



# Detroit Wayne Mental Health Authority

2017 - 2018 Annual Report

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# Message from the President and CEO and the Chair of the Board



The Detroit Wayne Mental Health Authority is committed to the citizens it serves. We believe in choice, inclusion, dignity and respect. This was the year we began discussing System Transformation which meant eliminating the Managers of Comprehensive Care (MCPNs) and working directly with the Provider Network. This has been substantial and necessary to ensure that more resources will be directed to the nearly 75,000 people receiving services from DWMHA. Our top priority has been that services would not be interrupted and that this significant system-wide transformation would not affect the people we serve. Change is now underway.

Moving forward, we will be working closely with Providers that will take a holistic approach to care in these five areas: behavioral, economic, physical, social and spiritual. We are moving from being a “funder” of care to a “manager” of care and in the process, positioning DWMHA in becoming a national leader in supporting the people it serves.

This is a monumental undertaking but I am confident our leadership, our staff and the thousands of caregivers and Providers that work tirelessly every day to ensure the safety and protection of the people we serve, are up to the challenge. I am excited about the direction DWMHA is going and I am looking forward to the future.

Willie E. Brooks, Jr.  
President and CEO



On behalf of the DWMHA Board of Directors, I am pleased with the progress of the 2018 Annual Report and the work accomplished by DWMHA staff. As the system of care and supports for citizens with developmental disabilities, mental illness, serious emotional disturbances and substance use disorders in Detroit and Wayne County, we are a broad safety net organization for children, youth families and adults in need. This year DWMHA charted a new course to assume direct management of our provider network. System transformation will bring innovation and effective use of resources to move us closer to holistic care; our goal of comprehensive integration of behavioral and physical health care to improve the lives of the people we serve.

I want to take this opportunity to thank all our dedicated staff and leadership for their commitment to excellence and to maintaining DWMHA as a premier public behavioral health system. This year has demonstrated that the Authority is an organization of bold action and progressive change. The Board of Directors and I look forward to continued success as we work with providers, advocates, community partners, and stakeholders to better the lives of individuals and communities.

Cheryl C. Munday, Ph.D.  
Chairperson, Board of Directors



*Dr. Cheryl Munday  
Chairperson*



*Dr. Iris Taylor  
Vice-Chairperson*

## ***Board of Directors 2017 — 2018***



*Bernard Parker  
Treasurer*

*The Detroit Wayne Mental Health Authority is a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.*



*Heather Underwood  
Secretary*



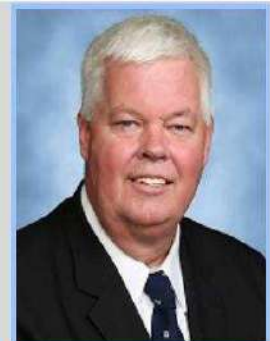
*Ghadda Abdallah, RPh*



*Dorothy Burrell*



*Angelo Glenn*



*Tim Killeen*



*Kevin McNamara*



*Herbert C.  
Smitherman, Jr., MD*



*Dr. Cynthia Taueg*



*William T. Riley, III*



*Angelo Glenn  
Chairman*



*Ghadda Abdallah*

***Substance Use Oversight Policy  
Board of Directors  
2017 — 2018***



*Thomas Adams*



*Dr. Cynthia Arfken*



*Thomas Fielder*



*Jim Perry*



*Margo Martin*



*Monique Stanton*



*William Riley*



*William Ventola*



*Jewel Ware*



## **Mission**

We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

## **Vision**

To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

## **Values**

- We are a person-centered, family and community focused organization.
- We are an outcome, data-driven and evidence-based organization.
- We respect the dignity and diversity of individuals, providers, staff and communities.
- We are 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.



DWMHA is proud of its full three-year accreditation as the Managed Behavioral Healthcare Organization by the National Committee on Quality Assurance (NCQA).

This accreditation means that DWMHA maintains the highest quality standards and practices when it comes to clinical performance and consumer experience.

NCQA uses measurement, transparency and accountability when measuring and accrediting organizations.

# Population Demographics

**Gender FY-2018**

Description	Consumers	Percent
Male	40,152	54.55
Female	33,428	45.42
Unreported	14	0.01
<b>Total</b>	<b>73,594</b>	

**Residency FY-2018**

Description	Consumers	Percent
Detroit	38,532	52.35
Out County	35,062	47.64
<b>Total</b>	<b>73,594</b>	

**Language FY-2018**

Description	Consumers	Percent
English	56,737	77.09
Unreported	14,344	19.49
ARABIC	1,250	1.69
SPANISH	930	1.26
Other	333	0.45
<b>Total</b>	<b>73,594</b>	

**Age Category FY-2018**

Description	Consumers	Percent
0 - 17	16,036	21.78
18 - 21	3,753	5.09
22 - 50	32,277	43.85
51 - 64	16,811	22.84
65+	4,719	6.41
<b>Total</b>	<b>73,596</b>	

**Race FY-2018**

Description	Consumers	Percent
Black or African American	38,879	52.82
White	22,907	31.12
Other race	4,305	5.84
Two or more races	3,715	5.04
Unreported	3,189	4.33
Asian	314	0.42
American Indian (non-Alaskan)	228	0.30
Native Hawaiian or other Pacific	49	0.06
Alaskan native (Aleut, Eskimo)	10	0.01
<b>Total</b>	<b>73,596</b>	

**Disability Designation FY-2018**

Description	Consumers	Percent
SMI	39,398	53.53
SED	12,274	16.67
DD	11,097	15.07
SUD Only	7,879	10.70
MI	2,100	2.85
Unreported	786	1.06
ED	62	0.08
<b>Total</b>	<b>73,596</b>	

Description	Consumers	Percent
Co-occurring (SUD + BH)	3,982	5.41
<b>Total</b>	<b>3,982</b>	

Disability Designation Abbreviations

SMI – Seriously Mentally Impaired  
 SUD – Substance Use Disorder

SED – Serious Emotional Difficulty  
 MI – Mentally Ill

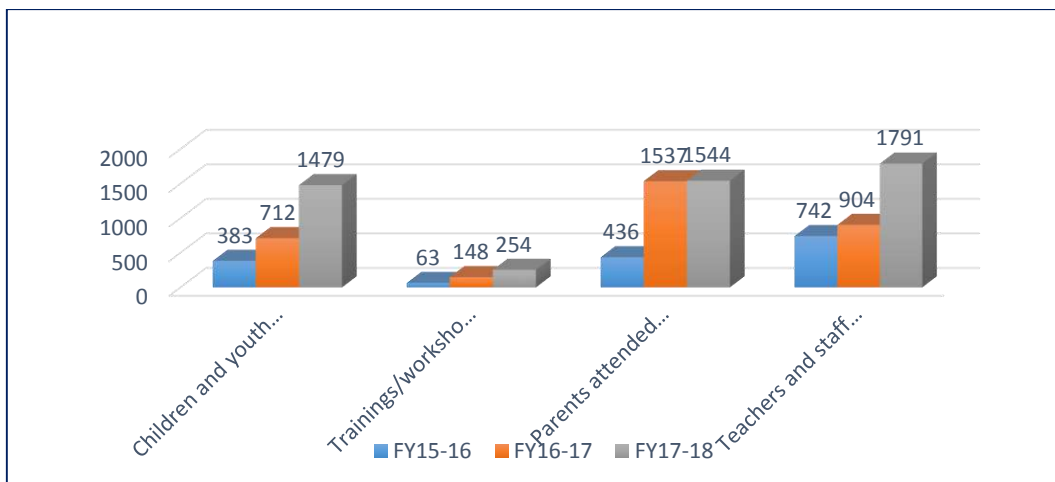
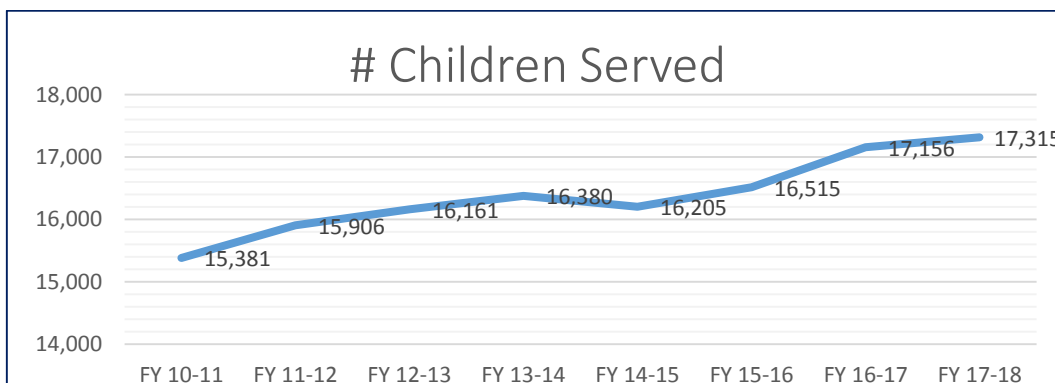
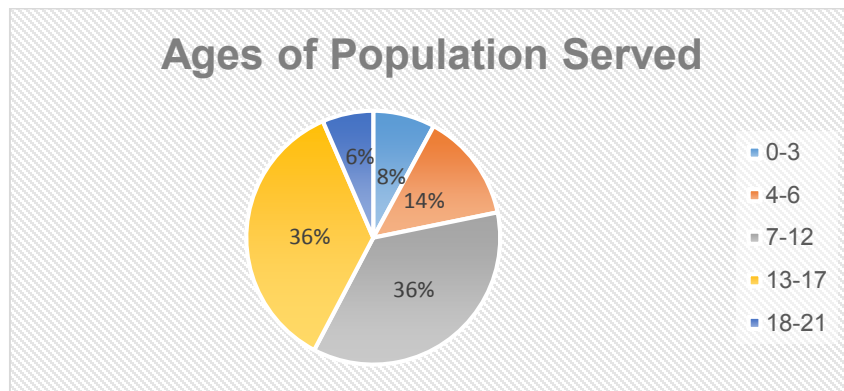
DD – Developmental Difficulty  
 ED – Emotional Difficulty

# Children's Initiatives

## School Based Mental Health Initiative

The School Based Mental Health Initiative (SBMHI) is provided by 12 Community Mental Health agency providers to students and families of 73 Wayne County Schools. The focus of SBMHI is to deliver prevention services to children, youth, parent education groups and provide professional development for educators. Services offered by CMH providers include: referral process, screening, assessments, individual and group therapy, crisis intervention, targeted case management, parent education groups, and professional development for educators. 1,479 children and youth received individual services in schools.

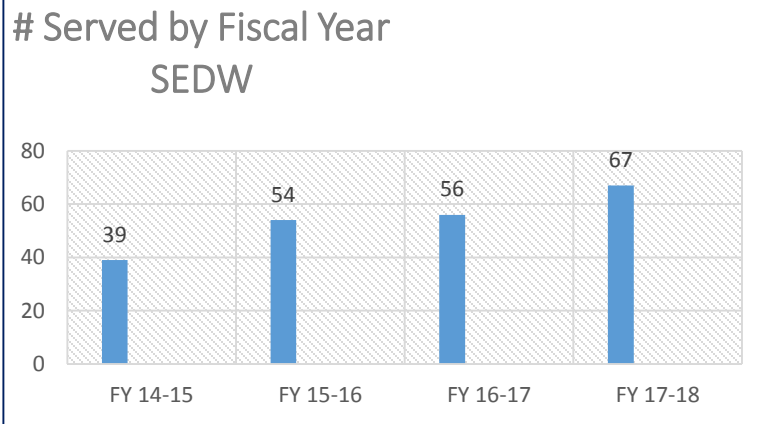
Numbers served over the past 3 years have increased substantially in all areas with the exception of parents attending trainings/workshops in the last year.





# Children's Initiatives (CONT)

## Serious Emotional Disturbance Waiver (SEDW)



The SED Waiver (SEDW) program provides an array of community mental health services to youth ages 0-21 who are involved with child welfare, have been adopted through child welfare, or are seeking community mental health services under Medicaid.

Two additional sites were added to the SEDW provider listing, resulting in an increase in the number of youth served during the fiscal year.

## Infant Mental Health

DWMHA provides infant mental health, home-based parent-infant support and intervention services to families where the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder. The infant mental health specialist provides home visits to families who are enrolled during pregnancy, around the time of birth or during the infant's first year.

## 2nd Annual Youth Spotlight Award Banquet



Youth United hosted its annual Spotlight Award Banquet for youth and families throughout Wayne County. The theme of the event was "A Starry Night". Attendees enjoyed the evening, dining, taking home amazing red carpet pictures and celebrating a night dedicated to recognizing youth who have dedicated their time and efforts in accomplishing personal goals, creating change in the System of Care, and making a difference in their communities.

# Clinical Practice Improvement

The **Clinical Practice Improvement Department** helps lead the organization in innovation by providing effective and efficient trainings to address workforce development needs of the Provider network. We strive to offer continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and resilience.

## **Evidence Based Supported Employment (EBSE)**

Evidence Based Supported Employment (EBSE) also known as Individual Placement Support (IPS), emphasizes helping adults with a serious mental illness obtain and maintain competitive work based on choice in the community while providing the necessary supports to ensure the individual's success in the workplace.

Individuals who were employed, obtained competitive jobs in a number of diverse industries in the community, such as manufacturing, food service, hospitality, healthcare, janitorial, customer service and retail with an average hourly wage of (\$10.90), including full benefits. Jobs acquired included package handler, general laborer, security guard, janitor, food service aid, machine operator, receptionist, head housekeeper, lead IT instructor, tutor, Maintenance Manager, car detailer and peer coach.

## **Court Programming**

Mental Health Court is a successful program under the direction of Chief Judge Timothy Kenny. There were 70 participants in the program during the past year. The program seeks to maintain recidivism at or below 10% annually while continuing to provide Trauma informed and Trauma specific services throughout the program.

Downriver Veterans Court saw 66 participants. Staff continues to increase awareness of Veterans Treatment Court with participating courts to encourage the transfer of Veterans that would benefit from the additional support and resources from the program, over traditional probation.

**Veteran Navigator** services were funded by MDHHS which allowed DMWHA to hire a veteran who is responsible for connecting, engaging and linking fellow veterans to care. The position was filled in April 2018 and in that short time, the Navigator attended more than 80 events and directly helped navigate over 40 veterans through the system.

## **Crisis Intervention Teams (CIT)**

DWMHA has successfully brought together law enforcement from across Wayne County and provided crisis training resulting in officers having the knowledge and ability to:

- Reduce stigmatization of persons with mental illness
- Prevent unnecessary restraint, incarceration, and hospitalization
- Help prevent injury to officers, family members, and individuals in crisis
- Link individuals with mental illness to treatment and resources in the community

# Clinical Practice Improvement (CONT)

**Workforce Development** continues to flourish with over 100 events being coordinated, supported and executed. Data shows that the number of registered active users at the end of fiscal year 2017 was 46,031 with the number of registered active users at the end of fiscal year 2018 being 60,454. These users increased by 14,423. In addition, over 2,000 people were trained in recognizing trauma, mental illness, risk and protective factors of suicide, resiliency, and conflict management and de-escalation.

## **Mental Health First Aid & Suicide Prevention**

There were over 3,000 individuals belonging to the faith based, first responder and educator community that were trained in Mental Health First Aid (MHFA) and Question, Persuade, Response (QPR). There has been an extremely high demand for training coming from all sectors. Since 2016, DWMHA has trained over 16,000 people throughout Wayne County in MHFA and been recognized by the National Council on Behavioral Health for its efforts.

Since 2010, suicide in adolescents has spiked three hundred percent and is the second leading cause of death in youth ages 15-24. With these statistics come heavy concern and a plan for prevention. DWMHA hosts several suicide prevention events throughout the year aimed at educating and reaching out to the younger generation. Anyone looking to sign up for free MHFA or Suicide Prevention trainings can contact [registration@dwmha.com](mailto:registration@dwmha.com)



## **Summer Youth Employment Program (SYEP)**



For the past several years DWMHA has partnered with organizations throughout Detroit and Wayne County in employing young people through the summer growth program. This involves providing a solid mental health foundation which is critical to help prepare children for successful futures. The goal of the program is to invest in our young people and offer them the tools to successfully handle the everyday stresses of life. Specialized training offered them a better understanding of their mental health and how it can impact every aspect of their lives from bullying, aggressive behavior, social relationships and drug and alcohol abuse. Instructions included healthy techniques for self-care, how to properly identify a crisis, positive ways to deal with pressure and promote resiliency.

During the summer months ending September 2018, DWMHA employed 3,677 individuals aged 14-24 through the Summer Youth Program.

# Communications

## Community Education Campaigns

DMWHA began airing educational pieces highlighting depression, developmental disabilities and access to mental health services. The spots ran during various newscasts and TV programming.



There are over 24 rotating community education billboards and bus placements throughout Detroit and Wayne County. All signage carries our 1-800-241-4949 crisis access helpline number. For the last 3 years, since our billboard/bus outreach campaign began – they have been our 2<sup>nd</sup> largest referral source into our system of care.



# Communications (CONT)

## DWMHA CEO Willie Brooks on Flashpoint

In March, new President and CEO Willie Brooks joined a roundtable discussion with WDIV-TV's Devin Scillian and local psychiatrists related to gun violence and mental illness. Lawmakers, public safety officials and educators also discussed the issues.



## Children's Mental Health Awareness Day Carnival

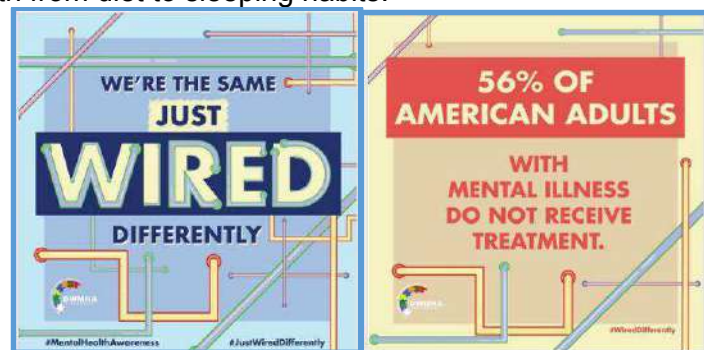


On May 19, in observance of Children's Mental Health Awareness Day, the DWMHA Children's Initiative Department along with Youth United hosted an event for the whole family at Wayne County Community College. The goal was to raise awareness of mental illness in children and youth and showed attendees how to access resources in their communities.



## Social Media

In an effort to continue to spread the message of Mental Health Matters, we launched the "Wired Differently" Social Media campaign highlighting facts on how daily lifestyles impact mental health from diet to sleeping habits.



# Communications (CONT)



To promote Suicide Prevention awareness messaging was focused on hope. Many followers participated in our Twitter Hashtag Roundup to the National Suicide Prevention's #Bethe1 campaign mentioning DWMHA in posts. We posted additional tips of encouragement and that also promoted our 24 hour helpline. Both campaigns helped add significant followers to all of our social media networks.

## NAMI Walk

DWMHA staff, families and advocates supported the Annual NAMI Walk on Belle Isle, staff donated over \$2,500 to the organization for the 5k walk where over 1,000 people attended. The DWMHA walk team was comprised of 30 walkers.



**“It’s OK to not be OK” Mental Health Roundtable with Glenn Close and Debbie Stabenow** DWMHA sponsored the conversation which aired for an hour on WDIV-TV 4 and was then broken up into smaller segments throughout August 2018.



# Customer Service

The **Customer Service Department** is responsible for the following activities for Members: Education & Peer Training, Engagement & Experience, Grievances, Local Appeals/Medicaid Fair Hearings; Outreach, the Welcome Center, Call Center Operations, Customer Service Standards Monitoring and Reporting and Family Support Subsidy.

Its mission is to ensure the accessibility of effective behavioral health services and to continuously exceed customer's expectations. During FY 17/18 the department's focus was on:

- Improving customer experience
- Ensuring appropriate engagement in choice of service and care
- Ensuring people's rights
- Monitoring customer satisfaction
- Enhancing customer and public information awareness
- Met the standards for the National Committee on Quality Assurance (NCQA) accreditation, Health Service Advisory Group (HSAG) compliance and Systems Transformation

## Performance Measurement

- The Customer Service Department is proud to have contributed to the achievement of a three year NCQA accreditation. Final scores of 92% in the area of Member Experience and 100% for Enrollee Rights was commendable.
- "Welcome Center" warmly greeted 4,971 visitors and routed over 31,000 calls.
- The 24-hour Access Center handled approximately 272,780 inquiry calls.
- The Customer Service Appeals division addressed over 600 appeals inquiries as a result of 24,960 advance notices and 27,806 adequate notices being generated by the Provider Network.
- DWMHA's State Fair Hearings received were 36 out of which 28 were dismissed.

## Collaborations

The Customer Service Department engaged in numerous collaborative initiatives. The Member Engagement Unit, (formerly the Office for Peer Participation and Advocacy) became a component of the Customer Service Department in late FY18 and continued to work with peers, advocates and people receiving services to increase the number of people in the workforce, particularly those with intellectual and developmental disabilities. This resulted in a 67% increase of Peer Mentors in the workforce.

## Quality Improvement Initiatives

One of the initiatives was to increase the number of people who have Self-determination arrangements. Several Providers participated in a readiness assessment to determine areas for development and technical assistance. MDHHS's State Self Determination Coordinator offered support with the goal of providing a system wide effort to ensure Self-determination is made available to all people receiving services.

## Advisory Committee and Advocacy

The Constituents' Voice (CV), a Consumer Advisory Committee, was busy in fulfilling its charge to advance community inclusion by emphasizing the importance of the Home and Community-Based Services (HCBS) final rule, which outlines increasing a person's ability to co-design their services and move toward greater independence. Advocates focused heavily on monitoring the legislative changes and what impact privatizing community mental health would have on people receiving services. Relationships with politicians were enhanced. Voter registration drives and public forums on the importance of voting rights for people with disabilities, meeting candidates and understanding the importance of being involved in politics and civic deliberations were key in fiscal year 17/18.

# Customer Service (CONT)

## Candidate Forum

In October, the DWMHA Member Engagement Group held a Candidate Forum to engage individuals about disability related issues. There were over 150 people that attended and more than 20 political candidates. Notably, Representatives Debbie Dingell, Rashida Tlaib and Lt. Governor elect Garlin Gilchrist shared their vision about the future of Michigan.



*Constituent's Voice Members with Willie Brooks; Congresswoman Debbie Dingell discussing advocacy.*



DWMHA staff and Constituent's Voice Members teamed up to engage legislators on their home turf in Lansing on May 2 for the CMHA **Walk a Mile in My Shoes Rally**. The team set up registration tents for Wayne County members to share their stories with lawmakers and connect with others. The event was a success, with over 2,500 attendees from almost every county in the state.

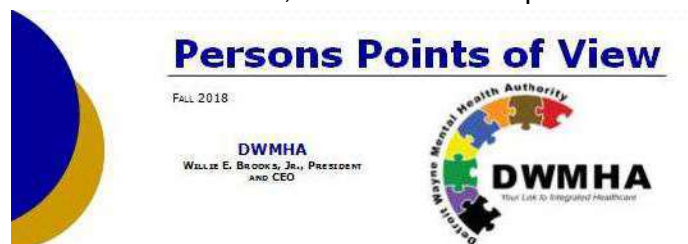
*DWMHA Constituents Voice members Nicole Gowan and Michael Squirewell were Wayne County Flagbearers for the walk.*

## Peer Support

The department coordinated three Peer Support Certification trainings which resulted in 371 DWMHA Peer Support Specialists being trained and certified. The State currently lists 1,827 Certified Peers across Michigan, 20% of those peers are from Detroit Wayne.

## Persons Points of View Newsletter

The member quarterly newsletter, "Persons Points of View" was distributed to MCPNs, Providers, as well as advocacy, advisory and support groups. The "What's Coming Up!" calendar, another valuable publication of upcoming behavioral health events, continued to be updated twice monthly and available to the community.





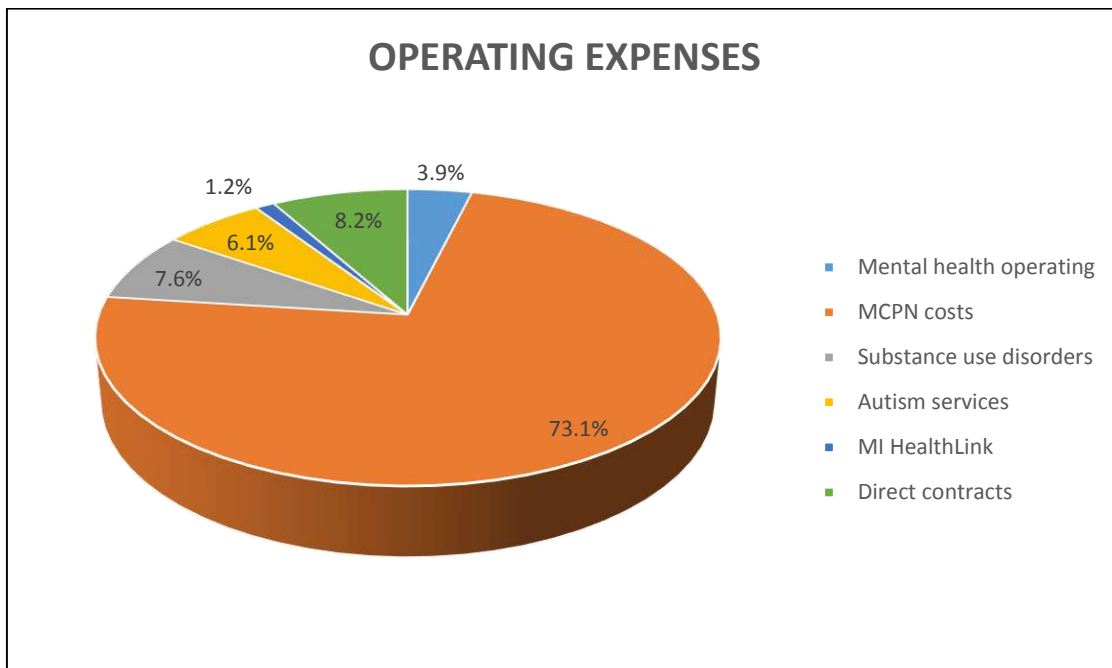
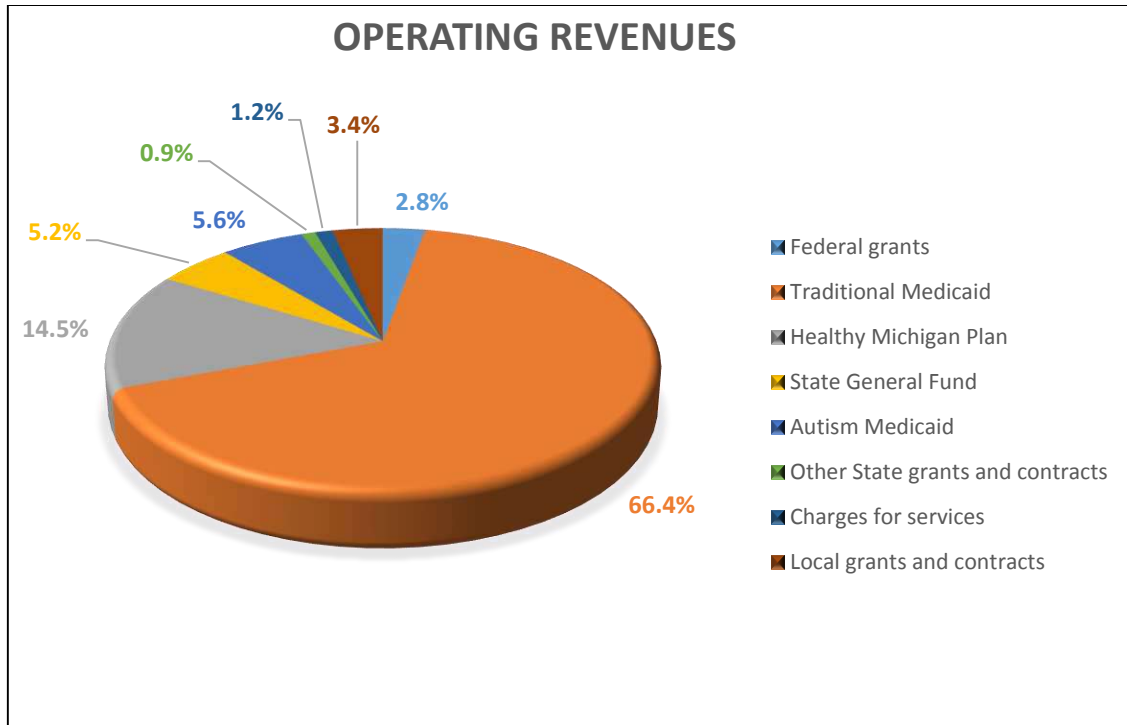
# Facilities

Detroit Wayne Mental Health Authority is growing rapidly each and every day and in order for the **Facilities Department** to keep up with this growth, it too must make changes. Facilities is in the process of implementing a whole new structure to meet these demands. In the past, our organization has looked to outside management companies to oversee maintenance and building up keep. With this new structure, DWMHA will assume the role of those management companies and implement the use of new building management software to help drive this change. We will also be upgrading our building security protocols, building communication system and climate control system. Implementing these changes will allow DWMHA to oversee all facilities, increase efficiency and minimize overall cost.

Also, in an exciting development included as part of the System Transformation, DWMHA has acquired two additional buildings. The first located at 10001 Puritan Ave in Detroit is a 14,400 sq ft two story building. The second located at 8726 Woodward in Detroit is also a two story building that is 22,500 sq ft in size. DWMHA has also recently acquired and built out a suite located within the New Center One building. This will provide a temporary home for Housing Residential, Hospital Liaisons and Utilization Management Staff until we complete the buildout process of the new building locations.



# Finance



# Finance (CONT)

## Insurance FY-2018

Description	Consumers	Percent
Medicaid	44,943	61.06
Healthy Michigan Plan	15,787	21.45
General Fund	8,620	11.71
MI Health Link	4,211	5.72
Child Waiver	28	0.03
SED Waiver	7	0.00
<b>Total</b>	<b>73,596</b>	

## Funding Source FY-2018

Description	Consumers	Percent
Medicaid	46,108	51.28
Healthy Michigan Plan	19,371	21.54
General Fund	8,867	9.86
SUD Block Grant	7,966	8.85
MI Health Link	5,056	5.62
SUD SDA	1,335	1.48
HAB Waiver	1,140	1.26
Mi Health Link Medicaid HAB	67	0.07

# Integrated Health

The **Integrated Healthcare Department** has worked to facilitate the incorporation of behavioral health with other health care services (physical health, substance use, dentistry, etc.) to improve the overall health outcomes for individuals served throughout the DWMHA network. During the past year, the department collaborated with the Wayne County Health Department, Federally Qualified Health Centers (FQHC), and other community partners on various initiatives.

## **Integrated Healthcare and IT Collaborative Block Grant**

DWMHA obtained a Block Grant from the State of Michigan that was designed to improve access to comprehensive data and further integrate health initiatives at the provider level. DWMHA offered trainings to Providers and give them access to their enrollee data through the use of the Case Management Technologies (CMT) population health tool. Currently 14 Providers have access to this tool and they serve more than 45,000 individuals in the network. The CMT tool provides behavioral health Providers access to physical health data they would not otherwise have available to them, such as Medicaid claims from physicians and pharmacies. Education and training was made available around the use of Healthcare Effectiveness Data & Information Set (HEDIS) measures to develop targeted quality improvement initiatives. The Integrated Care department encouraged DWMHA service providers to utilize this application to help them guide their own Integrated Care initiatives. In collaboration with Harbor Health, the Integrated Care Dept. also developed a Quality Improvement Plan to improve control of hypertension.

## **MI Health Link**

MI Health Link is the dual eligible (Medicare/Medicaid) demonstration project with CMS, the State of Michigan and Integrated Care Organizations (ICO). DWMHA, as the Prepaid Inpatient Hospitalization program (PIHP), is contracted to provide the behavioral health and substance use benefits for all Wayne County enrollees in the MI Health Link program, around 20,000 people. The goal is to improve the coordination of care for members and simplify payments to providers. Integrated Care Department staff participated in monthly care planning meetings with each of the five ICOs in efforts to improve the healthcare of enrolled individuals through coordination of care. Staff also attended and participated in the quarterly Quality Operations meeting facilitated by Michigan Department of Health & Human Services (MDHHS) and Centers for Medicare and Medicaid Services (CMS). Total new referrals received in FY 17-18 was 2,764.

## **Collaboration with Medicaid Health Plans**

In an effort to identify gaps in service and improve care coordination, the Integrated Care Dept. met with each of the 8 Medicaid Health Plans in Wayne County monthly to identify high risk individuals, exchange information, and develop shared care plans.



# Integrated Health (CONT)

## Complex Case Management

The Complex Case Management program identifies high risk individuals using population health data, and through referrals from providers, hospitals, and individuals or families themselves. The program helps link individuals with medical, behavioral and community resources so that they obtain needed services and move forward in their recovery. DWMHA received full accreditation from NCQA in 2018 and received 100% compliance in the area of Complex Case Management.

## Integrated Care Initiatives

The collaborative project with the Detroit and Wayne County Health Departments regarding the response to the Hepatitis A epidemic was successfully completed for FY 17-18. Clinics were scheduled on site at DWMHA's SUD service provider locations and Community Mental Health Clinics. Education and vaccination was offered to adults age 18 years or older and was provided free of charge to the individual. DWMHA scheduled free weekly clinics at locations throughout Wayne County. Data was collected and submitted to the State, please see below chart. The Integrated Care department continued the partnership with the health departments to facilitate continuation of certain aspects of the project, including follow-up with community providers to ensure that additional clinics are scheduled to provide increased community awareness and public notification about vaccination availability for Hepatitis A for high-risk populations.

### Screening Data April 2018 through October 2018

At Risk Population					
	History of substance abuse	Currently homeless or in transient living	Men who have sex with men	History of incarceration	Presence of underlying liver disease
<b>Vaccinated</b>	530	530	82	530	110
<b>Educated</b>	682	682	82	682	110
<b>Total Educated and/or Vaccinated</b>	682	682	82	682	110



## myStrength

DWMHA continues to provide free access to the myStrength app to providers, people receiving services and community members. The system is safe and secure, offering personalized resources to improve mood. The tools from the web and mobile app provide motivation, inspiration and information to help overcome challenges from mental health issues to drug and alcohol abuse. Visit the website or download the app, use the appropriate access code below, complete the sign up process with a brief wellness assessment and personal profile and get connected.

**Member/Consumer:** DWMHAc  
**Provider staff person:** DWMHastaff

**Care Giver/Guardian:** DWMHAcare  
**Community Member:** DWMHAp

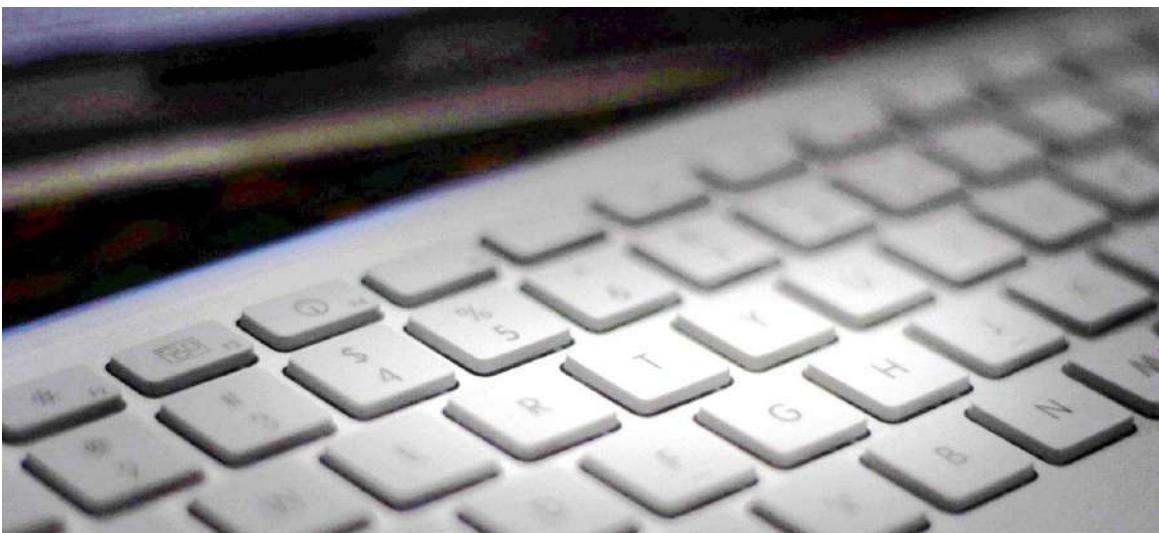
# Information Technology

The main goal of the **Information Technology Department** is to improve the use and exchange of information of multiple systems. People receiving services now have one system login to status claims and access their behavioral health information and can utilize their personal health record to obtain information regarding their claims status for Providers using the PCE electronic medical records. They receive a personal identification number (PIN) from the staff at their Provider location. They can access the system called CEHR (Community Electronic Health record) from the DWMHA website.

The following Providers participate in the shared personal health record:

- Arab American & Chaldean Council
- Black Family Development
- Community Care Services
- Detroit Central City
- Development Centers, Inc.
- Jewish Vocational Services
- Lincoln Behavioral Services
- Neighborhood Service Organization
- New Oakland Family Services
- Northeast Guidance
- Salvation Army
- Service to Enhance Potential STEP
- Southwest Counseling Solutions
- Team Mental Health
- The Children's Center
- The Guidance Center

Another major project included addressing internal system use and exchange of information issues. During the year all the information from MI Care Connect "MDHHS CareConnect 360" data was made available in MHWIN. Also, the ADTs (Admit Discharge and Transfer) and Relias ProAct Analytics data were made available in MHWIN to assist in getting a holistic approach to our membership. The additional data allows behavioral, physical, and pharmaceutical data to be available in one system "MH-WIN."



# Managed Care Operations

Over the past fiscal year, the **Managed Care Operations (MCO) Department** has continued to focus on developing, maintaining and continually evaluating the DWMHA Network of Providers to ensure adequacy in providing quality services to individuals. Additionally, to provide oversight for contracts as it relates to performance, outcomes and regulatory compliance. Using the Impaneling process, which determines if behavioral health providers meet criteria to provide services at appropriate Medicaid and Medicare standards to persons with Severe Mental Illness, Serious Emotional Disturbance, Intellectual/Developmental Disability and/or Substance Use Disorders.

## Claims Processing

MCO is responsible for ensuring the timely processing of claims which were processed for four lines of business: Substance Use Disorders (SUD), Autism, MI Health Link, and Evidence Based Supported Employment (EBSE).

This past fiscal year, DWMHA processed 484,146 claims. For FY 2017, DWMHA processed 282,440. FY18 compared to FY17 shows an increase in claims processed by 41%. This is attributed to an increase in the number of Providers and adding an additional line of business for claims processing. Although we've had an increase in claims volume, DWMHA prides itself on prompt payment of clean claims for contracted Providers. Over the last six months of the fiscal year DWMHA paid clean claims within 14 days of receipt. As we go into the next FY, we will continue to improve the claims process function to ensure Provider satisfaction and compliance with Federal and State regulations.



# Office of Recipient Rights

**Office of Recipient Rights** (ORR) had a very exciting year, the Michigan Department of Health and Human Services-Office of Recipient Rights conducted the triennial assessment of the DWMHA Rights system, ORR scored 162 out of 170 which is within the “substantial compliance” range. The results can be summed up as “progress, not perfection” and we are continuing to make improvements in processes and procedures as we set the stage for the department to achieve a perfect score in the triennial assessment in 2020.

## Rights Investigations

In FY18, ORR received 1,599 allegations of rights violations and conducted 1,306 investigations. This is an increase of 10% over FY17. 35% of those allegations came from staff working in the Provider Network; an increase of 5% over FY17. This may be due to staff being more vigilant and involved in protecting the rights of the people we serve. ORR also monitored more than 630 service sites and provided New Hire Recipient Rights training to more than 4,300 staff working in the DWMHA Network of Care.

## Voting Information

In April, ORR made a special effort to provide information and support to assure the people we serve had an opportunity to learn about voting rights. The goal was to eliminate barriers to voting. There were 150 people that received specific information from ORR staff about voting rights. Targeted in-service education was also provided to Providers, Supports Coordinators, Supervisors and Case Managers to ensure that a brief assessment of the person’s interest in voting and capacity to exercise that right be included as a part of each Person-Centered Planning process and Individual Plan of Service review meeting.

# YOU HAVE RIGHTS

When receiving services from  
**Detroit Wayne Mental Health Authority**

If you or someone you know needs help  
understanding their rights, or would like to talk  
with someone about filing a complaint, contact the  
Office of Recipient Rights at

**Toll Free: 1-888-339-5595**  
TDD: 1-888-339-5588  
Fax: 313-833-2043



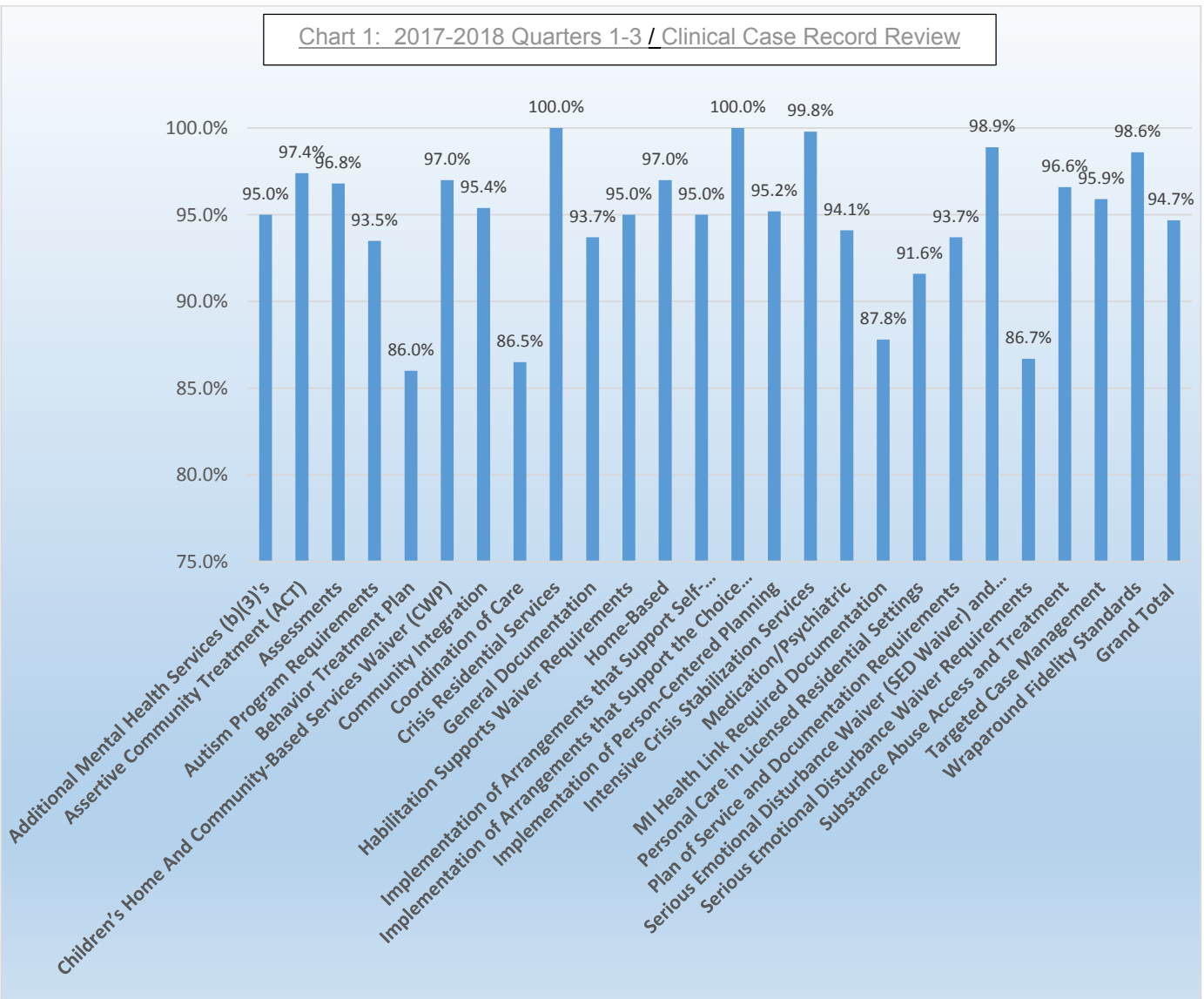
*Detroit Wayne Mental Health Authority*  
*Office of Recipient Rights*  
707 W. Milwaukee, 2<sup>nd</sup> floor  
Detroit, MI 48202-2943



# Quality Improvement

The Quality Improvement (QI) Department has implemented a self-monitoring/self-regulating plan as a component of the Continuous Quality Improvement (CQI) process. It is designed to provide an organized documented process for assuring that persons in Wayne County are receiving quality services for mental and/or substance disorders and developmental disabilities that are: medically necessary, appropriate to their needs, conform to accepted standards of care and achieve the member's desired outcomes. The provider self-monitoring review is a multi-level approach which begins at the service provider level and cascades up to DWMHA's Quality Improvement Department. During FY 2017-2018, Providers are given on a quarterly basis, a random listing of clinical case records for review. Each selected Provider is given 35 cases to review for each program. Randomly selected Providers perform the self-reviews utilizing standardized tools in MH-WIN to establish clear quality standards while promoting improved patient care, lower costs, better outcomes, clinical wellness, cost-effective self-regulations and on-going monitoring of frontline staff. Providers have completed FY 2017-2018 for quarters 1, 2 and 3. The 4<sup>th</sup> quarter randomly selected cases were submitted to Providers in November. Below are our overall compliance scores for FY 2017-2018 quarters 1-3 range from 86% to 100%, with an overall compliance score of 94.1%.

Chart 1: 2017-2018 Quarters 1-3 / Clinical Case Record Review



# Quality Improvement (cont)

**Coordination of Care** is an area in which our Providers continue to improve. QI has initiated a Quality Improvement Project (QIP) for Coordination of Care. Review of the QIP demonstrates that for FY 2017-2018 there are steady improvements (2.3%) from Q 1 to Q 3 as demonstrated below in Chart # 3. It has been identified that during QI meetings with Providers, a group review was requested to educate and train them on the questions outlined in the standardized tools. This will assist them with completing interrater reliability for our QI system as well as their individual programs and organizations. QI's overall goal is to review each section not meeting the 95% benchmark and drill down to each question and review with Providers. It is also recommended that a workgroup be developed through the Quality Operations meeting to review low compliance scores that would allow Providers to review and discuss issues and develop best practices for improving overall compliance.

The Non Residential monitoring process was redesigned to incorporate “**deemed**” status reviews. A “**deemed**” status will be implemented for Non-Residential Providers receiving a compliance score of 95% or better for reviews conducted during FY 2018-2019. For Fiscal Year 2018-2019, each contracted Provider will be required to complete quarterly “**self**” monitoring audits utilizing MH-WIN standardized review tools. DWMHA's QI department will have oversight and review of all clinical case records reviews and reports. If a Provider receives a total compliance score of 95% or higher during FY 2018-2019, they will receive “**deemed**” status and will not be subject to an on-site review. This process will require on-going trainings which will include an audit tools review and technical assistance from QI staff.

## Home & Community-Based Services Rule (HCBS)

Effective October 1, 2017, any new HCBS Provider must be in immediate compliance with the federal HCBS Final Rule to render services to Medicaid Beneficiaries. The HCBS provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/ or mental illnesses. The Rule is designed to ensure that Medicaid's home and community-based services programs provide full access to the benefits of community living and offer services in the most integrated settings. DWMHA's goal is to support Providers in their efforts to become HCBS compliant so that they can continue to offer services and supports to those that receive home and community based services. Compliance will be monitored through DWMHA's residential and program audit reviews. MDHHS plans to have implementation accomplished by March 17, 2019.



# Substance Use Disorders

The **Substance Use Disorders Department** creates an environment conducive to recovery of clients in prevention and substance abuse treatment programs. Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.

DWMHA provides a comprehensive, integrated, evidence-based practices, trauma informed care, gender specific, and a culturally sensitive service array. Serving individuals from 11 years of age to 65+ years seeking help. Our services are individualized, person-centered and focus on each person's strengths, and abilities.

## Collaborations and Community Outreach



The SUD department works closely with the MDHHS, HHS, Channels 7, 4, 2, 20, and Bounce, DEA, Wayne County Jail/sheriffs, and law enforcement from every municipality in Wayne County, (i.e. Detroit Police, Inkster Police, Dearborn Police, etc.), HIDTA, ATF, FBI, MDOC, local pharmacists, Wayne State University, University of Michigan, Detroit Opioid Prevention Collaboration (DOPC), Drug Court Judges, doctors, providers, coalitions, schools (elementary, middle, high schools, colleges), DRANO, MSP, epidemiologists, local hospitals, Families Against Narcotics (FAN), and many others.

### Measurement Charts, Organization Progression

Top 5 Primary Drug Admits	Number of clients seen for FY 18
Heroin	5,100
Alcohol	4,172
Cocaine / Crack	1,785
Marijuana/Hashish	1,472
Other Opiates / Synthetics	780

# Substance Use Disorders

(CONT)

## TYPES OF SUD REFERRALS

Service Type	SUD Client referrals
Withdrawal Management (formerly detoxification services)	3,814
Long term residential >30 day	2,079
Short term residential < 29 days	1,645
Residential ASAM 3.3	2
Residential ASAM 3.5	1,420
Residential ASAM 3.7	293
Intensive outpatient	1,191
Outpatient	2,312
Medicated Assisted Treatment (MAT) outpatient	1,273
Recovery Services	1,151

### **Substance Use Disorders Block Grant Initiatives**

#### Innovative Strategies Grants

- Prescription Drug & Opioid Overdose Prevention
- Opioid Overdose Recovery
- Enhancing Treatment Services for Pregnant Women
- Drug Court Recovery Support program

#### State Target Grants

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



#### State Opioid Response Grants

- Youth/Family Oriented Prevention Evidence Base Practices (EBPs)
- Overdose Education and Naloxone Distribution (OEND) with Harm Reduction
- Peers in Federally Qualified Health Centers (FQHCs), Urgent Care, and other outpatient settings for Screening Brief Intervention, Referral to Treatment (SBIRT)
- DWMHA's Naloxone Initiative program has resulted in 285 official saves to date
- Jail-Based Medication Assisted Treatment (MAT) Expansion
- Recovery Housing
- FY 18 Heroin & Opioids account for 37.99% of treatment admissions

# Substance Use Disorders

(CONT)

## National Drug Take Back for the Detroit Wayne County area in October 2017, April 2018 and October 2018

- October 2017= Totals 62 boxes 1,023 lbs
- April 2018 = Totals 83 boxes 1,544 lbs
- October 2018 = Totals 98 boxes 1,994.4 lbs

## Gambling Program Initiative

- Increase Gambling Disorder (GD) awareness via media campaigns and related awareness methods; Increase use of the GD Help-line
- Provide prevention and outreach services; Address the prevalence of GD across all populations
- Implement and perform assessment and referral to treatment services

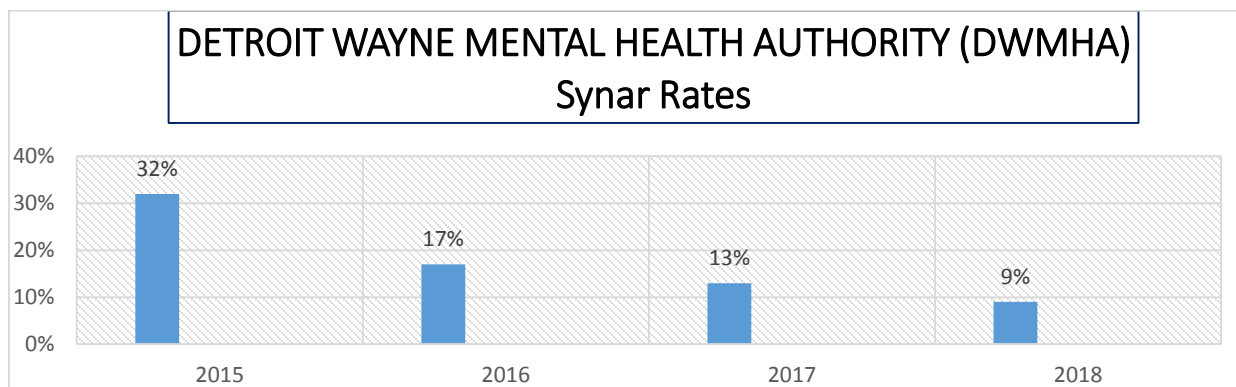


## Growth Works Project

- A 7-10 day specialized detoxification unit with Growth Works Inc. and St. Mary Mercy Hospital.
- The hospital has committed 10-12 beds for this project
- Users identified by public safety/emergency room/personal request
- Program Duration - 7 to 10 days - eligibility for Medically Assisted Treatment (when applicable - preferably Vivitrol)

## Synar Outreach

DWMHA has been working to lower tobacco sales and keep them below 20% each year and make sure they continually decrease. In 2015, DWMHA was at 32%, in 2016 the number was 17.8%, in 2017, 13.25%, based upon our preliminary results 2018 stats are at 9.5%.



*Keeping tobacco sales to minors below 20% is crucial to block grant funding.  
Community, coalition and vendor education is vital.*

# Utilization Management

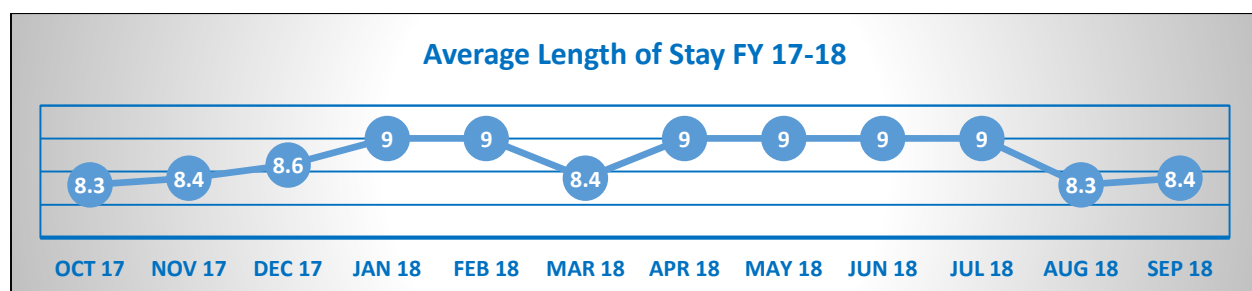
The **Utilization Management (UM) Department** dedicated much of the year to continued preparation and readiness for DWMHA's first triennial National Committee on Quality Assurance Accreditation (NCQA) survey. In April 2018, the organization was reviewed under the Standards and Guidelines for the Accreditation of Managed Behavioral Healthcare Organizations (MBHO). There are 13 standards that pertain to the department. UM received a 100% on all of them during the NCQA review. Some of the activities involved in this achievement include the following:

- Updated and standardized the UM Program Description, program goals and objectives to be in alignment with the Authority's Strategic Plan.
- Many policies, procedures and processes were updated or developed to ensure compliance with NCQA standards.
- The denial and appeal process including Provider letters and physician notices were programmed into MH-WIN to assist in operationalizing the Appeals Policy.
- A contract was finalized with the Michigan Peer Review Organization (MPRO) as an independent review organization for medical necessity denials.
- UM Trainings were held for SUD Providers on the authorization process. 162 staff attended the three trainings held in August, averaging three representatives per organization.
- Ongoing quarterly meetings and communication occurred with the MCPNS, Wellplace, and COPE to relay changes or enhancements to system.

## MI-Health Link (Dual Eligible) Program:

This program is a health care option for Michigan adults, ages 21 or over who are enrolled in both Medicare and Medicaid. These individuals tend to have multiple, complex, chronic conditions but historically have received fragmented services because of the challenges in obtaining care from these two distinct programs. Implemented May 2015, the goal of the MI Health Link Program has been to better coordinate services through an integrated system and thereby generate improved outcomes, create greater efficiencies in the delivery of services and reduce costs. During FY 17-18, DWMHA managed 642 community hospital in-patient admissions for the MI Health Link members. The chart below represents the total number of inpatient hospitalizations broken down per month by ICO:

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



# Utilization Management

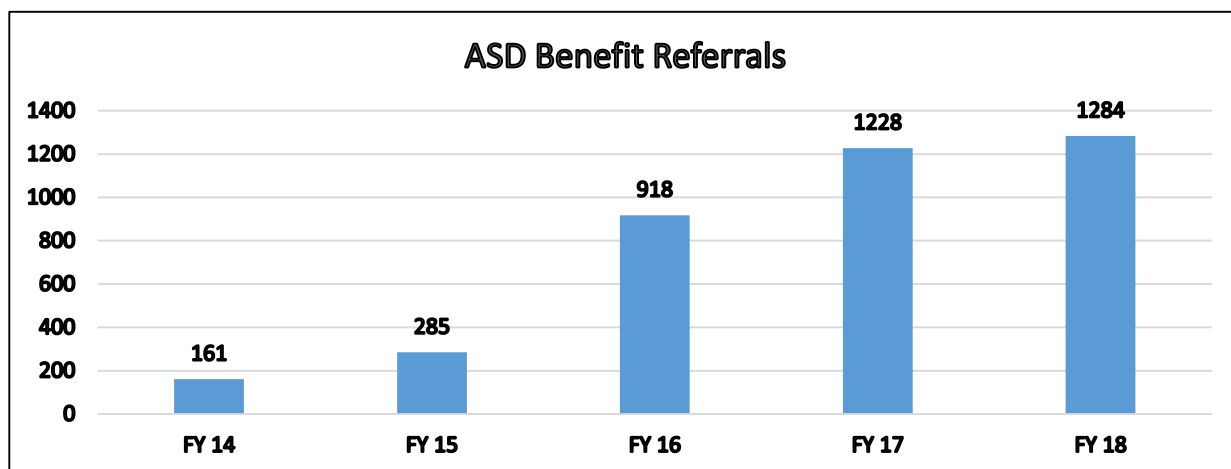
(CONT)

## Autism Spectrum Disorder Benefit (ASD)

The Autism Benefit Program served over 1,424 people in FY'17-'18, a 27% increase from last fiscal year. The program continues to grow with the addition of two new Applied Behavior Analysis (ABA) Providers bringing that number to 14.

In 2016, the ASD benefit expanded its service provision to individuals up to age 21. Over the last fiscal year, people ages 6-21 years of age account for 50% of the total open cases. As a result, many Providers have expanded their therapy to include daily living skills and vocational supports.

Since the inception of the ASD program in FY 14, there has been a significant increase of people referred for services as indicated below:



MDHHS' initial eligibility for services was for children between the ages of 18 months to 6 years of age. In January 2016, the program was expanded to people up to 21 years of age which increased referrals. The percentage of individuals falling within the expansion age range has increased 15% from 52% at the end of FY 17 to 67% at the end of the FY 18.

There are currently 1,452 cases open in the benefit. **\*Note:** Not all referrals result in an open case.

## Substance Use Disorder Services

Wellplace, DWMHA's Access Center conducts initial screenings and referrals for SUD services based on the American Society of Addiction Medicine (ASAM). The UM Department's SUD UM Review Specialists provide medical necessity reauthorization determinations of SUD and/or co-occurring services for all levels of care including withdrawal management, residential services, Medication Assisted Treatment (including methadone), intensive outpatient, outpatient, and recovery services. SUD UM staff completed 26,736 authorizations.

There were 9,555 unique individuals that received SUD services this fiscal year with 18,398 admissions. Many consumers receive multiple levels of care such as withdrawal management, followed by residential services and outpatient and/or recovery services. Each change in level of care is considered an admission for reporting purposes. Multiple program Initiatives continue to be focused on the Opioid epidemic.

# Utilization Management

## (CONT)

### Habilitation Supports Waiver

Michigan Habilitation Supports Waiver (HSW) is a program for beneficiaries with developmental disabilities. It is aimed to facilitate an individual's independence, productivity, and promote inclusion and participation. HSW beneficiaries may also receive other Medicaid state plan or additional 1915 B3 services. MDHHS requires that DWMHA's assigned slots of 1,164 (reduced from previous year level of 1,224) are filled at 95%. During the fiscal year, we exceeded this objective as follows:

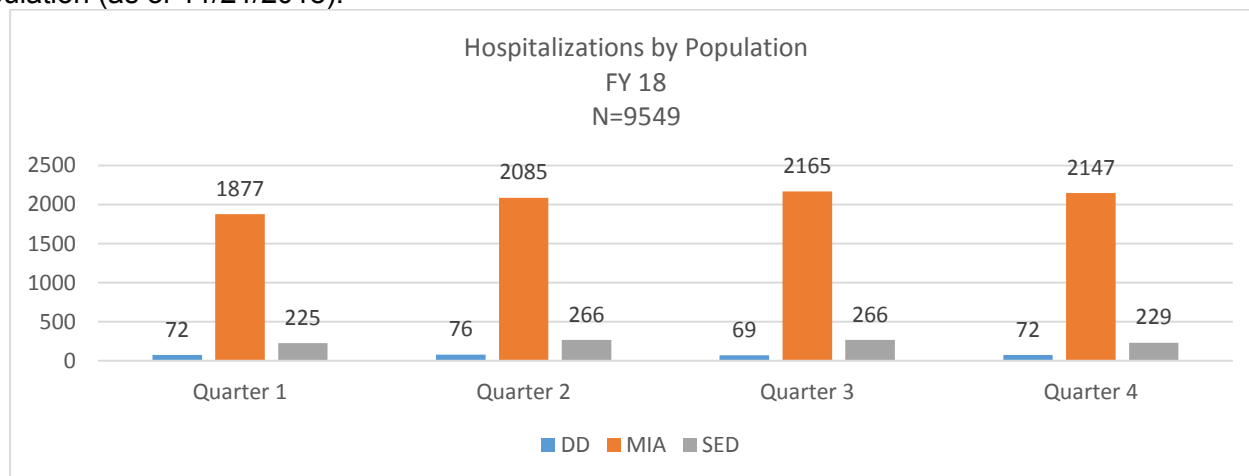
### MCG-Indicia

DWMHA purchased new medical necessity software from MCG Health, part of the Hearst Health network to standardize clinical review decisions based on evidence based behavioral health guidelines. MCG - products, Indicia are used by over 2,200 healthcare organizations. DWMHA rolled out use of the behavioral health guidelines in June, 2017 and the guidelines are currently used to screen people for inpatient hospitalizations, partial hospitalizations, and crisis residential services. During FY 18, our adult screening entity COPE and our children's screening entities, the Guidance Center, The Children's Center, and New Oakland Family services screened individuals using Indicia. DWMHA and MCPN staff were trained to utilize the guidelines for continued stay authorizations in the levels of care described above. As of September 30, 2018, 12,597 cases had been entered into Indicia.

Due to a mandate from MDHHS and CMS to have standardized medical necessity criteria to ensure parity of behavioral health services statewide, the 10 Prepaid Inpatient Health Plans and Parity workgroup issued a request for proposal for FY 19. Two companies submitted their proposal, and MCG/Indicia was the chosen vendor.

### Hospitalizations

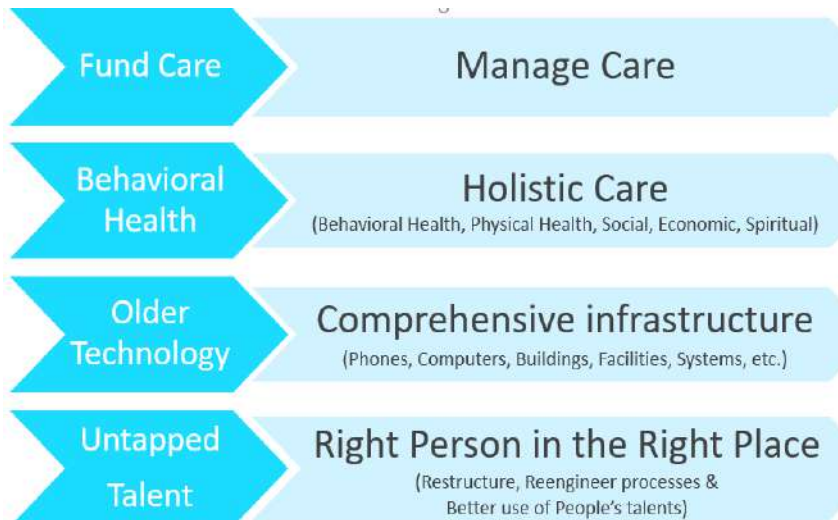
Monitoring and authorizing continued stays in community hospitals is a key function of UM. Current claims data for DWMHA, inclusive of the dual eligible population, reflect the number of hospitalizations by population (as of 11/21/2018):



There was a total of 9,549 people hospitalized network wide. Individuals with serious mental illness compose 87% of admissions with 8,274; children with serious emotional disturbances compose 10% at 986 and individuals with intellectual disabilities compose 3 % of admissions at 289. The admissions across populations appear consistent each quarter.



# System Transformation



## Through System Transformation we have provided

- Seamless transition to people receiving services and to Providers
- Constant communication, often within 24 hours
- Keeping transition costs within or under current administrative costs
- Complete and accurate data migration
- Smooth and complete transition of all applicable funds and assets

## What Has Been Done

- From June 13<sup>th</sup> to September 30<sup>th</sup>, new employees were hired, business processes and procedures were created or revised, meetings were held with Providers and people receiving services and ongoing communications continue with all stakeholders.
- As of October 1<sup>st</sup> DWMHA has contracted directly with over 500 Providers who support nearly 80,000 people
- Established a new Residential Department
- Added approximately 50 qualified staff in all areas from Claims, Customer Service, Finance, Integrated Care, IT, Managed Care Operations, Quality and Utilization Management.



## Vision of Holistic Care

- Work with Providers who will care for a person in these five key areas: behavioral, physical, economic well-being, social well-being and spiritual well-being
- Establish checks and balances that both monitors and promotes holistic care for people

# System Transformation

## (CONT)



In June, the DWMHA Board of Directors passed a resolution to eliminate the four Managers of Comprehensive Provider Networks (MCPNs) which were Integrated Care Alliance (ICA), CareLink, ConsumerLink and Community Living Services (CLS). This allowed DWMHA to assume all responsibilities of the MCPNs and work directly with the Provider Network. The System Transformation moved DWMHA toward “managing care” not just “funding care” and working with Providers that are located throughout Wayne County and are focused on holistic care. DWMHA administration is moving toward a system of care that maximizes the effectiveness of services and outcomes, member experience and quality.

President and CEO Willie Brooks met with various City and County leaders to discuss “Building Mental Health Awareness” throughout our area. These discussions have embraced the holistic care model that DWMHA is implementing throughout Wayne County and we are pleased to be a part of the “Mental Health Task Force” that is reshaping our region.

DWMHA is in a position to provide true Holistic Healthcare that considers the behavioral, physical, economic, social and spiritual needs of the person, their responses to illness, and the effect of the illness on the ability to meet self-care needs.

In establishing a holistic system of care, we already do many of these functions in some capacity. We now have the opportunity to do all of these things and more for the people we serve.



### ***The DWMHA Commitment:***

- ✓ *To be open, honest and transparent in our communications.*
- ✓ *To have frequent dialogue and gather input from Providers, stakeholders, advocates and the people we serve in our daily business.*
- ✓ *To make informed, evidenced-based decisions that improve the quality of care delivered.*
- ✓ *To ensure the needs of the people we serve are always paramount.*

# System Transformation

## (CONT)

### Behavioral Care

- DWMHA participates in Person Centered Planning and provides options for community involvement. Our goal is to ensure that the people we serve are offered “Inclusion and Choice”

### Physical Care

- Current: DWMHA provides isolated pockets of physical health care coordination including providing transportation and the transfer of health care records
- Vision: DWMHA processes should include health care integration which can be achieved by establishing satellite clinics, a detailed referral process and preventive care.

### Economic Well Being

- Current: DWMHA provides job assistance programs and coordinates income for people served
- Vision: DWMHA requires job assistance and skill coordination at every level of care, establishing detailed income assistance planning programs and broadening housing assistance programs.

### Social Well Being

- Current: DWMHA provides social enhancement opportunities including clubhouses, community events and transportation
- Vision: Provide a comprehensive social atmosphere that is centered around choice and inclusion.

### Spiritual Well Being

- Current: DWMHA provides pockets of faith-based programs of choice
- Vision: Broaden the availability of these programs by providing accessibility to an array of support groups, mental health programs and recreational activities

#### Major Initiatives of Holistic Care

- Crisis Continuum
- School Success Initiative
- Managing Care vs. Funding Care
- Correction System Evaluation
- Health Plan Pilot
- Homelessness
- Provider Network Restructuring
- Suicide and Mortality

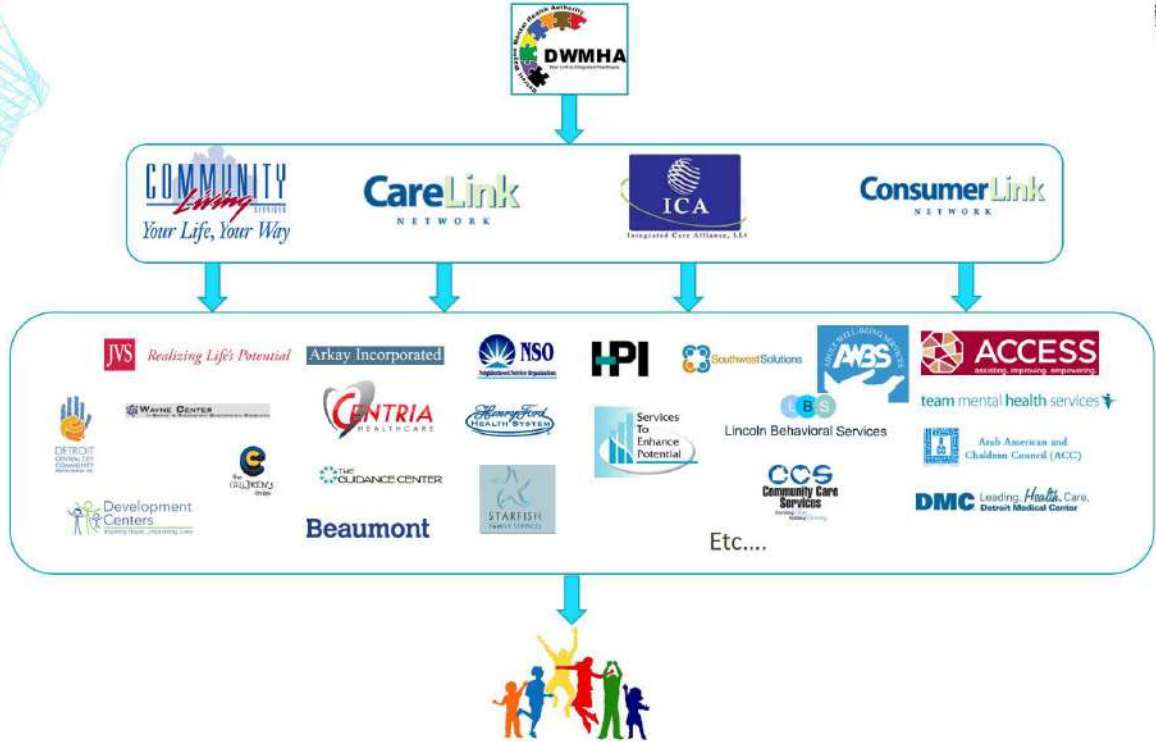
#### Measurement

- **Correction Systems:**
  - The impact of individuals with mental health issues in the correction systems. (83% of moderate misdemeanors are associated with someone who has mental health needs)
- **Emergency Room Visits**
  - A large number of emergency room visits end up being diverted to a lower level of care which means the system can avoid emergency room visits by providing better care.
- **Cost of Inpatient Care**
  - Increased from \$35 million to \$55 million over the last several years.
- **Homelessness**
  - Monitor and address this issue within the community
- **Suicide & Mortality**
  - Suicide rate indicators

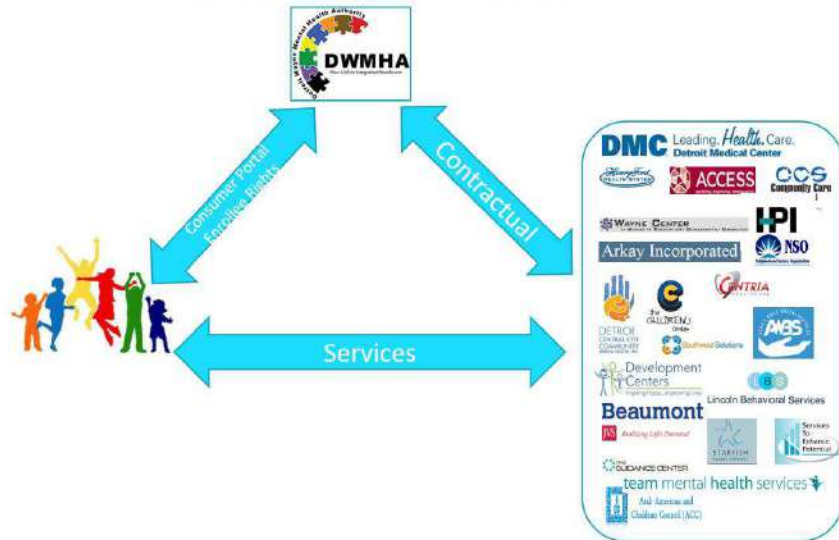
# System Transformation

(CONT)

## DWMHA BEFORE TRANSFORMATION



## DWMHA AFTER TRANSFORMATION





## Customer Service

888-490-9698 / 313-833-3232

## Recipient Rights

888-399-5595

## Services for Deaf Individuals

The deaf and hard of hearing can receive help by calling  
TTY/TDD: 800-630-1044

## 24-Hour Crisis Helpline

**800-241-4949**

707 W. Milwaukee St.

Detroit, MI 48202

313-833-2500

[www.dwmha.com](http://www.dwmha.com)

