



ANNUAL REPORT



2021-2022

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WELCOME FROM THE CEO



As we end another fiscal year, it has been my privilege and honor to work for an organization that consistently puts people first in all that it does. The challenges of running the largest community mental health agency in the State are great but we have much to be thankful for as we come to the end of yet another year.

First, I would like to thank all of those who fought hard with their hearts and souls to defeat Senate Bills 597 and 598 which would have put profits ahead of people by privatizing Michigan's mental health system. As you know, community-based behavioral healthcare continues to be the most effective, inclusive way for persons receiving care in the setting of their choosing. The Detroit Wayne Integrated Health Network (DWIHN) believes that to serve individuals in the behavioral healthcare community; true integrated healthcare needs must be centered around people, excellent service, efficiency and provide consistent and efficient quality care. Community Mental Health was established to be the safety net for society's most vulnerable citizens. We are grateful that once again, the safety net is secure.

Other accomplishments this past year, we broke ground and began transforming our former headquarters into a Crisis Care Center in the heart of Detroit. We are incredibly excited about this opportunity as we move forward with providing crisis services for children and adults. DWIHN will also open up a regional integrated behavioral healthcare campus in Detroit in 2024, providing physical and behavioral healthcare to the surrounding communities and counties. There are also plans to open a third crisis center in the downriver area and DWIHN will soon have a new home this year as we renovate an historic building on Woodward in the North End community.

We will continue placing special emphasis on children, as we look to the future on how to better serve children and families through innovation, technology, and community engagement. Our community partnerships with the city of Detroit and the Detroit Police Department continue as we train more law enforcement on Crisis Intervention Training and improve ways to help those with serious mental illness.

All of these achievements and accomplishments would not be possible without the support, dedication, commitment and sacrifice of the DWIHN Provider Network. We are honored to work alongside you and support you as we care for some of the communities most vulnerable citizens.

Eric Doeh
CEO/President



Angelo Glenn
Chairperson



Kenya Ruth
Vice-Chairperson



Dora Brown
Treasurer

Board of Directors
2021-2022

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



Dr. Cynthia Taueg
Secretary



Dorothy Burrell



Lynne F. Carter, M.D.



Eva Garza Dewaelsche



Jonathan C. Kinloch



Kevin McNamara



Bernard Parker



William Phillips



Thomas Adams
Chair



Cynthia L. Arkfen, PhD
Vice Chair



**Substance Use Oversight
Policy Board of Directors
2021 – 2022**



Angelo Glenn



Thomas Fielder



Maria Avila



Jonathan C. Kinloch



Margo Martin



Jim Perry



Chief William T. Riley



Ronald S. Taylor

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.

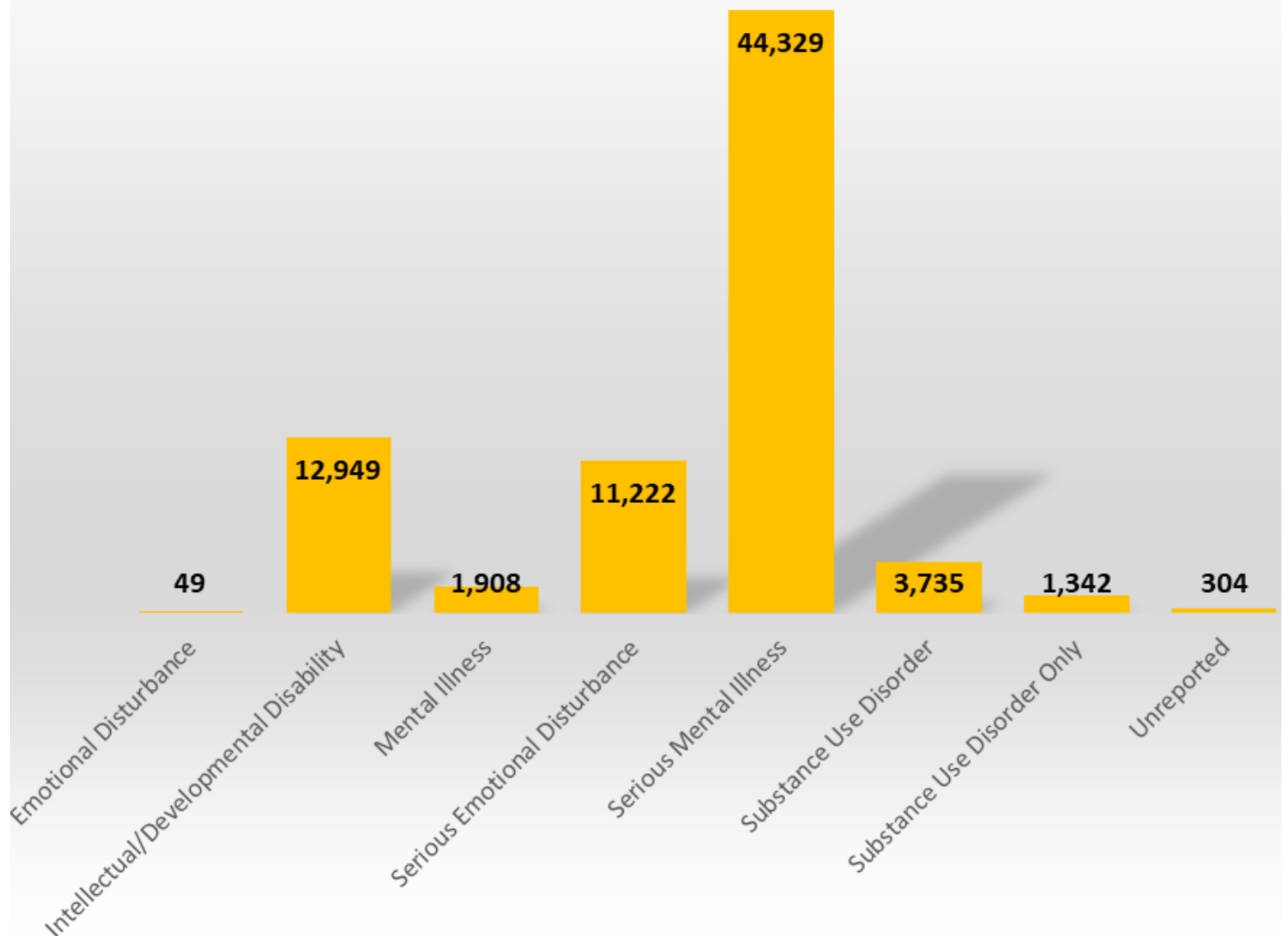
Values

- 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 2022 PERSON SERVED GROUPED BY DISABILITY DESIGNATION



PEOPLE WE SERVE

Disability Designation	Persons Served	% Persons Served
Emotional Disturbance	49	0.06%
Intellectual/Developmental Disability	12,949	17.07%
Mental Illness	1,908	2.52%
Serious Emotional Disturbance	11,222	14.80%
Serious Mental Illness	44,329	58.45%
Substance Use Disorder	3,735	4.92%
Substance Use Disorder Only	1,342	1.77%
Unreported	304	0.40%
Total	75,838	100.00%



ACCESS CALL CENTER

Access Call Center

In February 2021, DWIHN brought the Access Call Center in-house to streamline the process of how Community Mental Health services are initially accessed in Wayne County. For almost two years, the DWIHN Access Call Center continues with its goal of providing the community with prompt, efficient services while treating individuals with dignity and respect.

The Access Call Center staff has been trained to use “First Call Resolution” as a sensitive approach to identify and accommodate the needs of callers (members and non-members) so that appropriate services or referrals are provided upon the first request. This principle allows staff to manage calls with efficiency and care. The Call Center continues to focus on: Establishing specific performance metrics, implementing quality standards and leveraging technology to enhance operational processes.



ANNUAL PERFORMANCE: October 2021 - SEPTEMBER 2022

Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec	Average call Length	% of calls answered Goal: 80%
209,686	202,247	7,439	3.5%	00.22 secs	4:52 mins	96.5%

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

SUD Data:

- 40,999 calls were transferred to complete a screening, which is a subset of the total call volume for the fiscal year.
- Average Length of call = 16.37 mins.

MH Clinical:

- 21,774 calls were transferred to complete a screening which is a subset of the total call volume for the fiscal year.
- Average Length of call = 26 mins.

ACCESS CALL CENTER

ACCOMPLISHMENTS:

For FY 21-22, Performance of the DWIHN Access Call Center in relationship to National Standards for Access Call Centers is as follows:

- Call Center overall Average Abandonment Rate= 3.5%- Standard Met
- Call Center overall Average Speed to Answer (ASA) = 22 seconds- Standard Met
- Call Center overall Average Percent of Calls Answered = 95.6% - Standard Met
- Call Center overall Average Service Level Percent: 84.9% - below standard by less than 0.1 %. In an effort to improve the services level, over the next 3 -6 months the Call Center will continue to hire additional staff and adjust schedules to accommodate high call volume periods.

Workforce Development / Improvement:

- Hired additional staff in the SUD and clinical units to better address high call volumes
- Staff completed trainings for Implicit Bias, Corporate Compliance, CAFAS and LOCUS.
- Implemented regular overviews and training sessions to educate staff on functions of other DWIHN departments and the providers

Policy and Procedures:

Reviewed current and developed new standardized processes for enrollment and eligibility for the community outreach, support programs and partnerships:

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

- MDOC Programs- Returning Citizens from incarceration for MH and SUD
- Wayne County Jail Initiatives- to engage individuals into treatment during incarceration and prior to release.
- Opioid Health Home- 9 facilities participating in Intensive Case Management Services

B. Children Initiatives:

- School Success Initiative Referrals/Access
- Partnering with MDHHS (North Central District-Foster Care Pilot)- child Trauma Process
- Medicaid Autism Benefit Program-physician referrals, direct contact with parent and children in Foster Care
- Children's Waiver program.
- SED Waiver Program

C. Behavioral Health Initiatives:

- MDOC Programs- Returning Citizens from incarceration for MH and SUD
- MCH/OCHN 45th District Court- addressing Wayne County residents who are in court in Oakland County
- Mi Cal State Initiative
- 911 Crisis Call initiative
- Certified Community Behavioral Health Clinics
- Detroit at Works-mental health initiative to provide support in the workplace to individuals diagnosed with SMI
- Home Health Homes- 9 facilities are participating in Intensive Case Management Services

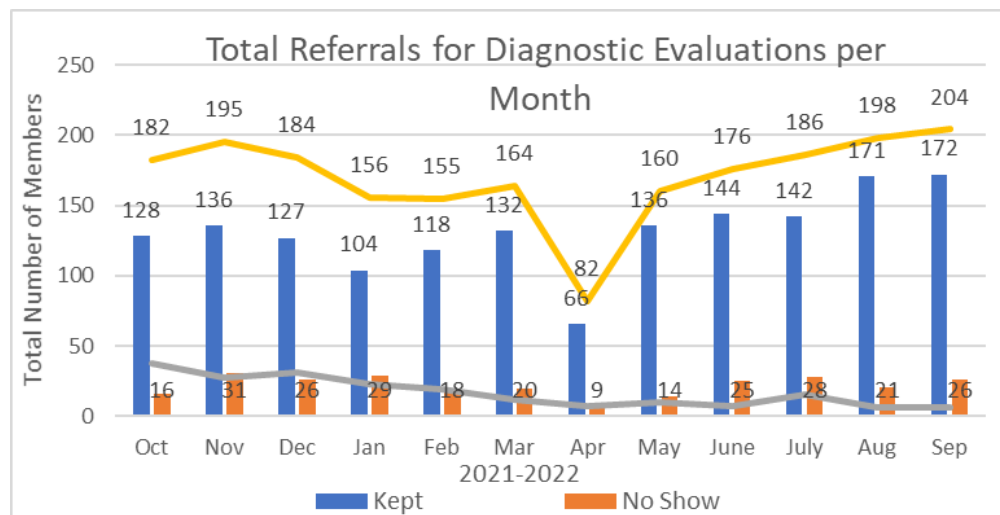
AUTISM BENEFIT

Department Objective (1):

Ensure initial diagnostic evaluations for autism are completed by a diagnostic evaluator that is not treating or receiving referrals for services to avoid potential bias and conflict of interest.

Organizational Progression:

DWIHN made a significant change in the ASD Benefit process flow by adding three separate Diagnostic Evaluation providers through a Request for Proposal (RFP) to improve the timeliness standards and reduce conflict of interest and potential bias of treatment providers providing initial diagnoses of autism. The providers averaged 170 referrals.



Department Objective (2):

Align the referral process for Wayne County Medicaid eligible beneficiaries seeking access for the Autism Benefit at DWIHN.

Organizational Progression:

DWIHN in compliance with the Michigan Medicaid Provider Manual ensures the referral process for Wayne County Medicaid eligible beneficiaries seeking access for the Autism benefit started with a physician referral. During this time DWIHN hosted informational meetings for the entire network and provided internal trainings on the updated process. Additionally, the ASD benefit staff coordinated with physicians and pediatricians to train on the referral process. The physician referral process went into effect on March 14th, 2022 and was discontinued on April 20th per MDHHS. The State of Michigan reported that further discussion on coordinating with physicians on the Autism Benefit must occur to ensure the standard doesn't create an unnecessary barrier to accessing both evaluation and treatment for children with Autism.

Collaborations

DWIHN worked closely with ABA providers to improve staff retention as this has been a challenging issue for many providers. Ensuring consistency of care is a crucial aspect of quality and ethical ABA services. Continuity of analysts and technicians translates into reliable service delivery and maintaining quality staff leads to positive outcomes, increased skill acquisition rates, and sharper decreases in maladaptive behaviors.

AUTISM BENEFIT

Major Department Initiatives:

Improved access point for referral process

- Established an Autism Benefit group email for all inquiries from the community
- Created a direct link between the Autism Benefit and the Access Call Center to improve timeliness of referral process
- Education & Training provided to physician offices, Head Start, and other community professionals
- Established a direct point of access to ABA providers intake calendar through the Access Call Center
- DWIHN increased the Service Utilization Guidelines (SUG) for CPT code 97155 (ABA Adaptive Behavior Treatment with Protocol Modification, Administered by Physician or Other Qualified Health Professional) from 10% of 97153 to 20% of 97153. By increasing direct supervision of Behavior Technicians, providers report an improvement in staff retention and quality of service delivery
- DWIHN hosted job fairs for ABA providers to hire Behavior Technicians and provided support, literature, and trainings related to staff retention
- Improved communication between CRSP and ABA Providers
- Education & Training provided by both ABA and CRSP outlooks
- Improved reporting integrity on service utilization



Achieved goals, accomplishments and recognitions

- Initial diagnostic evaluations for autism are now completed by three independent providers
- On average scheduling an Initial Diagnostic Evaluation occurs within 2 ½ weeks from service request for Initial Diagnostic Evaluation reports are completed within 10 business days of the evaluation
- Improving Practices Leadership Team (IPLT) approved sunsetting measure related to the number of Behavior Analysts in the provider network as DWIHN exceeds this quality measure
- Expanded the ABA provider network to demographic areas with limited access; Westland and Woodhaven
- The Autism Department hosted six educational presentations focused on topics such as staff retention, parent engagement, behavior intervention planning and understanding diagnostic evaluations
- DWIHN continues to support ABA providers to ensure members are engaged in services. For providers that are experiencing capacity concerns, DWIHN-ASD department offers support in linking children and families to providers with current availability to avoid delay in treatment
- MDHHS reported new Best Practice Guidelines for ASD screening, evaluation and treatment. The new guidelines were provided in an ASD Evaluator Training Series.
- DWIHN UM Department monitoring utilization for one-to-one direct service, supervision and 97156 parent training. These are the three most utilized services within the ASD benefit. This will help ensure that providers are utilizing the units authorized and to provide guidance to providers who fall short of the goal.
- DWIHN updated the network on the modification of progress review standards for IPOS; progress reviews have been decreased from quarterly to 6-months or when medically necessary.

CHILDREN'S INITIATIVES

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

Pillar 1 Clinical Services & Consultation	Pillar 2 Stability & Sustainability	Pillar 3 Outreach & Engagement	Pillar 4 Collaboration & Partnership
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Values	Goals
Community Based Family Centered Youth Guided Culturally and Linguistically Responsive Trauma Informed	<ol style="list-style-type: none"> 1. Increase Access to Services 2. Improve Quality of Services 3. Increase Youth and Parent Voice 4. Improve Quality of Workforce

Mental Health Care: Putting Children First Initiative

Access	Prevention	Crisis Intervention	Treatment
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- Increased accessing community mental health presentations within the community
- Began a pilot with DHHS North Central Office to receive trauma screenings for youth ages 0 to 6 and have community mental health screenings completed with DWIHN Access Department
- Partnered with Wayne RESA to develop a return to school letter and safety plan for when students see a mental health professional prior to returning to school
- Workforce Development hosted School Violence Trainings
- Hosted Chemistry Workshop with Chempreneurist. Youth learned entrepreneurship skills and created self-care products
- 11 Children's Providers participated in the SED Value Based Incentive to receive additional funding for meeting MDHHS Performance Indicators and HB service hours.
- Children's Initiative assisted with facilitating Career Fairs with various universities to assist with recruitment efforts for clinical staff
- Sexual Orientation Gender Identity Expression (SOGIE) languages was incorporated into the Integrated Biopsychosocial Assessment electronic health record. Also hosted SOGIE trainings throughout the network and staff.
- Participated in panel discussions for Wayne County Community College students and high school students involved in the Biomedical Career Advancement Program (BCAP).
- Reduced administrative burden for Children Providers by streamlining CAFAS / PECFAS reporting
- Updated children's services policy to extend services up to age 20 per MDHHS guidance.



CHILDREN'S INITIATIVES

School Success Initiative

Summary: During FY' 21-22 performed services to **30,585** students including all 3 Tier levels. This is a major increase compared to last year of **11,268** services rendered to **1,334** students.

Quarter	# of Presentations	# of SDQ Screenings	Tier 1 Services	Tier 2 Services	Tier 3 Services	Total # of SSI Services
1	7260	1869	9301	596	255	12021
2	4690	662	4690	1101	1020	7473
3	5989	1132	4066	937	1025	7160
4	909	372	2550	386	632	3931
Total	18848	4035	20607	3020	2932	30585

- Performed services in 72 schools within Wayne County among 10 Children Providers
- Implemented quarterly Student Spotlight Awards in which 2 students were selected from Southwest Counseling Solutions
- Continued ongoing coordination of care with the 3 School Based Health Centers: Ascension, Beaumont, Henry Ford
- Facilitated professional training for 125 Detroit Public School District Community nurses on behavioral health
- Hosted virtual DWIHN Community Town Hall. Panelists discussed mental health, school safety, violence, grief/loss, and trauma.
- Continued outreach to share school-based and community mental health services
- Renewed partnership with Community Education Commission to support the GOAL Line after school program for the 2022-2023 school year



CHILDREN'S INITIATIVES

Children's Services

Census: During FY'21-22 DWIHN served a total of **45,914** duplicative children, youth, and families in Wayne County ages 0 up to 20. Overall, the total amount of members served increased from last fiscal year from **43,700** duplicative members.

Disability Designation	# of Children Providers	Q1	Q2	Q3	Q4	Total
SED (ages 0 to 20)	14	7,019	7,309	7,448	6,505	11,879
I/DD (ages 0 to 17)	13	4,097	4,349	4,556	4,621	5,733
Total Members Served		11,116	11,658	12,004	11,126	17,572

***Note: Q4 data is pending finalized billing claims

Accomplishments:

- Although there were many barriers as a result of the COVID-19 pandemic, services continued to occur.
- Increase of telehealth services to meet the needs of youth who were unable to attend face to face sessions
- Continued to provide therapeutic services (Case Management, Outpatient Therapy, Home Based Therapy). Continued to provide ancillary services (Wrap Around, Youth Peer Supports, Parent Support Partner, Community Living Services, Respite). Continued to provide SED Waiver services and Children Waiver services for youth without Medicaid insurance and or in need of more intensive services.
- Continued to provide Evidenced Based Practices (EBP). Providers started participating in a new cohort, Components for Effecting Clinical Experience and Reducing Trauma (CE-CERT).
- Submitted intention letter to participate in the Consultation Expansion Grant to start Jan 2023; in which 2 additional providers added to offer this service.
- DWIHN was awarded a grant to hire a coordinator for the Baby Court Program to begin Nov 2022.

Youth United

Hosted the following events: Annual Children's Mental Health Awareness Day "My Mind Matters" with the main focus on suicide prevention. Courageous Conversations focusing on Gun Violence, Adverse Childhood Experiences, Transforming Bias. Focus Groups discussed Substance Use, Bullying, Depression, Gun Violence, Sexual Orientation, and Voting. Annual Statewide Youth United Summit "Planting Seeds of Hope" Annual Youth United Spotlight Awards



CLINICAL PRACTICE IMPROVEMENT

Clinical Practice Improvement

During FY'21 22, DWIHN continues to contract with Genoa Pharmacy for its Med Drop program which is a community-based intervention that focuses on improving medication adherence for adults and children who have challenges taking their medications. It improves adherence by delivering medication directly to the person's home 365 days a year, while observing them self-administer their medication. The Med Drop program 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. However, during this past year, DWIHN expanded the program to service the Assistant Outpatient Treatment population, Returning Citizens, and high intensity case management population.

Member	Age	Condition	Percentage
1	18-19	Co-occurring disorder	79.6% (50 people)
2	20-29	Bi-polar disorder	49% (30 people)
3	30-39	Major Depressive disorder	24% (15 people)
12	40-49	Schizophrenia or Schizoaffective Disorder	42% (26 people)
17	50-59	Antisocial Personality Disorder	6% (4 people)
7	60-69	Intellectual or Developmental Disability	6% (4 people)
		Chronic Pain disorders	27% (17 people)
		Hypertension	50% (31 people)
		Diabetes	29% (18 people)
		Hyperlipidemia	3%2 (20 people)

Med Drop - Making a Difference:

- One member had 5 prior admissions for 86 days; While in the program, the member had 0 hospital admissions.
- One client had 5 prior admissions for 129 days. While in the program the member had 1 admission for 22 days.
- There has been a 72% reduction in the number of Med Drop clients admitted to a psychiatric hospital, who had a psychiatric hospital admission within the 12 months prior to entering the program.
- There is a 69% reduction in psychiatric hospital admissions for Med Drop clients who had a psychiatric hospital admission within the 12 months and 71% reduction in psychiatric hospital days for people who utilized hospital days within 12 months prior to entering the program.
- There is a 100% reduction in the number of people admitted to jail who had an admission within the 12 months prior to entering the program.
- With the addition of the Med Drop program, the provider network has reduced its hospital costs for this fiscal year.

Assertive Community Treatment

ACT is a form of community-based mental health care for adults experiencing serious mental illness that interferes with the individual's ability to live in the community, attend appointments with mental health professionals and manage symptoms. Services are intensive and delivered with an integrated community approach. The goal is to help people become independent and integrate into the community while in recovery. ACT team members share responsibility for the individuals served by the team. The staff to member ratio is at least 1:10 and services are individualized. There are currently eight DWIHN ACT providers and they have served more than 2,310 members. For FY 21/22 of the 8 ACT providers, four were providers that met fidelity with at least 95%. The following providers are, Lincoln Behavioral Services, Hegira-Downriver, All Well Being Services and The Guidance Center. Annual ACT fidelity reviews were completed and the benchmark for meeting fidelity is 95% for the Medicaid section and an overall score. The Guidance Center, Community Care Service and Lincoln Behavioral Services are the providers who met or exceeded fidelity.

CLINICAL PRACTICE IMPROVEMENT

The CPI department, in collaboration with Quality and Utilization Management departments, facilitated comprehensive provider network Individual Plan of Service (IPOS) trainings, this highlighted Home and Community Based Services Rule changes. There were 854 provider participants who attended. There were also new incentive-based performance indicators available each quarter, for our Adult Mental Illness provider network. The amount available to each provider was based on that provider's number of members served in the quarter. The performance indicators and those prospective providers who earned the incentive were as follows:

- Performance Indicator 2, Biopsychosocial Assessment is completed within 14 days of a non-emergent request for services at 80% per quarter.
- Performance Indicator 3, services start within 14 days of the Biopsychosocial Assessment is completed at 100% per quarter, the threshold for the incentive is 98%, which 4 providers met.
- Performance Indicator 4, Individual is seen within 7 days of Inpatient Discharge, the threshold for the incentive is 100%, 8 providers met this incentive.
- Performance Indicator 10, readmission for Inpatient Hospitalization within 30 days of Hospital Discharge, the threshold for this incentive is 10% or less per quarter, 3 providers met this incentive.

Evidence Based Supported Employment

Nine DWIHN providers successfully delivered Evidence Based Supported Employment Services also known as Individual Placement Support (IPS). This is 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). Persons in the program are paid an average hourly wage of \$14.00 and hold positions in a variety of industries, such as food service, hospitality, manufacturing, security/protection services, retail, healthcare, construction, transportation and education. Individuals served obtained their desired job in the competitive workforce as identified in their Individual Plan of Service with compensation exceeding Michigan's minimum wage while also retaining their federal entitlements. Despite staff shortages, providers successfully delivered needed supports and services to members while adhering to fidelity standards. Individuals who transitioned from EBSE services to a less intensive level of care after successful completion of their employment goals increased by 50% from the previous fiscal year. Assistance was provided by DWIHN to providers in establishing strategies to stabilize their EBSE workforce.

864 referrals
634 admissions
425 employed
65 were returning citizens
138 successful closures from service

CLINICAL PRACTICE IMPROVEMENT

DWIHN JAIL DIVERSION PROGRAMS

Jail Diversion programs divert members with a serious mental illness and/or co-occurring substance use disorders out of the criminal justice system and into treatment.

Downriver Veteran's Court provides treatment services on misdemeanor cases for veterans with serious mental illness, co-occurring disorders, or substance use disorders caused by service in the United States Armed Services. There were nine successful discharges and 65 participants.

Central City Integrated Health manages the Homeless Outreach Team (HOT) program in collaboration with Motor City Mitten by providing linkages in the city of Detroit First and Third precincts, the criminal justice system, and community mental health to advocate for members diagnosed with a mental illness or co-occurring disorder, who are homeless, with a possible history of incarceration. The program made 6,029 new outreach contacts and successfully linked 8 people to mental health treatment.

Mental Health Court, a post booking program through Third Circuit Court coordinates with Hegira and All Well Being Services as the assigned providers. The program diverts participants who committed a non-violent felony away from jail/prison and into the community. This program had 22 participants and successfully discharged five people.

Returning Citizens is a working collaboration comprised of the Michigan Department of Corrections; Professional Consulting Services; Central City Integrated Health; Hegira; CNS Healthcare; and Team Wellness. Each entity coordinates re-entry efforts from prison into a treatment provider and community re-integration in Wayne County. In the past year, the group focused on coordination efforts from release to reentry between the partners. There were 30 returning citizens released back into the community.

The Wayne County Jail Mental Health Unit screened 2,577 new admissions and treated 926 members. Naphcare is the provider for jail mental health services. Upon release there was 626 members who were linked back with a provider. Naphcare has discharge planners to coordinate releases into community mental health treatment. DWIHN coordinated with Naphcare by establishing a process whereby Naphcare Discharge Planners have direct contact with the Access Center for assessments and scheduling of appointments with providers upon release from jail.



COMMUNICATIONS

Communications

The Communications Department is responsible for the internal and external communications for the organization which includes dialogue with the provider network, stakeholders, advocates, legislators, community, media and partners. Department responsibilities include managing the organization's website, social media platforms, media relations, community engagement and outreach and much more. Below is a brief snapshot of accomplishments from FY'21-22.

Media

DWIHN is frequently in the media. This past year there were many stories about the new DWIHN Crisis Care Center, Governor Whitmer signing legislation allowing DWIHN to open a regional integrated healthcare campus in Detroit, collaborative efforts statewide making a positive impact on how mental health care is provided and much more.

DWIHN Media Partners include: Fox 2 News, WDIV TV 4, Scripps Media The Latino Press, Hamtramck Review, Arab American News, Ask the Messengers, Cumulus Radio, EffectTV, Global Media Agency (Middle Eastern TV) Metro Parent, Mind Matters with Dr. Michele, Recovery Global Live, Outfront Media, International Outdoor, Brooklyn Outdoor and others.



The Detroit News

OPINION This piece expresses the views of its author(s), separate from those of this publication.

Opinion: How more collaboration will improve mental health care in Michigan

Eric Doeh

Published 11:00 p.m. ET May 4, 2022

Across Michigan, we have a mental health crisis. The effects of staff shortages, the COVID-pandemic, access to mental health care services and a growing caseload — particularly in pediatric care — mean too many Michigan residents can't access services.

And Michigan is not alone. This is a problem across the country.

A3 | June 29 - July 5, 2022

Detroit's Care Center the First of Its Kind in the Heart of the City

Bringing Behavioral Health Needs to the Community

The Detroit Wayne Integrate Health Network (DWIHN) current West Milwaukee Ave. headquarters in Detroit will be transformed into the city of Detroit's first Clinical Care Center.

"We are pleased to transform this building into a Clinical Care Center in which people that need short term crisis intervention whether it's for mental health or substance



The facility scheduled to open early 2023 will be a place where adults and children can be evaluated to determine their medical necessity for crisis level services. It will add 39 beds to DWIHN's Crisis Continuum and will be a 24-hour Clinical Care Center.

"Wayne County has approximately 1.6 million people, with a population like that, we should have at least 3 crisis centers," said Doeh. "This is an opportunity to provide access to quality behavioral healthcare services in the community and continue to erase the stigma that comes along with mental health. There is no shame in asking for help. We want services to be accessible for all, no matter zip code, age or race."

State and local elected officials and County and City law enforcement will be present.

DWIHN is compassionate and committed to the 75,000 children and adults it serves in Detroit and Wayne County. It is the largest community mental health agency in the State. We understand the immense responsibility we have been given and we go above and beyond in supporting the people we serve and the hundreds of Providers in our System of Care. Our Providers serve individuals with serious mental illness, children with serious emotional disturbance, people with autism, individuals with intellectual and developmental disabilities and those with substance use disorder. For more information, www.dwhn.org or contact our 24/7 Access Helpline, 800-241-4949.



COMMUNICATIONS

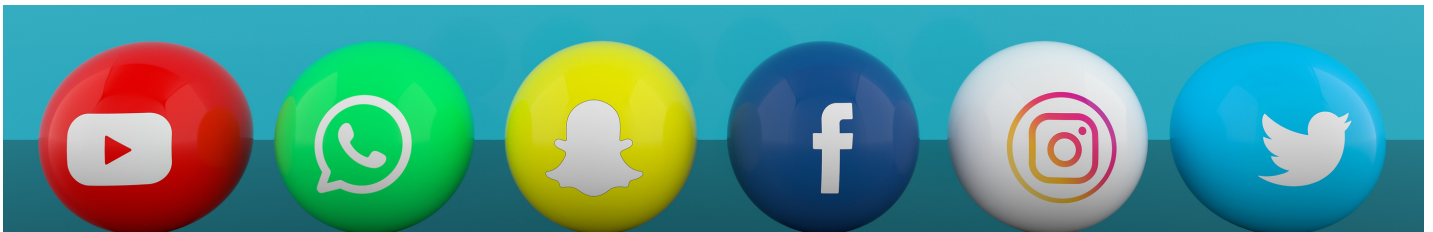


Outdoor Media



Social Media

DWIHN utilizes Facebook, Instagram, Twitter, SnapChat Tik-Tok and You Tube to get its messaging across all platforms. It also streams educational messaging on Snap Chat, Spotify and Pandora.



Advocacy

This was a big year for advocates after the introduction of Senate Bill 597 and 598 threatened the mental health system. Advocates rallied, created videos, sent letters and made phone calls expressing deep concern on how this would affect their lives. The bills did not pass.

COMMUNICATIONS

Community Outreach

The department attended over 100 community outreach and engagement events during FY'21-22.



Staff Recognitions:

DWIHN HR Director Jody Connally was named one of Michigan's HR Executives of the Year.

Chief Legal Counsel, Yolanda Turner, was selected as a Michigan Chronicle 40 Under 40 Honoree and DWIHN was named a Diversity Business Leader by Corp? Magazine.



CRISIS SERVICES DEPARTMENT

Data shows an increase in requests for children and a decrease for adults compared to last fiscal year. Diversion rates increased for both adults and children. This has been a direct result from the Crisis Services Department increasing communication between the provider network, DWIHN Liaisons, and the Clinically Responsible Service Providers (CRSP) to place members in the least restrictive environment.

Mobile outreach efforts continue with newly formed relationships with Wayne Metropolitan Community Action Agency and Black Family Development, Inc. to outreach to those in need in the communities in which they reside. The Community Law Enforcement Liaison has solidified processes related to the newly formed Behavioral Health Unit (BHU) with Probate Court for education and collaboration on Assisted Outpatient Treatment Orders (AOT), transport orders, and communication with the court. Crisis Services created a Hospital Discharge Liaison to work specifically with complex discharges in order to promote community stabilization after an inpatient hospitalization.

CRISIS DATA

1. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NO). Services continue to be telephonic with the exception of TCC.

FY	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
FY 20/21	2,770	2395	712	26%	2007	72%	1,334
FY 21/22	3,111	2,803	729	23%	2,301	74%	1,594

The Request for Service (RFS) total is 12% higher than FY 20/21. Diversion rates increased by 12% as compared to last year. Intensive Crisis Stabilization Services (ICSS) have seen an upward trend from previous years.

2. Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization as a contracted provider.

FY	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
FY 20/21	12,423	11,182	8,379	67%	3,688	30%	42
FY 21/22	11,316	10,344	7,463	66%	3,553	31%	78

- The overall number of RFS decreased in FY 21/22 by 8%, and the admission/diversion rates have remained similar over the course of the last 3 years.
- Members using inpatient due to no available Crisis Residential beds increased by 85% from FY 20/21 after decreasing by 68% between FY 19/20 and FY 20/21, the increase is related to the closing of the Boulevard Crisis Residential program this year.

Hegira Crisis Residential Unit Admissions

FY 20/21	651
FY 21/22	512

CRISIS SERVICES DEPARTMENT

3. Crisis Residential Services (CRU)

There was a 21% decrease in CRU admissions in comparison to FY 20/21. CRU capacity decreased from 16 to 9 beds with the closing of Boulevard Crisis Residential program.

4. Crisis Stabilization Units (CSU)

Provider	Total FY 20/21	Total FY 21/22
COPE	2,881	2,722
Team	970	1,934

COPE CSU services increased by 5% as compared to FY 20/21 and Team Wellness CSU members served increased by 49% from last year.

5. ProtoCall:

FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs (avg)	Avg. Speed of answer	Abandonment rate
20/21	11,291	10,591	77.25% (avg)	31.5 secs	4% (avg)
21/22	8,145	7,352	65% (avg)	59secs	5.8% (avg)

- Call volume for the year decreased by 27% as compared to FY 20/21; however, Protocall continues to show improvement in abandonment rate, average speed of answer, continues to hire and train new staff and has met its performance metrics.

FY 21/22 Accomplishments

- The total number of Crisis Alerts received for this year is 269 and the diversion rate for the alerts received was 55% which positively impacted recidivism.
- The Mobile Outreach Clinician attended 151 events having meaningful interactions with over 2,000 members with over 500 subsequent contacts to ensure service connection. In April, the Mobile Outreach Clinician began tracking DWIHN members already in the system, and in September began tracking the quality of referrals leveraging technology. With the use of Smartsheet, the mobile clinician is now able to specify the type of referral provided (housing, bill assistance, CMH services) and then track follow up to determine if the referral was successful for the member. DWIHN has since partnered with Wayne Metro and Black Family Development to continue mobile outreach efforts in the community.
- DWIHN has developed relationships with Wayne County Probate Court and MDOC to establish methods to track and coordinate court involvement with members as well as establish procedures for deferral conferences once members are in an inpatient level of care.
- The Crisis Services Department has worked with the contracted screening agencies to identify and discuss clinical ramifications for those members considered recidivistic in efforts to address recidivism rates, including the recent development of tracking methods.

Plans for FY 22/23

- Develop mobile outreach clinician area to include mobile crisis stabilization
- Develop additional methods to reduce member recidivism
- Coordinate with DWIHN UM Department and CRSP providers to streamline processes to improve engagement, planning, and treatment for members being discharged from inpatient settings.
- Incorporate 988 into the crisis continuum.

CUSTOMER SERVICE

During this past fiscal year, DWIHN's Customer Service Department continued to address opportunities to ensure members had a seamless process for obtaining services.

Customer Service's mission of assuring the accessibility of effective behavioral health services and to continuously exceed DWIHN's customers' expectations continued to focus on:

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

The following key Customer Service activity was accomplished in the fiscal year.

Welcome and Call Center Operations

The department's Call Center and Welcome Center switchboard, received a combined total of **35,170** calls, a significant increase as compared to **25,657** from the previous year.

Due to COVID, the DWIHN Welcome Reception Center had limited visiting hours to two half days a week to the public.

The Family Subsidy division handled **6,783** calls and processed over **958** applications remotely without any interruption of services.



Due Process: Grievances and Appeals

Customer Service's effort to assist members with their due process rights of grievances and appeals resulted in the processing of **788** grievance related communications (emails and calls) compared to **324** calls from the previous year. Grievances received were **92** for the current fiscal year, a slight decrease from FY '21. Numerous member educational venues and provider trainings to address grievance and appeals updates and technical assistance were also a key focus. In the area of appeals, increases were seen as the unit processed **595** appeals related correspondence (emails/calls). Actual appeal cases increased with a total of **38** related appeal cases being addressed. State Fair Hearings conducted this fiscal year showed a modest increase by 3. The monitoring of **15,845** Mental Health based Adequate and Advance Adverse Benefit Determination Notices sent in FY 21/22, compared to **17,039** the previous year, showed a significant decrease. A decrease was also noted with 1,555 Autism related Applied Behavioral Analysis notices being sent out in comparison to **1,262** the previous year. In the area of SUD notices, there was an increase, **945** compared to **725** and **2,899** IDD related notices compared to **1,826** from the previous year.

CUSTOMER SERVICE

The Appeals division also conducted system-wide appeals training to the provider network and weekly appeals technical assistance was made available to providers. Audits were also conducted as part of the re-engagement and disenrollment initiative.

Quality and Performance Monitoring

Quality and Performance Monitoring Customer Service's Quality and Performance Monitoring division continued to conduct Clinically Responsible Service Providers (CRSP) audits to ensure compliance standards were addressed and maintained in the areas of Customer Service, Grievances, Appeals and Enrollee Rights. Applicable Plans of correction were addressed with network providers. The percentage of CRSP obtaining 100% compliance of their audit was 27%.

Quarterly Customer CRSP Service Provider virtual meetings were held to ensure providers were advised of updates and the importance of Customer Service mandated standards.

The division was also responsible for updating and maintaining all member materials i.e. Member Handbook, Provider Directory and member brochures.



Member Engagement, Experience and Outreach

The Member Engagement division continued to find safe new ways to connect with members and remediate the risk of misinformation, social isolation, and non-engagement. Monthly member committee meetings were held to discuss, plan and make recommendations on initiatives.

The DWIHN Advisory team worked on engaging Adult Foster Care (AFC) homes as an outreach effort to ensure that they were kept informed about services and supports.

The Member Engagement division also worked collaboratively with its Committees to address the following:

·Hosted the annual Reaching for the Stars Award Ceremony, recognizing DWIHN members and six “Dreams Come True” award winners who were awarded grant to fund goals and dreams. The proud recipients of this year’s awards and their planned initiatives were:

- Tommi Badon-King, “Laurie’s Creations”
- Bethany Boik, “Diary of a Schizophrenic”
- Starlette Carpenter, “Mental Health Solutions”
- Delores Kimbrough, “Project Beautification”
- Torria Love, “Well, College Education”
- Stephen White, “Insurance License”

CUSTOMER SERVICE

- Registered new voters during various voting and advocacy events. Topics included the legislative process, self-advocating, voting registration, and participation rules.
- Coordinated the distribution of more than 200 hygiene kits to engage underserved populations
- Worked on several initiatives to connect members with digital devices and internet service, e.g., computer training

Staff co-hosted various professional development opportunities for peers. 351 peers and community health workers registered for bi-monthly series. Quarterly, peers from the tri-county area convened for information, networking, and training.

The division, in partnership with Wayne State University Center for Urban Studies, administered both the ECHO adult and children’s surveys. Provider satisfaction surveys were administered to the provider and practitioner network to assess their satisfaction with DWIHN. As well as the division coordinated the facilitation of preparation for the Annual National Core Indicator project for MDHHS.

The Persons Point of View newsletters continued to be published quarterly. In addition, monthly video announcements on trending topics were featured on YouTube, and reached **341 (86%)** individuals.



FACILITIES

Last year's primary focus for the Facilities Department was design development for both the Milwaukee Care Center and the Woodward Administration buildings. Moving into 2022 Facilities primary goal was to transition our completed design into the preconstruction and construction phases for both of the facilities. DWIHN's Facilities brought these goals to a reality by successfully completing the following objectives:

Preconstruction Phase

In order to support and facilitate the renovations of both the Milwaukee and Woodward projects multiple collaborations had to be formed within DWIHN as well as with our partners City of Detroit and Tetra Tech. These collaborations were utilized to achieve our preconstruction goals in the following ways:

- City of Detroit Zoning Approval
- Financing/Budgeting
- City of Detroit Plan Review
- General Contractor Procurement/Contract Award
- City of Detroit Building Permitting



To prepare our buildings for the extensive building renovations Facilities initiated a phased approach to relocating DWIHN staff and the services we provide. These phases provided a seamless transition into our temporary working environment. The phases of the process consisted of:

- Design/Fabrication of Mobile Offices at our 707 Milwaukee Location
- Design/Build Out of New Center One Office Space
- Woodward/Milwaukee Building Equipment and Furniture Removal
- Offsite Storage
- Offsite Parking for Staff
- Temporary Office Furniture and Equipment
- Mobile Office Network Access Infrastructure



FACILITIES

Construction Phase

Facilities is excited to announce that both the Milwaukee Care Center and Woodward Administrative Buildings have officially kicked off the physical construction this past June. Although substantial completion is not anticipated until fall of 2023, we have already achieved the following milestones:

Woodward Administrative

- Groundbreaking Ceremony
- General Contractor Mobilization/Commencement
- Interior/Exterior Demolition
- Interior Wall Framing
- Interior Underground Mechanical
- Interior/Exterior Building Structural Repairs



FACILITIES

Milwaukee Care Center

- Groundbreaking Ceremony
- General Contractor Mobilization/Commencement
- Interior/Exterior Demolition
- Interior Wall Framing
- Exterior Brick Repair
- Rough Electrical Completion Inspections
- Rough Mechanical/Plumbing Completion Inspections



COMING SOON
CARE CENTER
Bringing Behavioral Health Crisis Services to the Community
WWW.DWIHN.ORG



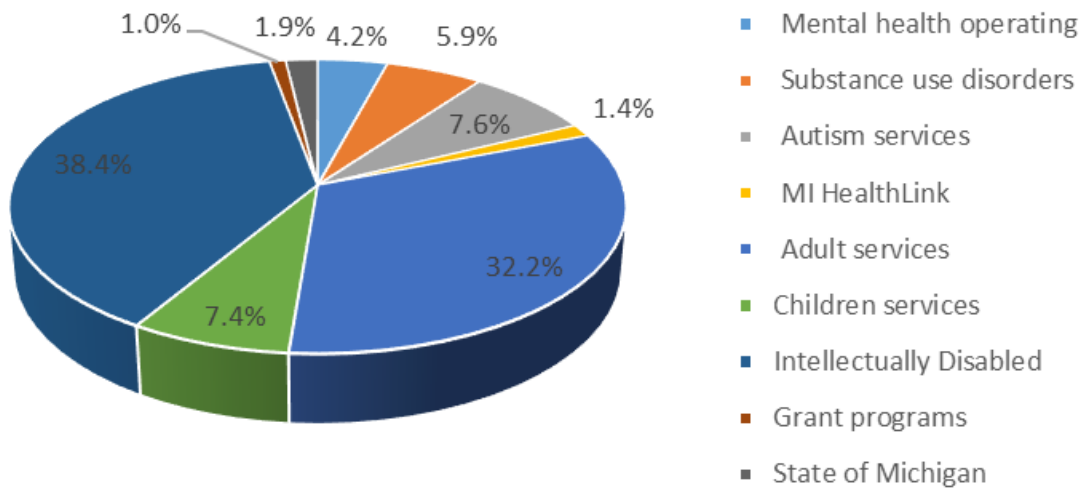
FINANCE

Federal grants	2.6%	\$ 25,716,349
Traditional Medicaid	69.1%	\$ 694,758,352
Healthy Michigan Plan	11.7%	\$ 117,758,921
State General Fund	2.7%	\$ 27,265,164
Autism Medicaid	7.1%	\$ 71,801,547
Other State grants and contracts	1.8%	\$ 17,729,148
Charges for services	1.3%	\$ 12,821,783
Local grants and contracts	3.8%	\$ 38,082,960
		1,005,934,224

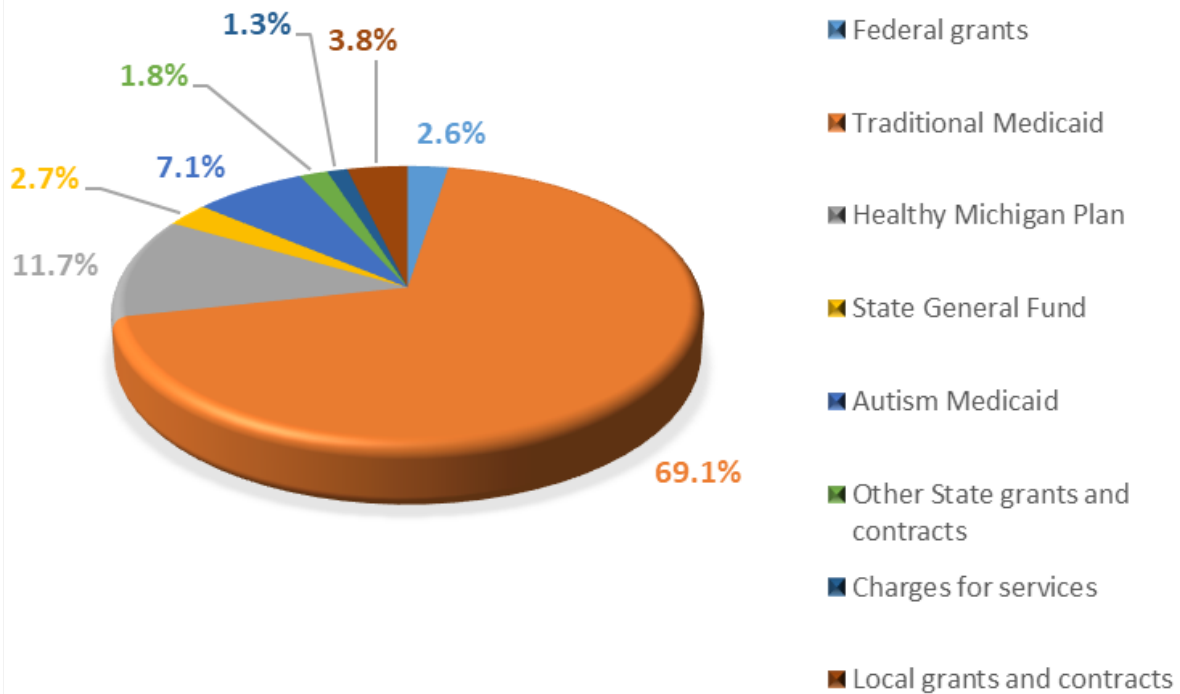
Mental health operating	4.2%	41,153,066
Substance use disorders	5.9%	57,550,177
Autism services	7.6%	74,862,509
MI HealthLink	1.4%	13,370,827
Adult services	32.2%	315,340,348
Children services	7.4%	72,191,847
Intellectually Disabled	38.4%	376,393,123
Grant programs	1.0%	9,539,523
State of Michigan	1.9%	18,795,726
		979,197,146

FINANCE

Operating Expenses



OPERATING REVENUES



FINANCE

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

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



New hires processed by the Human Resources Department for the year 2022: **111**

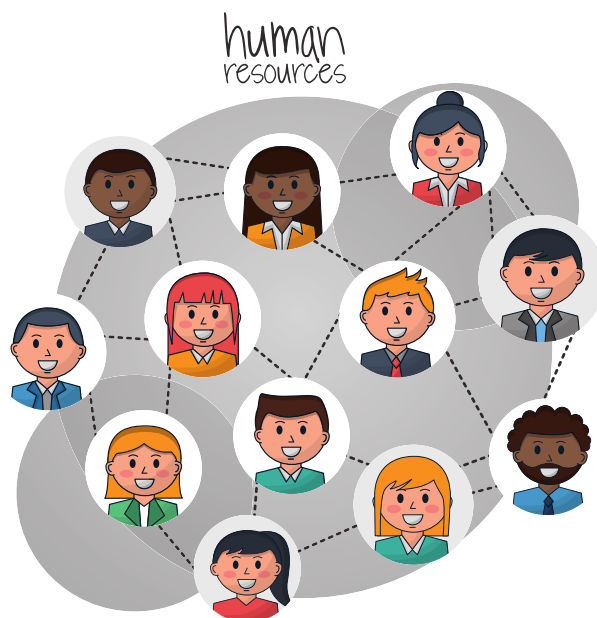
Full Time employees: **65**

Part-Time: **32**

Interns: **14**

NOTABLE POSITIONS HIRED 21/22:

- Chief of Crisis Services
- Chief Information Officer
- Compliance Officer
- Director of Strategic Operations
- Diversity, Equity and Inclusion Administrator
- Director of Utilization Management
- Director of Adult Initiatives
- Call Center Director



The Human Resources Department completed Merit Pay/Performance Evaluations for all DWIHN employees – **340 in total**

HUMAN RESOURCES

- The Department also completed Performance Evaluations that resulted in Merit Pay for all Executive Staff, GAA Unit 2 members, and AFSCME Local 1659 members.
- It must be noted that agreements for Merit Pay with unionized employees is an unusual and unprecedented accomplishment for the HRD.
- The Human Resources Department has also completed the following:
 - Completed Leadership training for all Executive Leadership Staff.
 - Completed scanning project for all DWIHN departments in preparation for DWIHN renovations, over 800 boxes were scanned.
 - Developed and implemented The Employee Enrichment Program.
 - Developed and implemented Supervisory training for new supervisory staff.
 - Provided Early Retirement incentives for eligible employees.
 - Collaborated with Harvard University to provide executive training for selected staff.
 - Provided Financial Literacy Courses for DWIHN employees.
 - Completed the CEO employee survey.
 - Completed the DWIHN Board Assessment.
 - Worked with the Clinical Practice and Improvement Department regarding the CCBHC project.
 - Worked with the Integrated Care Department to complete annual audits.
 - Collaborated with Spring Arbor University to provide reduced tuition for DWIHN employees.
 - Collaborated with the Employee Assistance Program to provide needed assistance to DWIHN employees.
 - Implemented a four (4) day/ ten (10) hours alternate employee schedule for DWIHN employees.
 - Completed Open Enrollment for DWIHN employees (December 2022).
 - Completed the Lockton Compensation Survey (December 2022).

In addition, Jody Connally – Director of Human Resources received the Human Resource Executive of the Year Award for the American Society of Employers.



INFORMATION TECHNOLOGY

The DWIHN Information Technology Department (IT) continued working on the successful transition to a hybrid work model over the past year. With the construction at the 707 W. Milwaukee St. location, IT has assigned, inventoried, replaced, and/or repaired over 400 laptops, cell phones, iPads, tablets, and WiFi devices to support a remote workforce. IT supported the installation and configuration of internet and office functions for temporary work locations at Considine Center (8904 Woodward Ave.), modular offices at 707 W. Milwaukee St., and New Center One (3031 W Grand Blvd). Worked closely with multiple departments to procure, inventory, and assign over 450 laptops, iPads, and wireless devices to the provider networks, in a multi-phased deployment that extended more than 4 months.

The IT department also completed a Security Penetration Test and evaluated Security Risk Assessment which provided an in-depth analysis of DWIHN's overall security posture, and provided a remediation plan.

As part of the IT Department's inventory tracking initiative, it continued to expand its efforts with Therefore (a document management system) by developing E-forms used with internal and external stakeholders. In doing so, a secure gateway environment was created for external forms to be accessed outside of DWIHN.

Staff within the department received PowerBI training to expand knowledge and expertise. Over the past year, reconfiguration of onsite local PowerBI report servers occurred and expanded the dashboards focusing on sharing and implementing new strategies of reviewing data across the provider network which includes the Risk Matrix. The Risk Matrix will be used as a tool to measure the performance of the CRSPs in a variety of areas. Each area is scored and weighted to combine into a total risk score for the CRSP. This can be used, in part, for evaluating CRSP performance, tracking and trending over time, and for comparing with other providers.

accurate data delivery.

In conjunction with other departments, IT has been working with Vital Data Technology to provide performance and compliance measurement reporting for DWIHN and CRSPs. They are a certified Healthcare Effectiveness Data and Information Set (HEDIS) software vendor. HEDIS measures are standardized across the healthcare industry and are used to measure performance for payers and providers. The department's coordination efforts to provide CRSPs with access to the relevant healthcare and HEDIS measures in real time while also working to build a mobile application to provide individuals receiving services access to their healthcare information.



INFORMATION TECHNOLOGY

The DWIHN IT Department modified, tested and deployed two standardized documents used by the provider network encompassing all elements of the Behavioral Health Treatment Episode Data Set (BH-TEDS). By making these changes, DWIHN received complete BH-TEDS records for members throughout the network which are required by MDHHS. In coordination with these deployments, IT reviewed and corrected a backlog of errors resulting in DWIHN becoming compliant with MDHHS standards.

Multi Factor Authentication (MFA) was enabled within MHWIN; the electronic health record used at DWIHN. This feature was added as part of continuous improvement to maintain and enhance the security of member and provider information. All users of MHWIN must log in using a third-party authenticator as part of the MFA process before gaining access to the system.

IT has been working with external vendors to develop a community mobile application which will be available in the community to download and utilize the features that will provide information on resources, access to services, crisis resources, and much more. The mobility application will also provide resources, events, and services related to both primary and behavioral health care. There will be connectivity to DWIHN provider trainings provided through Detroit Wayne Connect through the mobile app as well. The initial release is targeted for the end of November 2022.

The IT department also continues to work with other departments on construction roadmaps for the Crisis Care Center and the new DWIHN headquarters at on Woodward Ave. Both locations will include providing network and infrastructure requirements for power, phone, print, internet, storage, audio/video, and conferencing capabilities.



INNOVATION AND COMMUNITY ENGAGEMENT

Department & Academic Program Overview

To lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. The department strives to provide continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and supporting resilience.

Primary Focus

1. Community Collaboration
2. Program Expansion
3. Public Safety Partnerships
4. Suicide Prevention
5. Workforce Development and Retention



Community Engagement

Community engagement includes bringing awareness and education about clinical components key to understanding behavioral healthcare. Various community efforts are utilized to engage with individuals that are typically disengaged from community mental health resources. Building and maintaining relationships with allied systems within the Wayne County community continues to be a major component to increase accessibility to services while also gaining an awareness of the current needs of community members to ensure that clinical practices are relevant. In addition to partnerships with state and county organizations, community engagement has included hosting and participating in quarterly events that include representation from the provider network and sharing information and resources to community members at barbershops, hair salons, concerts, sporting events, and other events throughout Wayne County. DWIHN has been introduced to thousands of Wayne County residents by offering information, resources, screenings, and immediate support.

Workforce Development and Retention

During the past fiscal year, the country has grappled with challenges of workforce retention which causes a burden on the ability to develop a workforce that is able to implement evidence-based and best practice methods. Prior to COVID-19, behavioral health workforce systems had a significantly high turnover rate. In efforts to address historical and future workforce retention challenges, the department continued efforts to focus on maintaining and expanding a centralized training program for allied health professionals. Focusing on the development of new professionals is integral to achieving a collaborative integrated healthcare system. The Health Resources and Service Administration recognized the innovative university and community partnership model nationally and regionally. Recently, a publication that shares the outcomes of the training model has been accepted for publication.

Area on Health Education Centers (AHEC) is a national program committed to expanding of the healthcare workforce by offering creative, practical, and innovative health career curriculums for pre-college level students. AHEC provided additional inter-professional training to 19 trainees accepted as AHEC scholars.

INNOVATION AND COMMUNITY ENGAGEMENT

National Health Service Corps provides resources to recruit and retain health professionals in communities that are medically underserved. Through programs such as student loan repayments and student service opportunities, provider organizations are able to apply for certification to allow employees access to the resources. Retention of mental health professionals required intentional efforts to continue to advocate for support in eligibility for (NHSC) funding to reduce student loan debt among the provider network. Letters of support for applicants that completed the specialized training program and maintained employment for a minimum of three years were provided to increase access to NHSC student loan repayment programs. Advocacy at the national level has continued to increase accessibility for providers located in health professional shortage areas.

DWIHN has active affiliation agreements with academic institutions at the undergraduate and graduate training level. Current trainees completing field practicums within the provider network represent Wayne State University, University of Michigan, Eastern Michigan University, Wayne County Community College, Madonna University, Central Michigan University, Simmons University, University of Phoenix, Michigan School of Psychology, and Michigan State University. Student learners are actively engaged in didactic and practical training that meets the State of Michigan health code requirements for community mental health providers. While providing the minimum required training for new practitioners, efforts for recruitment and retention included attending virtual job fairs and student organization career events at local institutions.

In addition, the partnerships have supported current staff professional development and retention in completing a certificate in integrated health, access to telehealth training, and increased access to the bias training that is now required for all licensed healthcare providers in Michigan.

A recent publication highlights the outcomes from the last three years of partnership with the University of Michigan that was supported by federal (HRSA) funding. The partnership trained 70 field instructors, engaged 114 MSW students, and following graduation, 65% of the graduates continue to work in communities that are underserved.

More than 60 mental health professionals engaged in interprofessional education to enhance competency in culturally responsive and trauma-informed engagement, assessment, treatment planning, and intervention with individuals diagnosed with co-occurring disorders. Several dozen training sessions in areas identified as high need to improve engagement and collaboration with local stakeholders (law enforcement, employment providers, faith-based communities, etc.), strategies for working with youth that are at risk for community violence, and social determinants of health have been provided at no charge to providers within the network.



24/7 HELPLINE

LOCAL: 313-488-HOPE

TOLL FREE: 855-966-3313



Suicide Prevention & Reach Us Detroit

DWIHNs COVID-19 Virtual Therapy Collaborative, Reach Us Detroit (RUD) Therapy Line, was initially funded by the Flinn Foundation, the Community Foundation for Southeast Michigan and the Michigan Department of Health and Human Services (MDHHS). The funding for this virtual therapy line was changed to the MDHHS block grant in FY2021-2022 to ensure the continuance of this important behavioral health support.

The RUD virtual therapy line was the first in Michigan to provide free behavioral health supports and counseling to individuals experiencing mental health challenges. RUD provides access to a safe and private network of behavioral health resources, and therapeutic supports provided by trained counselors. While the line was conceptualized as a support for individuals struggling with issues related to Covid-19 and targeted specifically for African American males (youth and adults) - this therapeutic platform is now accessible to anyone in need of behavioral health support without regard to demographics, mental health challenges, or ability to pay.

The RUD Virtual Therapy Line operates 24 hours a day, seven days a week and offers screening, brief interventions and referrals to treatment as needed. Over the course of year, counselors effectively managed the line and provided brief interventions and focused counseling sessions with over 1,500 via phone, text or chat. Most of them were African American and female. When calls were connected to a RUD counselor, the caller was screened and either provided information/resources, brief therapy services, or handed off to a more appropriate provider. RUD counselors found that most callers were dealing with stressors stemming from isolation, interpersonal relationships, school, and/or employment. Multiple callers received 12 sessions for brief, solution focused, or cognitive behavioral therapy (CBT) and multiple referrals were made for therapeutic interventions by providers within the DWIHN system of care.

The Suicide Prevention Coalition hosted several events in recognition of suicide prevention and awareness month. Several events with the Detroit Police Department aimed to bring positive connections between the community, mental health, and law enforcement. COVID-19 vaccinations and behavioral health screenings were offered and resources on accessing services in the behavioral health system were provided. Over 1,300 meals were distributed and 1,100 backpacks in partnership with various communities and organizations such as Detroit PAL, DABO, Center for Youth & Urban Family Development, etc. The department also hosted a Suicidology Conference and a Self-Care Conference. Overall, the partnering providers delivered trauma and suicide specific trainings to over eight community members, young people and staff. The U.S. Dept of Health & Human Services also hosted a Suicide Prevention 101 for Faith Leaders which provides tips and resources for faith leaders that could assist them with offering hope and support to their members. There were over 1,800 in attendance. DWIHN served as the main presenter at the workshop.

Mobile Outreach

Notice of Funding Award – **Beyond the Walls Mobile Crisis Response** - DWIHN received notice of funding award from SAMHSA in the amount of \$4,474,160. This grant will allow DWIHN to roll out comprehensive mobile crisis response services. Implementation will begin in FY23.

Tri-County Partnerships

Tri-County Strong program encompasses the Crisis Counseling Flood Grant where nearly \$4 million dollars was awarded for efforts to strengthen services and supports to children, as well as training our networks on implicit bias. Through our partnership with Oakland and Macomb County, over 1,500 individuals were trained in Implicit Bias in Healthcare. As it relates to addressing the aftermath of flooding, over 40,000 homes were canvassed across the three counties.

Trauma-Informed Care Project Initiative - Implementation Activities and Outcomes

The **Trauma-Informed Care Project Initiative** continues to strengthen and enhance the professional development of clinicians and administrators through specific evidence-based practice, trauma-informed care interventions. During FY 2022, DWIHN carried out a grant from the MDHHS to build upon prior trauma training and supports and equip the provider workforce with a strong foundation for addressing the complexities of trauma among the individuals and families receiving services at participating provider agencies. Seven provider partners were awarded \$15,000 to train and provide support to staff to help them better understand how trauma contributes to a person's suffering and shapes a person's efforts to cope. Emphasis is placed on trauma screening, assessment tools and the use of evidence-based therapies and models. The goals and objectives revolved around the delivery of content specific trainings and a system-wide conference to expose clinicians to best practices.

Summer Youth Employment Program – Activities

The summer youth employment program's partnering organizations (Alke-Bulan Village, Charter Township of Van Buren, City Connect Detroit, WSU Bio-Career Advancement Program, Dearborn Police Department, City of Hamtramck, City of Inkster, City of Westland, Downriver Community Conference, Life Builders and Eastside Community Network, Charter Township of Redford, Charter Township of Canton, City of Highland) throughout Detroit and Wayne County.

We aimed to allow youth residing in Detroit and Wayne County to become exposed to various types of employment. One overall goal was to ensure that youth learn employability skills that prepare them for future employment opportunities. There were 750 youth employees between June and September. Specifically, 60 participated in Wayne State University's Bio-Career Advancement Program, their work experience included virtual, research on public health topics - substance use, trauma, and other concerns.

Over 400 youth attended a program-end "Young Professional Conference", that centered on building resiliency for behavioral health, self-care, social skills and employment development. Additional workshops included: bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness.

INNOVATION AND COMMUNITY ENGAGEMENT

Veteran Navigator

The Navigator assisted 450 Veterans and their family members this past fiscal year. On average there are 5 to 7 calls each day by Veterans, family members, and service providers requesting assistance over the phone. There has also been an increase in referrals via phone and email from service providers, detention centers, hospitals, and the MVAA. There were over four dozen presentations/seminars provided to various veteran-specific groups and audiences.



Public Safety Partnerships

The overall goal of the Mental Health Diversion Pilot is to improve the city's response to individuals experiencing mental health crises and to prevent future crises by connecting them early on to supportive services.

The Detroit Wayne CIT team trained 184 first responders and 100 call takers and dispatchers across the state. The team assisted Jackson County, Ottawa County, and Genesee County with the launching of their CIT programs.

The behavioral health specialists embedded within DPD and Southgate Police Department encountered 3,543 individuals. There were 1,040 connected to a service, and 1,108 of these individuals received follow-up communication and support from co-response.

During FY 22, Behavioral Health Specialists (BHS) have been embedded within Detroit's 911 Communication Center. The BHS assisted with mental health-related non-violent calls, connecting individuals to appropriate social and mental health resources. Approximately 62 calls were diverted to the BHS, and 27 individuals received direct linkage or warm transfer to DWHIN's Provider Network.

The Detroit Homeless Outreach Team (DHOT) reported 6,029 encounters with people in need of relocation, housing, and or behavioral health support. These services are currently only offered in select target areas in Detroit.

Mental Health Jail Navigator Assessment Outcomes and Activities

The Mental Health Jail Navigator (MHJN) is funded by a Block Grant under MDDHS. 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. Also, coordinating care within the DWHIN Provider Network System.

MHJN activities include routine screening for each individual referred by the Wayne Jail's Classification Unit, Mental Health – Naphcare, and other administration. Participating individuals receive behavioral health awareness and education support, and 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 for 8 weeks or 90 days, evaluating treatment engagement, housing and employment needs, and other challenges that risk future jail or police contact.

There were 80 individuals referred, with 20 receiving 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.



Lessons Learned

Throughout FY 2022, partnering organizations identified common challenges related to implementation practices, such as, the impact of COVID-19 pandemic and workforce retention. They've informed that treatment services are modified to include telehealth beginning April 2020 – current. Also, staff turn-over increases once evidence-based trauma-specific training is obtained, resulting in the need for new clinical staff to be trained and delay/interruption of treatment modalities. However, there is a commitment from all organizations to continue making an effective impact on the care of individuals, with an understanding that a trauma-informed approach is vital.

INTEGRATED HEALTHCARE

Accomplishments in FY 22

DWIHN processed 3,930 MI Health Link referrals for services from the Integrated Care Organizations (ICO) during the fiscal year, of which, behavioral health care was coordinated with the ICO for 1,013 members. Integrated Health Care (IHC) staff completed over 413 LOCUS assessments for MI Health Link members and participated in approximately 20 Integrated Care Team meetings as well as provided Transitions in Care services for 516 MI Health Link members who experienced a psychiatric hospitalization during the year.

IHC staff performed monthly Care Coordination Data Sharing meetings with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Joint Care Plans between DWIHN and the MHPs were developed, and outreach completed to members and providers to address gaps in care, for almost 200 members.

IHC staff participated in integration pilot projects with two MHPs: Blue Cross Complete of Michigan (BCC) and Priority Health (Acquired Total Health Care). DWIHN and BCC Care Coordinator staff held monthly meetings to review a sample of shared members who experienced a psychiatric admission within the past month to exchange information and address any identified gaps in care. BCC is interested in collaborating in the shared platform in 2022 to further the care coordination and risk stratification of the shared members. Priority Health has entered into a plan of work for FY'22-23 and will coordinate care with 100 individuals.

IHC collaborated with the State of Michigan for the Hepatitis C initiative of testing and treatment. IHC has met with Clinically Responsible Service Providers (CRSP) and Substance Use Disorder (SUD) providers to educate them on new testing and treatment guidelines. The State of Michigan wants all individuals at high risk of Hep C to be tested.



The IHC department managed 6 Quality Improvement Plans (QIP) during FY' 21-22, in the areas of:

- Follow-Up visit with a Mental Health Practitioner after psychiatric hospitalization
- Adherence to Antipsychotic Medication
- Adherence to Antidepressant Medication
- Decreasing the Use of Multiple Antipsychotic Medications
- Diabetes Screening for those with Schizophrenia or Bipolar Disorder receiving Atypical Antipsychotic Medication
- Hepatitis C Risk Reduction

INTEGRATED HEALTHCARE

Interventions completed for the QIP include: IHC staff made calls to 500 members to remind them of their follow-up after hospitalization appointment, revisions made to the after-hospitalization scheduling process to ensure that an appointment is made with a Mental Health Practitioner within 30 days of discharge, and members are sent texts reminders for ones that have the technological ability. IHC now has the HEDIS Scorecard and can get data quarterly for each CRSP.

Seventy-Five (75) Complex Case Management (CCM) cases were opened and the majority of these members met their plan of care goals and were connected to behavioral and physical health care providers. ***This is a 20% increase from last year.*** Care Coordination services were provided to 276 additional members who either did not meet eligibility criteria for CCM services, or declined to participate.

IHC staff also participated in multiple forums to educate members and the community about behavioral and physical health care, including presenting at provider events.

CCM has redesigned the assessment to meet all NCQA standards.

The IHC department applied for and was awarded block grant funding for FY 21-22 in the area of Integrated Care. The proposal was to place Peer Health Coaches in integrated care settings to educate and advocate for members to attend to their physical and behavioral health care. Four peers were placed at DWIHN provider Central City Health and provided education on health and follow up after hospitalization to 217 members. The Peers followed up with 2,239 members that had not been seen in over 150 days to reengage in treatment or follow closing process.

The HEDIS Score Card is completed and all CRSP providers have been trained. IHC is meeting with CRSP providers in the “45 day follow up meeting” with Quality and Managed Care Operations departments to discuss scores and how to improve. CRSPs can access the Score Card through MHWIN and see their score and the data. There are 16 measures, 11 of them are behavior health specific. IHC has completed many trainings and power points on HEDIS that aids CRSP usage.



INTEGRATED HEALTHCARE

See below for snapshot of Score Card

Measure	Measure Name
+	ADD Follow-Up Care for Children Prescribed ADHD Medication
+	AMM Antidepressant Medication Management
+	APM Metabolic Monitoring for Children and Adolescents on Antipsychotics
+	APP Use of First-Line Psychosocial Care for Children and Adolescents on Antipsych...
+	BCS Breast Cancer Screening
+	CBP Controlling High Blood Pressure
+	CCS Cervical Cancer Screening
+	COL Colorectal Cancer Screening
+	FUH Follow-Up After Hospitalization for Mental Illness
+	FUM Follow-Up After Emergency Department Visit for Mental Illness
+	IET Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
+	SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia
+	SMD Diabetes Monitoring for People With Diabetes and Schizophrenia
+	SPR Use of Spirometry Testing in the Assessment
+	SSD Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Ar...
+	UAM45 Use of three or more antipsychotics for 45 or more days



The shared platform (PlanLink) for care coordination has been revamped to meet the needs of the 8 health plans DWIHN works with. This will be rolled out to BCC and Priority Health in the first quarter of 2023.

DWVHN and Vital Data are in the process of creating a mobile app for members. This will allow them to have a member portal to DWIHN and access several departments, i.e. Customer Services, Office of Recipient Rights, and CCM. In phase 2, members will be able to access treatment and crisis plans, and claims.

Goals and Objectives for FY 23

- Implement the Mobile App for DWIHN members
- Set goals in the HEDIS Score Card that are in line with state benchmarks
- Utilize the Care Coordination platform to integrate services with MHP Priority Health Care and Blue Cross Complete. Present PlanLink to other six health plans for care coordination
- Improve DWIHN performance on the Follow-Up After Hospitalization and Follow-Up After Emergency Room Visit for SUD Performance Metric
- Improve all behavior Health HEDIS scores by 15%
- Increase the number of members serviced in CCM by 20%

MANAGED CARE OPERATIONS

The Managed Care Operations (MCO) Department focuses on developing, credentialing maintaining and continually evaluating DWIHN network providers. With over 400 providers in the network consisting of Substance Use Disorder (SUD), Autism, MI-Health Link, Intellectual and Developmental Disabilities (IDD) Serious Mental Illness (SMI), Self-Determination and Grant Funded programs, the department ensures network adequacy to provide quality services to individuals within the system. Additionally, it provides oversight of provider contracts relating to performance, outcomes and regulatory compliance of enrollees and to fulfill obligations of the MDHHS contract. There are 21 staff in the MCO department with 11 Provider Network Managers also known as Contract Managers overseeing 400 providers.



Highlights for the Fiscal Year 2022:

Contracts:

- Created a sanction module in MHWIN system
- Performed orientation meetings for new and existing providers
- Processed 400 contracts to the provider network for the new fiscal year 2023
- Revised provider manual

Providers/Practitioner Credentialing:

There are over 4,000 practitioners in the network and over 2,000 have been credentialed. CVO refers to the use of a Credentials Verification Organization to perform medical credentialing on behalf of a healthcare practice or organization. Our CVO Medversant verifies a provider's credentials by obtaining primary source verification of a practitioners or provider's qualifications on our behalf.

Total Practitioner Credentialing Applications **4,045**

Total Provider Facility Credentialing Applications **347**

Provider /Practitioner Survey

The provider survey went out during September 2022. The Provider Survey was distributed to outpatient provider organizations for FY22 reaching about 134 providers. The residential providers will receive a separate survey later in FY23.

The Practitioner Survey also went out in late September 2022, results will be completed later this year.

MANAGED CARE OPERATIONS

Both surveys asking 34 questions, covering all areas of DWIHN Departments including: Utilization Management, Claims, Managed Care Operations, Quality Management and Credentialing.

The survey is comprised of 5 components:

1. Measured DWIHN's effectiveness in meeting contractual provider obligations
2. Measured support of providers in meeting the needs of members
3. Measure DWIHNs provider responsiveness
4. Uncover gaps and/or deficiencies in DWIHN's operation
5. Identify opportunities for improvement and /or for corrective actions needed

Both surveys were completed in October 2022 and will be fully analyzed in early 2023.



Provider Quarterly Report process/review:

Received and reviewed over 1,500 quarterly reports to ensure contractual compliance.

Provider Meetings:

The MCO department held almost 30 provider meetings over the last year on training, educating and gaining feedback.

Future projects for FY 2023:

1. Streamline and implement a Network Adequacy analysis
2. Improve online Provider/Practitioner directory on our website
3. Streamline the DWIHN website provider page
4. Develop tracking system for maintaining credentialing dates for providers and practitioners
5. Streamline letters and reports from providers and staff for better monitoring
6. Risk Matrix module completion

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

1. Build a Partnership/Relationship with the providers
2. Ensure the Standardized Rate is competitive and adequate
3. Ensure provider compliance with DWIHN's contractual obligations
4. Training and guiding on system and MDHHS changes
5. Monitor provider performance to certify their eligibility for contract renewal

OFFICE OF RECIPIENT RIGHTS

The Office of Recipient Rights' mission is to ensure that recipients of mental health services receive individualized treatment services 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, healthy, and humane environment where people are treated with dignity and respect, free from abuse and neglect.

The ORR has four primary responsibilities :

1. Prevention of rights violations through consultation on rights-related matters, policy development/review and direct communication with the DWIHN President/CEO and other Directors and Providers about problem areas
2. Educate staff (DWIHN and Providers) by training on Recipient Rights
3. Monitor for 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 to fulfill its monitoring function. To make this happen, the ORR has an unimpeded assessment of all programs and services operated by or under contract with DWIHN, all staff employed by or under contract with DWIHN, and all evidence necessary to conduct thorough investigation or to fulfill its monitoring function.

The ORR Annual Reporting data received FY 21-22 **1,634** allegations, investigated **1,288** cases, and substantiated 364 investigations. The ORR received allegations from **450** recipients and **540** 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 people we serve.

The ORR also oversees the training for all DWIHN and provider employees. In FY 21-22, the Recipient Rights Trainers registered **5,360** participants, **2,807** attended and passed the virtual class, and there were **2,553** no shows.



QUALITY IMPROVEMENT

The Quality Improvement (QI) department provides oversight and monitoring of the provider network to ensure compliance with applicable regulations. These monitoring activities ensure accountability and transparency relative to the quality of services provided. DWIHN's self-monitoring plan is a component of the Continuous Quality Improvement (CQI) process. This self-monitoring approach begins at the service provider level and cascades up to the DWIHN's Quality Improvement Team. The self-monitoring is a critical component of a provider's compliance initiatives and DWIHN's organizational monitoring activities. The QI self-monitoring process is designed to provide an organized, documented process for assuring that members are receiving services that are medically necessary, conforming to accepted standards of care, and designed to achieve the member's desired outcomes.



Performance Monitoring Activities

Each year the Performance Monitoring Team conducts reviews of provider services and programs. In FY'21-22, the QI Team conducted **404** clinical case record reviews and **311** staff qualification reviews. It should be noted that this is a significant increase since last fiscal year which can be attributed to a better understanding of how to support and mitigate the COVID pandemic with providers by displaying a vast amount of flexibility to ensure members received appropriate and high-quality services. The case record reviews compliance scores ranged from 75% being the lowest and 96% being the highest. The average compliance score of provider review protocols was 96%.

Performance Improvement Activities

Annually, DWIHN has external quality reviews completed by the Health Services Advisory Group (HSAG) and the MDHHS. For the second consecutive year, DWIHN met all required reportable areas with the performance indicator data, confirming that systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook.

DWIHN was also recognized by MDHHS for doing an outstanding job on the Quality Assurance Performance Improvement Plan (QAPIP) for Fiscal Year 2022. Out of all the PIHPs reviewed, DWIHN along with one other PIHP were highlighted for incorporating all of the required information into their QAPIP.

QUALITY IMPROVEMENT

Behavior Treatment Advisory Committee (BTAC)

During FY'21-22, DWIHN BTAC staff provided three system-wide trainings on Technical Requirements of Behavior Treatment Plan Review Committee (BTPRC) Processes. A total of 1,215 staff throughout the provider network participated in these virtual trainings. The first training was focused solely on MDHHS requirements for Behavior Treatment Plans and the second and the third trainings focused on the Behavior Treatment requirements for the Person-Centered Planning process.

DWIHN is in full compliance with PIHP Administrative Review Procedures of Behavior Treatment (B.1) for the fourth consecutive year based on the findings of MDHHS Habilitative Supports Waiver 1915(c) Review. DWIHN BTAC staff has been appointed to serve on the MDHHS Behavior Treatment Advisory Group. Effective October 1, 2020, DWIHN has delegated all contracted Mental Health (MH) Clinically Responsible Service Providers (CRSP) to have a Behavior Treatment review process in place.

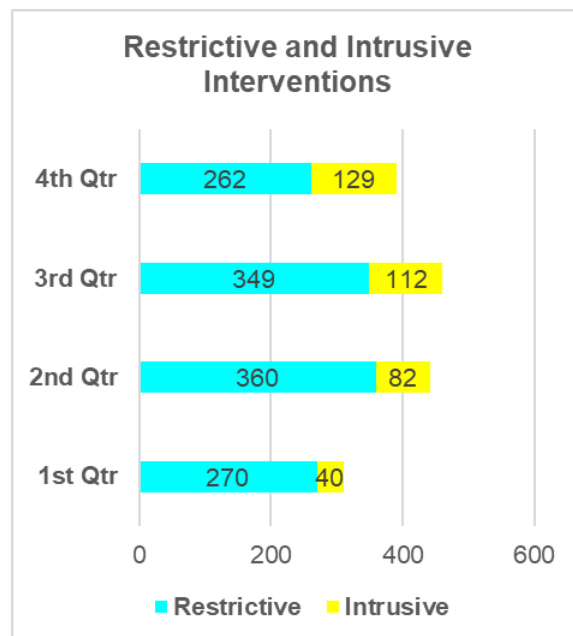
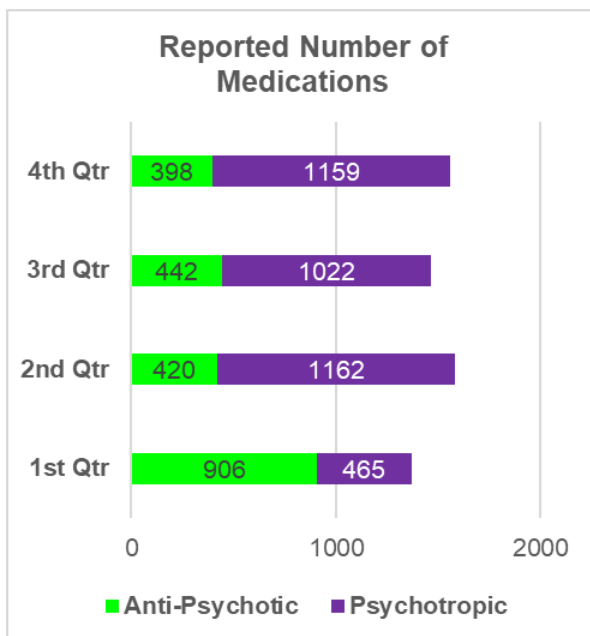
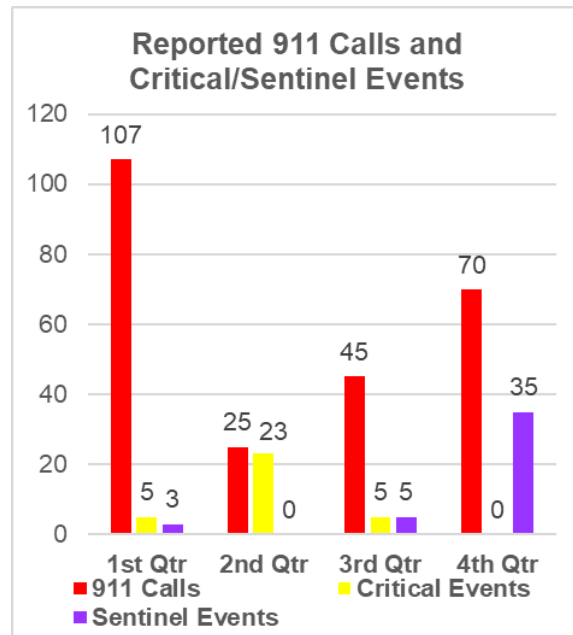
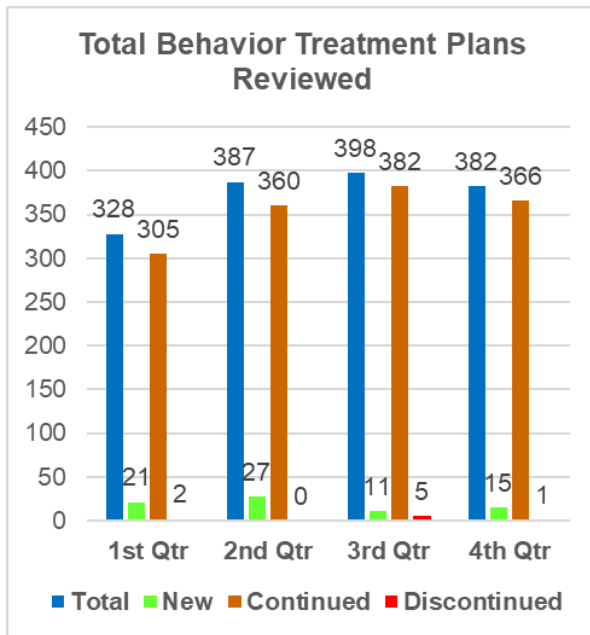
The BTPRC requirements are included in the CRSP written contract for FY 2021-2022. During FY2022, the network providers presented fourteen (14) complex cases to the Behavior Treatment Advisory Committee (BTAC). DWIHN continues to submit quarterly data analysis reports on system-wide trends of BTPRC to MDHHS. The BTAC staff works with SEC/PRC team, and MH CRSPs on the Root Cause Analysis involving Behavior Treatment and also provides systemwide consultation to the nineteen (19) BTPRC providers, Performance Monitoring unit, and DWIHN departments (Utilization Management, Office of Recipient Rights, Residential, Children's Initiatives) on clinical matters related to Behavior Treatment services.

The following are the opportunities for systemic review and change:

- Behavior Treatment Category is live in MH-WIN Critical and Sentinel Reporting Module to improve the systemic under-reporting of the four reportable categories for the members on BTP, however, the required data of Behavior Treatment beneficiaries which includes 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management is still being under-reported.
- CRSP and BTPRCs must work in collaboration to ensure that IPOS and Behavior Treatment Plans are specific, measurable, and revised per the policy/procedural guidelines.
- Crisis Prevention Intervention (CPI) training is recommended to be included in the Detroit-Wayne Connect (DWC) required list of trainings for network providers staff to help reduce recidivism and emergency hospitalizations.
- Each CRSP ensures the Supports Coordinator or Case Manager provides the Individual's IPOS and ancillary plans, before delivery of service at the service site.

QUALITY IMPROVEMENT

The charts below illustrate the BTAC Summary of Data Analysis FY 2021-2022



Critical/Sentinel Event Training

During FY'21-22, Critical/Sentinel Event training was provided to DWIHN's CRSP Staff and Specialized Residential Providers. A total of 316 staff throughout the provider network participated in the virtual trainings.

QUALITY IMPROVEMENT

The Critical/Sentinel Event Guidance Manual

was continually updated as the Performance Improvement team worked with the IT Department to streamline and improve the MH-WIN electronic reporting access in the Critical/Sentinel Event module. Technical assistance continues to be available throughout the Provider network to ensure that all required reporting is complete, timely, and correct. Investigations and Root Cause Analysis (RCA) reviews continued to provide insight for the development of processes to reduce risk for the organization.

The Sentinel Event Committee/Peer Review Committee (SEC/PRC) was expanded to include other DWIHN department representation. Committees focusing on issues impacting a particular department are now able to be addressed during the review thus allowing for more expedient resolutions to the individual event and any systemic problem. This FY recommendations included:

- Development of training modules for the entire network and members on “Choking Hazards” to include instructions on the Heimlich Maneuver.
- Standards and instructional manual on “Eating Guidelines” for members with plans that require guidance and support in eating meals.
- Positioning the committee responsibilities to meet all contractual and policy requirements and updated Case Review Agenda Grid.

5 Year Comparative Critical/Sentinel Event Data

CATEGORY	FY 2021/2022	FY 2020/2021	FY 2019/2020	FY 2018/2019	FY 2017/2018
ARREST	64	72	83	161	153
BEHAVIOR TREATMENT (New 2020/2021)	88	61	0	0	0
DEATHS	492	551	731	480	444
ENVIRONMENTAL EMERGENCIES	57	79	38	65	205
Injuries Requiring ER	177	227	259	498	673
Injuries Requiring Hospitalization	35	47	203	88	83
Medication Errors	14	16	27	123	172
Physical Illness Requiring ER	216	975	634	1039	2188
Physical Illness Requiring Hospitalization	239	445	400	763	1107
Serious Challenging Behavior	437	609	815	1322	2199
OTHER/ADMINISTRATIVE	96	77	166	409	361

QUALITY IMPROVEMENT

Quality Improvement Initiatives

DWIHN's ongoing efforts continue for decreasing hospital admissions and readmissions. We have continued to show improvement through DWIHN's Recidivism Workgroup of both internal and external stakeholders to examine admission and readmission trends, conduct root cause analysis, identify opportunities for improvement and determine the next steps. These noted efforts have led to a decrease in the adult recidivism rate from 22% during Quarter 2 in the fiscal year 2020 to an average of 16.51% for fiscal years 21 and 22. The threshold is 15% or less.

In addition, numerous internal and external workgroups regularly meet to work on addressing PI#2 and getting Integrated Biopsychosocial Assessments completed within 14 days of a member requesting mental health services. These workgroups also work to address PI#4a and seeing members discharged from psychiatric inpatient facilities within 7 days. Several DWIHN departments meet every 30-45 days with all of the CRSPs to address these indicators. MDHHS has not set a standard for PI #2 and #3.

Home and Community Based Services

The compliance with Home and Community Based Services (HCBS) Rules under Medicaid is ongoing. DWIHN has developed and prioritized an action plan to conduct monitoring reviews of our provider network to ensure full compliance with HCBS requirements. DWIHN remains steadfast in its commitment to continue to provide technical assistance to our members and stakeholders to identify implementation approaches that ensure the provision of Medicaid services in a manner consistent with the HCBS program requirements. The HCBS information can be accessed on DWIHN's website at dwihn.org under "For Providers" and "For Members".



RESIDENTIAL SERVICES

Department Goals

- Identify services for youth aging out of the foster care system to include:
 - Residential services with providers that are appropriately trained to work with youth
 - CRSP services that are directed towards this age group – to include, vocational, academic, behavioral health, medical health, and any other service areas necessary to support youth success
- Work with IT department to develop a data-driven reporting mechanism for all primary residential functions to include data that will:
 - Quantify Residential Unit productivity
 - Identify residential providers and their capacity versus their actual member numbers
 - Support the development of accurate monthly, quarterly, and annual reporting to identify gaps in service needs
- Evaluate existing residential facilities to review whether services meet the needs of the population. Aside from individuals with Adult Mental Illness, other populations will require consideration such as DHHS youth aging out of foster care system; seniors; IDD, LGBTQ+, and others.
- Review residential assessments for the IDD population and develop a plan to include them as part of the Residential Unit's strategic plan
- Explain why it would be beneficial for DWIHN's Residential Unit to complete these assessments
- Accuracy
- Fulfill DWIHN's mission to provide quality services to those who need them and remain fiscally responsible
- Identify how many IDD members are within the system with a projection of how many more to expect based on data of population growth over a defined period of time
- Based on the number of residential referrals, identify how many staff are needed to meet the responsibility of completing assessments every six months for some members, every year for others.
- Take into consideration the need for re-assessments to be completed whenever a member enters inpatient services, experiences new medical concerns, multiple ED visits, etc.
- Assess the need for Residential Care Coordinators to complete the brokering process
- Review the availability of existing IDD residential providers and determine if they meet all member needs and determine if there is a need for additional providers



RESIDENTIAL SERVICES

Productivity Measures

- Compare number of SALs to the number of residential referrals received
- Evaluate over or under utilization of specialized residential settings
- Assess length of stay in the Emergency Department back into community placement
- Assess length of stay for members discharging from state hospital facilities

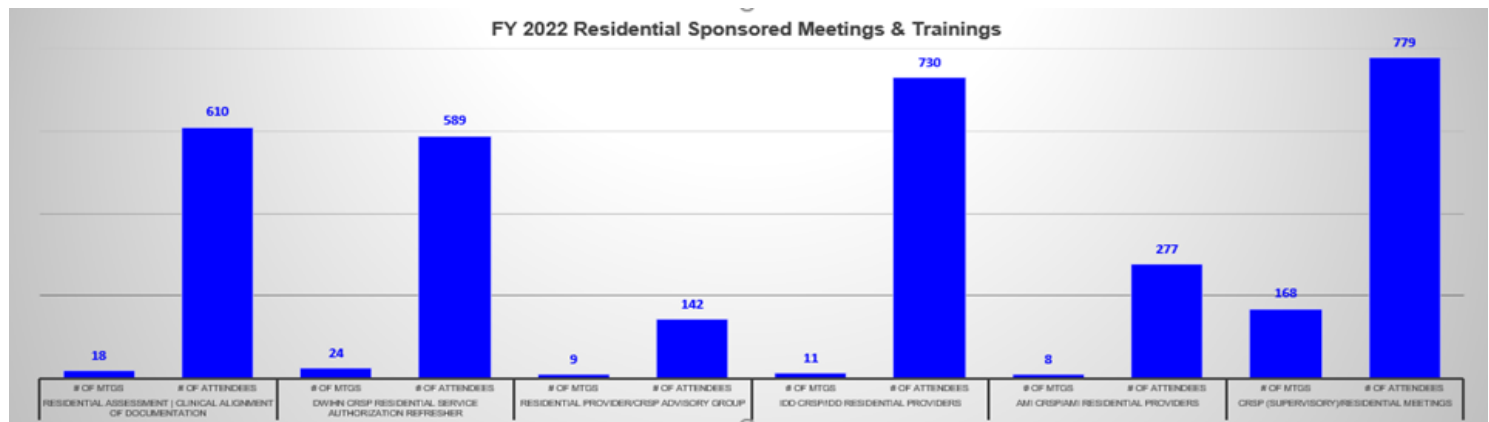
Department Summary – Key components of Residential program included:

- Training of CRSPs and specialized residential providers with regard to documentation of progress notes and residential processes
- Improved efficiency of placing members into specialized residential settings of their choice
- Developed an on-boarding process to evaluate the appropriateness of potentially new specialized residential providers
- Increased efficiency in completing residential assessments for members designated as IDD
- Improved inter-departmental interactions to identify ways to address residential provider issues and in some cases develop Plans of Correction
- Working with Quality department to support residential providers, CRSPs and other service agents within the DWIHN network to become Home and Community Based Services (HCBS) compliant

MHWIN Residential Assessments

	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEPT 2022	Year End
# of Requests RECEIVED	216	120	93	209	254	183	212	124	146	247	289	273	2366

Department Trainings

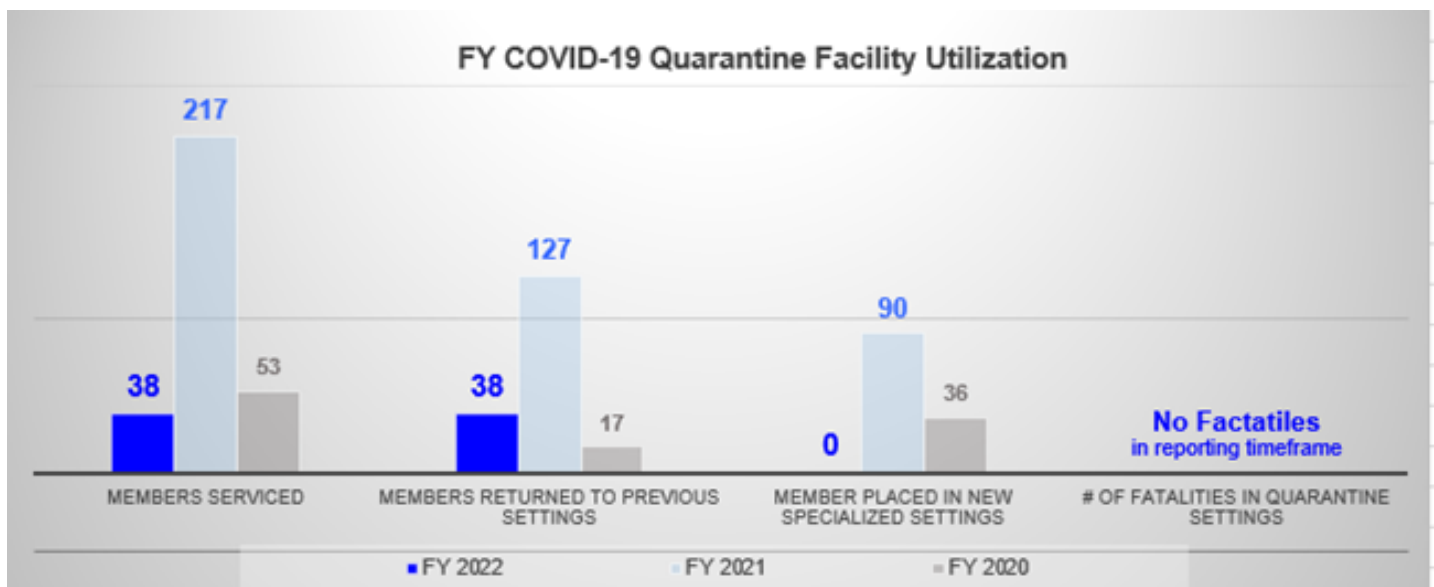
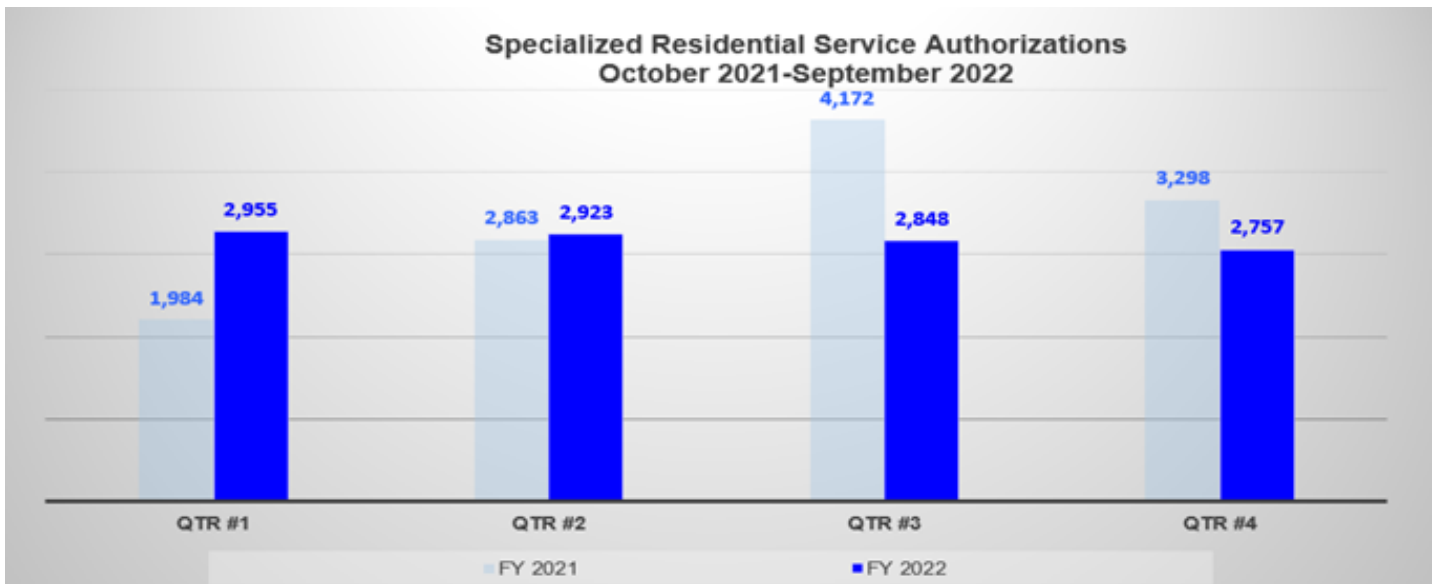


Residential Service Authorizations

	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEPT 2022	Year End
# of Auths PROCESSED	1,168	905	882	804	1,087	1,032	935	878	1,035	997	969	791	11,481

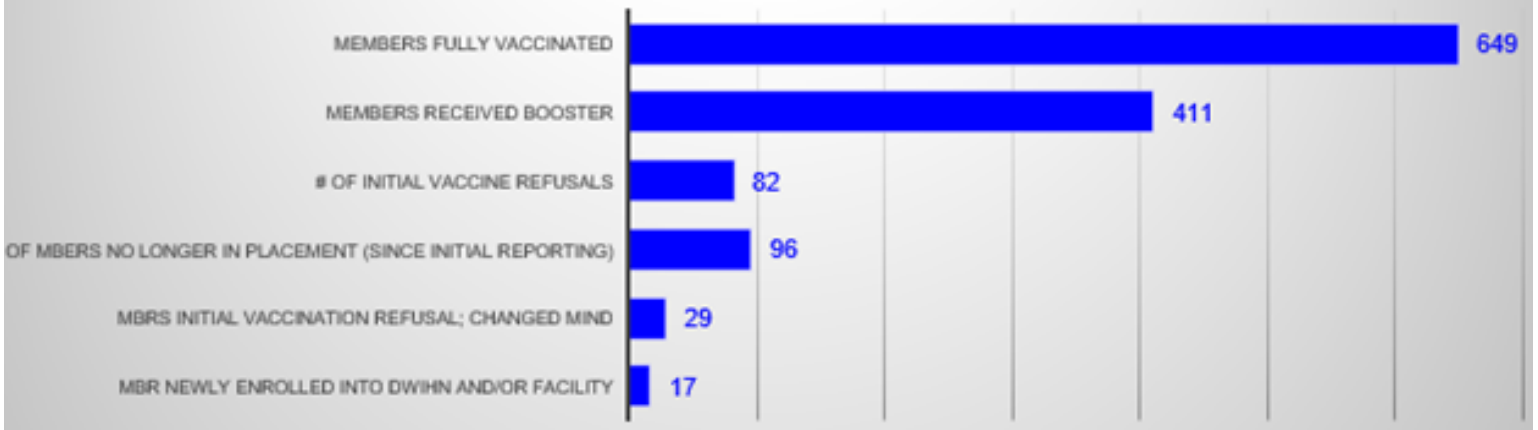
RESIDENTIAL SERVICES

- The residential unit began conducting case conference reviews with CRSP providers in March 2022 to try to alleviate the amount of authorizations in the residential queues and to help bridge the gap between the CRSP support coordinators and case managers and the residential unit. Since March, 148 case conferences were held with various CRSP provider support coordinators and case managers to help put a face to the residential unit Authorization team and allowed them to ask questions about clinical documentation. Emails were also sent after each case conference with a summary of what was discussed and next steps.
- There was a Fee Schedule Rate Change in January 2022 which effected both licensed and unlicensed contracted home authorizations. The Residential Unit was tasked with updating authorizations for members that were not completed during PCE updates.

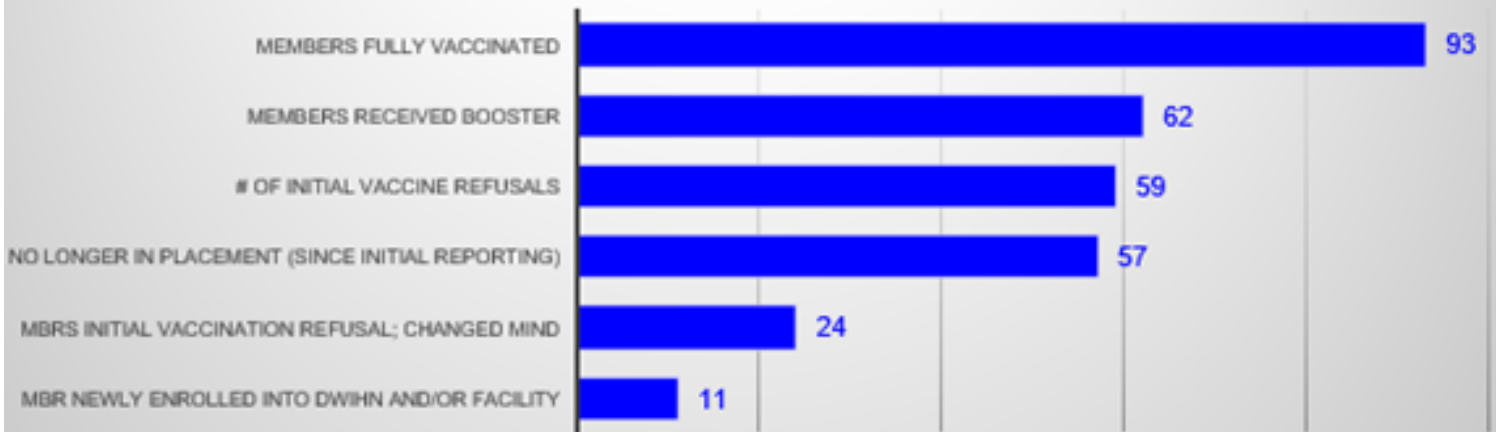


RESIDENTIAL SERVICES

**COVID-19 Vaccination & Booster Reporting:
Members in Licensed Settings**



**COVID-19 Vaccination & Booster Reporting:
Members in Unlicensed Settings**



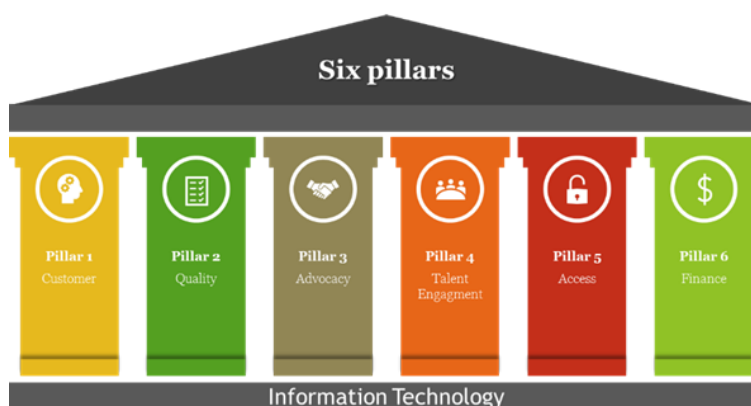
STRATEGIC OPERATIONS

The Strategic Operations department was revamped in February 2022 to ensure the consistent operationalization of the organization's Strategic Plan, the accompanying pillars and oversight of streamlining and creating efficiencies with accrediting and governing bodies. A licensed Clinical Psychologist was hired with extensive experience in strategic planning to review the Strategic Plan.

Strategic Operations Focus			
DWIHN Strategic Plan FY23-25	NCQA Oversight	Integration of Clinical Programs	New Strategies and Innovation

The current Plan is being updated with input from the DWIHN Board of Directors. The department's Project Manager plays a key role in ensuring that Directors can identify measurable successes and develop new goals that will enhance the mission and vision of the organization.

Proposed Draft 2023-2025 Strategic Plan Pillars:



The Provider Network, the practitioner and provider surveys have been streamlined to ensure the needs of providers and members are met.

NCQA Oversight:



STRATEGIC OPERATIONS

The organization is undergoing its second National Committee for Quality Assurance (NCQA) review. On a monthly basis, the department generates a report which is indicative of on-going continuing education, staff presentations and new tools to increase the efficiencies of DWIHN practices.

Accomplishments, Achieved Goals and Recognition:

- Developed NCQA monitoring processes and ongoing staff trainings on accreditation compliance
- Developed Departmental Tool to Assess department strengths and made recommendations to increase efficiencies
- Responded to Practitioner and Provider requests to revise surveys and developed a condensed tool to assess the needs of providers, practitioners and members
- Developed draft Strategic Plan for FY23-25
- Refined Risk Matrix
- Developed Survey Collaboration Committee
- **Assist Marketing Committee with marketing, planning and social media goals**
- **Reaccreditation of Certified Alcohol and Drug Counselor (CADC)**

Ongoing Strategic Planning Goals:

- Determine Strategic Position and goals for each pillar
- Develop a plan to address goals and objectives
- Execute and Manage the Plan
- Review and Revise the Plan



SUBSTANCE USE DISORDERS

Substance Use Disorder

THE DWIHN Substance Use Disorder (SUD) department has seen an increased demand for SUD treatment and mental health services. DWIHN served 13,010 persons in Wayne County for substance use disorders.

In FY 2022, the SUD Department was awarded nearly \$6,000,000.00 in COVID-19 Emergency grant funds from the Michigan Department of Health and Human Services (MDHHS). This grant allowed the expansion of SUD and strengthening of services.

Major Department Initiatives

- Increased Naloxone Efforts
- Increased Screening, Brief, Intervention, and Referral to Treatment
- Increase Opioid Response Network
- Increased Providers Clinical Support System (PCSS)
- Increased Sleeping Bag Coat and Outreach Initiative
- Increased Harm Reduction Efforts
- Increased Health Care Center Collaborations
- Increased Community Coalitions and Influence Policy
- Increased SUD Health Home Efforts
- Increased Referrals for Pregnant and Post-Partum Women
- Increased Communicable Disease and Hepatitis C Efforts

Reduction in Drug Overdoses and Drug-Related Infectious Diseases

Preventing overdose mortality and morbidity is a top priority. In 2021, 108,000,000 people died from a drug overdose. The chart shows the number of members who received SUD treatment for opioid use disorder in FY 2022. That number has decreased from FY 2021. However, opioid use remains a problem in Wayne County with an influx of fentanyl into the region.

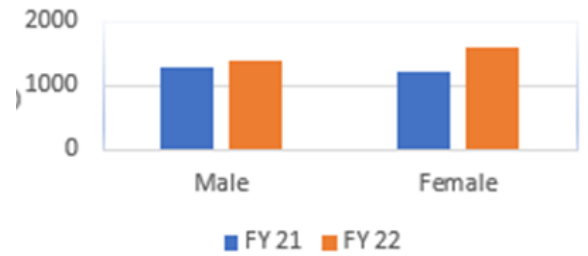
AGE: Persons in the 30-39 age range are most often treated for opioid use disorder (OUD). However, there was an increase in the number of youths with an OUD diagnosis under 20 in fiscal year 22.

GENDER: The number of males with OUD diagnosis in treatment exceeded that of females in FY 22.

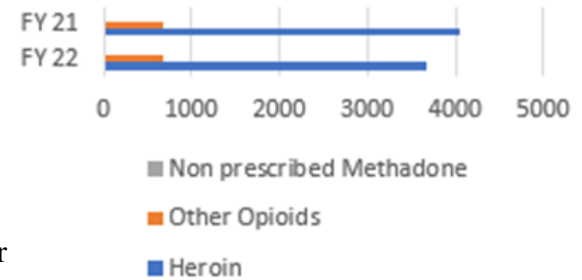
Hepatitis C: Through our Hep C and HIV efforts, providers were able to identify and refer **112** persons to treatment, thereby reducing the spread of infectious diseases in the community

Another strategy to save lives is Narcan distribution. Narcan was distributed to reverse opioid overdoses. A total of **1,892** was distributed, **341** through our State Opioid Response Initiative

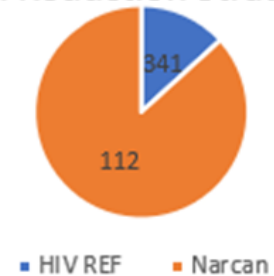
Admission by Gender



Admissions for Opioid Use



Harm Reduction Strategies



SUBSTANCE USE DISORDERS

Since 2019, DWIHN has responded to this need to provide gambling services by funding prevention, treatment, and recovery support services guided by a public health approach that considers behavioral, economic, and cultural determinants that influence gambling and health. This approach incorporates education, prevention, treatment, and recovery efforts that work together to minimize the potential negative impacts of gambling on individuals, families, and communities. Below are activities that were provided for FY 22

85 members received problem gambling, intervention, treatment, and recovery support services.

Over 200 screenings were conducted on problem gambling, resulting in **31 referrals** for assistance.

21 staff members completed the required 30-Hour Gambling Disorder training, resulting in over 600 hours of gambling training

State Opioid Response

DWIHN was awarded State Opioid Response funding in 2019 to reduce overdose deaths related to opioids in Michigan. The State Opioid Response (SOR) Grant is a comprehensive program to combat the surge of opioid-related overdoses focused on prevention, treatment, and recovery services. Prevention services have a two-tier approach to prevent the onset of addiction in high-risk population groups and prevent fatal overdoses through the distribution of naloxone. Treatment services address the onset and progression of opioid and stimulant use disorders, designed to help the individual progress to remission. Finally, recovery programs are designed to empower and engage individuals in recovery and prevent relapse.

Mobile Units

Mobile care units offer counseling, therapeutic, and physical health services. The units have an area for intake and scheduling, a restroom for urine screenings, and private rooms for counseling. In addition, harm reduction activities, including overdose education, food pantry, COVID testing, fentanyl test strips, sleeping coats, and naloxone distribution, are provided.

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



SUBSTANCE USE DISORDERS

Sleeping Coat Outreach Initiative

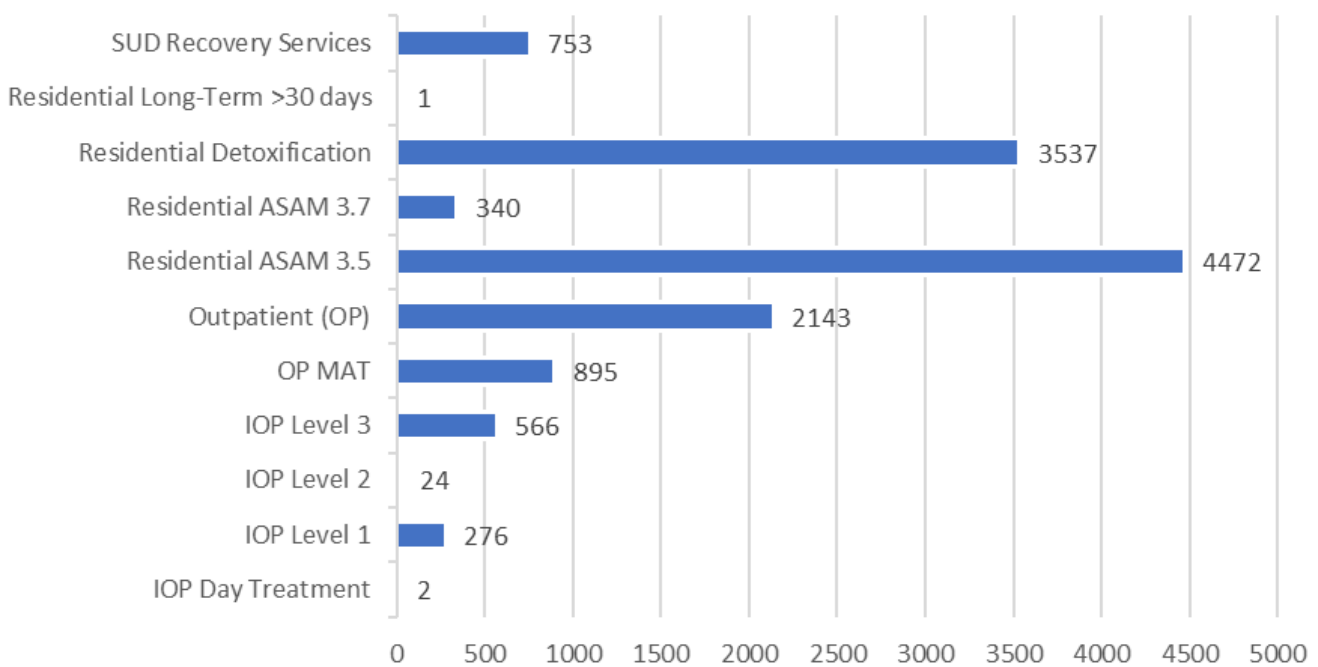
On August 30, 2022, the SUD Department coat distribution took place teaming up with the Empowerment Plan, the SUD department distributed 700 sleeping bag coats to providers who work directly with the homeless community. The amazing sleeping bag coat provides much-needed warmth and protection for those suffering on the streets. Additionally, the coat is a valuable resource for our providers who offer outreach services as they continue to work to meet the ever-changing needs of individuals experiencing SUD and homelessness in the community.



Level of Care (LOC)

There are four main levels of treatment for substance abuse: Level I- outpatient treatment. Level II -intensive outpatient treatment. Level III residential treatment, Level IV -withdrawal management treatment. During FY 22, there were 3,001 members treated for outpatient treatment services, 895 new admits for opioid Treatment Program services, 4,812 residential services, 3,537 for withdrawal management services, and 753 treated for recovery support services.

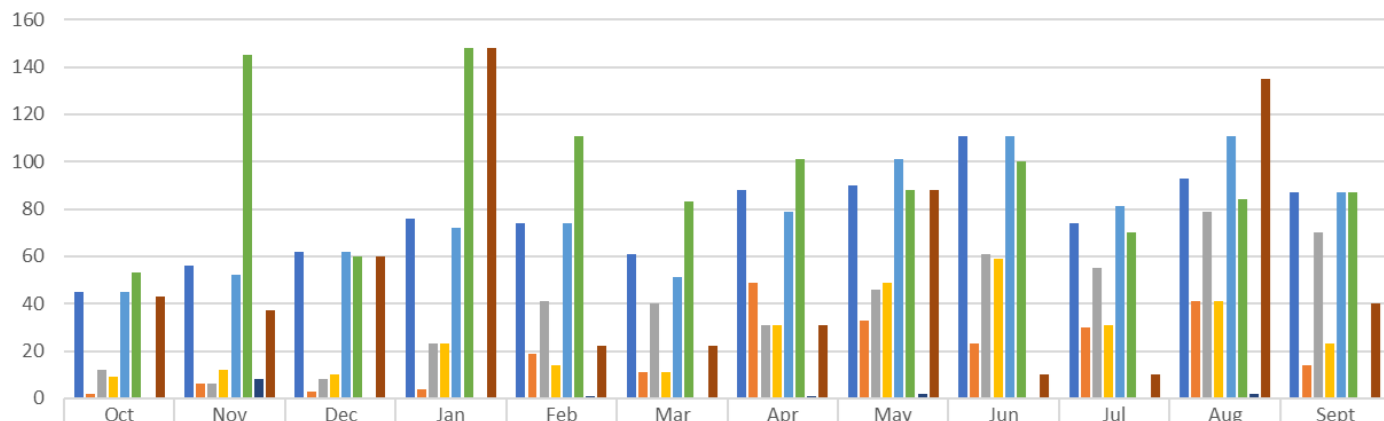
Admissions by Level of Care



SUBSTANCE USE DISORDERS

Mobile care unit programs continue to exceed expectations increasing access to services and naloxone. Programs have not reached the volume achieved Pre-COVID; however, additional mobile care units have been deployed, and social distancing protocols are in place to serve all individuals while keeping them safe.

State Opioid Response Mobile Care Unit FY22



■ Screening ■ Referral ■ Counseling ■ Basic Primary Care ■ Peer Services ■ Narcan Distr. ■ Narcan Saves ■ Fentanyl Distr.

Recipient Rights & SUD

The SUD Department is responsible for conducting recipient rights investigations made by individuals receiving SUD services when assigned by the Office of Recipient Rights (ORR). To carry out this mission, the SUD Recipient Rights Consultant ensures each agency has a Recipient Rights Advisor that oversees rights complaints. In conjunction with the agency Recipient Rights Advisor, the Recipient Rights Consultant investigates based on the complaint, compliance with contract requirements, and supporting documentation. In FY 22, 36 SUD complaints were submitted and eight were received from Providers. Investigations focus on individual care, environmental processes, and policies. Fifteen Provider sites received 29 formal complaints, and 15 informal complaints were made. Of those complaints, 27 were related to program policy and procedures, four were related to environmental complaints, and 30 were directed at staff complaints. All complaints are reviewed and addressed. The SUD Department is committed to protecting individuals who come forward to complain of conduct that they find inconsistent with our policy. If opportunities for improvement are identified, DWIHN works with the agency to correct practices and procedures so that they meet or exceed expectations. To date, 43 cases have been closed and resolved; 39 were unsubstantiated, four were substantiated, and 1 case is pending.

SUBSTANCE USE DISORDERS

SUD and Gambling Disorder

The DWIHN Gambling Disorder Prevention Project (GDPP) works to prevent gambling disorders throughout the region through partnerships with local providers and regional efforts. Gambling is the act of wagering something of value on the outcome of an event involving chance. In Michigan, these games of chance include bingo, raffles, horse racing, lottery, and casinos. Unfortunately, while most people can enjoy gambling as a controllable form of entertainment, others develop a habit that negatively affects their physical, emotional, and financial health. Wayne County is home to 3 full-service casinos. Since proximity to a major gambling facility significantly increases the likelihood of compulsive and problem gambling behavior, DWIHN is now part of the Gambling Disorder Prevention Project (GDPP), funded by MDHHS. The SUD Department works closely with providers to assess gambling prevalence and raise awareness about its risk factors. The long-term goal is to improve outcomes for those with co-occurring SUD and gambling disorders.

DWIHN is using the Stacked Deck curriculum which is an effective evidence-based gambling prevention training that has shown significant and sustained changes among young people.



DWIHN is working with three providers to provide Residential Gambling services. DWIHN's Call Center is equipped to conduct a brief screening using the NODS Gambling screening tool. Based on the outcome, a referral can be made to one of the three programs in conjunction with their SUD concerns.

Agency	Location	Contact Number
Elmhurst/Naomi's Nest	245 Pitkins, Highland Park, 48203	313 867-1090
Mariner's Inn	445 Ledyard, Detroit, 48201	313 962- 9446
Sobriety House	2018 W. Grand Blvd, Detroit, 48208	313 895-0500

SUBSTANCE USE DISORDERS

Naloxone Initiative

Each year thousands of individuals die from opioid overdoses, with oxycodone, morphine, and fentanyl accounting for a significant number of deaths in Detroit, Wayne County. To support the Governor's initiative to respond to the increase in opioid overdose-related deaths, DWIHN began providing free Naloxone (Narcan) training and kits in 2016 to all Wayne County residents.

DWIHN's Narcan Initiative program has saved 886 lives since its inception. The life-saving drug reverses an opioid overdose. DWIHN partnered with Wayne State University (WSU) in purchasing the vending machines which are located at two provider organizations: Quality Behavioral Health and Abundant Recovery Services. The vending machines dispense free Narcan kits.

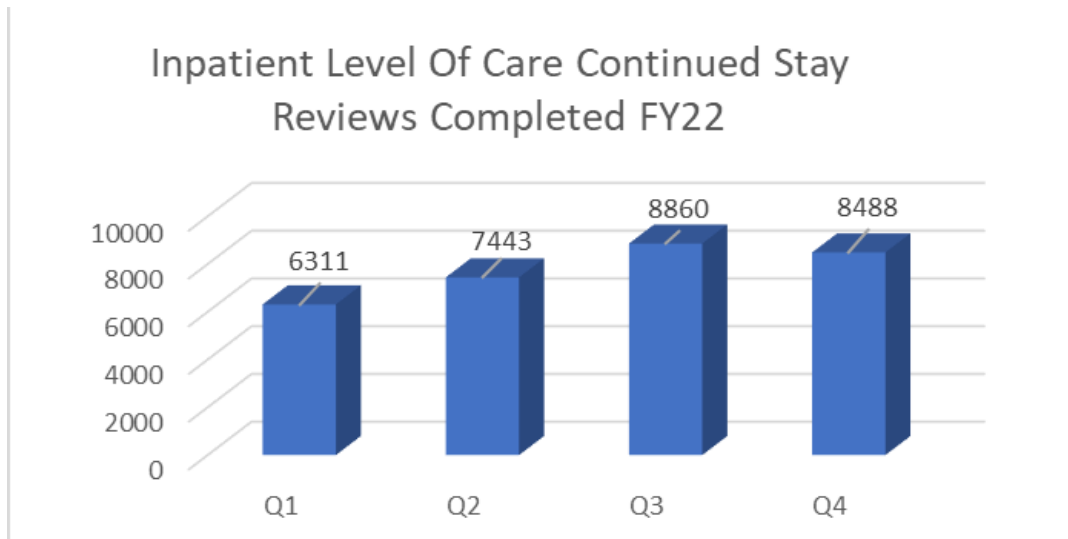
In addition, DWIHN offers free life-saving training to local small businesses including barbershops, beauty salons and night clubs throughout Wayne County. A Narcan kit contains gloves, a CPR mask, and 2 nasal sprays. Anyone can get Narcan, including family members, friends, and caregivers of at-risk individuals.

If you are interested in receiving free training, log onto the DWIHN website and request a training and a kit:
<https://www.dwihn.org/SUD-narcan-training-request-form>



UTILIZATION MANAGEMENT

The role of the Utilization Management (UM) Department is to manage and monitor the utilization of services of DWIHN members. The department reviews service requests for medical necessity, ensuring appropriateness for an identified level of care.



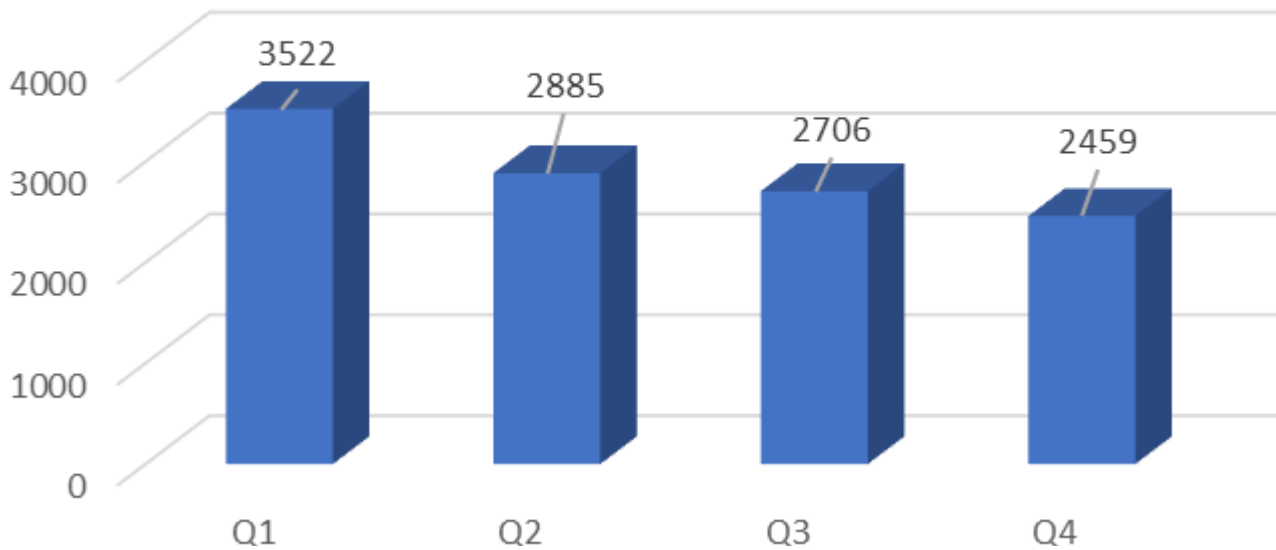
- The areas of work include the review of Outpatient Authorization Requests, Acute Inpatient Psychiatric Hospitalization, Partial Hospitalization, Crisis Residential Services, Substance Use Disorder Services, Autism Services, HSW (Habilitation Support Waiver), COFR (County of Financial Responsibility) and General Fund authorization requests. Some of the FY 22 department accomplishments include:
- Continued training on Electronic Review Process via MHWIN for Inpatient Psychiatric Hospital providers. As of September 2022, all contracted Inpatient Psychiatric Hospitals are utilizing the Electronic Review Process.
- Collaboration with the Quality Department regarding ongoing HSAG and NCQA Accreditation
- Collaboration with the Residential Department regarding developing discharge plans for members with complex needs.
- Collaboration with the Crisis Services Department regarding developing a discharge plan process flow for members who have had an Inpatient Psychiatric Hospitalization.
- Participated in interdepartmental focus groups to address the notification of CRSP providers when members present to the ERs and/or admissions and discharges, ensuring members are scheduled for timely discharge appointments, managing ACT referrals, increased use and implementation of Assisted Outpatient Treatment orders and utilization of SUD services
- Cross-training on outpatient service authorization requests including the Autism Benefits

Hospitalizations

To decrease length of stay and hospital admissions, UM conducts bi-weekly case conferences with the physician consultant to review cases with lengths of stay greater than 14 days. Additionally, UM continues its interdepartmental collaboration with Crisis Services, Residential and Integrated Care to reduce lengths of stay, rates of recidivism and ensure individuals are transitioned to the appropriate level of care and service type.

UTILIZATION MANAGEMENT

Hospital Admissions FY 22



Alternative Levels of Care

Continued service provision during the COVID-19 pandemic has resulted in decreased unit capacity, units dedicated to individuals who test positive for COVID, and staff testing to ensure the health and safety of the consumers. The Crisis Residential Units provide a short-term alternative to inpatient psychiatric services for individuals experiencing an acute psychiatric crisis. Services are designed for a subset of individuals who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. This level of care has continued to be an integral part of our treatment and service provision to our members.

Partial Hospital is a cost-effective diversion and alternative to inpatient hospitalization, as clinically appropriate. It offers a structured treatment setting, inclusive of individual and group therapy, psychoeducation, skill-building practice, and periodic evaluations but allows for the individual to return home.

FY '23-24 Department Goals:

- Implementation of ongoing Authorization, Code, and Modifier training for Provider Network
- Expansion of Electronic Review Process to Crisis Residential and Partial Hospital providers
- Continued implementation of updates to current processes and procedures that reflect 42 CFR requirements including oral notification of members, use of extension letters for decision timeframes, updated language in Adverse/Adequate Benefit Determinations, ongoing staff training to support departmental changes
- Continued cross-training of Clinical Specialists
- Development and Implementation of a Hospital UM Provider Meeting that will convene regularly to ensure positive rapport building and collaborative working relationships with inpatient psychiatric hospital UM Teams.
- Development and Implementation of a collaborative Discharge Planning process with Crisis Services and Access Teams to ensure appropriate and supportive discharge plans for members, as well as to assist with reducing recidivism and over-utilization of higher levels of care.



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

