

DETROIT WAYNE INTEGRATED HEALTH NETWORK



2019-2020

ANNUAL REPORT

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WELCOME FROM THE CEO



Hope. Resiliency. Perseverance. Three words that took on a life of their own this year as we, as a nation, grappled with a worldwide pandemic that left us scrambling for cover. As companies across the globe looked to keep their employees safe and their assets safer, the Detroit Wayne Integrated Health Network had boots on the ground from the beginning. The organization's Board and administration quickly got all staff into positions where they could work remotely. Customer Service made sure it was communicating to all people served about what was happening, how to continue to access services and how to live in this "new normal". The Managed Care Operations department along with several others, made sure Providers had the tools and resources they needed to navigate these uncharted waters.

DWIHN quickly created a COVID-19 section on its website where members, community and providers could access up to date information. DWIHN along with several community partners established ReachUsDetroit.org, a "warmline" where people can call or text and talk with trained clinicians about their struggles due to COVID-19 and receive the help they need, despite their health care coverage or lack thereof. Several Substance Use Disorder Providers established COVID Recovery Homes and our Provider family rallied at every turn, working via Telehealth to ensure our most vulnerable populations in Wayne County were being served.

I am proud to work for an organization that puts people first in everything we do. I am proud of how we have rallied together, locking arms and walking this path together. It has not been easy and we have a long road ahead of us as the COVID-19 numbers continue to climb as do the lives lost.

Caring for people is what we do. We provide resources, tools, recovery, prevention, treatment, crisis intervention and so much more. We provide hope. Our doors are always open. We are always here to talk. Here to help.

Sincerely,

A handwritten signature in black ink that reads "Willie E. Brooks, Jr." in a cursive script.

Willie E. Brooks, Jr.

President & CEO



Bernard Parker
Chairperson



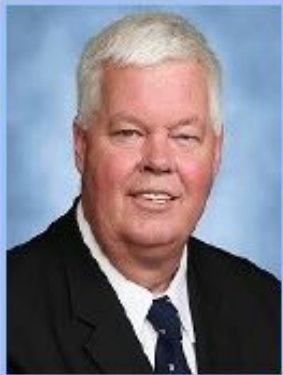
Dr. Iris Taylor
Vice-Chairperson

Board of Directors 2019-2020

The Detroit Wayne Integrated Health Network is a 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



Tim Killeen
Treasurer



Dora Brown



Dorothy Burrell



Dr. Lynne F. Carter



Angelo Glenn



Kevin McNamara



William T. Riley, III



Kenya Ruth



Dr. Cynthia Taueg



*Angelo Glenn
Chair*



*Dr. Cynthia Arfken
Vice Chair*



Thomas Adams

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

The SUD Oversight Policy Board serves as a catalyst for the discussion and development of policy recommendations to the DWHIH Board of Directors leading to unified, consistent, appropriate and coordinated prevention, treatment and recovery approaches.



Ghada Abdullah



Thomas Fielder



Jim Perry



Margo Martin



Monique Stanton



Kevin McNamara



William Riley



William Ventola



Jewel Ware

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.

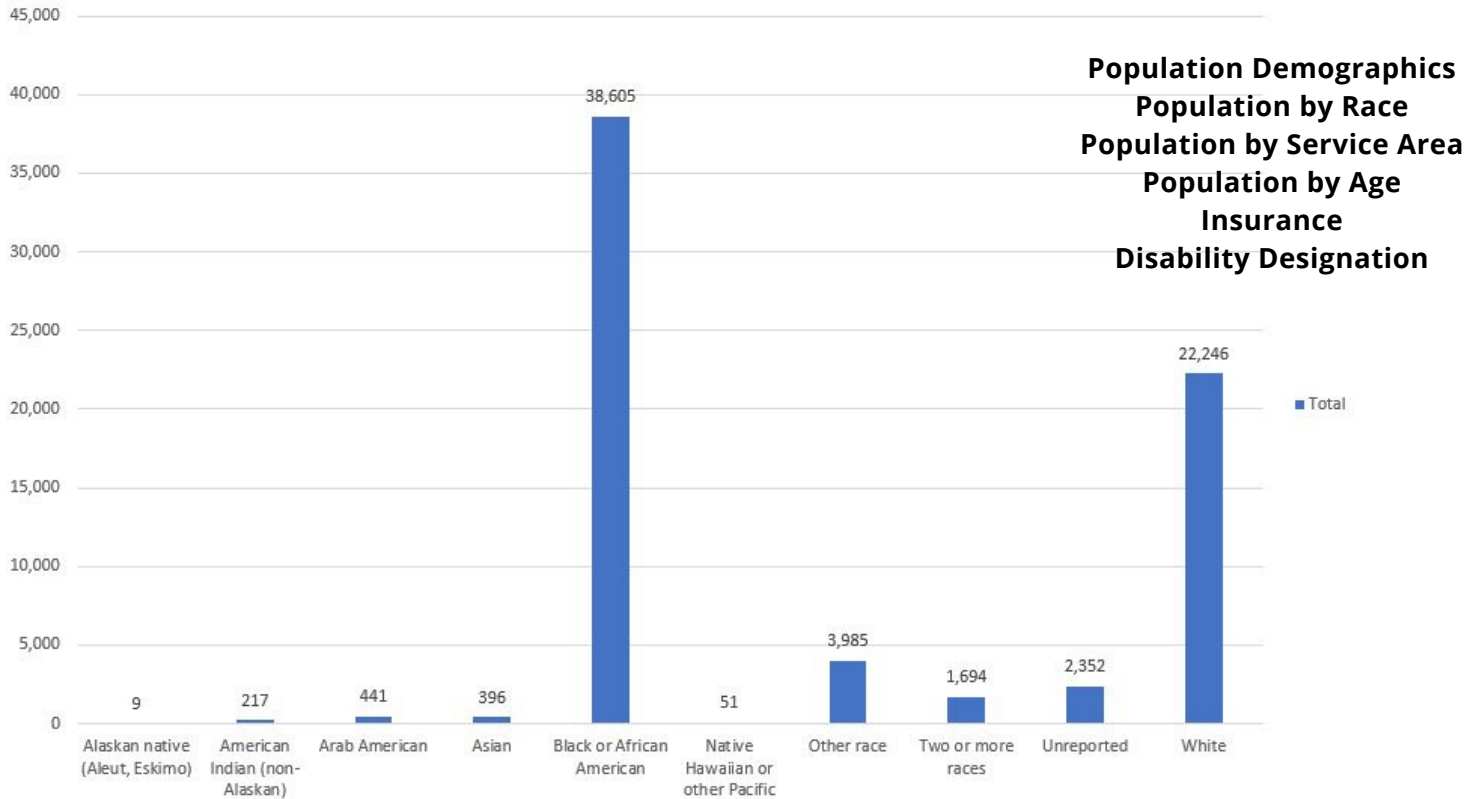
Values

- 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.

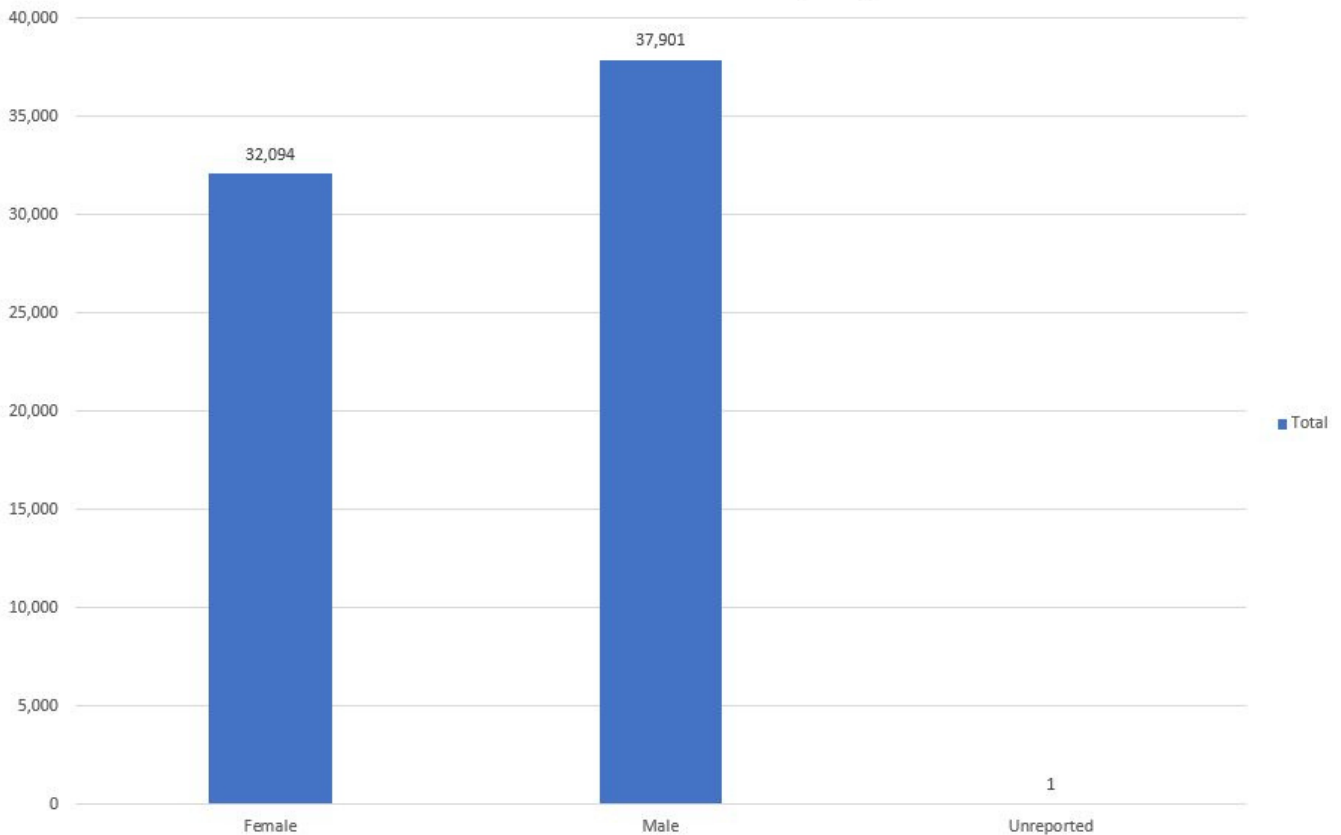


PEOPLE WE SERVE

Fiscal Year 2020 Persons Served Grouped by Race

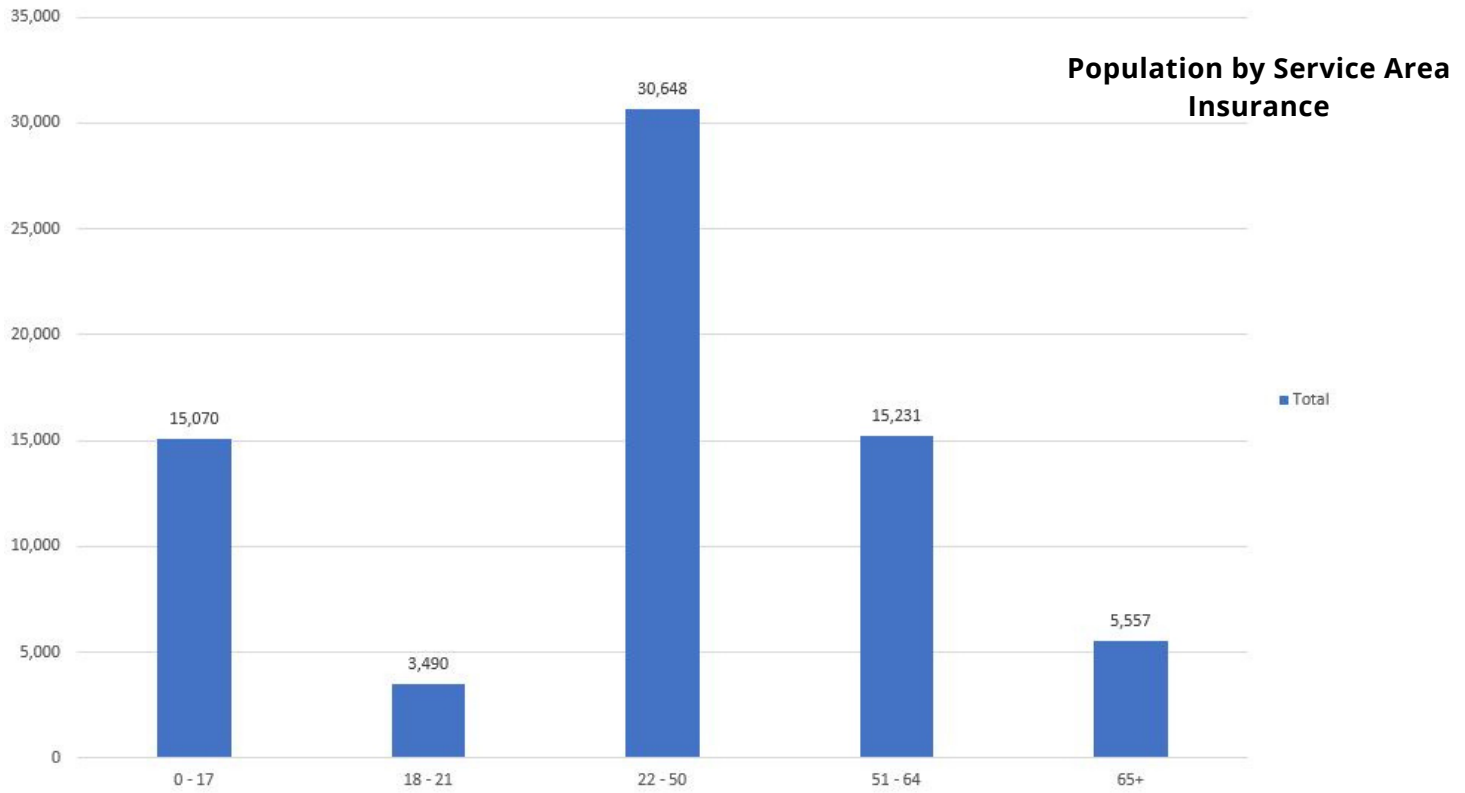


Fiscal Year 2020 Persons Served Grouped by Gender

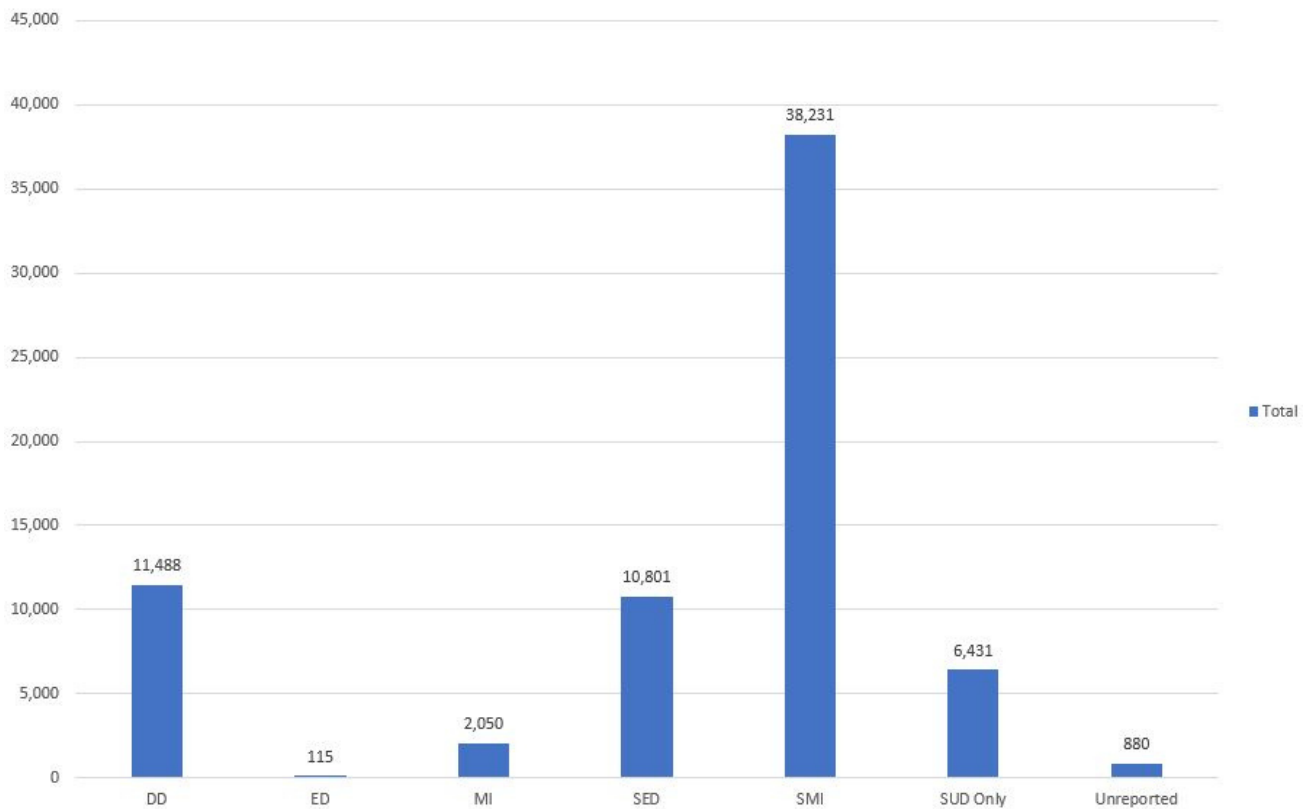


PEOPLE WE SERVE

Fiscal Year 2020 Persons Served Grouped by Age Category

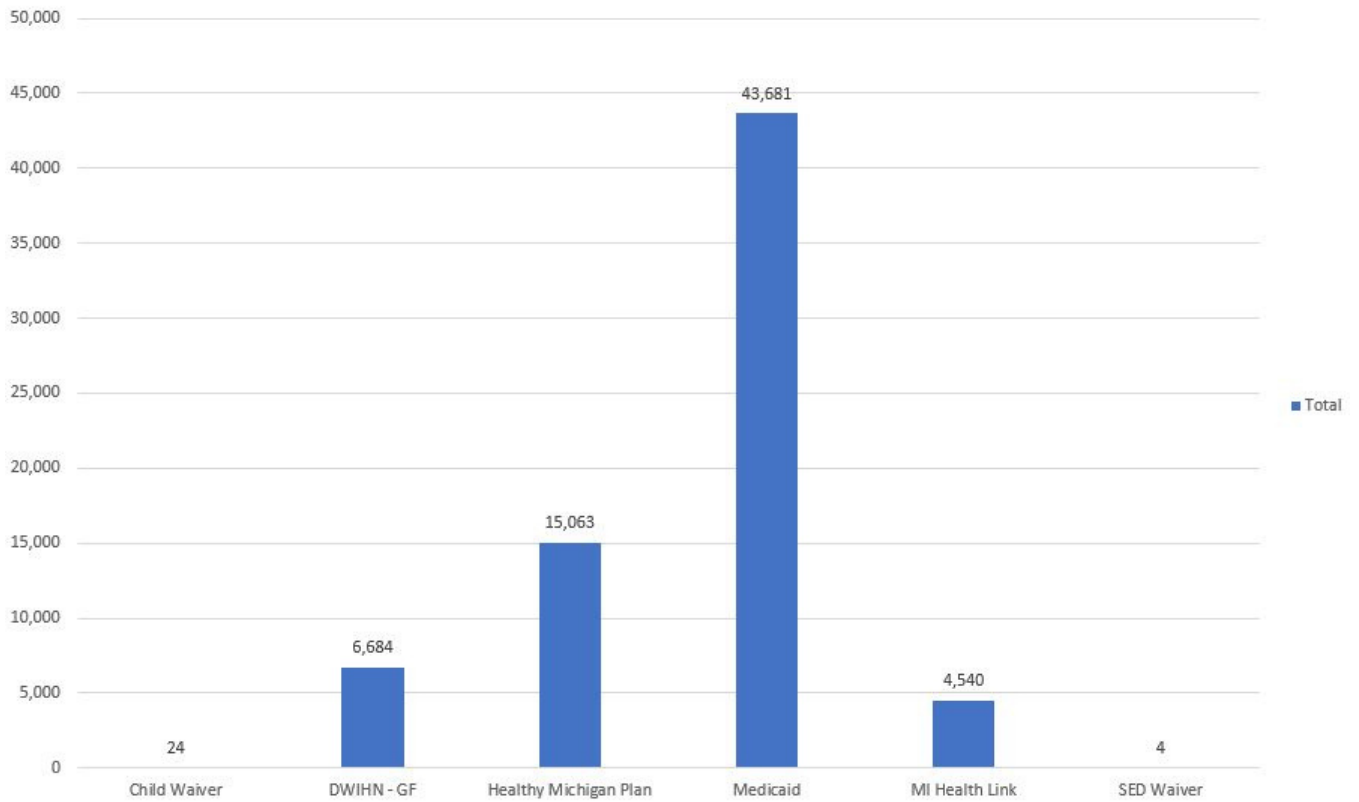


Fiscal Year 2020 Persons Served Grouped by Disability Designation



PEOPLE WE SERVE

Fiscal Year 2020 Persons Served Grouped by Insurance Type



ACCESS & CRISIS SERVICES

Access and Crisis Services works to ensure access to DWIHN’s full array of services which includes the Crisis Continuum Service System. The department began working remotely in early March due to the COVID-19 pandemic. Access and crisis services across all programs decreased during the early months of the pandemic, however, volume began to consistently increase near the end of the 3rd quarter.

The Department 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: 800-241-4949 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 Schedules Hospital Discharge Follow-Up Appointments 	<ul style="list-style-type: none"> Screened 30,579 individuals Total Call Volume: 229,992 Provided Information and referral services to 34,881 Scheduled 10,749 Hospital Discharge Appointments
ProtoCall	24 Hour Crisis Line: 800-241-4949	<ul style="list-style-type: none"> Serviced 14,721 calls
Hegira (Adults)	<ul style="list-style-type: none"> Community Outreach for Psychiatric Services (COPE)-Authorizes inpatient hospitalization, crisis residential services, SUD withdrawal management, partial hospitalization, pre-placement housing. Also provides crisis stabilization services 	<ul style="list-style-type: none"> There were 13,058 Request for Services involving 7,347 individuals Thirty-one percent of individuals assessed were diverted from inpatient hospitalization.
	<ul style="list-style-type: none"> Crisis Stabilization Unit (CSU) -24-hour Walk-in crisis screening, psychiatric evaluations, medication reviews, nursing assessments 	<ul style="list-style-type: none"> There were 2,736 cases served
	<ul style="list-style-type: none"> Crisis Residential Services – A voluntary placement providing an alternative to inpatient psychiatric services for individuals experiencing an acute psychiatric crisis 	<ul style="list-style-type: none"> There were 637 admissions
The Children’s Center (TCC) The Guidance Center (TGC) New Oakland (NO)	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"> Children’s Crisis Providers had 2791 Requests for Services involving 1839 individuals. 68% were diverted from inpatient hospitalization. 1,015 cases received crisis stabilization services

Adult Crisis Stabilization Units, maintained face to face visits with individuals experiencing behavioral health crisis. Adult Mobile Teams resumed face to face Pre-Admission Review (PAR) screening with most emergency departments in August. Children’s Crisis providers are implementing plans to resume face to face screenings. The Children’s Center Crisis Care resumed face to face and Safehaus Crisis Residential services re-opened in September.

In an effort to ensure access to crisis services during the pandemic, the following services have been added to the DWIHN Crisis Continuum:

ACCESS & CRISIS SERVICES

CRISIS STABILIZATION UNIT	
<p>Team Wellness Center Open 24 hours 6309 Mack, Detroit, MI 48207 313-331-3435</p> <p>The CSU offers: 24/7 walk-in crisis screening, medication management, psychiatric evaluations, 23-hour hold safe and monitored location to attempt to stabilize individuals experiencing crisis</p>	
PSYCHIATRIC URGENT CARE	
<p>COMMUNITY CARE SERVICES Hours: M-F, 8:30am – 6:00pm Location: 26184 W. Outer Drive Lincoln Park, MI 48146 Phone: 313-398-7500 Services: Same-Day access for assessments/intake, crisis services for existing DWIHN members, psychiatric evaluations, medication reviews, medication injections, nursing assessments, Peer Support Specialists</p>	<p>NORTHEAST INTEGRATED HEALTH Hours: M-F, 9am-9pm, Sat 9am-1pm Location: 12800 East Warren Ave. Detroit, MI 48215 Phone: 313-824-5623 Services: Same-Day access for assessments/intake, crisis services, medication reviews, medication injections, nursing assessments, Peer Support Specialists, integrated healthcare, pharmacy services</p>

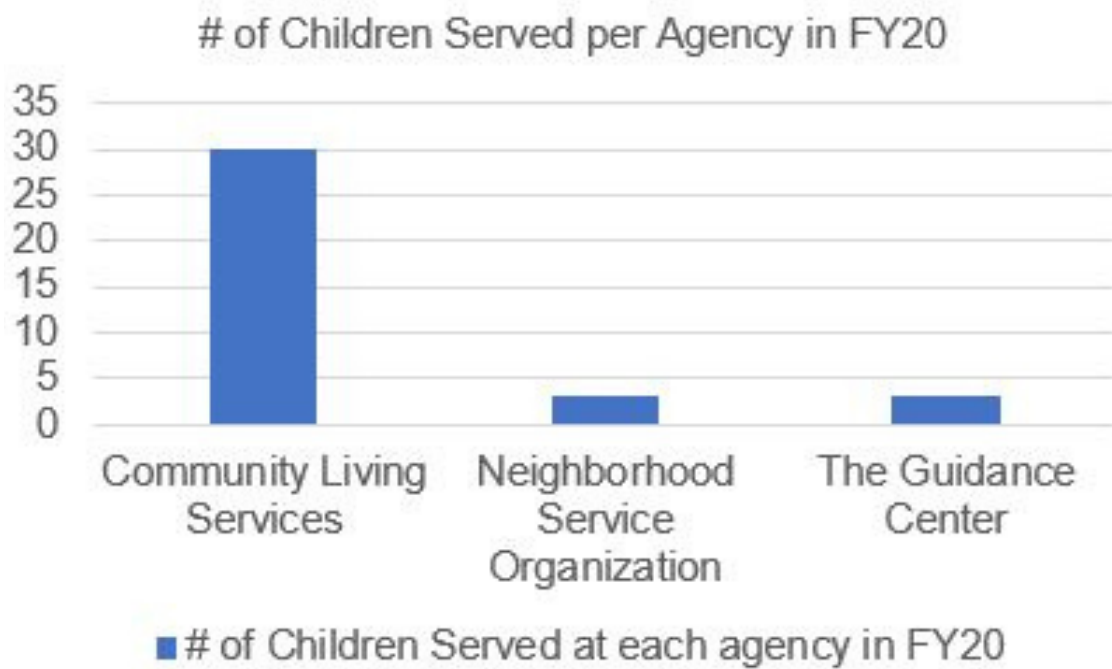
Additional FY 19/20 Accomplishments

- DWIHN continues to move forward in the planning and development of the Crisis Assessment Center. Plans for completion are scheduled for October 2022.
- DWIHN has worked with the Detroit Police Department (DPD) since FY 18/19 to engage 65% of the individuals in behavioral health services. Approximately of those individuals 15% received long-term housing. COPE Leadership is a key contributor and has developed additional partnerships with the following law enforcement agencies: Canton, Grosse Pointe and Plymouth. Conversations are occurring with Romulus and Livonia to expand COPE services into those communities.
- Finalized CRSP Responsibilities and disseminated to all CRSP Providers. Documentation will assist in providing and coordinating services for the people we serve.
- Established “Crisis Alerts” in Consumer Records for identified recidivistic cases. The alerts assist crisis providers in coordinating services with the CRSP for individuals experiencing crisis.

CHILDREN'S INITIATIVES

Waiver Program

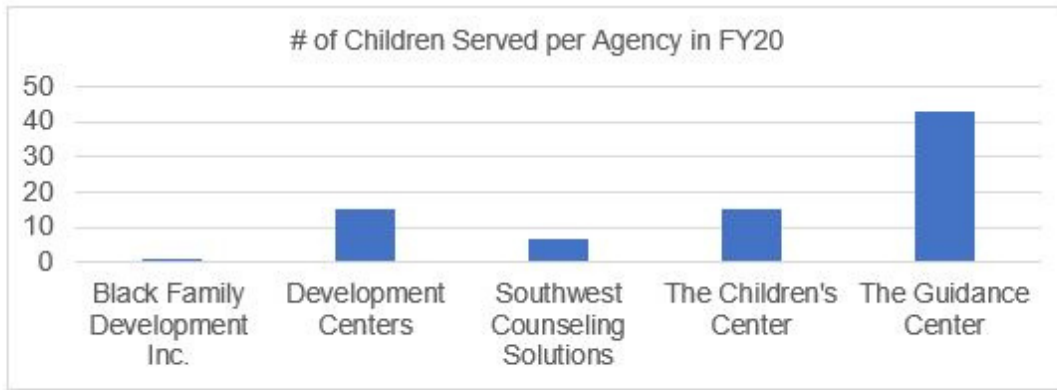
The Children's Waiver Program (CWP) makes it possible for Medicaid to fund home and community-based services for children with Intellectual and/or Developmental Disabilities who are under the age of 18 when they otherwise wouldn't qualify for Medicaid funded services. Three Provider Agencies deliver services to children and youth on this waiver: Community Living Services (CLS), Neighborhood Services Organization (NSO) Life Choices, and The Guidance Center (TGC). A total of 36 consumers were served.



Serious Emotional Disturbance Waiver

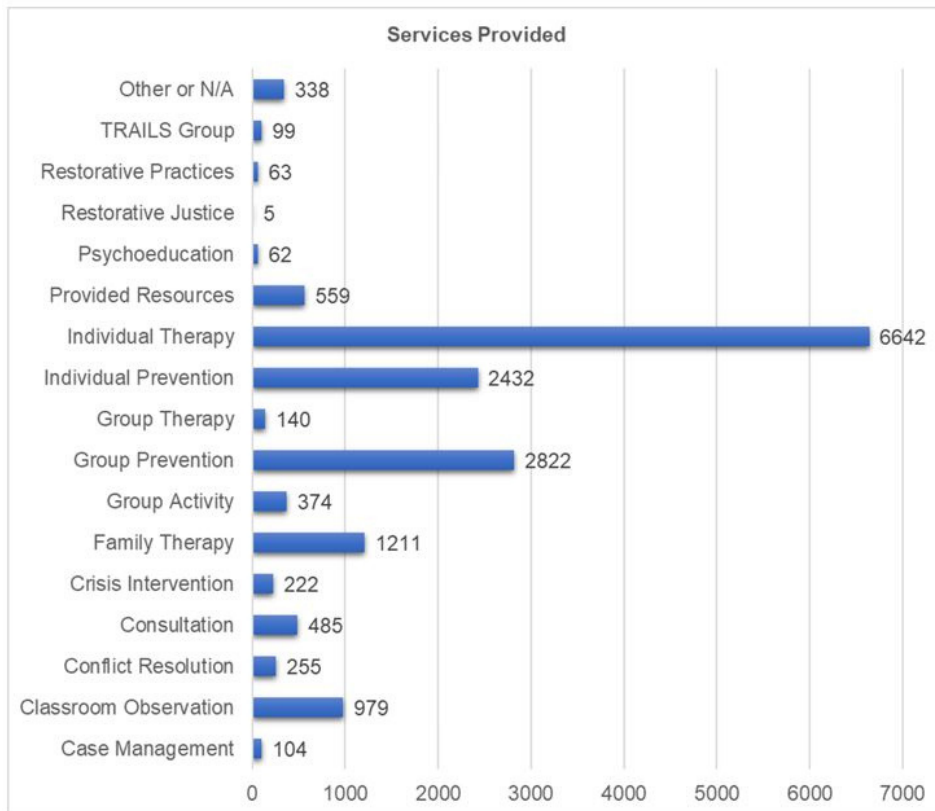
The Serious Emotional Disturbance Waiver (SEDW) program provides an array of community mental health services to children and youth ages 0-21 who are involved with child welfare, have been adopted, or are seeking community mental health services under Medicaid. DWIHN is required to serve at a minimum 65 children and youth in this program. DWIHN exceed that number by providing services to 81 children.

CHILDREN'S INITIATIVES



School Success Initiatives

The School Success Initiative is offered by 11 Community Mental Health agencies in Wayne County and utilizes a three-tier universal health screening. Students that score in Tier 1 are eligible for stigma reduction services. Tier 2 students receive evidence based behavioral health supports and Tier 3 participants are linked to community mental health or private insurance for additional services. During FY19-20, 8,182 students received services at all 3 Tier Levels. A total of 16,792 services were delivered which included: case management, classroom observation, consultation, crisis intervention, family therapy, individual therapy, group therapy, psychoeducation, and others.



Additionally, funding for this project was given to Detroit Public Schools Community District (DPSCD) and the Goal Line. DPSCD provided services through social workers and nurses to students online or phone to general education students at Mason, Pershing, Dixon, Cody, Ronald Brown, and East English Village. They served 3,025 students in this project. Goal Line provided services to students in 14 schools and served 1,356 students with after school and busing activities.

CHILDREN'S INITIATIVES

Ronald Brown, and East English Village. They served 3,025 students in this project. Goal Line provided services to students in 14 schools and served 1,356 students with after school and busing activities. During FY'19-20, four risk factors were identified to increase accessibility to children, youth and families. DWIHN staff collaborated with the Children's Community Mental Health (CMH) providers to enhance services to address the following identifiable risks:

- Depression and Anxiety: 62% of students experience symptoms of depression and 56% experience anxiety
- Bullying: 65% have heard students called mean names and 71% have heard rumors or lies being spread about others
- Dating Violence: 33% reported witnessing community or domestic violence, 61% have seen classmates get pushed, hit, or punched, 51% heard others being threatened
- Suicide: 31% reported having thoughts of suicide or self-harm; 23% reported having seriously thought about attempting suicide; one-third in grades 8-12 have considered suicide.

Autism:

DWIHN added two new Autism Behavioral Analysis (ABA) providers for a total of 15 throughout Wayne County. 1,723 families have been served with the largest concentration of enrollee's aged 10 or younger. This FY DWIHN began to move towards an auto-approval process for ABA authorizations and has implemented the addition of ADOS-2 and Behavior Assessment Worksheets in MHWIN to facilitate this process. DWIHN also selected two new agencies to provide Independent Evaluations for the Autism Program.



CLINICAL PRACTICE IMPROVEMENT

Med Drop

During FY'19-20, DWIHN developed a contract with Genoa pharmacy to establish a program called Med Drop which supports the transition of Assertive Community Treatment (ACT) members who have been in the level of care for multiple years into a lower level of care. Med Drop is a community-based intervention that focuses on improving medication adherence for adults and children who have challenges taking their medications in the prescribed manner. The Med Drop Program improves medication adherence by delivering medication directly to the members home 365 days a year, while observing the client self-administer his/her medication. The Med Drop program provides education about specific medications and assists in identifying and implementing organizational strategies to take their prescribed medications. Those who participate have a 90% or better medication adherence rate, a reduction in psychiatric hospitalization usage and in crisis home usage.

ACT Step Down

DWIHN established a pilot program called ACT Step down (ACT-SD) involving 3 providers; Lincoln Behavioral Services, Northeast Integrated Health Network, and Community Care Services. ACT-SD is an intensive clinical case management model with a foundation in wellness management and recovery practices. This program is designed to support people in transition from ACT level of care to High Intensity Community Outpatient. Unlike ACT where multiple services are bundled together requiring a multidisciplinary team, ACT-SD staff will be limited to psychiatry, nursing, clinical case management, and peer supports. ACT-SD served 10 members all of which have not had any inpatient hospital admissions since being connected to the program. The COVID-19 pandemic did slow enrollment but intakes are expected to increase for next fiscal year.

ACT

ACT is a community-based approach to comprehensive assertive team treatment and support for adults with serious mental illness. Services are targeted to a specific group of individuals with serious mental illness. ACT team members share responsibility for the individuals served by the team. The staff to member ratio is at least 1:10, the range of ACT treatment and services is comprehensive, interventions are carried out in the home or community/environment rather than in clinic or hospital settings, and services are individualized. There are currently 9 DWIHN ACT providers and they have served more than 3,404 members.

Evidence Based Supported Employment (EBSE) Annual Outcome Summary

A total of nine DWIHN provider partners successfully delivered Evidence Based Supported Employment Services also known as Individual Placement Support (IPS). This is an evidence-based practice model for people with a serious behavioral health condition to obtain a competitive job in the community. This program was developed with the assistance of Employment Specialists with Michigan Rehabilitative Services (MRS) and the Bureau of Services for Blind Persons (BSBP) There were 790 referrals, 523 admissions, 434 employed with an average hourly wage of \$12.02. Individuals worked in a variety of industries alongside those who were non-disabled such as manufacturing, food service, hospitality, healthcare, retail, janitorial and held positions as: Maintenance Worker, Health Services Aid, Cashier, Truck Driver and Receptionist.

CLINICAL PRACTICE IMPROVEMENT

Peer Supports Specialists utilizing their lived experience continued to be a major contributor to the recovery journey of members served as job club facilitators, job coaches as well as through linking and coordination of needed services and supports, which has resulted in positive employment outcomes.

Accomplishments

All nine providers continued to maintain fidelity to the IPS practice model for supported employment. With supports, individuals who had a desire to work as outlined in their IPOS obtained a community-based job of their choosing, with an average hourly wage that far exceeded the Michigan minimum wage of 9.65 per hour while keeping their federal entitlements through benefits counseling.

Outcomes as Reported by Individuals Served

- Increase in community integration.
- Reduction of stigma re; behavioral health condition in the workplace.
- Decrease in behavioral health symptoms.
- Improved self-management of behavioral health symptoms.
- Improved relationship with family members and other significant others.
- Increased self-sufficiency/autonomy.
- Improved self-esteem and overall well-being.
- Increased income as well as pride in working.

Jail Diversion Projects

Jail Diversion programs help divert members with serious mental illness and often co-occurring substance use disorders, away from the criminal justice system. Diversion efforts allow for community integration; mental health treatment; reduced hospitalizations; employment and housing linkages. Wayne County Stakeholders use the Sequential Intercept Model to identify available resources, determine gaps in programming, and direct-action plans across the behavioral health system.

Under CPI, there are several jail diversion programs. During FY'19-20, Downriver Veteran's Court provided treatment services to 20 veterans for serious mental illness, co-occurring disorders or substance use disorders caused by traumatic experiences from service in the military. Central City Integrated Health (CCIH) Mental Health Court, a post booking program through Third Circuit Court, diverts participants who committed a non-violent felony away from jail/prison and into the community. Last year they had 47 participants in their program.

Returning Citizens is a working collaboration comprised of Wellplace; Professional Consulting Services; Central City Integrated Health; Community Care Services; Northeast Integrated Health; and Team Wellness coordinating re-entry efforts for eligible members from prison into Wayne County CMH services.

The Wayne County Jail Mental Health Unit saw 3,269 new admissions, and treated 6,713 members. Jail mental health staff make concerted efforts to divert persons from jail and into community placement whenever feasible. The Community and Police Partnership Advocacy (CAPPA) program through Northeast Integrated Health (NIH) conducted mental health training for 974 police officers. The co-responder CAPPA police outreach program had a total of 2,008

CLINICAL PRACTICE IMPROVEMENT

street encounters with homeless individuals. CPI participates on the State Incompetent to Stand Trial (IST) workgroup which focuses on improving practices for evaluations; treatment and restoration; data review; and examination of criminal justice systems.

DDCAT Reviews

An estimated 50% to 75% of those with diagnosed mental health or substance use disorder have a “dual diagnosis” according to the National Survey on Drug Use and Health. Research has further revealed that the more severe the dual diagnosis, the greater the likelihood a dual diagnosis would be determined. The Dual Diagnosis Capability in Addiction Treatment (DDCAT) and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) are evidence-based tools DWIHN utilizes to assess the degree the service provider network can deliver comprehensive treatment for members with co-occurring mental health and substance abuse concerns. The goal of COD treatment is to help people with co-occurring disorders (also known as “comorbidities”) learn how to manage both illnesses. Both DDCAT and DDCMHT tools explore an organization's policies, clinical practices, and workforce capacities.

CPI in collaboration with DWIHN Substance Use Disorder (SUD), and members of the Quality department, facilitated DDCAT reviews within the SUD provider network. 37 programs were reviewed. Results of the reviews were used to determine if traditional SUD services, or addition only services (AOS), dual diagnosis capable (DDC) services, or dual diagnosis enhanced (DDE) services, or a mixture of some of those elements were successful. DWIHN has determined that programs within the provider network should have at least DDC capabilities as we have recognized that comorbidity is sufficiently high and that we can say that comorbidity is an expectation, not an exception throughout the system of care.



Website

The Communications Department is responsible for internal and external communications within the organization. During the FY'19-20, the DWIHN website was revamped with a new look, better accessibility and more streamlined functionality. In addition, one of the newest features is a searchable Provider directory. A new page designated just to COVID updates was also created.



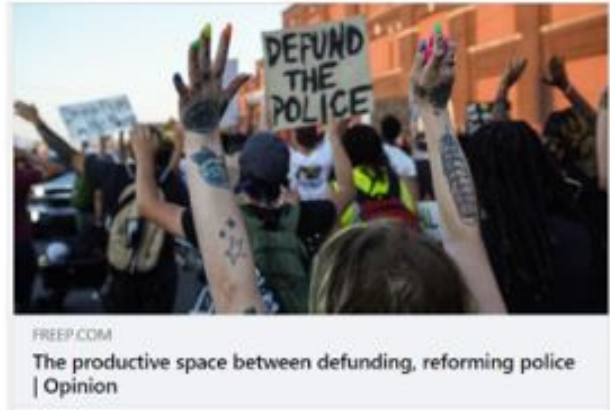
Media

DWIHN President Willie Brooks was in the media several times throughout the year. Crain's did several mental health and funding related stories. DWIHN Deputy CEO/COO Eric Doeh submitted an Op/Ed in which he discussed police reform.

Mental health crisis looms as agencies, clients hit hard by COVID-19 in Wayne County

JAY GREENE

- Increases seen in suicides, substance abuse, anxiety and depression
- Some 17 agencies, regional funder ask state for more than \$50 million in emergency funding
- Providers down in case visits, revenue, while PPE costs rise



Former inmate “White Boy Rick” known for being the youngest person to be arrested for drug dealing spent 30 years in prison. He is now working with DWIHN providers on jail diversion programs, this was featured on Channel 7. Also covered by Channel 7, a Town Hall DWIHN sponsored in December 2019 focusing on the discussion around vaping.



Tune in tonight at 5pm as WXYZ-TV Channel 7 reporter, Andrea Isom previews our “Real Talk” youth-led town hall event taking place tomorrow night at East English Village Preparatory Academy.

#RealTalkDetroit #DWIHN #DPSCD Andrea Isom WXYZ Detroit Public Schools Community District

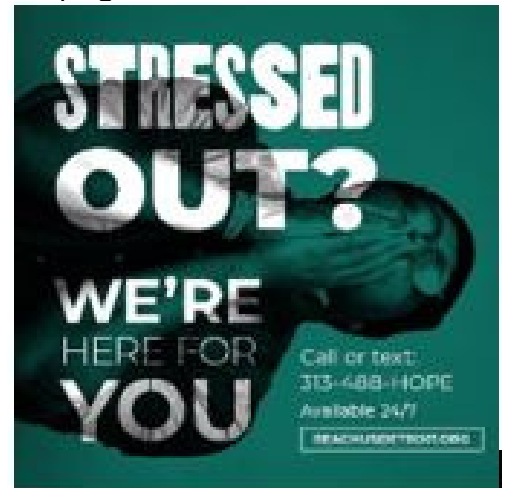


When COVID hit, DWIHN worked quickly to get educational messaging in the media. Messages were produced and aired on Channel 4 as well as billboards were seen all over metro Detroit.

COMMUNICATIONS



ReachUsDetroit.org, a COVID therapy collaborative between several organizations was launched to help young people struggling with COVID and the loss of loved ones, billboards and social media campaigns were built around the partnership.



Community Outreach

Most activities were canceled due to COVID but there were several new opportunities to get the word out about DWIHN and its resources. The DWIHN Access to Care 30-minute special aired on Fox 2 in September. DWIHN sponsored a "Community Day of Hope" and a back-to-school supply giveaway. DWIHN was also involved in creating a Wayne County "Walk a Mile in My Shoes Rally" that was shown during the virtual walk in September.

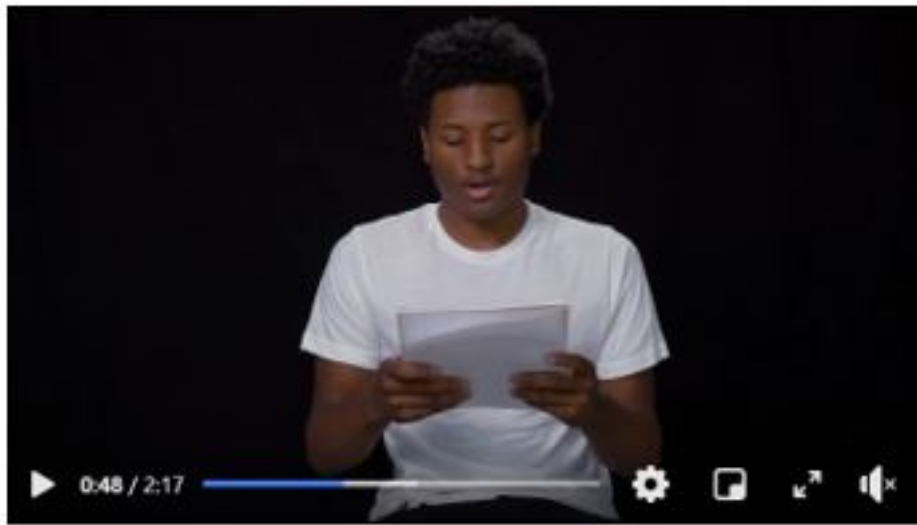


COMMUNICATIONS

DWIHN also provided COVID testing to all of its AFC homes at various Provider locations.



DWIHN also produced a short video entitled, “Not My Suicide Note” which was covered on Fox 2 news and was nominated for an Emmv award.



Social Media

Much of the popular posts focused on self-care, tips for parents coping with children at home and offered voting information.



DWIHN hit the ground running when COVID hit in the first quarter of FY'19-20. Below is a partial list of how the organization continues to work with COVID restrictions still in place.

- IT department set up all staff to work remotely
- Implemented workplace modifications for staff who do need to use the building
- Distributed Personal Protection Equipment to Providers, group homes and all staff
- Created policies and procedures for Telehealth services
- Held COVID testing clinics for staff
- Provided COVID testing to DWIHN AFC homes
- Established COVID-19 website page for Members, Community, Providers with necessary resources.
- Aired educational messaging for local television and radio stations promoting the DWIHN Access Center Helpline
- Created COVID-19 billboards seen throughout Wayne County
- Distributed member newsletters with up to date COVID resources
- Created a toolkit for Providers to use in group homes and other residential facilities
- Created a “free” resource handbook for members
- Created recorded information line for members
- Created text line for members to receive current COVID information
- Reach Us Detroit.org-a collaborative effort to reach young people struggling with COVID loss of family members, a text/call line to receive up to 12 free counseling sessions



COPING WITH COVID-19?

Here to Talk. Here to Help.

800-241-4949



DWIHN's Customer Service Department was faced with challenges during the COVID-19 pandemic in trying to find innovative processes that would ensure that DWIHN members continued to receive the services that Customer Service was responsible for providing i.e. Call Center Operations; Member Welcoming; Member Grievances; Member Local Appeals/Medicaid Fair Hearings; Family Support Subsidy, Outreach, Member Education, Peer Training, Customer Service Standards Monitoring and Reporting; as well as Member Engagement and Experience. Regardless of the COVID challenges, DWIHN's Customer Service Department kept to its mission of assuring the accessibility of effective behavioral health services and continuously exceeded its customers' expectations.

Welcome and Call Center Operations

As expected, during COVID, Customer Service saw a decrease in some Call Center activity. DWIHN's Access Center, Wellplace, initially took calls remotely for a few weeks as DWIHN's IT department implemented processes that allowed for the Customer Service Call Center staff to handle calls remotely. The Customer Service "Welcome Center" warmly greeted over 2,162 visitors in comparison to last fiscal year's 6,272. It should be noted that after March 13 2020, DWIHN no longer entertained visitors to its main office due to COVID. Nonetheless, DWIHN's Welcome and Call Center collaboratively handled a total of 24,299 calls. A reduction from the previous year of 42,319. The 24-hr Access Center, processed 228,631 calls compared to 286,051 the previous year while meeting the abandonment standard of less than 5%.

The crisis line ProtoCall showed an increase in calls in FY 19/20. In fact, 15,450 inquiries were handled in comparison to 11,616 inquiry calls in FY 18/19 with an abandonment rate of 3.62.

The Family Subsidy division continued to handle over 6,000 phone calls and process over 1700 applications remotely without any interruption of services during the fiscal year.

Grievances and Appeals

Customer Service's Grievance division completed 53 grievances for FY19/20, a 54% decrease from the previous FY 18/19 whereby 97 grievances were addressed. The Grievance division also conducted numerous provider trainings to address updates in processes and technical assistance.

The Customer Service Appeals division completed a total of 28 appeals for FY 19/20. An estimated 17% decrease from the previous FY 18/19 where 34 appeals were completed. There was a total of 10 State Fair Hearings completed, a 23% decrease from FY 18/19. 13 State Fair Hearings were completed. There were 53,073 Advance and Adequate Adverse Benefit Determination Letters sent in FY 18/19 and 32,278 Advance and Adequate Adverse Benefit Determination Letters sent for FY 19/20, approximately 39% less than the previous year.

Performance Monitoring

Customer Service's Performance Monitoring division conducted 47 annual provider site reviews to ensure compliance standards were addressed and maintained in the areas of Customer Service, Grievances, Appeals and Enrollee Rights. Quarterly Customer Service Provider meetings were held to ensure providers were advised of updates and the importance of Customer Service mandated standards. Meetings evolved into virtual venues as a result of COVID.

Member Engagement and Experience

In response to the statewide stay at home order, the Customer Service Member Engagement division found new ways to connect with members such as:

- Dedicated phone line with weekly updates
- Offered basic technology instruction to members as a virtual teaching series
- Expanded use of the text line to share updates and make event announcements
- Issued special editions of the newsletter to share information on time-sensitive matters
- Started the SOULS (Supportive, Outreach, Understanding, Life-Situations) Casual Chats
- Initiated "Postal Pals" sending out encouraging messages to members

Member Engagement continued its outreach efforts by using its Quarterly member meetings (EVOLVE), the Persons Point of View newsletter, as well as the What's Coming Up calendar. The Constituents' Voice member advisory group continued to meet virtually and we also participated in the first virtual "Walk a Mile in My Shoes" rally.

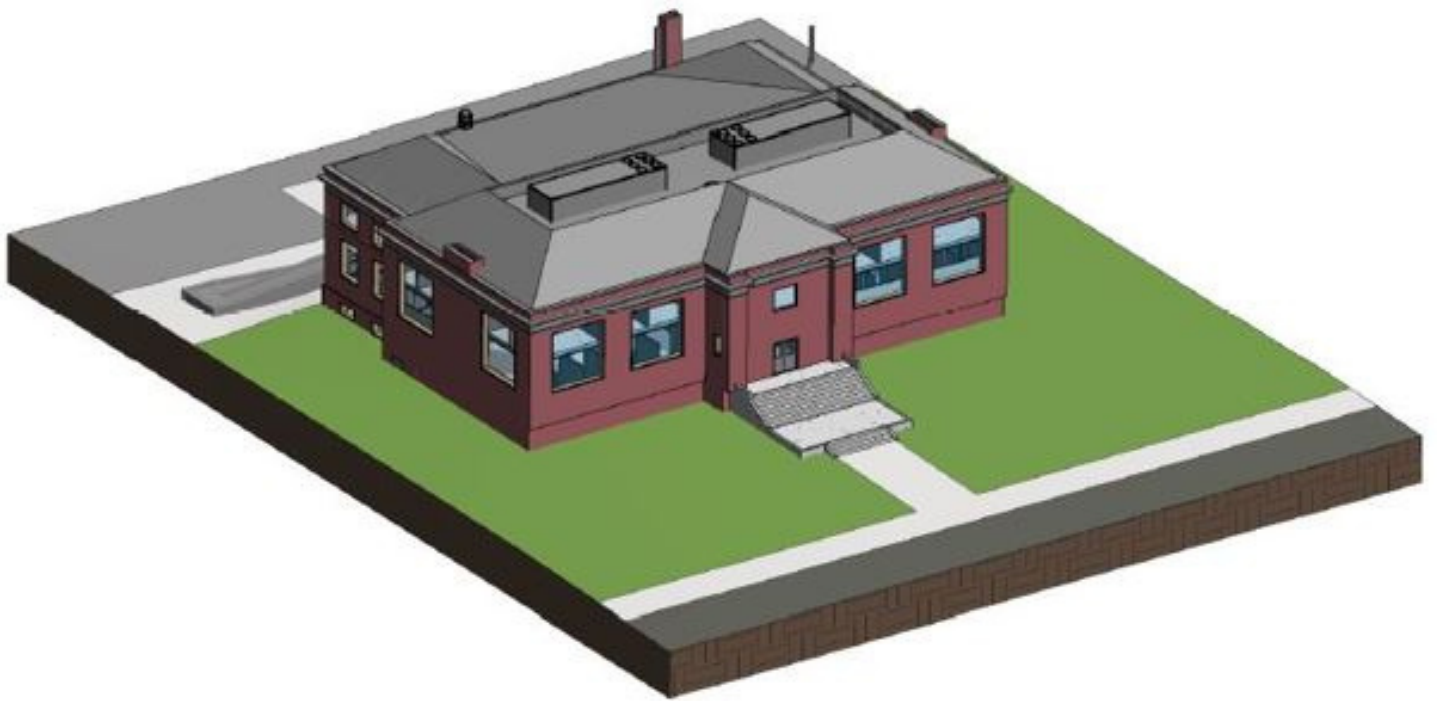
The department coordinated Peer Support Certification training along with MDHHS in FY19/20 resulting in 15 additional Peer Support Specialists being trained and certified bringing Detroit Wayne's Peer Support Specialists to 412. At the Annual Recipient Rights Conference, Tameka Citchen-Spruce and Jaime Junior, two Peer Specialists were awarded the "Cookie Gant Spirit" award for their outstanding contributions in peer support within the disability community.

Customer Service continued assessing and initiating process improvement efforts as it pertained to member experience, an element of the Quality Improvement Process. In partnership with Wayne State University Center for Urban Studies, the team administered both the ECHO adult and children surveys. In addition, two provider satisfaction surveys were administered to the provider and practitioner network to assess their satisfaction with Detroit Wayne.

Over the past year, DWIHN's Facilities Department has achieved a variety of collaborative and innovative goals to continue to support the growth of our organization. These goals were primarily focused on the safety of our staff as well as expanding the reach of DWIHN's services to the individuals we serve. This was accomplished by:

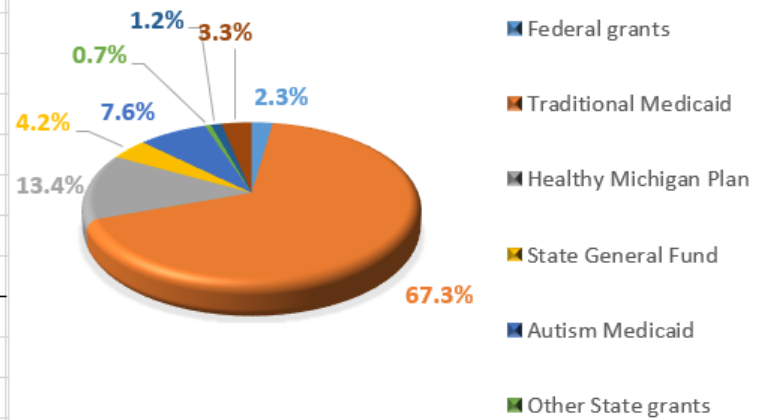
- Acquisition of an architect/design consultant to address Covid-19 building readiness
- Thermal camera installation to monitor employee temperatures as they enter/exit our facilities
- Acquisition and distribution of Personal Protective Equipment to staff members
- Installation of touchless sanitation stations throughout our facilities
- Modification of building HVAC and filtration systems
- Architectural building renovations to promote social distancing
- Employee workspace modifications
- Expansion/revision of facility cleaning and sanitation protocols

Also, in the continuing effort to expand DWIHN's services, the Facilities Department is pleased to announce that the development of our new Crisis Assessment Center in conjunction with the Detroit based architectural and engineering firm Tetra Tech is well underway. The 26,000 square foot facility will provide a short-term Crisis Stabilization Unit, Crisis Residential Unit and Sober Living Unit.



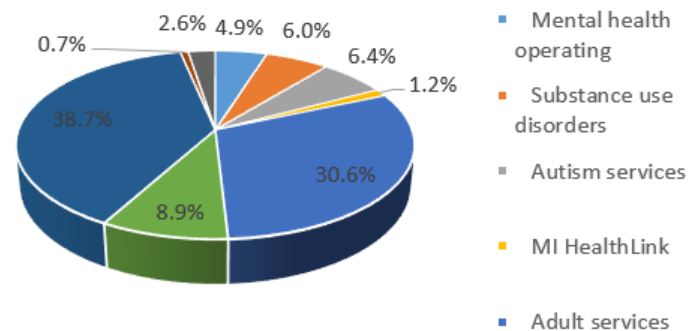
OPERATING REVENUES

Federal grants	2.3%	\$ 19,292,608
Traditional Medicaid	67.3%	\$ 562,114,664
Healthy Michigan Plan	13.4%	\$ 112,328,263
State General Fund	4.2%	\$ 34,943,453
Autism Medicaid	7.6%	\$ 63,775,653
Other State grants and contracts	0.7%	\$ 5,626,340
Charges for services	1.2%	\$ 9,911,253
Local grants and contracts	3.3%	\$ 27,422,611
		835,414,845



Mental health operating	4.9%	38,663,944
Substance use disorders	6.0%	47,869,750
Autism services	6.4%	50,393,038
MI HealthLink	1.2%	9,849,010
Adult services	30.6%	243,006,377
Children services	8.9%	70,859,736
Intellectually Disabled	38.7%	306,732,932
Grant programs	0.7%	5,839,223
State of Michigan	2.6%	20,303,710
		793,517,720

Operating Expenses



The mission of the Office of Fiscal Management (Finance) is to establish and maintain the financial controls necessary to safeguard the assets of the Authority in accordance with generally accepted accounting principles and applicable laws; to manage and accurately report Authority financial transactions through our Enterprise Resource Planning (ERP) system; to develop reporting tools and support internal and external stakeholders so they can have the information they need to make data-driven decisions and achieve their goals.

Within the DWIHN Finance department are several functions including:

- **Accounting** – Accumulates and reports on the financial position of DWIHN.
- **Accounts Payable** – Processes all DWIHN’s payments outside of payroll.
- **Auditing and Grants** – Provides oversight of the financial reporting process, audit process, DWIHN’s system of internal controls and compliance with laws and regulations.
- **Budget** – Provides a framework for managing DWIHN’s assets, cash flows, income and expenses.
- **Financial Systems** – Maintains a financial management system with strong internal controls and for monitoring compliance with those controls to ensure the integrity of DWIHN’s financial information and the safety of its assets.
- **Fiscal Informatics and Analytics** – Assists in establishing and enhancing data driven and data informed operational and management strategies, methods, processes and systems. Manages and coordinates analytics and informatics projects related to cost and utilization, revenues, eligibility and other financial and risk related data.
- **Payroll** – Ensures that DWIHN pays its employees accurately and timely.
- **Purchasing and Procurement** – Manages and coordinates the acquisition of goods and services, including requisition processing, commodity code tracking, and bid specifications. Assists with contract management and the issuance of purchase orders.

Vision Statement

To be efficient, accurate, and knowledgeable problem solvers who ensure the maximum benefit of public funds.

Values

- **F** – Fiscally Responsible
- **I** – Integrity
- **N** – Negotiators
- **A** – Accountable
- **N** – Nimble
- **C** – Customer Focused
- **E** – Excellence



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:

- Employee compensation and benefits administration
- Compliance with regulatory concerns regarding employees
- 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

DWIHN HR successfully and seamlessly moved to remote operations with no interruption in services to internal staff or the needs of the general public as a result of restrictions made by the COVID-19 pandemic. DWIHN continued to recruit, select and onboard the best and the brightest to provide critical services to our most vulnerable population during the height of the pandemic. This included the development, recruitment, and selection of new positions not previously employed by Detroit Wayne.

The expansion of DWIHN over the past year has placed a great demand on the HR team to recruit and hire qualified candidates for every department in the Network. DWIHN HR developed and managed virtual processes 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 COVID-19 pandemic:

- Development and implementation of a Work from Home Policy to mitigate the impact of the COVID-19 pandemic on DWIHN operations.
- Several new paperless forms and protocols were established to promote safety and efficiencies in the hiring and selection process during the pandemic.
- Successfully met critical recruiting goals.
- Trained and developed new and current HR Team members

INFORMATION TECHNOLOGY

The Information Technology (IT) Department is the foundation in which DWIHN's Strategic Planning Pillars are built upon. Its focus continuously evaluates opportunities in support of DWIHN's initiatives and collaboratives which extend into an evidence-based care model for the people we serve. By conducting business in this manner, the IT Department is able to support data systems within the organization and amongst the various departments in terms of service delivery for monitoring and tracking purposes.

As part of improving our robust infrastructure, over the past year, the IT department deployed approximately 350 laptops to DWIHN employees as part of moving the organization to a mobile work environment prior to the COVID-19 pandemic. This enabled DWIHN employees to work remotely during the work from home state orders while still providing services to our members and providers. As part of the work environment, the IT Department also deployed a new infrastructure cloud-based end protection application to better secure the laptops while working in the remote environment. Also, by using VPN technologies and cloud-based services like Microsoft OneDrive and Microsoft Teams, employees were able to create, access, and share all mission critical files remotely and securely. Employees continued daily operations and collaborations by conducting virtual meetings with internal and external stakeholders.



As part of continuous improvement initiatives, the IT Department researched and obtained the most optimum solution available and upgraded the phone system; moving it into the cloud. By doing so, this provided an improved system allowing calls to be managed more expeditiously during a time when demand for services increased. The IT Department also began deploying a document management system to improve document sharing, storing, and retrieval. This will allow DWIHN to capture, organize, and access all documents and business-critical information with the ability to offer business analytics to enable better oversight of business processes.

To better collaborate with the provider network, avoid double data entry by providers in their own Electronic Medical Records as well as MHWIN, and improve the accuracy and timeliness of data collection processes, the IT Department

INFORMATION TECHNOLOGY

collaborated with other departments and the provider network to implement a standardized IPOS inclusive of authorizations and other Health Information Exchange (HIE). In line with rolling out a standardized IPOS across the provider network, Standardized Utilization Guidelines (SUG) were incorporated in MHWIN for use by the provider network to streamline business processes and the authorization approval process.

The IT Department redesigned MHWIN by classifying and organizing the various residential settings while aligning members to the applicable locations allowing for corporate knowledge of members' residences. As a result of this change, a standardized residential assessment was developed to be used as a factor in helping determine residential authorizations. The IT Department also worked alongside other departments to further implement a paperless credentialing and impaneling platform across the provider network. Streamlining the MHWIN ticketing process and creating efficiencies for the provider network was another focus area over the past year. Finalizing this piece yielded quicker response times in resolving issues/concerns by internal and external stakeholders. The IT Department established a process for the provider network to assist members in having a Clinically Responsible Service Provider (CRSP) assigned as well as members changing CRSP assignments. The process involved reprogramming areas within MHWIN so that CRSP assignments were set appropriately ensuring that changes could not be made to those assignments without proper protocol being followed.

The IT Department continues to review business processes and available technology with the idea of enhancing opportunities for employees and the provider network. Enhancing data management, warehousing analytical and business intelligence capabilities by investing in solutions are a driving force within the IT Department as a means to improve service delivery and member satisfaction.



INTEGRATED HEALTHCARE

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

MI Health Link

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

Effective January 1, 2020, coverage was offered for Opioid Treatment Program (OTP) services. This expansion allowed members to seamlessly continue services with their current providers. Over 224 members received OTP services from the MI Health Link benefit during FY 20. Over 10,000 individuals with MI Health Link are enrolled. DWIHN provided services to over 5,300 persons.

Integrated Health Pilot Projects

IHC staff participated in integration pilot projects with two Medicaid Health Plans: Blue Cross Complete of Michigan (BCC) and Total Health Care (THC). The goals of the collaborations are to improve care to members served and reduce costs by coordinating care between DWIHN and the Medicaid Health Plans. DWIHN and THC staff selected and began implementation of a shared electronic platform to assist in risk stratification of shared members, develop shared care plans, and document care coordination activities.

Collaboration with Detroit Health Department

The IHC department continued the collaborative project with the Detroit Health Department (DHD) and Wayne County Health Department in response to the Hepatitis A epidemic. Due to a shortage of vaccination resources at the beginning of the year and the COVID-19 pandemic, IHC was only able to provide 2 Hepatitis A vaccination clinics. Education and vaccinations were offered to adults free of charge.

Community and Member Education

- IHC staff also participated in multiple forums to educate members and the community about behavioral and physical health care. Below is a list of activities:
- IHC staff presented on ‘How do we Heal the Wounds’, regarding physical health care provided to minority populations
- IHC staff presented on myStrength and DWIHN’s role in the MI Health Link demonstration at the Detroit Area Agency on Aging Substance Abuse and Seniors Event in November
- IHC staff provided education regarding prostate exams and Chronic Obstructive Pulmonary Disease (COPD) at Mariner’s Inn in December

INTEGRATED HEALTHCARE



- IHC staff also assisted in the Real Talk Panel held by the Detroit Public Schools and DWIHN in December DWIHN continues to offer access to the myStrength app free of charge to members, provider staff, and others. The app is a secure, interactive self-management tool that provides educational and inspirational materials to assist individuals in reaching their wellness goals.
- IHC staff presented at the Detroit Health Department Community Health Worker Convening Session held July 31st.
- In August, IHC staff participated in a The Rebound Detroit Facebook Live series interview with WXYZ-TV Channel 7 on the Importance of assisting older adults during the COVID pandemic.

<https://www.facebook.com/wxyzdetroit/videos/742298276530975/>

As another Mental Health Tool in your toolkit, DWIHN offers the My Strength app free of charge. This app allows you to access videos and great information about self-care, depression, anxiety and much more. There are almost 5,000 subscribers which are mostly female ages 35-64. Most people access the app on a daily basis with depression and anxiety being the top two most searched topics. If you would like to take advantage of this great resource,

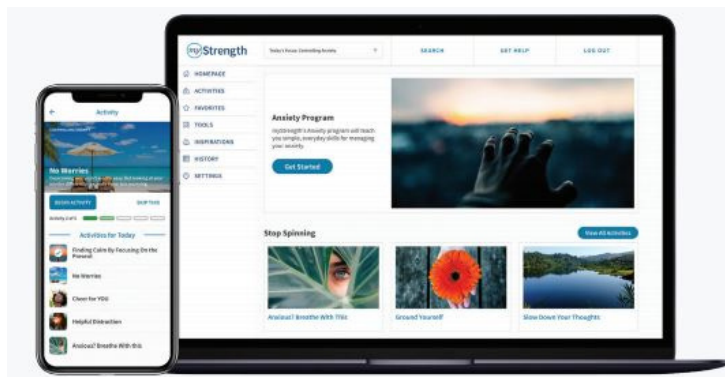


SIGN UP TODAY

1. Visit www.mystrength.com and click on “Sign Up,”
2. Enter the Access Code marked below.
3. Complete the myStrength sign-up process and personal profile.

DWIHNC

Go Mobile! Download the myStrength mobile app, log in, and get started today



MANAGED CARE OPERATIONS

The Managed Care Operations (MCO) Department continues to focus on developing, maintaining and continually evaluating the DWIHN Provider Network. With over 400 providers in our network, consisting of SUD, Autism, MI-Health Link, IDD/SMI, Self-Determination and Grant Funded programs, we ensure network adequacy to provide quality services to individuals within the Detroit Wayne System. Additionally, we have continued to provide oversight for provider contracts as it relates to performance, outcomes and regulatory compliance to enrollees and to fulfill obligations of the MDHHS contract. There are 11 Provider Network Managers also known as Contract Managers overseeing 400 providers, serving over 75,000 members in Detroit and Wayne County.

The key components of maintaining a strong network of providers are:

1. Building a Partnership/Relationship with the providers.
2. Ensuring our Standardize Rate is competitive and adequate
3. Ensure provider compliance- with their contractual obligations with DWIHN.
4. Training and guiding the provider's on changes within our system and MDHHS changes ensuring understanding and competency
5. Monitor Performance of the provider network for contract renewal
6. Holding Outpatient and Residential Provider meetings every other month to address and maintain lines of communication

Moving forward into FY'20-21, the MCO Department will continue to work diligently with our network of providers reviewing, monitoring, building relationships/partnerships and ensuring compliance with their contractual agreement.



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 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 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 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 or to fulfill its monitoring function.

In order to execute our responsibilities and duties, 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 Office of Recipient Rights Annual Reporting data for FY 19-20 shows that we received 1383 allegations, investigated 1106 cases, and substantiated 371 investigations. The ORR received allegations from 474 recipients and 376 employees which represents the highest number of individuals that filed complaints. This is significant and supports the fact that recipients and employees are one of our greater resources in protecting the rights of the ones we serve.



QUALITY IMPROVEMENT

The Quality Improvement unit focuses its efforts on continuous quality improvement with respect to the care and services provided to our members. The Quality Assurance Performance Improvement Plan (QAPIP) describes the infrastructure DWIHN uses to coordinate continuous quality improvement activities with quantifiable goals. The 2019 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measurable goals.

Committing to High-Quality Care

Each year the performance monitoring staff conducts reviews of provider services and programs. However due to the COVID-19 pandemic, all on site Performance Monitoring reviews were suspended on March 11, 2020. Performance Monitoring Reviews resumed remotely on July 6, 2020. Since this time, the performance monitoring staff has conducted approximately 65% of required reviews through virtual monitoring.

Performance Improvement

DWIHN met all required reportable areas during the HSAG Performance Measure Validation (PMV) review for FY 2019-20, validating that DWIHN's systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook.

Quality Improvement Initiatives

Efforts to decrease hospital admissions and readmissions continue to be a challenge. DWIHN QI unit has established an internal workgroup to examine admission and readmission trends, conduct root cause analysis, identify opportunities for improvement and determine next steps. In June 2019, PCE developed a "view" only module that allows providers to review the Michigan Mission Based Performance Indicator (MMBPI) data, which is used to indicate DWIHN's performance against key MDHHS metrics regarding several aspect of service provision, prior to DWIHN submitting reports to MDHHS. Through this process, data is reviewed for data completeness and accuracy prior to the final rate calculations for measure reporting.

Behavior Treatment Advisory Committee

During FY 2019-2020, DWIHN hosted the largest in-house Behavior Treatment training with MDHHS attended by 112 participants. As a step towards improving the monitoring of case records, a notification banner for each member on a Behavior Treatment Plan has been added to MHWIN. During the pandemic, DWIHN issued HIPPA safe remote review and approval guidelines to network BTPRCs to ensure the continuation of the Behavior Treatment Review process. The charts below illustrate the BTAC Summary of Data Analysis FY 2019-2020.

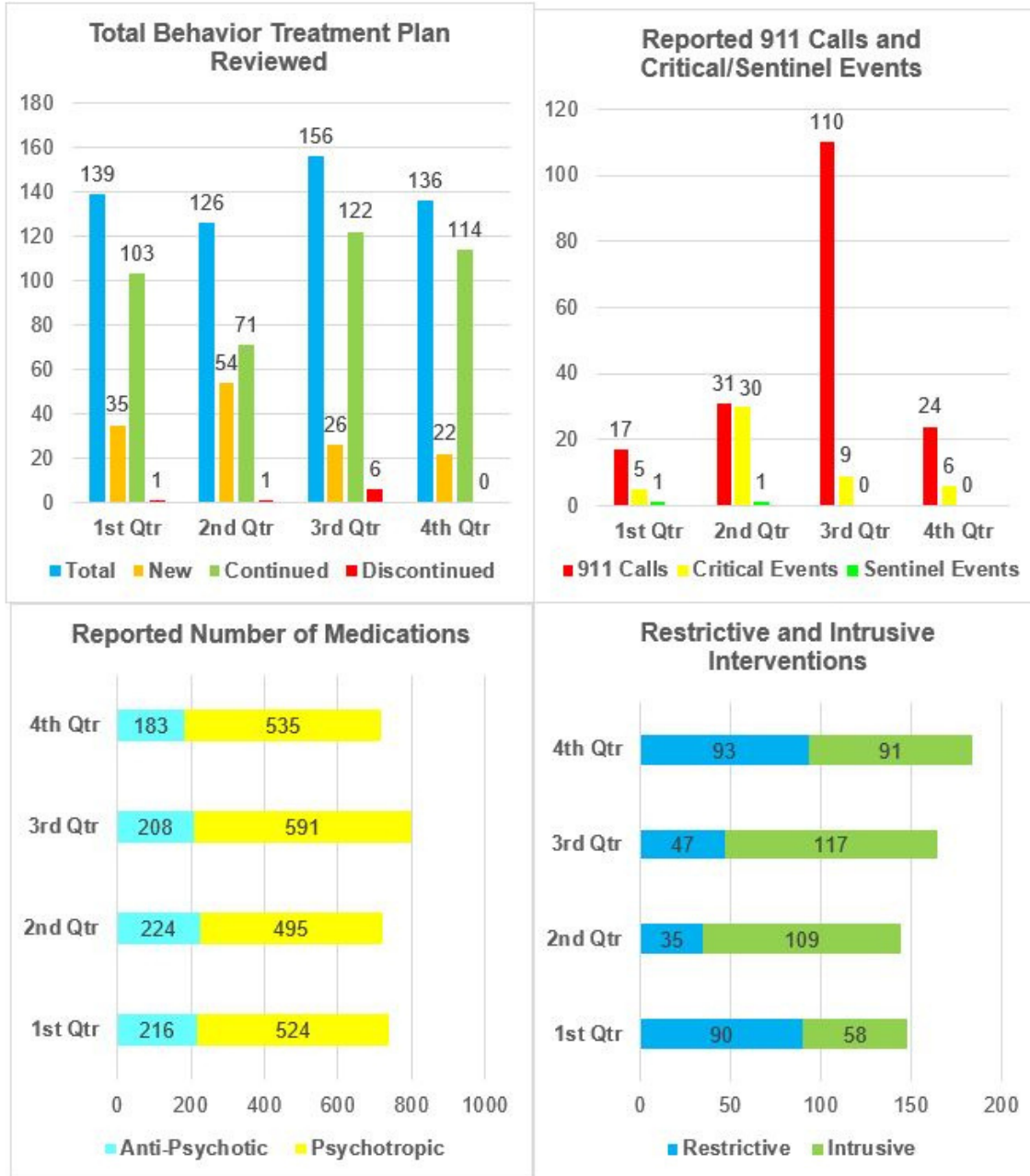
Critical/Sentinel Event Training

Critical/Sentinel Event training was provided for CRSP Staff and Specialized Residential Providers. A total of 364 staff throughout the provider network participated in the training. Between October 1, 2019 through March 10, 2020 all trainings were held face-to-face; and beginning May 14, 2020 through September 30, 2020 trainings were conducted virtually.

The Training Manual was updated providing comprehensive instructions to the provider staff and guidance in the entry of critical/sentinel events. Technical assistance has been increased to ensure that all required reporting is complete,

QUALITY IMPROVEMENT

timely, and correct. Together the QI unit has updated/ upgraded all aspects of training to capture trends and patterns which ultimately impacts the quality of services to our members.



HCBS Compliance

Compliance reviews regarding the Home and Community Based Services (HCBS) Rules under Medicaid are ongoing.

In FY 2019 we created a residential provider report card that offers an overall view of performance and tracks compliance with standards, policies and procedures regarding the final rule. In addition, DWIHN's QI unit maintains a directory of all contracted service providers that are HCBS compliant within the network. This information can be found on DWIHN's website under the Providers/Provider Resources tab. DWIHN will continue its efforts towards compliance in all services that fall under HCBS.

RESIDENTIAL SERVICES

Beginning in October 2019, Detroit Wayne Integrated Health Network implemented several changes that significantly affected business operations. Throughout the year and up until the new fiscal year, the Residential Department managed to embrace the new changes and revamp operations to meet its new demands. In this document, we hope to show those changes and how we were able to adapt. The onset of the pandemic forced us to make significant changes in how we completed our duties.

The beginning of 2020 started the new process of reviewing how calculations are made concerning the Staff Planning Guide. The process required multiple pieces of training and ongoing meetings between DWIHN departments and leadership. At the end of the day, the common goal was to ensure that the Clinically Responsible Providers were trained and fully understood the process. In March, MDHHS sent out an informational memo indicating the changes for CPT codes H0043 and H2015 beginning October 1, 2020. As we moved into working remotely, we adapted operations to ensure staff was safe and able to perform all tasks via telehealth and phone. The Residential Department began tracking COVID cases in all settings weekly to determine the need for personal protection equipment and capture the number of consumers and staff affected by the virus. This information was closely monitored, tracked, and reported to leadership. Also, Residential identified several providers to act as quarantine pre-placement homes for consumers who tested positive. Guidelines were developed for the providers to follow as they accepted consumers. We continued to monitor the progress of the consumer while in quarantine.

The Residential Departments' response to the COVID-19 pandemic was linked to rising concerns among the residential providers. Initially, staff were assigned a list of homes and contacted providers to inquire about the need for personal protection equipment. Those calls changed the way we began to interact with providers. The staff made weekly calls and therefore developed a relationship of confidence and caring, which was essential at a time of concern. Providers came to look forward to the calls and felt that DWIHN heard their concerns and fears. The Residential Department unknowingly became unofficial ambassadors of goodwill.

During mid-summer, the Residential Department was firmly in the middle of instructing the CRSP to complete the Staff Planning Guide. The SPF's ongoing monitoring and review provided an ongoing dialogue with the CRSP staff and management to understand the new paradigm shift as DWIHN made the necessary changes to how services were being provided.



RESIDENTIAL SERVICES

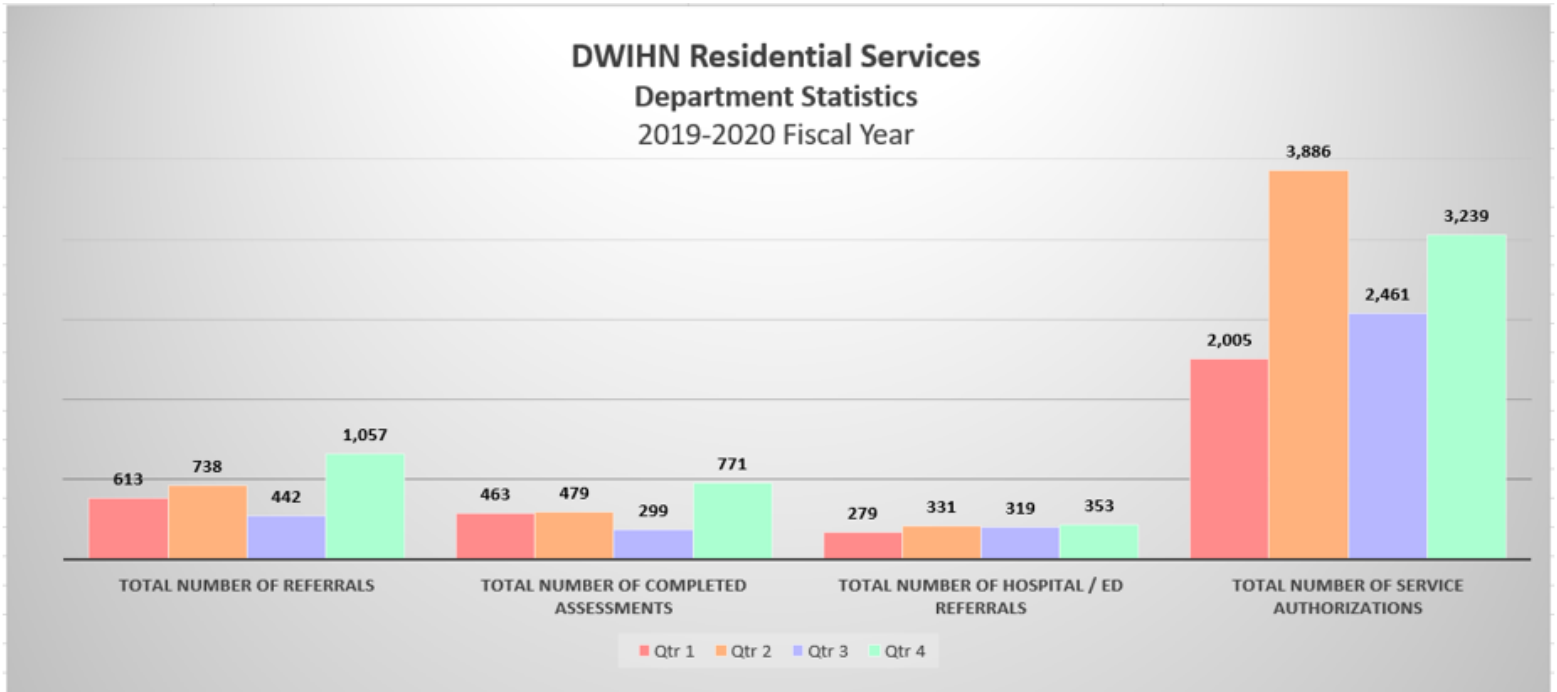
Key components of our program for the 2019-20 fiscal year included:

Per Month	Key Highlights	Results
October 2019	Development of Residential Standardized Progress Note	Trained 664 attendees prior to going live 10/7/2019
November/December 2019	Staff Planning Guide Calculation Page Revision	Residential Care Specialists reviewed and modified the calculation page to match the IDD CPT Rate Sheet.
January 2020	H0043-to-H2015 CPT Code Conversion	Previous authorizations were corrected as a result of the new calculation page. Over 1,489 were reviewed and corrected
February	Residential Department Trainings on the SPG and Authorization Entry	Train the trainer was held on March 3, 2020: Staff maintained weekly contact with 200 residential providers to monitor any concerns during the pandemic.
March 2020	DWIHN Services move to working remotely, effective March 17, 2020	All operations moved to work from home. Work plan reporting on Proof of Concept and PCE authorization corrections.
March/April 2020	“Project: Reach Out” began March 30, 2020	Staff maintained weekly contact with 200 residential providers to monitor any concerns during the pandemic. Staff calling 200 residential providers weekly to discuss PPE and provide information on community resources.
April 2020	COVID-19 reporting tracking Identification of providers willing to act as quarantine providers.	Daily communication with residential providers to track consumers and direct care staff with positive COVID-19 tests and related deaths. Two homes received provisional contracts to turn act as quarantine providers for COVID-19 positive consumers. Detroit Family Home

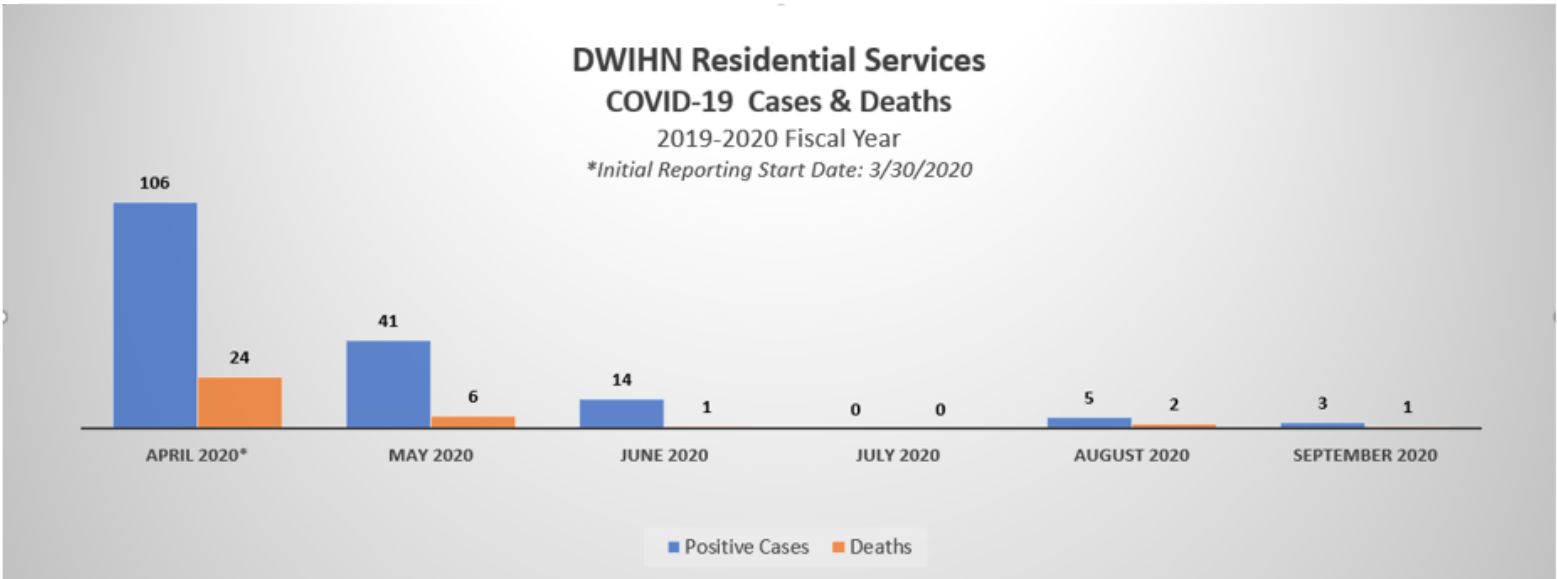
RESIDENTIAL SERVICES

		and Forever Care were the identified homes.
<i>June 2020</i>	<i>MHWIN Residential Assessment/Staff Planning Guide (SPG)</i> Designated CRSP training	<i>Rescheduled roll-out from 3/17/2020</i> Introduction of the Residential Staff Planning Guide (SPG)
July 2020	In-Home Assessments	Virtual assessments are completed with AMI and IDD providers. Two teams of Residential Care Specialists are assigned to Wayne Center, CLS and AMI providers.
August 2020	DHHS Training on Youth Aging out of Foster Care	Residential Department in collaboration with Children's Services will host a training with DHHS staff on August 26, 2020
August 2020	COVID -19 Activities related to The State of Michigan county-wide testing beginning September 1-15, 2020	The Residential Department added a third COVID-19 quarantine home to accept IDD consumers. Staff made contact with the provider network to locate additional homes to act as quarantine sites. Tracking cases continued along with
September 2020	H0043 to H2015 Conversions	Authorization staff completed 446 residential authorizations

RESIDENTIAL SERVICES



**Total Number of Referrals include: Hospital/ED, Crisis Residential, CRSP, Nursing Homes, Youth Aging Out, Pre-Placement and/or Home Closures*



SUBSTANCE USE DISORDERS

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 Multimedia campaign to encourage prevention, treatment and recovery services through: television public service announcements (PSAs), billboards, radio
- Increase Harm Reduction Strategies

SUD Significant Primary Drugs

Primary Drug Admitted	Count	% of Total	Female	Male
Alcohol	3070	38.17%	894	2176
Heroin	2240	27.85%	811	1431
Cocaine / Crack	1385	17.22%	477	908
Marijuana/Hashish	642	7.98%	209	433
Other Opiates / Synthetics	497	6.18%	188	309
Methamphetamine / Speed	82	1.02%	32	50
Other	128	1.59%	62	67

SUD ACCOMPLISHMENTS

Request for Proposal (RFP)

- Implemented SUD RFP for Prevention, Treatment and Recovery Services
- SUD Treatment and Prevention RFPs approved by Governance Board
- DWIHN will have 30 treatment & recovery providers for FY'20-21.
- Will have 29 prevention providers for a total of 59 providers (down from 74).
- DWIHN has four new providers in its SUD network.

COVID Recovery Housing

SUD established two COVID-19 Recovery Homes:

Detroit Rescue Mission Ministries and Quality Behavioral Health which may provide up to 14 days for this specific recovery housing and recovery services for individuals who are exhibiting the following symptoms:

- Symptomatic COVID-19
- Tested for COVID-19 and positive

SUBSTANCE USE DISORDERS

Quality Behavioral Health has (34 beds) and Detroit Rescue Mission Ministries has (86 beds) for this initiative. These individuals received outpatient services from a licensed SUD provider in DWIHNs network via telehealth or telephone communications. DWIHNs COVID Housing served 58 clients, within their 14 days being quarantined.

COVID SAMHSA Emergency Grant Key Outputs

- COVID tests conducted: 313
- Screening/Assessment/Referrals to Treatment: 467
- Receiving medical services: 240
- Referred into COVID Residential/Recovery Services: 32
- Served in COVID Residential/Recovery Services: 35

Results - Quarantined, hospitalized, etc. 41

- Outcomes of coordinated medical services 6
- All clients were prescreened for COVID-19
- All clients and staff are given masks, gloves and gowns if appropriate
- Clients are ensured social distancing
- Quarantined clients are provided virtual resources
- Offer onsite testing

Grants

SUD wrote on several successful Grants in FY 20

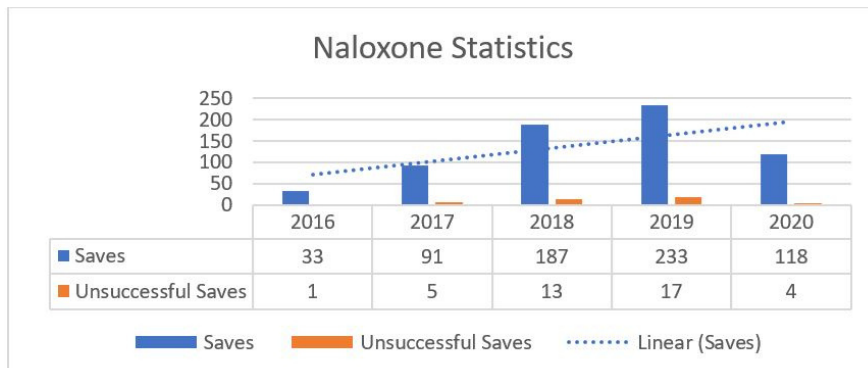
Residential Gambling Program	\$400,000.00
Expanded MAT services in Wayne County Jails	\$350,000.00
Jail Plus Program	\$388,500.00
COVID Grant	\$393,973.00
State Opioid Response (SOR) II (implementation FY 21)	\$1,466,237.00
Total	\$2,998,710.00

Opioid/Heroin Efforts

DWIHN participated in National Opioid Awareness Day by distributing over 1,000 Narcan kits in August.

Naloxone Update

Fentanyl remains the driving force in the drug overdose deaths. COVID 19 impacted the outcomes of our data. The DWIHN Naloxone Initiative program has saved 660 lives since its inception, this number is based on documentation up to September 30, 2020.



SUBSTANCE USE DISORDERS

Faith-Based Initiatives

SUD provided a successful Faith-Based community virtual conference, educating and bringing awareness to SUD issues and resources. The 1st Power of One Award in honor of the late Rev. Greg Roberts was awarded to Dr. Portia Lockett, Chaplain Director at the Detroit Medical Center. The purpose of this conference is to engage faith leaders on where the gaps are in services, as they relate to substance use disorders and mental health services.



Michigan Department of Health and Human Services (MDHHS)

MDHHS approved DWIHNS SUD three-year Strategic Plan for 2021 - 2023. DWIHNS Partnership for Success five-year projects from 2015-2020 are completed and were successful. DWIHN passed its SOR Site Visit, May 27, 2020, with no findings.



UTILIZATION MANAGEMENT

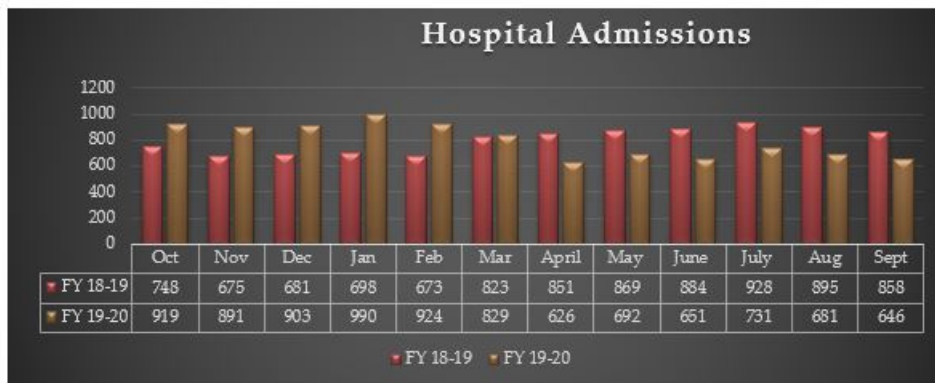
The role of the UM Department is to manage and monitor utilization of services. It reviews service requests for medical necessity, ensuring appropriateness for identified level of care. The areas of work include review of Outpatient Authorization Requests, Inpatient Hospitalization, Partial Hospitalization, Crisis Residential Services, Substance Use Disorder Services, Autism, HSW (Habilitation Support Waiver), and COFR (County of Financial Responsibility).

Hospitalizations

In an effort to decrease length of stay and hospital admissions, UM holds meetings with the physician consultant to review cases with length of stay greater than 14 days. Additionally, there is a Residential/UM work group that identifies cases with ability to transition from inpatient to Crisis Residential Unit or from a Crisis Residential Unit to an Adult Foster Care facility.

At the onset of COVID, hospitals decreased capacity to allow for single rooms and social distancing. Units were also created for individuals who tested positive or asymptomatic. Additionally, staff were tested to ensure the health and safety of the consumers. The Crisis Residential Unit remains at 50% capacity due to COVID restrictions.

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 9/30/2020):



Source: DWIHN REPORTS (OCT 2020)



Source: DWIHN REPORTS (OCT 2020)

UTILIZATION MANAGEMENT

Partial Hospital

Partial Hospitalization is a cost-effective diversion from inpatient hospitalization. New Oakland Child-Adolescent & Family Center served 933 consumers in FY 20. This was a 25% reduction from FY 19, with 1245 consumers served. This reduction is likely due to COVID-19. Average length of stay for Partial in FY 20 was 9.4 days.

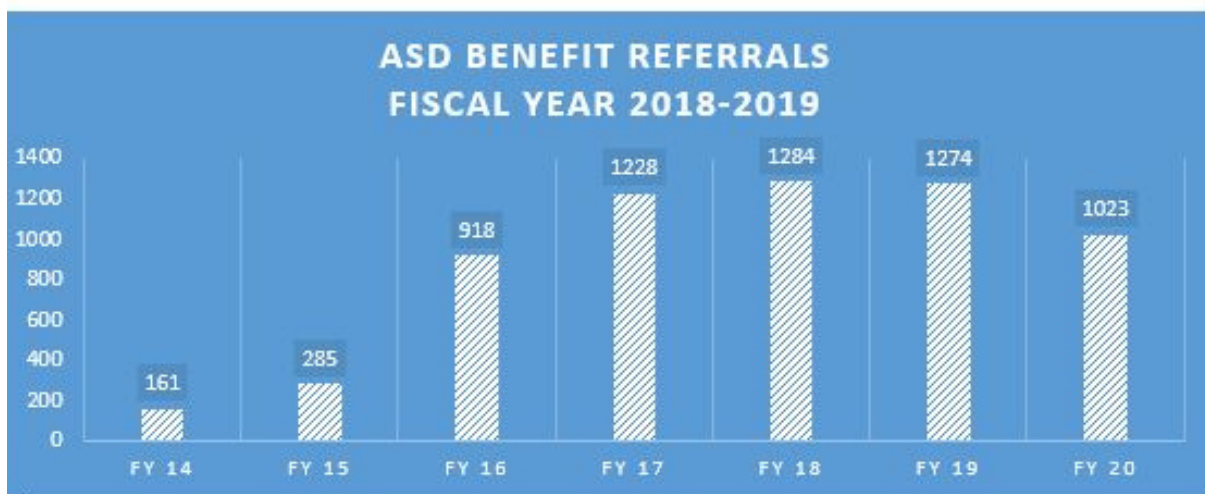
Mental Health and Substance Abuse Length of Stay: Hospital lengths of stay for mental health or substance abuse disorders also vary considerably, especially for mental health-related admissions. Nationwide, the MH average length of stay is 8.0 days. At a state level, the average MH length of stay ranges widely, from 4.0 to 14.0 days. Nationally, the SA average length of stay is 4.8 days, but at the state level ranges from 3.2 days to 6.2 days.

(Source 10/30/2020: Kip Piper's Health Care Blog Medicare, Medicaid, Health Reform

<https://piperreport.com/blog/2011/06/25/hospitalizations-for-mental-health-and-substance-abuse-disorders-costs-length-of-stay-patient-mix-and-payor-mix/>)

Autism Spectrum Disorder (ASD) Benefit

The ASD benefit is a MDHHS carve out benefit that funds Applied Behavior Analysis (ABA), an evidenced based treatment for autism spectrum disorder. Medicaid consumers are eligible through age 21 years old. All referrals begin with Wellplace. Parents wishing to have their child screened for the benefit call Wellplace who completes a preliminary screening and then schedules them for an in-depth evaluation with an Applied Behavior Analysis (ABA) provider who determines if the consumer is eligible for the benefit. The graph below indicates the number of referrals that DWIHN has in its provider network. There are currently 1,679 cases open in the ASD benefit. *Note: Not all referrals result in an open case.



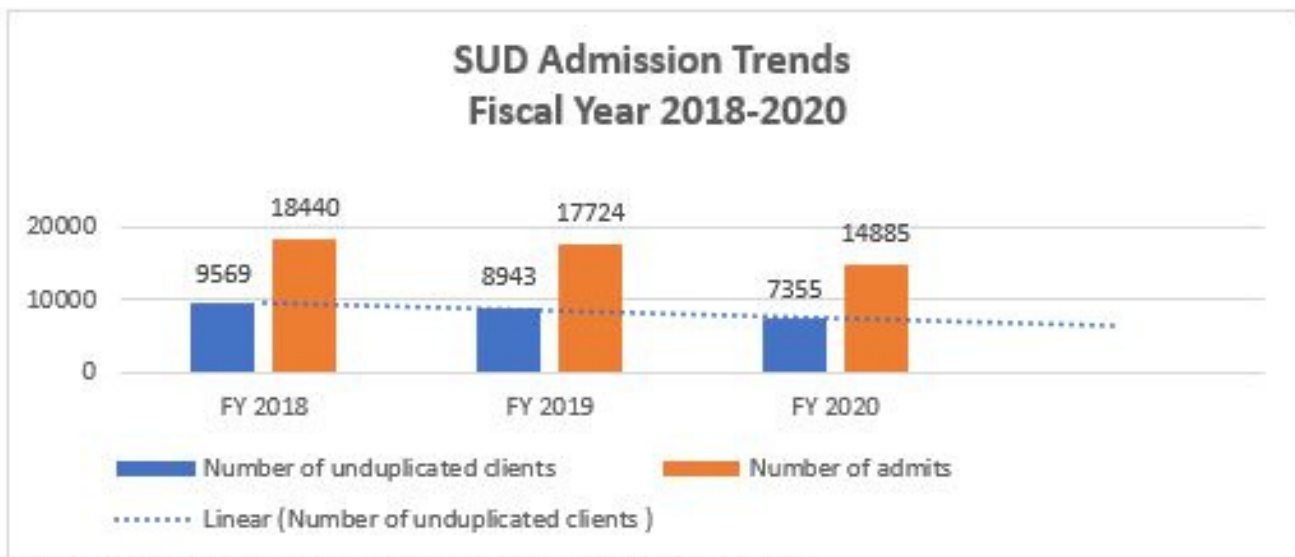
Substance Use Disorder Services

Wellplace, DWIHN'S access center conducts initial screening and referral for SUD services based on the American Society of Addiction Medicine (ASAM) level of care and medical necessity criteria. The UM Department's SUD Review Specialists provide medical necessity reauthorization determinations of SUD services for all levels of care including withdrawal management, residential services, medication assisted treatment (MAT), intensive outpatient, outpatient, and recovery services. UM SUD staff completed 24,413 authorizations in FY 20.

UTILIZATION MANAGEMENT

There were 7,355 unique individuals that received SUD services for FY 20. This is a 18% decrease from FY 19 with 8,943 unique individuals served. Consistent with the decrease in individuals served, there were 14,885 admissions, a decrease of 19% from FY 18 with 17,724 admissions. This decrease can be attributed to COVID-19 which greatly reduced the capacity of many providers to serve consumers in both residential and outpatient settings.

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. Over the past three years, clients averaged between 1.9 to 2.0 admissions each year.



Source: *SUD Admissions and Discharges within MH-WIN 10/23/2020*

Source: *DWJHN Reports (OCT 2020)*

WORKFORCE DEVELOPMENT

The mission of the Workforce Development department is to lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and supporting resilience.

Primary Focus

1. Workforce Development and Retention
2. First Responders engagement with consumer population
3. Suicide Prevention
4. Community Collaboration

Flinn Pilot Project – Mental Health Jail Navigator Assessment Outcomes and Activities

This program is funded by the Flinn Foundation and is a collaboration between DWIHN, Wayne County Courts and Jails, along with Wayne State University’s Behavioral Health and Justice Department. Planning began October 2018; two Contractual Staff were hired May 2019 to become Mental Health Jail Navigators (MHJN). This role is to provide in-reach and out-reach to individuals detained at the Wayne County Jail awaiting pre-trial for a current misdemeanor offense, along with presenting signs and symptoms of mental health and/or substance use. The MHJN works within the confinement of the Wayne County Jail, adhering to all expectations, practices and protocols of the Wayne County Sheriff’s Office, DWHIN, and the Provider Network System.

MHJN activities include routine screening for each individual referred by the Wayne Jail’s Classification Unit, Mental Health – Well Path Program, and other administration. Participating individuals will receive behavioral health awareness and education supports, social, community and housing resources will be provided, as needed. Direct linkage or warm transfer between Wayne County Jail System and DWHIN Provider Network will be established to remove challenges or barriers that individuals usually experience upon community re-entry. Case management style monitoring/data tracking will occur 8 weeks or 90 days, evaluating treatment engagement, housing and employment needs, and other challenges that risk future jail or police contact.

Approximately, 108 individuals, both men and women have been referred. Due to COVID-19, law enforcement has revised all activities related to the arrest of individuals that may have a behavioral health crisis. Because of this change, fewer individuals that present with mental health concerns are not often arrested, instead DWIHN’s partnering provider network are working very closely with law enforcement to ensure individuals are assessed and re-engaged with community behavioral treatment services. There has been much discussion around court-diversion services, thus, connecting the MHJN with Mental Health Court Dockets ensuring in-reach and out-reach continues for those with behavioral health challenges.

Treatment outcomes have been successful, at least 60% remain connected with their community behavioral health provider, and have not returned to the Wayne County Jail during the period of October 2019 – September 2020.

Trauma-Informed Care Project Initiative - Assessment Outcomes and Activities

This program continues to strengthen, and enhance professional development of clinicians and administrators through specific evidence-based practice trauma-informed care interventions. Because of changes within our economic infrastructure, minimal funding was awarded to six partners.

WORKFORCE DEVELOPMENT

It is recommended that the Adverse Childhood Experience screening tool is utilized as a routine instrument by all partnering providers. Based on screening results and medical necessity, clients are referred to trauma teams or specific clinicians trained, competent to provide individual treatment. Building trauma-informed capability includes the development of a strategic training plan for all staff and clinicians throughout each partner organization.

Partnering organizations have established unique and various implementation processes to become enhanced in trauma-informed care. One organization is utilizing an additional screening instrument, Post-traumatic Symptom Scale, and others have developed teams that facilitate TREM, M-TREM and Seeking Safety, Trauma-Informed Yoga Meditation, Trauma-Informed Art Therapy and utilizing music and drums to reduce anxiety and stress related to the trauma-exposure. Clinicians utilize evidence-based trauma-informed care practices to aid those with chronic post-traumatic stress disorder, such as Prolonged Exposure Therapy (PET), Cognitive Processing Therapy (CPT) and Eye, Movement, Desensitization, and Reprocessing (EMDR). In addition, some have obtained certification as a Clinical Trauma Professional.



In FY 2020, activities included the Annual Trauma Informed Care Conference “Many Faces of Trauma” held on February 13 and 14, 2020 at the Laurel Park Manor Banquet Center. The overall conference addressed how trauma is a health concern and its impact on the emotional and physical wellness of individuals, as well as, the importance of utilizing evidence-based and best practice interventions to address inequity, historical trauma and other negative social determinants. The number of attendees totaled 286 (130) on February 13 and (156) on February 14.

Summer Youth Employment Program - Activities

The summer youth employment program had thirteen (13) partnering organizations (Alkebulan Village, Civil Air Patrol Encampment Program, Charter Township of Van Buren, City Connect Detroit, WSU Bio-Career Advancement Program, City of Belleville, Dearborn Police Department, City of Hamtramck, City of Inkster, City of Westland, Downriver Community Conference, Life Builders and Eastside Community Network) throughout Detroit and Wayne County – May – September 2020 (5 months). Due to high-risk concerns with contracting COVID-19, 3 partnering organizations

WORKFORCE DEVELOPMENT

(Charter Township of Canton, Charter Township of Redford and City of Highland Park) declined the SYEP Award. All partnering organizations revised traditional summer youth employment activities to meet Communicable Disease Center's and Michigan's COVID-19 global pandemic requirements. Some organizations decreased the number of employees, as well as, outsourced activities with other organizations to meet the requirement of social distancing and mask wearing. The total number of participants placed at the partnering organizations were approximately 1,051. Specifically, 60 youth participated in the Wayne State University's Bio-Career Advancement Program, their work experienced included virtual, research on public health topics - substance use, trauma, and other concerns.

Approximately 500 participants attended a program end "Virtual Youth Conference" beginning July 31 – August 31, 2020. The virtual youth conference presented various topics on building resiliency for behavioral health, self-care, social skill and employment development. Topics included: bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness.

Helpdesk Calls

In the fiscal year of 2019-2020, a total of 1,980 calls were made/received between October 1, 2019 and September 30, 2020. Call volumes decreased from the previous fiscal year. As a result of COVID-19, the monthly call volume decreased significantly beginning in March 2020. The March call volume (167 total calls) decreased by 165 calls compared to February 2020 (332 total calls). Beginning March 13, 2020, DWIHN ordered all employees to work from home. Many organizations utilizing Detroit Wayne Connect temporarily closed as well, decreasing the number of inquiries received by the helpdesk. The DWC helpdesk remained functional, and efficiently worked to resolve user issues.

Trainings and Meetings

Last fiscal year the division supported over 89 events that had a cumulative number of 4,470 attendees. Pre-COVID, from October 1, 2019 through beginning March 9, 2020, prior to the shutdown, we impacted 1,351 individuals via training. After going virtual via BlueJeans, we impacted nearly 3 quarters more through September 30, 2020, with a cumulative number of over 3,119 attendees at events for this period. This number excludes internal events such as board meetings, HR trainings, etc.

For the 2019-2020 fiscal year, the use of the BlueJeans teleconference application has increased substantially. DWIHN began transitioning its in-person activities to remote/virtual activities. The Bluejeans platform has been an invaluable component in helping the department achieve its goal to maintain a high level of productivity in this new work environment. It has become the primary means for hosting DWIHN Board & committee meetings and public-facing meetings. For example, in the 5 months prior to COVID19, fewer than 50 meetings/trainings were conducted using Bluejeans. In the 8 months since, 20,606 individuals have participated in 2,411 meetings/training from 20,400 different endpoints. This accounts for nearly 1,018,000 minutes spent in those meetings. Further, 355 meetings have been recorded and viewed 611 times and 12 shared throughout the network.

Veteran Navigator

192 veterans were assisted by the Veteran Navigator. Assistance was provided with access to technology, support accessing veteran benefits, SSI/SSDI, DHS paperwork such as food stamps or health insurance, and housing related paperwork.

WORKFORCE DEVELOPMENT

Significant Accomplishments

Staff were instrumental in supporting Western Wayne Partners in Progress to plan and implement community dialogue. These tours were focused on creating or enhancing police/community relationships. The Detroit Wayne Crisis Intervention Training (CIT) program is thriving with 65 individuals being trained. Participants have come from Alpena, Dearborn, Detroit, Ecorse, Macomb County, Marquette County, Northville, Plymouth and Ypsilanti.

During the third quarter, staff engaged in a joint initiative with the City of Detroit Office of Housing Resource and Development and Detroit Police Department to enhance jail diversion and homeless outreach efforts. There will be a three-prong approach focusing on co-response, community engagement and embedding behavioral health staff into the 911 call center. The pilot will aim to follow a crisis continuum of care that results in the reduction of harm; the use of emergency services (e.g. 9-1-1 calls, emergency room and/or jail visits); and arrests for individuals experiencing mental health (MH) and/or substance use disorder (SUD) issues by providing access and linkages to quality mental health and substance use disorder treatment, health care services, and housing.

Staff developed and implemented the first adult focused, Transgender affirmative care conference. Delivery of affirming care for individuals that identify as transgender, lesbian, gay, bisexual, queer, intersex, asexual, two-spirited, plus additional identities not included in current discourse. An emphasis on clinical care with transgender identified individuals was provided to practitioners to ensure that services are delivered in a respectful and safe manner within our system of care.

DWIHN with support from the Ethel and James Flinn Foundation, Skillman Foundation, Community Foundation for Southeast Michigan, and Michigan Health Endowment Fund launched the first of its kind, the Detroit COVID-19 Therapy Collaborative, which provides free behavioral health supports and counseling to those who need help. This virtual platform provides access to a safe and private network of behavioral health resources and therapy supports by trained counselors for children and families ages 14 years and older. Individuals are able to receive up to 12 therapy sessions via phone, tablet or computer. These sessions are with professional counselors to provide screenings, brief interventions and treatment. This is available for youth and adults who are approaching a crisis related to or triggered by the COVID-19 pandemic.

Over 8,000 individuals were reached through the social media Adolescent Engagement sessions. The activities and webinars aim to get adolescents engaged during the COVID-19 pandemic. As a result, a weekly web series was created to get adolescents engaged.



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



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