business.



Substance Use Disorders

DWIHN provides a comprehensive, integrated, evidence-based practice, trauma informed care, gender specific, and a culturally sensitive service array, serving individuals from 11 years of age to 65+ years. Services are holistic, treating a person's mind, body and spirit; our services are individualized, person-centered and work with each person's strengths and abilities.

Major Department Initiatives

- Naloxone Initiative
- Increase Prescription and Heroin Efforts
- Increase Marijuana Awareness facts
- Reduce Childhood and Underage Drinking
- Reduce Prescription and Over the Counter Drug Abuse/Misuse
- Reduce Youth Access to Tobacco
- Reduce Illicit Drug Use
- Increase Environmental Change
- Increase Community Advocacy
- Increase campaign to encourage prevention, treatment and recovery services through TV and radio public service advertisements, billboards, bus signage
- Increase Harm Reduction Strategies

SUD Block Grant Initiatives

1. State Target Grants

- a. Strengthening Families Program
- b. Motivational Interviewing in Medication Assisted Treatment (MAT) Programs
- c. Project Assert
- d. Enhancement & Implementation in MAT Programs
- e. Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking – Michigan Reentry Program (MISSION-CJ MI-REP) Project

2. State Opioid Response Grants

- a. Youth/Family Oriented Prevention Evidence Base Practices
- b. Overdose Education and Naloxone Distribution with Harm Reduction
- c. Peers in Federally Qualified Health Centers, Urgent Care, and other outpatient settings for Screening Brief Intervention, Referral to Treatment
- d. Opioid Use Disorder (OUD) Treatment Costs
- e. Jail-Based (MAT) Expansion
- f. Recovery Housing
- g. OUD Recovery Services Costs
- h. Mobile Care Units
- i. GPRA Incentives

3. Gambling Program Initiative:

- a. Increase Gambling Disorder (GD) awareness via media campaigns
- b. Provide prevention and outreach service
- c. Increase use of the Helpline
- d. Implement and perform GD assessment and referral to treatment services
- e. Address the prevalence of GD across all populations

4. Michigan Youth Treatment Infrastructure Enhancement (MYTIE)

- a. Increase access to and improve the quality of treatment and recovery support services for adolescent and transitional age youth 16 to 21 years, including those transitioning out of foster care

Prevention Data

Services were provided to 363,656 people in the Detroit Wayne County area and offered as Individual-Based Programs and Strategies by the number of persons served based on age, gender, race, and ethnicity.

Detroit Wayne Take Back Day Results

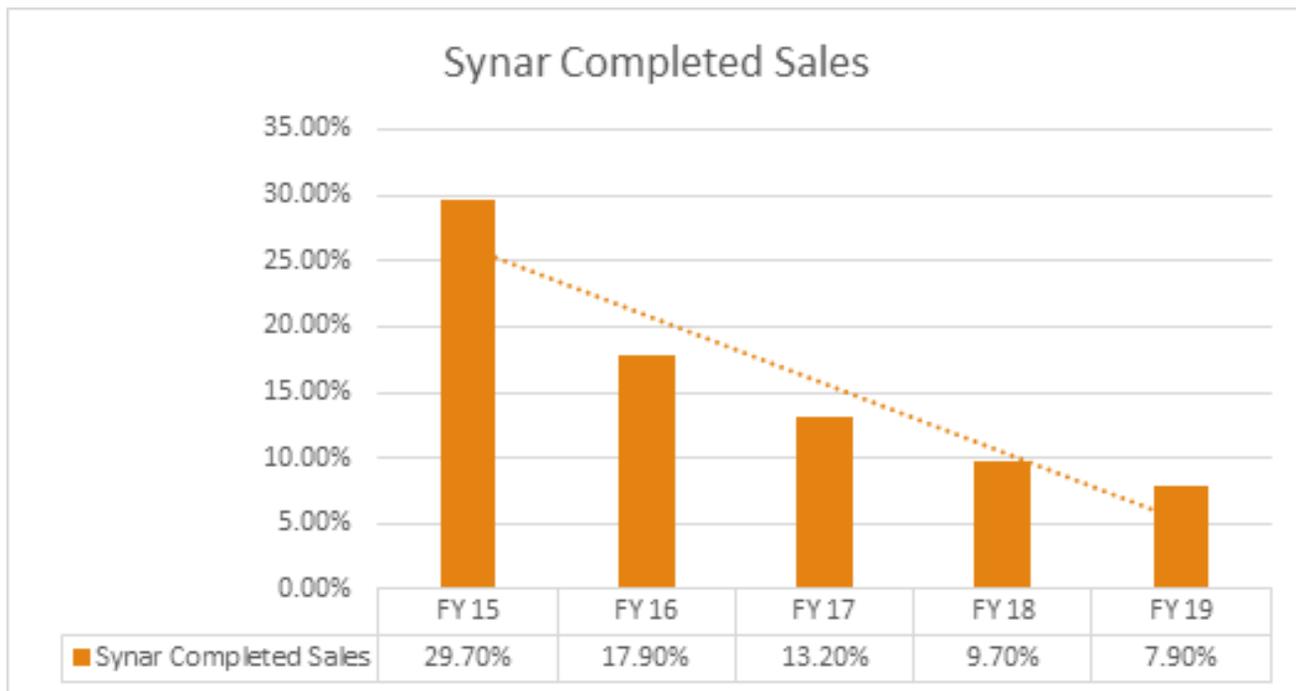
Totals prescriptions collected for DEA National Drug Take Back Day for Wayne County, October 2018, April 2019

- o October 2018 = Totals 98 boxes 1994.4 lbs.
- o April 2019 = Totals 71 boxes 1,348 lbs.

Synar

The primary Designated Youth Tobacco Use Representatives (DYTUR) providers conduct tobacco compliance checks for all retailers in the county each summer based on the federal Synar amendment. Providers work with local youth, substance use prevention agency partners, and local law enforcement to conduct compliance checks on stores that are randomly selected by the State of Michigan.

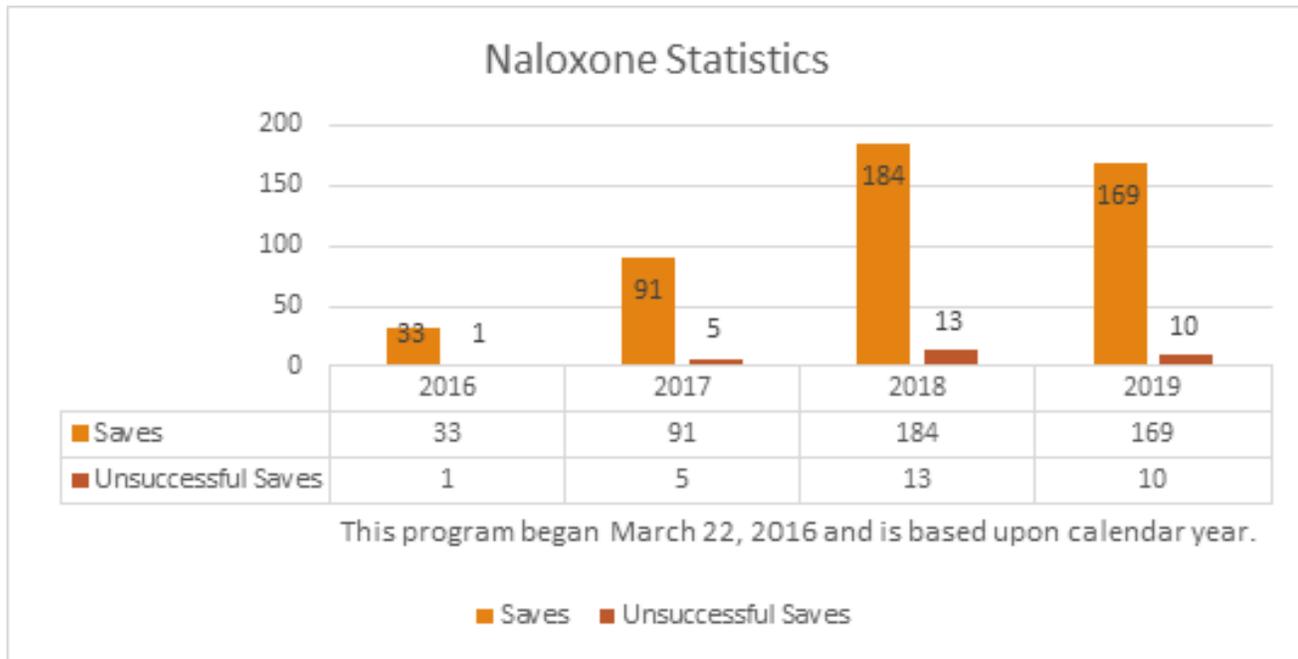
The below graph shows another great improvement of the Synar program in Region 7 – the number of Synar completed sales to minors is steadily decreasing year after year.



Naloxone Update

DWIHN began providing free training and distribution of Naloxone kits March 22, 2016 to Wayne County law enforcement, our provider network, and the community. Naloxone blocks or reverses the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness. This initiative was implemented to respond to the increase in opioid overdose related deaths and to save lives.

DWIHN has trained 9,911 people as of September 30, 2019. The Naloxone Initiative program has saved 477 lives since its inception which may be under reported as DWIHN only reports lives saved that are documented.



Mobile Units

DWIHN has two mobile units that provide: SUD screenings, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, Naloxone trainings and distribution.

- 568 consumers served by mobile units
- 126 referrals made to SUD treatment by mobile units
- 180 drug screens by mobile units
- 246 individual therapy sessions by mobile units
- 490 peer support activities by mobile units
- 346 naloxone kits distributed with SOR funding by mobile units
- 16 naloxone saves reported from naloxone distributed by mobile units



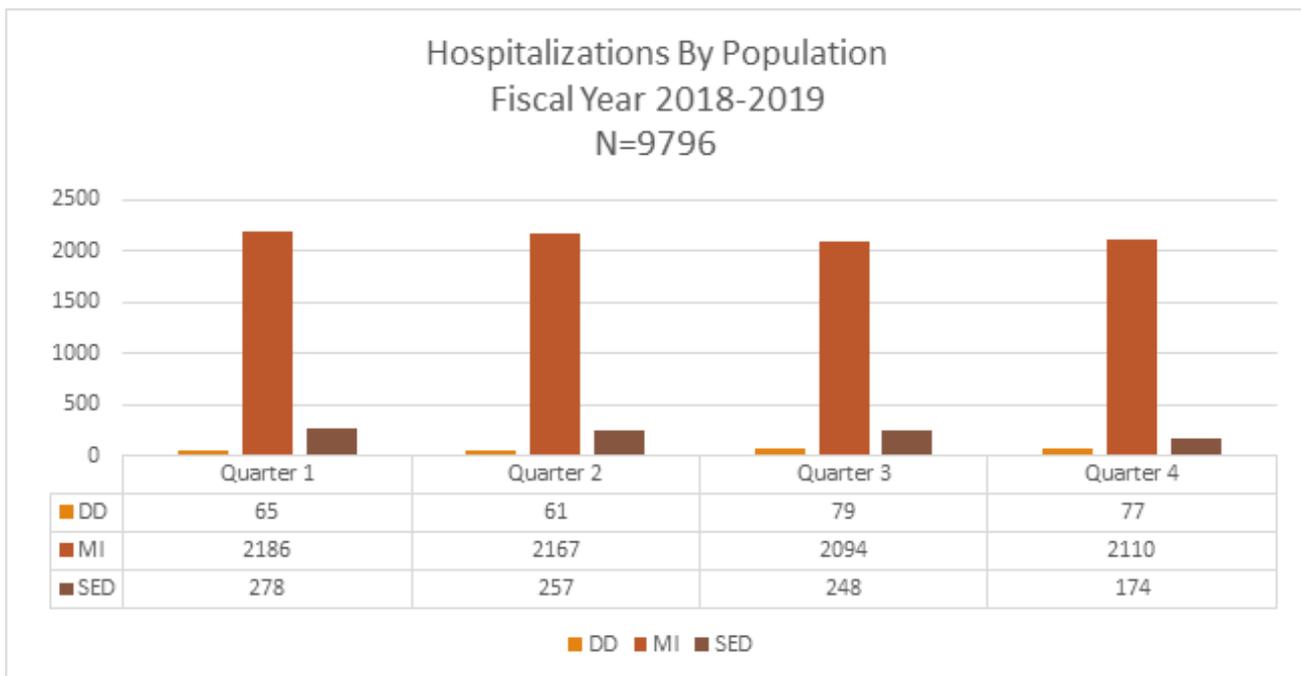
Utilization Management

Systems Transformation

The UM Department dedicated much of the year to activities surrounding Systems Transformation. New staff were hired to address work brought in as a result of dissolution of the MCPNs Provider Networks. UM authorizes services in the following areas and Levels of Care: Inpatient, Outpatient, Partial Hospital, Crisis Residential, Substance Use Disorder Services, Autism and MI Health Link.

Hospitalizations

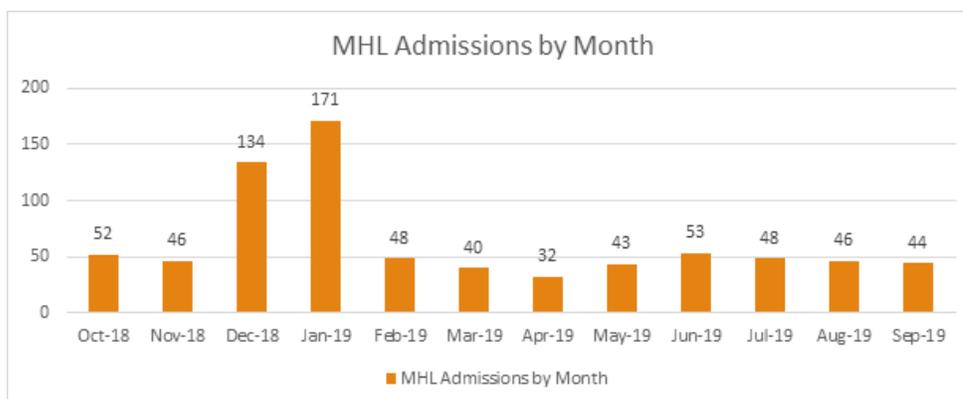
Monitoring and authorizing continued stays in community hospitals is a key function of UM. Current claims data for DWIHN, inclusive of the dual eligible population, reflect the number of hospitalizations by population (as of 11/5/2019):



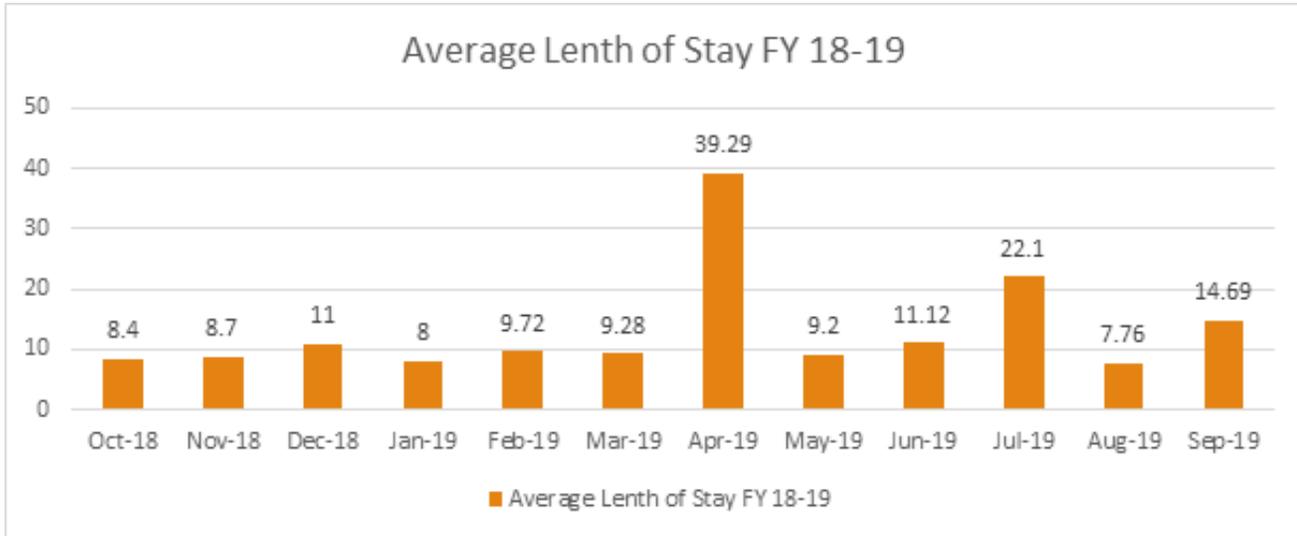
There were a total of 9,796 consumers hospitalized network wide. Individuals with serious mental illness comprise 89% of admissions with 8,557; children with serious emotional disturbances is 10% at 957 and individuals with intellectual disabilities 1 % of admissions at 289.

Hospitalizations

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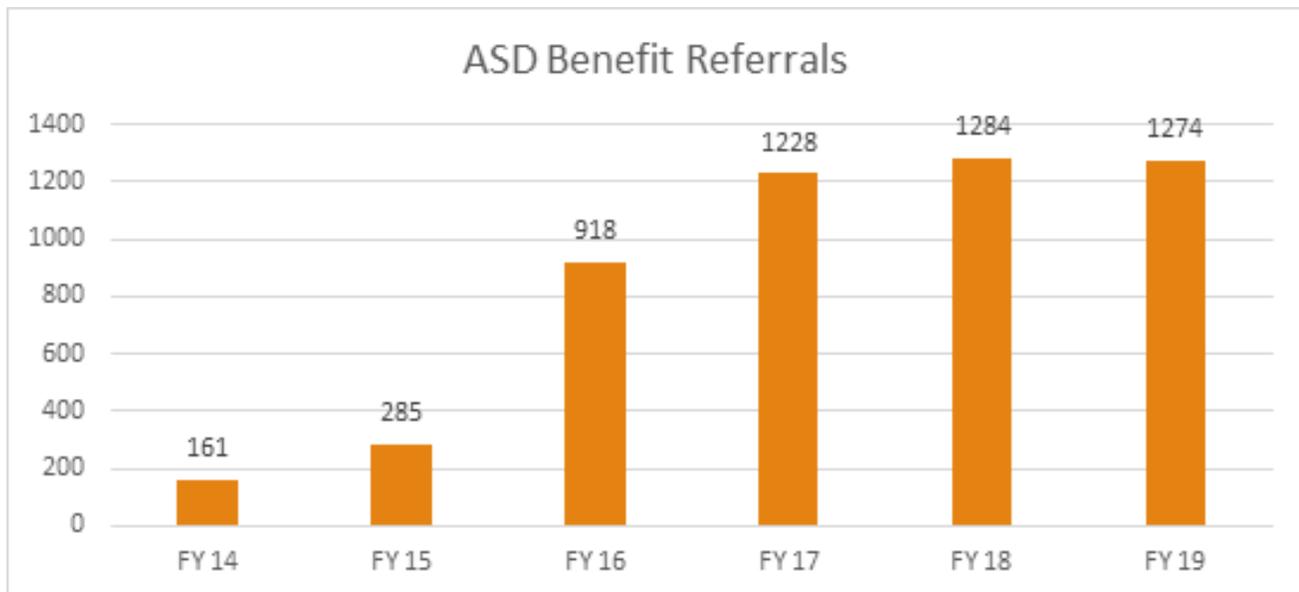


According to the National Association of Psychiatric Health Systems 2013, the national average length of stay (ALOS) for dual eligible members that were admitted was 12.8 days and the ALOS for duals that were readmitted was 15.3 days. Below is a chart of the ALOS for FY 2017-2018 per month. Each month, the ALOS was significantly less than both national averages.



Autism Spectrum Disorder (ASD) Benefit

Since the inception of the Autism Spectrum Benefit program in FY 14, there has been a significant increase of consumers referred for services as indicated below:



MDHHS initial eligibility for services was for children between the ages of 18 months to 6 years. As indicated above, in January of 2016, the program was opened up to consumers up to 21 years old and referrals increased. Since the expansion in 2016 there has been a 39% increase in referrals from 918 referrals to 1,274 referrals. There was a slight decrease in referrals from FY 18 to FY 19, < 1%. There are currently 1,659 cases open in the benefit.

*Note: Not all referrals result in an open case.

Substance Use Disorder Services

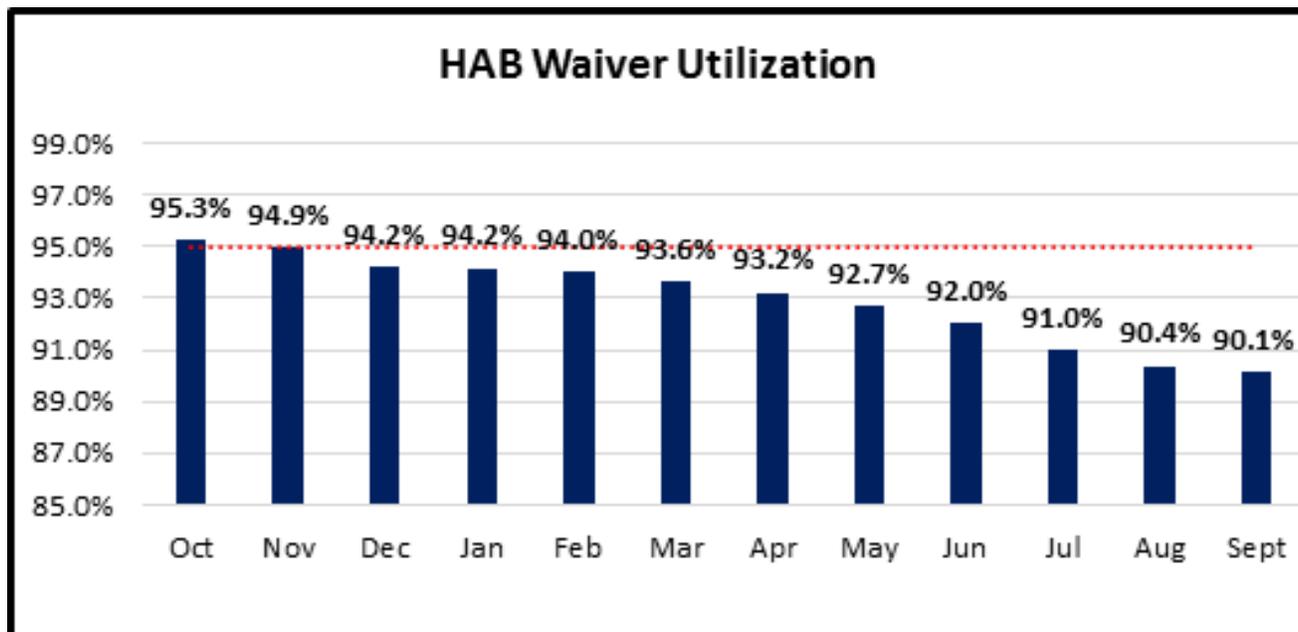
Wellplace, DWIHN's Access Center conducts initial screening and referral for SUD services based on the American Society of Addiction Medicine (ASAM). The UM Department's SUD UM Review Specialists provide medical necessity reauthorization determinations of SUD and/or co-occurring services for all levels of care including withdrawal management, residential services, Medication Assisted Treatment (including methadone), intensive outpatient, outpatient, and recovery services. SUD UM staff completed 25,457 authorizations.

There were 11,556 unique individuals that received SUD services for FY 19. This is a 21% increase from FY 18 with 9,555 unique individuals served. Consistent with the increase in individuals served, there were 21,923 admissions, an increase of 19% from FY 18 with 18,398 admissions. Many consumers receive more than one level of care such as withdrawal management, followed by residential services and outpatient and/or recovery services. Each change in level of care is considered an admission for reporting purposes. Multiple program Initiatives continue to be focused on the Opioid epidemic.

Habilitation Waiver Services

Michigan Habilitation Supports Waiver (HSW) is a program for beneficiaries with developmental disabilities. It is aimed to facilitate an individual's independence, productivity, and promote inclusion and participation. HSW beneficiaries may also receive other Medicaid state plan or additional 1915 B3 services.

MDHHS requires that DWIHN's assigned slots of 1,164 are filled at 95%. During the fiscal year, DWIHN exceeded this objective only once; in January. There are several potential contributing factors to the current under-utilization. Among these is the elimination of the MCPNs which was effective October 1, 2018. While these changes represent tremendous opportunity to work more directly with providers, the transition and initial changes contributed to the challenge of enrolling participants into our provider network. Turnover among key provider personnel, including the Supports Coordinator workforce contributed to a lack of continuity with staff assigned to the referral process.





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



@DetroitWayneIHN