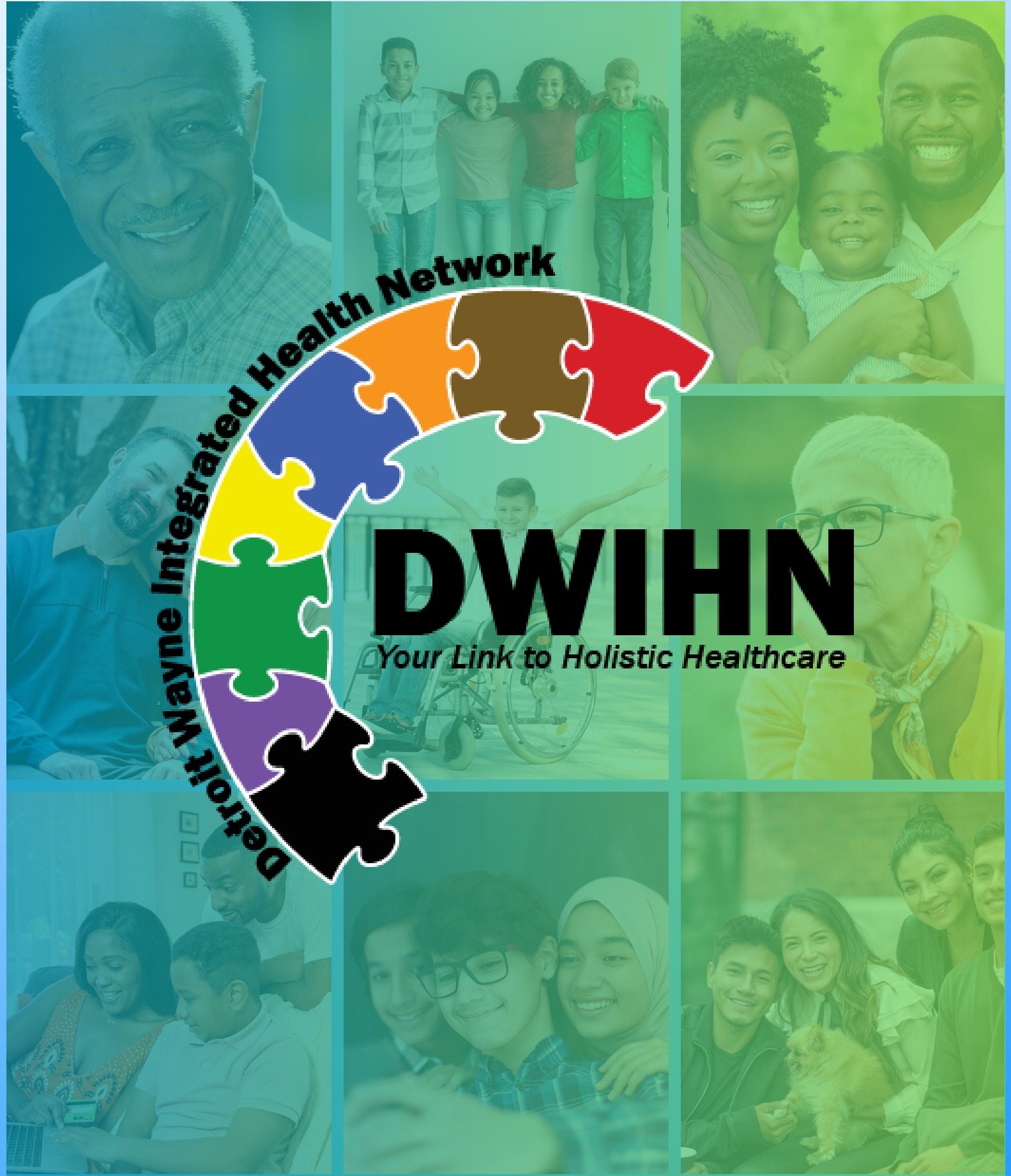


2022-2023

ANNUAL REPORT



Detroit Wayne Integrated Health Network

DWIHN

Your Link to Holistic Healthcare

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WELCOME FROM THE CEO



As another fiscal year comes to a close, I am grateful and humbled that our organization gets to care for some of the most vulnerable citizens in Wayne County. This responsibility is something we all take very seriously, and we strive to do it with care, compassion, and empathy.

This year there have been multiple opportunities that we had placed in front of us, and I am proud to say that DWIHN stepped up in a big way.

We began with adding several new autism providers to our provider network, giving parents and caregivers many more choices in determining the appropriate services and supports for their children.

We just recently launched Phase One of our new mobile crisis units which are currently on the streets, meeting people right where they are and connecting them to vital behavioral health resources and opportunities.

DWIHN was proud to be a part of Lieutenant Governor Garlin Gilchrist's signing of the first of its kind, bipartisan legislation transforming Michigan's juvenile justice system, allowing us to invest in diversion and re-entry programs to better serve the youth in Wayne County.

Next year, we will open the first of many Care Centers located right in the heart of the city of Detroit. We look forward to servicing the community, adults, and adolescents on their journey to wellness. We will also open our new headquarters located on Woodward Avenue, an opportunity that allowed DWIHN to restore a historic building.

DWIHN is excited as we continue to work on two more behavioral health projects that will enhance the lives of the people we serve throughout Wayne County by providing increased access to care. The construction of our Integrated Behavioral Health Campus in the Seven Mile and Southfield Road area will allow people to receive behavioral and physical healthcare services and supports. And, thanks to legislative and community support we are looking at opportunities to open a Crisis Care Center to serve the Downriver community in the near future.

Of course, all of this is possible because of DWIHN's commitment to service and providing outstanding quality care through our provider network and the dedicated and compassionate individuals that work tirelessly every day in caring for children and adults with mental health, substance use disorder and disability related concerns.

On behalf of myself, our Board of Directors, and our dedicated staff, thank you for allowing us to serve you and the community and we look forward to the exciting year ahead.

Sincerely,

Eric Doeh

Eric Doeh

President and CEO



Kenya Ruth
Chairperson



Dr. Cynthia Taueg
Vice-Chairperson



Dora Brown
Treasurer

Board of Directors
2022-2023

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.



William Phillips
Secretary



Karima Bentounsi



Angela Bullock



Lynne F. Carter, M.D.



Eva Garza Dewaelsche



Jonathan C. Kinloch



Kevin McNamara



Bernard Parker



Angelo Glenn



Thomas Adams
Chairman



Margo Martin



Angelo Glenn

**Substance Use Oversight Policy
Board of Directors
2022 – 2023**



Dr. Kanzoni Asabigi



Maria Avila



Thomas Fielder



Antoine Jackson



Jonathan C. Kinloch



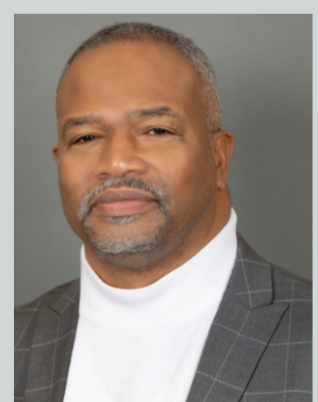
Kevin McNamara



Jim Perry



Ronald S. Taylor



Darryl Woods

MISSION, VISION, VALUES

Mission

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

Vision

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

Values

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



DETROIT TOP WORKPLACES

Top Workplaces and Staff Recognitions

DWIHN was named a Top Workplace by The Detroit Free Press this past year. This accomplishment was made possible by our employees who were instrumental in providing feedback on ways DWIHN can improve its workforce. This achievement highlights our commitment to our staff and the community we serve.



Crains Notables in Marketing

Tiffany Devon, Director of Communications

Crain's 2023 Notable Leaders in Behavioral Health

Eric Doeh, President and CEO

Vicky Politowski, Director of Integrated Health Care

Sojourner Jones- Community/Law Enforcement Liaison

Crains Notable Leaders

in Diversity, Equity and Inclusion

Chamika Phillips, Director of Diversity, Equity & Inclusion

National Association of Counties

Detroit Wayne CIT (Crisis Intervention Team)

System Transformation

Women in IT

Suzanne Sleeva, Director of Business Intelligence Analytics

Community Mental Health Association

DWIHN's member led Constituents Voice group wins

Partners in Excellence award

MDHHS Cookie Gant Spirit Award

Shelly Nelson-DWIHN CV member

Shining Star Award

Ashley Bond, Clinical Specialist

Tashalee Denham, Management Assistant

Danielle Dobija, Interim Quality Administrator

Kevin Giles, Mobile Outreach Clinician

Sojourner Jones, Hospital Liaison

Annetta McClain, Residential Care Specialist

Jeri Sterrett, Recipient Rights Investigator

Karra Thomas, Clinical Specialist

Jeff White, Fiscal Informatics / Analytics Administrator

Juan Zavala, Applications Programmer

Managed Care Operations

Michigan Chronicle

40 Under 40

Cassandra Phipps, Director of Children's Initiative

Men of Excellence

Eric Doeh, President and CEO

DWIHN Board Members

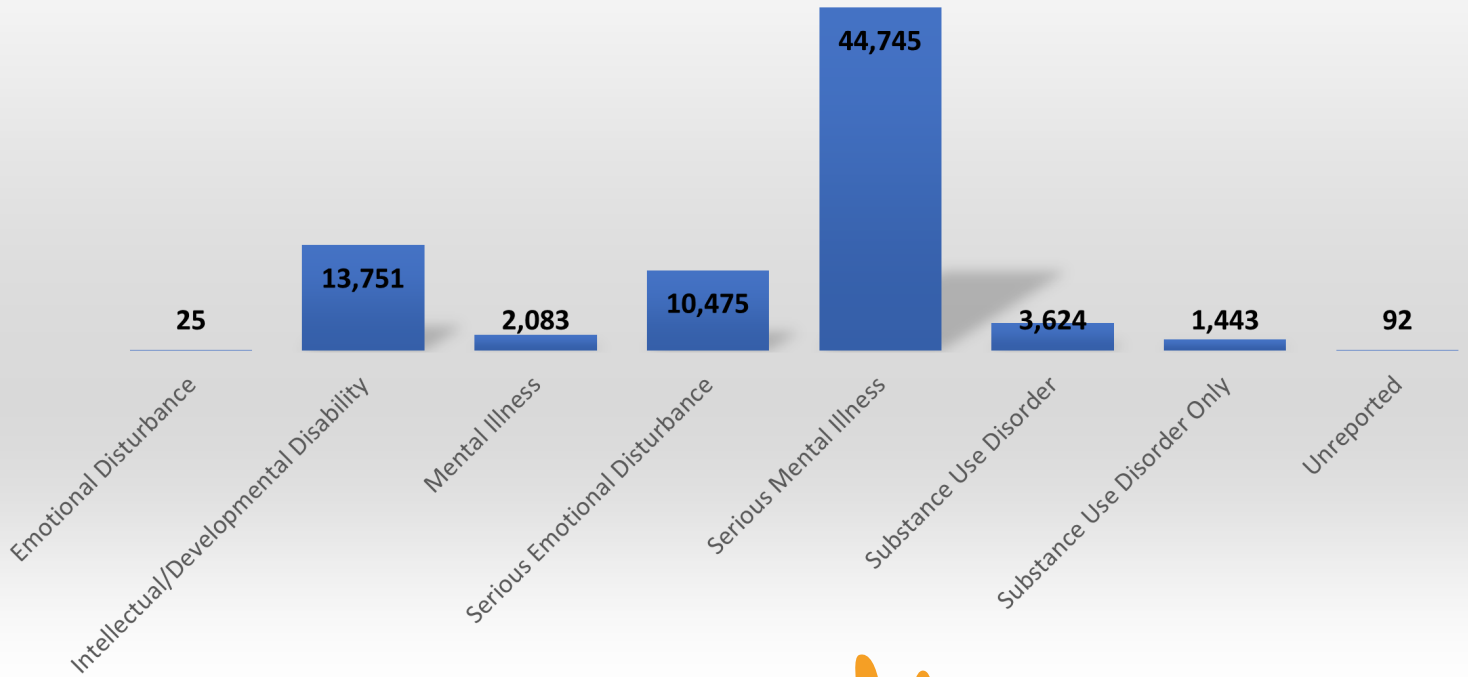
William Phillips and Ronald Taylor

Women of Excellence

Dora Brown-DWIHN Board Member

PEOPLE WE SERVE

Persons Served Grouped by Disability Designation
FY 22/23



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 2.5 years, the Call Center has continued to provide the community with prompt, efficient services while treating individuals with dignity and respect. Staff works hard at maintaining required performance metrics, adhering to quality standards and regulatory compliance and leveraging technology to enhance operational processes. In FY 23-24, a new phone system will be implemented, improving the quality of services.

ANNUAL PERFORMANCE: October 2022 - SEPTEMBER 2023

QUEUES	Calls Offered (incoming Calls)	Calls Handled	% Calls Abandoned (Dropped Call, Disconnected, Hang Up) Goal: <5%	Average speed to answer Goal: 30 sec	Average Call Length	% of calls answered Goal: 80%	Service Level Goal 80%
CALL REPS	263,832	205,240	3.45%	00.28 secs	4:57 mins	96.83%	82.73%

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

SUD Data -17:03

- 43,266 calls were transferred to complete a screening, which is a subset of the total call volume for the fiscal year.
- Average Length of call = 17:03 mins.

MH Clinical -24:31

- 21,474 calls were transferred to complete a screening which is a subset of the total call volume for the fiscal year.
- Average Length of call = 24:31 mins.

Accomplishments:

The performance of the Call Center in relationship to National Standards for Access Call Centers is as follows:

- Call Center overall average abandonment rate = 3.45%- Standard Met
- Call Center overall average speed to answer = 28 seconds- Standard Met
- Call Center overall average % of calls answered = 96.83% - Standard Met
- Call Center overall average service level: 82.73% - Standard Met
- The DWIHN Access Call Center strives to go above the minimal goal with a stretch goal of 85%. To improve the service levels, over the next 3 -6 months, staff will continue to analyze call trends, adjust schedules to address high call volume times, provide regular coaching and additional training as needed.



ACCESS CALL CENTER

Workforce Development / Improvement:

- Filled vacancies for Call Center Clinicians, SUD Techs, Manager, Quality Manager, Administrator and Director.
- Staff completed trainings on Kevin's Law, Customer Services Skills, Advance Directives, Corporate Compliance, Mental Health First Aid, Suicide Prevention, in addition to DWIHN annual required trainings.

Policy and Procedures:

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

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

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

B. Children's Initiatives:

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

C. Behavioral Health Initiatives.

- MDOC Programs- Returning Citizens from incarceration for MH and SUD
- MiCal State Initiative
- 911 Crisis call initiative
- Certified Community Behavioral Health Clinic (CCBHC)
- Detroit at Works (DAW)- mental health initiative to provide support in the workplace to individuals diagnosed with Severe Mental Illness (SMI).
- Home Health Homes- 9 facilities are participating in Intensive Case Management Services



ADULT INITIATIVES

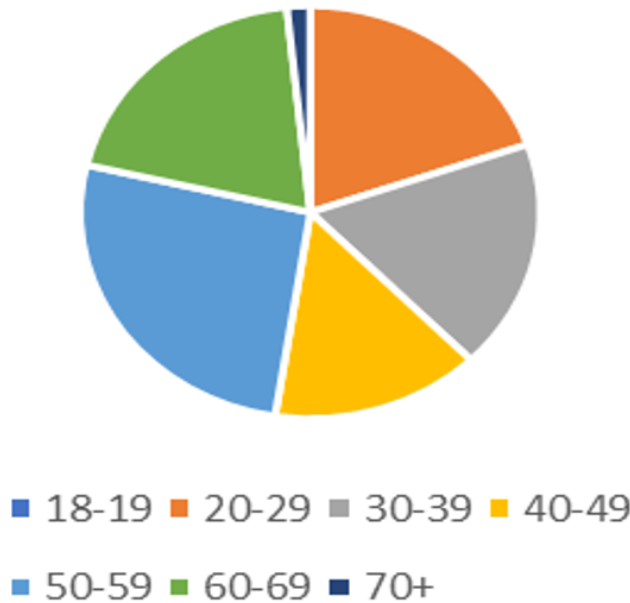
DWIHN serves 75,000 individuals in the Detroit and Wayne County area, the majority of which are adults with behavioral health, disability or substance use disorder concerns. The Adult Initiatives department is responsible for ensuring these individuals are connected to the appropriate community-based services and supports offered by the DWIHN Provider Network.

Med Drop Program

The Med Drop program is a community-based intervention that focuses on improving medication adherence for adults who have challenges taking their medications in the prescribed manner. It improves adherence by delivering medication directly to the person's home 365 days a year, while observing them taking their medication. DWIHN has contracted with Genoa Pharmacy to provide this service to our members.

DWIHN currently works with seven providers who are utilizing Med Drop services: All Well Being Services, CNS Healthcare, DCI, Team Wellness, Hegira Health, Lincoln Behavioral Services and The Guidance Center. There are currently 56 active members with ages ranging from 18-70+.

Age Breakdown



The Med Drop program has shown that hospitalizations have been significantly reduced for those members who utilize the service, and for those who do experience a hospitalization, data collected shows less days in the hospital. Med Drop has also been beneficial in allowing members to transition to less restrictive levels of care, such as living independently and holding down stable employment. For FY 2023, approximately 24% of Med Drop clients were admitted to a psychiatric hospital in the last 12 months; this was a decrease of 3% from the previous fiscal year. The average length of stay was under 10 days.

ADULT INITIATIVES

Adult Initiatives and Genoa Pharmacy began visiting provider Clubhouses to share information regarding the benefits of the Med Drop program which has resulted in four new members requesting services, and an additional 15 who have expressed interest in the program.



Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is a form of community-based mental health care for adults experiencing serious mental illness that interfere with the individual’s ability to live in the community, attend appointments with mental health professionals and manage symptoms. Services are intensive and delivered with an integrated community approach rather than in a restrictive setting. The goal is to help 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. The Adult Initiatives department currently provides oversight, training and support to eight providers with ACT teams in the DWIHN network. Through trainings, forums, and consultations, the Act Fidelity scores from 2020 to 2023 have improved by 47.51%. This results in improved outcomes for people served.

CRSP	2020	2023	+/-
TGC	82%	86.40%	+4.4%
Hegira Horizon	89%	92.40%	+3.4%
Hegira House 2-Westland	89%	92.24%	+3.24%
Hegira House 1-Westland	89%	92.00%	+3.0%
LBS	88%	92.40%	+4.4%
AWBS	75%	93.20%	+18.2%
CCIHN	77%	92.40%	+15.4%
CNS		92.83%	
DCI	89%	TBD	
TMH		State	

ADULT INITIATIVES

Assisted Outpatient Treatment:

Assisted outpatient treatment (AOT) – sometimes known as “court-ordered outpatient treatment” or “outpatient commitment” – is the practice of placing individuals with severe mental illness and a history of struggling with voluntary treatment adherence under court order to follow a prescribed treatment plan while living in the community. In FY 2023, DWIHN received:

- 1671 AOT orders
- 25 second orders
- 84 continued orders
- 1562 initial (73 AOT only)

The DWIHN Adult Initiatives department continues to work closely with providers and the Wayne County Probate Court Behavioral Health Unit to ensure those under these orders are treated with compassion, dignity and respect. Two additional staff have been added to help expand our efforts with this population. We have also worked in collaboration with the Wayne State University School of Social Work to present additional trainings and learning opportunities for providers, medical directors, representatives at the State and County level as well as other community mental health agencies.



AUTISM BENEFIT

DWIHN offers Autism Behavioral Analysis (ABA) services for children and youth ages 0 to 21st birthday. ABA is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of Autism Spectrum Disorder (ASD).

Autism Benefit Enrollment

For FY 23, a total of 1,012 new children / youth were enrolled in the Autism Benefit.

Figure 1: Highlights the average number of children or youth who were actively enrolled in the Autism Benefit per quarter.

Figure 2: Highlights members actively enrolled in the Autism Benefit 0.99% (22 members) - Serious Emotional Disturbances (SED) and 99% (2,181 members) - Intellectual Developmental Disabilities (IDD).

Figure 3: Highlights the total number of referrals to determine eligibility for FY'22-23. On average, 178 referrals were scheduled each month with an average of 23 identified as non-spectrum (not eligible), and an average of 120 members diagnosed with ASD.

Figure 1 Average Number of Individuals Enrolled in the Autism Benefit in Wayne County

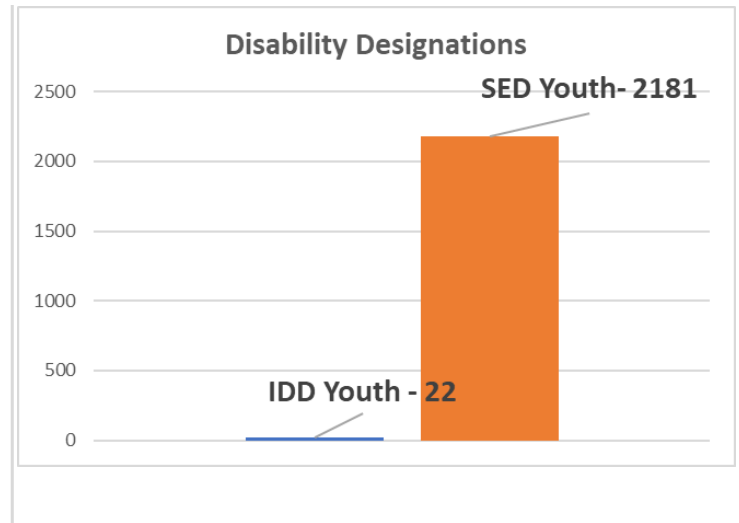
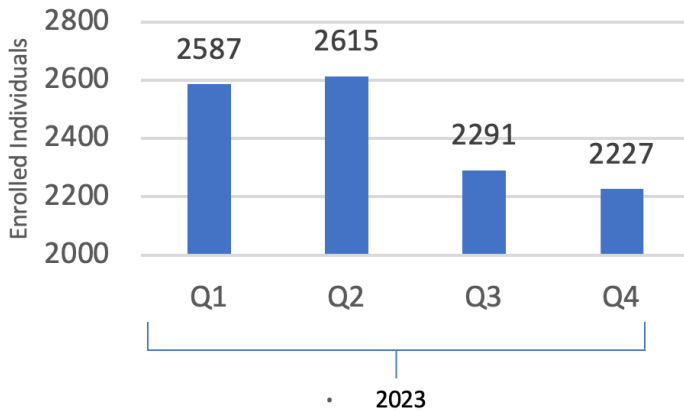
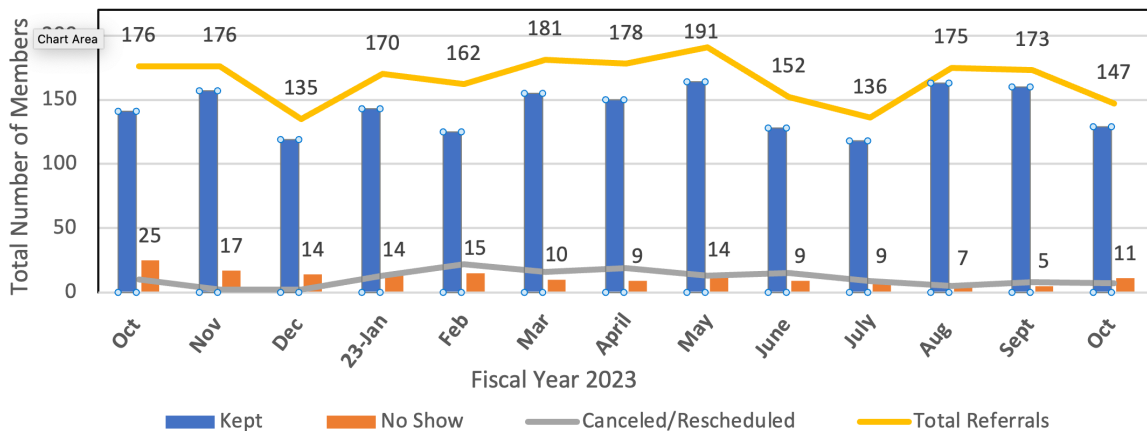


Figure 3 Total Referrals for Diagnostic Evaluations per Month



AUTISM BENEFIT

Autism Trainings

The Autism Department facilitated the following trainings:

Training Title	Date	Number of Attendees
Autism Spectrum Disorder & ABA Therapy	April 20, 2023	65
Infant Mental Health Autism Training	April 24, 2023	10
Genetics in Autism/Treatment	May 12, 2023	37
Celebrating the Unique Abilities of Autism	May 25, 2023	25
Choice Matters: Compassion, Empathy, and Perspective Taking in Treatment	June 1, 2023	38
Jump Start Behavior Change	June 22, 2023	30
ASD Radio Interview	July 10, 2023	15
Using Behavior Assessment Data to Choose Effective Treatment	August 23, 2023	23
Developing and Writing Better Treatment Plans	September 13, 2023	31

Major Department Initiatives

- Initial Diagnostic Evaluation reports were provided to beneficiaries within 10-calendar days for a diagnosis and 7-days for a rule out of Autism.
- Facilitated educational videos and 10 hours of direct training in the 2nd Quarter to all Access Call Center Clinicians to assist with efficient scheduling for members.
- The Autism Benefit Policy was updated to include updated state requirements. Focused on members receiving ABA services within 90 days of being enrolled.
- Educated pediatricians on ABA services and the referral process. Specifically focused on connecting infants ages 0 to 3 to complete screenings.
- Initiated a Request for Qualifications (RFQ) for Outpatient Mental Health Providers to provide ABA services. As a result, expanded autism services by adding an additional six new ABA providers to meet the growing demand of the autism benefit. In addition, ABA Provider locations increased from 36 to 54 this year.



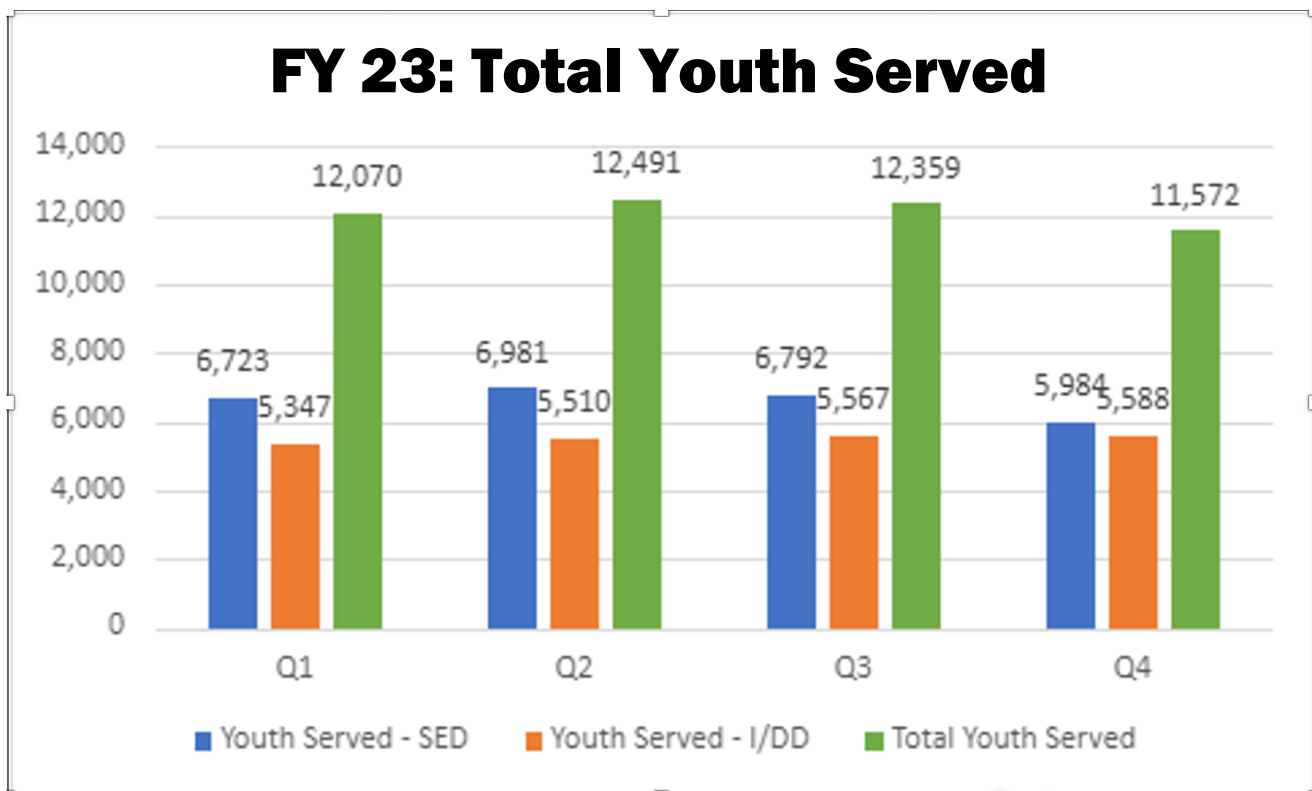
CHILDREN'S INITIATIVES

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:

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

Children's Services

Census: During FY 2023, DWIHN served 12,123 children, youth, and families in Wayne County ages 0 up to 21; including both SED and I/DD disability designations. ***Note: Began including youth and young adults with I/DD up to the 21st birthday for FY 23; whereas, historically only captured to the 18th birthday.



CHILDREN'S INITIATIVES

Mental Health Care: Putting Children First Initiative

Access

Prevention

Crisis Intervention

Treatment

Resources: Updated website with educational information, topics include Baby Court, Children's services in Spanish and Arabic, Children's Crisis, Sexual Awareness, Treatment (SAIT), Juvenile Justice Mental Health Court.

Child's Hope: The department was the recipient of the Child Advocate Award from Child's Hope – a nonprofit that promotes prevention of child abuse and neglect in Out-Wayne County.

Access: Continued to educate the community, schools, and parents by providing Accessing Community Mental Health presentations within the community.

Biomedical Career Advancement Program (BCAP): Participated in panel discussion with high school interns and shared experiences in the mental health field.

CLS Assessment: Developed a new CLS Assessment Tool to assist as a guide for determining medical necessity for Community Living Support Services.

Detroit Chempreneurist: Hosted two summer workshops with The Children's Center and CNS focusing on entrepreneurship skills.

MichiCANS: DWIHN and The Children's Center coordinated with MDHHS and PCE this year for the MichiCANS Soft Launch Pilot project that will begin January 2024.



CHILDREN'S INITIATIVES

Service Expansion: This year expanded children's behavioral health services by adding additional Providers and services:

- SED Waiver: Starfish, Lincoln Behavioral Services, Hegira Health, CNS
- Home Based Services: Team Wellness
- Art, Music, Recreational Therapy: Advanced Therapeutic Solutions
- Infant and Early Childhood Mental Health Consultation Expansion Grant: The Guidance Center, Hegira Health
- New Juvenile Restorative Program with Team Wellness: A day treatment program that assists with preventing juvenile justice recidivism and offering community-based services specifically to address the high risk needs of youth.

Trainings/Conferences: Offers a variety of trainings and conferences to the provider network supported with the System of Care Block Grant

- Annual Fatherhood Initiative Forum: "The Evolution of the Modern-Day Father"
- Annual Children Mental Health Awareness Day: "Experience the Magic of Children-Mental Health"
- Annual Cultural Linguistic Competency Summit: "Acceptance Through Understanding"
- Annual Report to the Community: "Encouraging Through Change"
- Monthly Mental Health Lecture Series
- Peer Trainings
- Monthly CAFAS / PECFAS Trainings

School Success Initiative

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

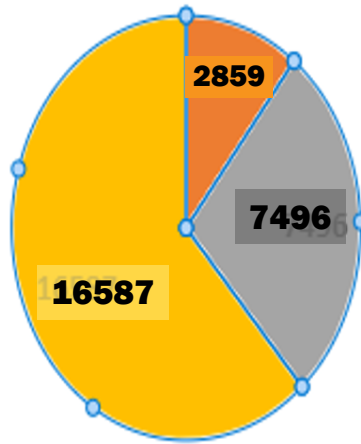
During FY'22-23, Eight Children's Providers serviced 72 schools. There were 276 new referrals to the SSI program and 344 discharges; in which 74% successfully completed the SSI program. A total of 392 students received Tier 3 services.



CHILDREN'S INITIATIVES

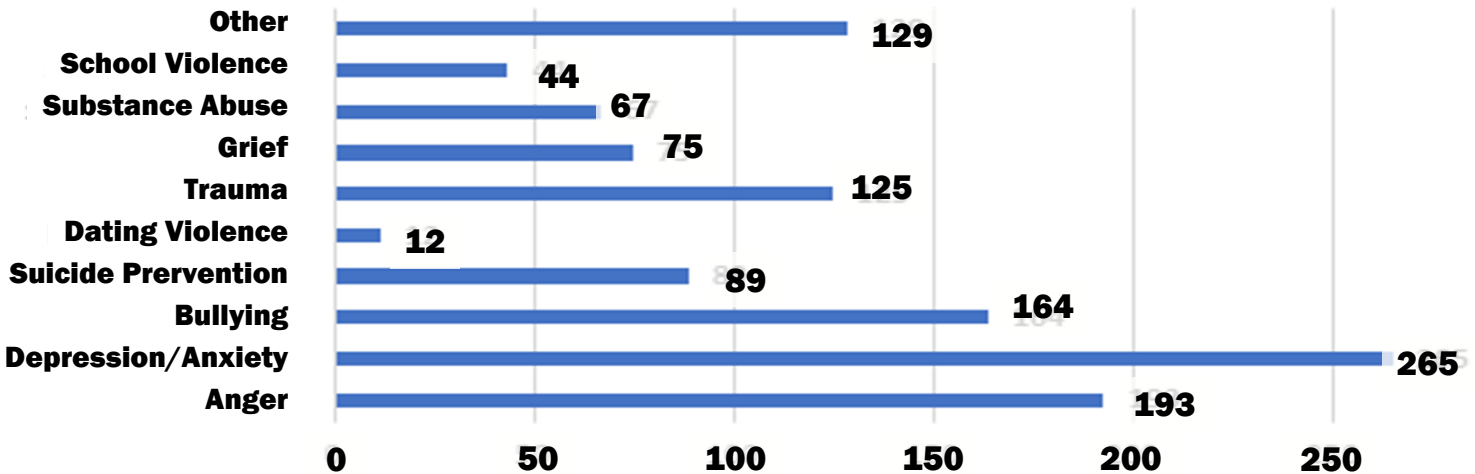
- Providers were trained in the new data reporting system.
- Streamlined the screening and referral process to improve students getting connected to the program; Providers were trained on how to complete screenings.
- Renewed partnership with Community Education Commission to support the GOAL Line “Get on and Learn” after school program in which 303 students were enrolled.

Total Outreach Activity Attendees = 26,942



■ Outreach Activities ■ Educators ■ Parents ■ Students

Risk Factor Presentations



Total Presentations = 1,163

COMMUNICATIONS

The Communications Department is responsible for the internal and external communications for the organization which includes working with the DWIHN provider network, stakeholders, advocates, legislators, community, media and partners. Department responsibilities include managing the organization's website, social media platforms, media relations, crisis communications, community engagement and outreach and much more. Below is a brief snapshot of FY'22-23 accomplishments



EMERGENCY OVERDOSE BOX INSTALLATION

- 10 boxes installed, 1 in each school in HPS district
- Training video for all staff to view

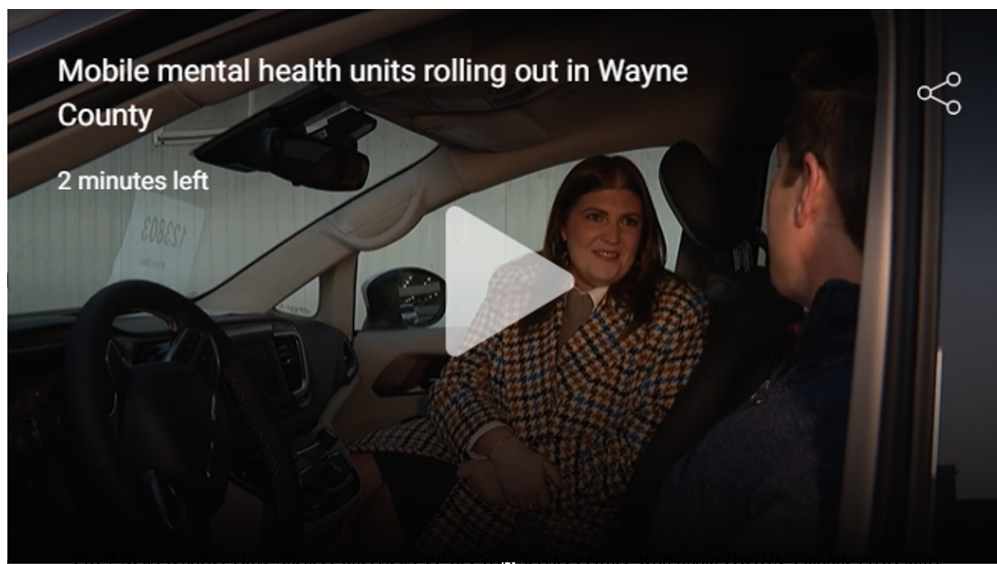


Channel 4 reporter Pamela Osborne interviews DWIHN President/CEO Eric Doeh about the installation of Narcan vending machines in Hamtramck Public Schools

Media:

Media: This past year there were many media stories that focused on the placement of Narcan vending machines throughout Hamtramck Public Schools, the new DWIHN mobile crisis units, and a newly created partnership with The Michigan Science Center which hosted a gaming and mental health event.

DWIHN Media Partners include: Fox 2 News, WDIV TV 4, Scripps Media The Latino Press, El Central, Hamtramck Review, Arab American News, Ask the Messengers, Cumulus Radio, Middle Eastern TV, Metro Parent, Recovery Live Global, News Herald, TODAY Magazine, Michigan Chronicle, Outfront Media, International Outdoor, Brooklyn Outdoor and others



COMMUNICATIONS



Fox 2 News reporter Dave Spencer interviews VP of Crisis Services Grace Wolf about DWIHN's mobile crisis units

Outdoor Media

DWIHN messaging on outdoor billboards is located throughout Wayne County including near bus stops and bike racks in downtown Detroit



Social Media Influencers

This year, DWIHN's Communications team worked with several social media influencers as we piloted several programs. The influencers include The Capital Brand with Randi Rossario, Sports Psychology Solutions with Lindsay Huddleston and the Detroit Youth Choir. DWIHN and Youth United utilizes Facebook, Instagram, X, SnapChat Tik Tok and You Tube to get its messaging across all platforms. It also streams educational messaging on Snap Chat, Spotify and Pandora.



@DetroitWayneIHN

COMMUNICATIONS

Community Outreach/Events

The department attended 120 community outreach and engagement events during FY'22-23. Detroit was in the spotlight this past year as it hosted the CIT International conference where more than 1,500 people attended the three-day conference.



DWIHN hosted its Annual meeting and had the honor of having US Senator Debbie Stabenow as the keynote speaker.



Youth United who celebrated its 20th anniversary this year held numerous community outreach events geared toward youth. A new initiative this year, YU offered a Mental Health Youth Ambassador scholarship in which there were 11 winners.



CRISIS SERVICES DEPARTMENT

The Crisis Services Department works to ensure that individuals who need crisis supports have access to DWIHNs full array of services through the crisis continuum of care.

The department manages Crisis Services through the following providers.

Contracted Entity	Services Provided	FY 22/23 Outcomes
Hegira Health, Inc (pre-admission screenings for adults experiencing crisis).	COPE (Community Outreach for Psychiatric Emergencies) completes requests for service and authorizations for higher levels of care including inpatient, Substance use disorder (SUD) treatment, partial day hospitalization (PHP), crisis stabilization services in the community, crisis residential, and pre-placement housing.	COPE provided service to 11,847 members in FY 22/23. There were 8,231 members admitted to an inpatient level of care (69%). 3,357 members were authorized for a lower level of care (28%).
Hegira Health (COPE) Crisis Stabilization Unit	Crisis Stabilization Unit (CSU) provides 24-hour walk-in crisis screening, medication reviews, psychiatric evaluations, nursing assessments, housing referrals, and a variety of resources for members in crisis.	2,744 members were served at the CSU.
Safehaus	Children's Crisis Residential Services are intended to provide a short-term alternative to inpatient psychiatric hospitalization for youth experiencing a crisis.	78 youth received crisis residential services.
The Children's Center	Walk-in assessments, psychiatric consults, community referrals	369 youth received services in crisis.
The Guidance Center	Youth crisis screening	2,348 youth received services in crisis.
New Oakland Family Centers	Youth crisis screening for members who have intellectual and developmental disabilities.	670 youth received services in crisis.

CRISIS SERVICES DEPARTMENT

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

Additional FY 22/23 Accomplishments:

- The Crisis Services Department has worked to address recidivism by coordinating with the provider network's Clinically Responsible Service Providers to ensure member care is focused on the least restrictive environment.
- The mobile outreach clinician continues to partner with neighborhood communities, local and state level entities, schools, and other organizations to ensure members are educated and informed on access to DWIHN services.
- The Crisis Services Department continues to work with area hospitals to have consistent and informed communication regarding members receiving services.
- Hospital Liaisons continue to work with the DWIHN Adult and Children's Initiatives, Utilization Management, Residential, and SUD Departments to ensure members are receiving all appropriate authorizations for service.



CUSTOMER SERVICE

During FY'22-23, DWIHN's Customer Service Department has continued to address opportunities to ensure members had a seamless process for obtaining services.

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

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



The following key Customer Service activities were accomplished this past year:

Welcome and Call Center Operations

The Customer Service Call Activity is inclusive of the Reception/Switchboard and Call Center. The MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

The department's Call Center and Welcome Center switchboard received **22,137** calls with an abandonment rate that was well below the less than **5%** standard.

Family Support Subsidy

The Family Support Subsidy Program is designed to provide financial help for families who are caring for their child with severe disabilities in the family home.

The Family Subsidy division assisted families with the application process which resulted in managing **7,701** calls and processing over **847** applications remotely without any interruption of services.

Due Process: Grievances and Appeals

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

Customer Service staff assisted members with their due process rights of grievances and appeals which resulted in the processing of **2,953** grievance related communication (emails and calls) compared to **788** calls from the previous year. Grievances received were **123** for the current FY, a significant increase from the previous year. Numerous member educational resources and provider trainings were also a key focus.

In the area of appeals, increases were seen as the unit processed **757** appeals related correspondence (emails/calls) compared to **595** from the previous year. Actual appeal cases increased from **38** to **51**. State Fair Hearings showed a modest increase of **3** requests but were withdrawn.

There was a significant increase in the Appeals Advance and Adequate notices that were reported. Random samplings were conducted to ensure that members were provided with their due process for appealing.

CUSTOMER SERVICE

The Appeals division also conducted system-wide appeals training and technical assistance to the provider network.

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.

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 department 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 Customer Service Member Engagement division continued to find safe new ways to connect with members and remediate the risk of misinformation, social isolation, and non-engagement.

In-person meetings resumed and were hosted at Clubhouses and Drop-in Centers in which attendance gradually increased.

DWIHN's Constituent's Voice (CV) Member Committee meetings were held to discuss, plan, and make recommendations on initiatives that supported member education and engagement. Their outreach initiatives included engaging Adult Foster Care (AFC) homes to keep residents informed about services and support. The committee also worked with the Member Engagement division to host the annual Reaching for the Stars Award Ceremony in which seven "Dreams Come True" award winners received scholarships.

A Guardianship Forum, in which 100 participants attended and engaged in discussions related to alternatives to guardianship. In addition, DWIHN was well represented at the Annual Walk-A-Mile in My Shoes event in Lansing. Over 300 participants attended. DWIHN's very own Peer Agent, Dwight Harris was the moderator for the event.

DWIHN's CV member, Shelley Nelson, received the Community Mental Health Association of Michigan (CMHAM) Recipient Rights Cookie Gant award for her advocacy efforts. DWIHN was also presented with the Community Partnership award at the annual fall conference for the excellent work that the CV Committee has done. Michael Shaw and Michael Squirewell accepted the award.

The Customer Services' Member Experience team conducted a variety of surveys i.e. On-Line Provider Directory User Friendliness, Follow-up Appointment Visits Post Hospital Discharge, Peer Workforce, Peer Liaison, Long Term Support Services, National Core Indicator and in partnership with Wayne State University Center for Urban Studies, the ECHO Adult, and Children surveys.

The Persons Point of View member newsletters continued to be published quarterly.



FACILITIES

This past year was very exciting as we finally began our long-awaited renovations to both the Milwaukee Crisis Care Center and the Woodward Administration buildings. These renovations moved along successfully and will be completed in the second quarter of FY'23-24. DWIHN also recognizes how critical the need for additional care centers is in our community, so we are also expanding into other areas in Wayne County including opening up a regional behavioral health hub in the 7 Mile and Southfield Freeway area as well as another Care Center in the downriver area.

Facilities project highlights are as follows:

707 Crisis Care Center

Construction is expected to reach completion in January 2024. Floors 1-2 were completely renovated (25,000 sq ft) to support DWIHN crisis services. Additional infrastructure and exterior upgrades to the facility were included in the project.



- Administrative Services
- Adolescent Crisis Stabilization
- Adult Crisis Stabilization
- Building Empowered and Supportive Transition Unit (BEST)
- Outdoor Activity Area

Woodward Administration

This unique 24,000 sq ft former Detroit Public Library building located in the Boston Edison district was built in 1912 and will become DWIHN's new administrative headquarters. Construction is slated to finish late January 2024.

- New Infrastructure
- New Parking Lot
- Refinished Original Fireplaces
- Repaired Copper Cornice
- Renovated Lower, Main and Upper Mezzanine Levels
- Restoration of Exterior Brick
- Restored Terrazzo Floors



FACILITIES



7 Mile Regional Behavioral Health Campus

The design for DWIHN's 2nd Care Center is well underway. The Facilities Department began prepping the newly purchased land for development which is located 7 Mile just west of the Southfield Freeway. The facility will include such services as:



- Administrative/Community Space
- Adolescent Crisis Stabilization
- Adult Crisis Residential Services
- Adult Crisis Stabilization
- Child Crisis Stabilization
- Dental Clinic
- Medical Clinic
- Vision Clinic



Downriver Care Center

Plans are underway to open up a third DWIHN Care Center in the downriver area. The Facilities Department developed specific criteria and project budget information related to the needs of the building DWIHN is currently working with a consultant real estate broker using that criteria to locate and review potential properties.

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:

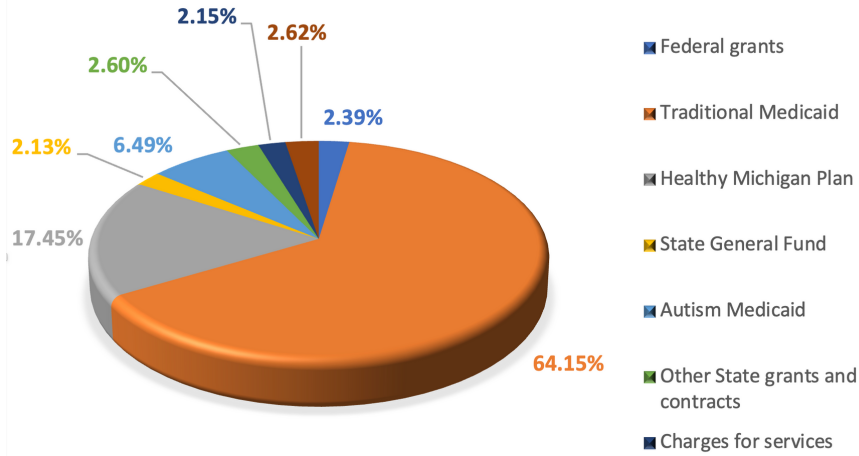
- Accounting – Accumulates and reports on the financial position of DWIHN.
- Accounts Payable – Processes all DWIHN’s payments outside of payroll.
- Auditing and Grants – Provides oversight of the financial reporting process, audit process, DWIHN’s system of internal controls and compliance with laws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

Summary of Revenues for the period ended September 30, 2023

Revenue Category	% of Funding	Amount of Funding
Federal Grants	2.4%	\$26,935,134
Traditional Medicaid	64.2%	\$721,816,399
Healthy Michigan Plan	17.5%	\$196,323,510
State General Fund	2.1%	\$24,013,152
Autism Medicaid	6.5%	\$73,074,811
Other State Grants and Contracts	2.6%	\$29,273,636
Charges for Services	2.1%	\$24,179,741
Local Grants and Contracts	2.6%	\$29,507,271
Totals	100%	\$1,125,123,654

FINANCE

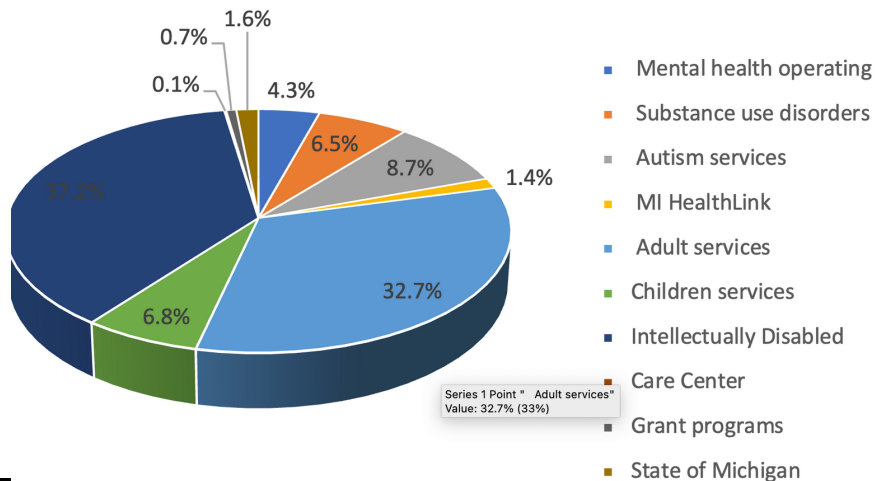
Operating Revenues



Summary of Expenditures For the period ended September 30, 2023

Expenditure Category	% of Expense	Amount in Expenditures
Mental Health Operating	4.3%	\$45,525,389
Substance Use Disorders	6.5%	\$68,582,995
Autism Services	8.7%	\$91,447,860
MI Health Link	1.4%	\$14,526,011
Adult Services	32.7%	\$345,051,117
Children's Services	6.8%	\$71,678,099
Intellectually Disabled	37.2%	\$392,468,839
Care Center	0.1%	\$1,398,805
Grant Programs	0.7%	\$7,528,403
State of Michigan	1.6%	\$16,508,601
Totals	100%	\$1,054,716,119

Operating Expenses



HUMAN RESOURCES

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

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



This year, the DWIHN HR department has thrived in a hybrid work environment, with no interruption in services to internal staff or the needs of the general public as a result of restrictions made by the build out of our new Administration Building, or the new Crisis Care Center.

The continued expansion of DWIHN over the past year has placed a great demand on the HR team to recruit and hire qualified candidates for every department in the Network. HR has continued to recruit, select and onboard, retain and engage the best and the brightest to provide critical services to our most vulnerable population. This included the development, recruitment and selection of new positions. HR successfully conducted a special recruitment effort to fill the critical positions created as a result of these new Departments and positions all while maintaining a retention rate of 99%.

HR successfully negotiated and signed one-year extensions of the current contracts with both employee unions.

DWIHN provided leadership training to the management staff and executive leadership team and also implemented an employee enrichment initiative that provides an opportunity for team members to participate in an online program to attend Harvard Business School. All of these trainings were successful and further moves us toward achieving a Culture of Excellence.

The efforts of HR have not gone unnoticed. This year DWIHN was recognized as a top workplace by the Detroit Free Press. This distinguished honor is a first ever for DWIHN.



INFORMATION TECHNOLOGY

As we reflect on the achievements of the past year, the IT department is thrilled to share our positive year-end summary that highlights the remarkable strides we have made in enhancing our services and technology offerings. These accomplishments are a testament to our commitment to excellence and our dedication to meeting the needs of our community and organization.

Mobile Application Launch: IT finalized and successfully deployed a mobile application that is accessible to everyone in our community. This innovative application provides a wealth of resources, event information, and facilitates direct phone-to-phone connections for individuals in need. Additionally, it offers access to a variety of training courses, contributing to the empowerment of our community members.

MHWIN Platform Enhancements: In close collaboration with other departments, we have made significant enhancements to the MHWIN platform to align it with DWIHN's expanding business objectives. Notable expansions include the addition of new modules related to Mobile Crisis and Omnibus Budget Reconciliation Act (OBRA). MHWIN has also been updated to incorporate DSM-V and the Social Determinants of Health, along with the 1915(i) SPA benefit plan, ensuring it remains a comprehensive tool for our organization.



Risk Matrix Improvements: Our dedicated team within the department has diligently worked on refining and expanding the dashboards within the Risk Matrix. This effort enables us to share valuable data across Clinically Responsible Service Providers (CRSP), enhancing our ability to evaluate CRSP performance and track trends. Furthermore, we are in the early stages of developing two additional Risk Matrixes tailored to Autism and Substance Use Disorders (SUD).



INNOVATION AND COMMUNITY ENGAGEMENT

The DWIHN Innovation and Community Engagement (ICE) mission is to lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and resilience. The primary focus is on:

1. Special Initiatives
2. Workforce Development and Retention: Student Learner Progress
3. Jail Diversion

Special Initiatives

Reach Us Detroit has successfully provided virtual therapy services and referrals, resulting in a notable impact on the individuals served. The data reflects a completion rate of 60%, showcasing the effectiveness of our virtual therapy sessions. Moreover, participants who accessed our services reported tangible improvements in their mental health and well-being, with individuals reporting reduced symptoms.

Participants who faced challenges in accessing care due to unfamiliarity with therapy, concerns about long-term diagnoses, or frustration with traditional access processes have found our virtual platform to be convenient and accessible.

The positive feedback from our participants underlines the value of our virtual services. Many have praised the flexibility of virtual therapy, which allows them to engage at various times of the day and have shared their success stories and personal journeys toward improved mental health.

Looking ahead, we remain committed to expanding and enhancing our virtual services to better serve our community. This includes plans to continue to utilize individual providers that can be dedicated to delivering virtual services as we have seen an improvement in consistency, retention, and satisfaction from callers. Our dedication to addressing the challenges of accessibility, stigma, and convenience through virtual therapy has not only enabled us to adapt to changing circumstances but also to provide effective, efficient, and impactful services for our community. We are proud of our achievements and look forward to continuing our mission of supporting the mental well-being of adolescents and adults in Wayne County through virtual services.



24/7 HELPLINE

LOCAL: 313-488-HOPE

TOLL FREE: 855-966-3313

Summer Youth Employment Program

The summer youth employment program worked with 13 partnering organizations (Alke-Bulan Village, Charter Township of Van Buren, City Connect Detroit, WSU Bio-Career Advancement Program, City of Belleville, Dearborn Police Department, City of Hamtramck, City of Westland, Downriver Community Conference, Life Builders and Eastside Community Network, Team 84, Charter Township of Redford and City of Highland Park). Due to lingering concerns over the pandemic, some organizations decreased the number of employees, as well as outsourced activities to meet the requirement of social distancing and mask-wearing. The total number of participants, **658** were placed at the partnering organizations.

Approximately **600** attended a program “Young Professional Conference” in August. The youth conference presented various topics on building resiliency for behavioral health, self-care, social skills, and employment development. Topics included: bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness.

Suicide Prevention

Throughout the year, ICE offered various mental health first aid and suicide prevention awareness training system-wide, and law enforcement organizations. Approximately, 2,500 individuals learned about the signs and symptoms of mental illness, and behavioral clues to address the risk of suicide.



Veteran Navigator Program

The Wayne County Veteran Navigator’s mission is to support Veterans and their family members by helping them navigate state, federal, and community resources. The DWIHN Veteran Navigator assisted **284** Veterans this fiscal



Workforce Development and Retention

This past year has focused on sustaining the centralized training program in collaboration with local and national educational institutions. Our efforts have resulted in continuing to provide comprehensive training to student learners in various settings to engage in integrated healthcare across the lifespan. This year, we have had 16 students complete the specialized training program with the University of Michigan School of Social Work. 57 behavioral health students completed a field practicum to develop competent behavioral health professionals who are qualified mental health and child mental health professionals

Retention efforts have included advocacy with the National Health Service Corporation to develop approved sites within our community to be eligible for consideration for student loan repayment.

INNOVATION AND COMMUNITY ENGAGEMENT

Retention efforts have included advocacy with the National Health Service Corporation to develop approved sites within our community to be eligible for consideration for student loan repayment.

Challenges with retention have been identified from focus groups held with former trainees, and limited supportive supervision, not equitable compensation, and frustration with systemic demands such as documentation and expectations, emerged as common themes for people seeking employment. All participants highlighted a continued commitment to the population served and provided recommendations for retention to focus on compensation and processes that center the engagement of participants.

Future efforts to develop funding opportunities for student learners including options for employment-based field sites have been discussed with local universities.

Jail Diversion & Justice-Involved Project Initiatives

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

Detroit Homeless Outreach Team (D-HOT)

DWIHN collaborated with various partners, Motor City Mitten Mission's Street Outreach, City of Detroit Housing and Revitalization, City of Detroit Police, and provider partner Central City Integrated Health to develop a groundbreaking pilot program that proactively addresses concerns with individuals experiencing homelessness. The focus is to offer care and support of basic needs, and referral to behavioral and housing services. The team encountered 1104 individuals, and 36 were connected to mental health, housing, and emergency shelter.

911 Communications Embedded Behavioral Health Specialist

Three 911 Embedded Behavioral Health Specialists (BHS) began working at DPD's Communication Center. Each assisted with any calls that require mental health support and resources, during the hours of 10 am – 6 pm, 11 am – 7 pm, 9 pm – 2 am (Monday – Friday). There were 287 referred mental health-related calls, all received follow-up support.

DWIHN and Detroit Police Department Co-Response Project

Weekly DWIHN Co-Response check-in meetings with Team Wellness and CNS were held to discuss complex cases, and coordination of care. Co-responders had an approximate total of 2,933 encounters, 382 mental health-non-violent, 328 mental health-violent not-armed, 195 mental health-violent armed, 356 suicide in-progress related and suicide threats. Individuals were provided with various resources for assistance with mental health, substance use, and homelessness.

The Jail Navigator Program

This program is for inmates having a history of needed clinical services. Consistent assessment, evaluation, and consultation of inmates has been maintained. Wayne County Jail Division 1 was the primary referral source of male and female participants for the Jail Navigator Program.

52 individuals accepted into MH and/or SUD treatment services at DWIHN Agencies

49 male participants referred to facilities: Elmhurst Home / Christian Guidance / Team Wellness

3 female participants referred to facility: Genesis House III

INNOVATION AND COMMUNITY ENGAGEMENT

Of **70** inmates from Wayne County Jail assessed, **52** were referred to residential or community 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 10 successful discharges from the program and **67** participants. The program has a strong mentoring aspect in addition to community service projects aimed specifically at veterans. 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 non-violent felonies away from jail/prison and into the community. This is a strong diversion program that has been running for 11 years. Participants leave the program with employment, schooling, volunteerism, and improved family relations. The program had **31** participants and successfully discharged **3**.

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. The group focuses on the coordination of efforts from prison release to reentry between the providers and the Michigan Department of Corrections. Efforts include medications; housing; treatment; and a crime-free lifestyle. There were **25** returning citizens released back into the community.



The Wayne County Jail Mental Health Unit screened **1,860** new admissions and treated **973** members. Upon release from jail, there were **509** members who were linked back with a provider. There was a 31% follow-up with members discharged from the jail. It is anticipated that this number will increase the following year as more members become enrolled in MHWIN prior to discharge.

Assisted Outpatient Treatment (AOT) orders are received from the Behavioral Health Unit and immediately processed with notification to the assigned CRSP to develop an individualized plan of service, providing connections to resources, and case management. Communication is maintained with Probate Court providers and the hospitals. Most AOT's will last for 180 days.

Trauma-Informed Care Project Initiative - Assessment Outcomes and Activities

During FY 23, because of changes within our economic infrastructure, funding was awarded to provide continuing education and a trauma-informed fidelity review with seven partnering organizations. The Trauma-Informed Care Project Initiative strengthened and enhanced the professional development of clinicians and administrators through specific evidence-based practice trauma-informed care conferences and training.

INTEGRATED HEALTHCARE

In the first 6 months of the program DWIHN:

- Hired and onboarded 21 staff within a three-week period. An additional 3 staff were hired in the third quarter of 2023.
- Clinical staff were assigned assessments starting April 1st.
- OBRA trainer worked with all hospitals and nursing homes on new contact information.
- 3,551 referrals were processed.
- 544 full assessments, 255 partial assessments and 51 pre-admission screenings were completed.
- The states' goal for pended assessments is 25% or less. The pended assessments during the 3rd and 4th quarter was 8.3%, this indicates that out of a total of 544 assessments, MDHHS had question/concerns on 46.
- Congruency with MDHHS on assessments was 96%. This means MDHHS agreed with 96% of our recommendations for level of care.



During FY 23, DWIHN and Vital Data finalized the HEDIS Scorecard that enables DWIHN to provide all CRSP, Medicaid Health Plans and Integrated Care Organizations data as to how the network is scoring as a whole and individually based on alignment. The Scorecard has data going back to 2019 so trends and areas of improvement can be examined, and plans put into place. The platform displays diagnosis, Rx, physician on claim, and care gaps needed. All individuals who have access to the database can only see the members they serve.

DWIHN and Vita Data continue to make improvements. The Scorecard has been rolled out to all CRSP providers and 4 Medicaid Health Plans on November 22. IHC has met with CRSP and Medicaid Health Plans to train on the shared platform. IHC RN monitors HEDIS measures and sends out quarterly letters to CRSP CEOs on the current scores and where improvements are needed. The Adult Initiatives department has staff that are trained on the HEDIS Scorecard. IHC performs quarterly lunch and learns on HEDIS measures allowing all of these tasks to increase the scores which means more people are receiving integrated care to aid in better treatment for their behavioral and physical health.



INTEGRATED HEALTHCARE

Measure goals are based on Quality Compass which is what the Health Plans base their goals on. Goals that we have improved on since 2022 are: ADD, AMM, APM, FUH, Adults FUM, SAA, SMD and SSD.

*Scores are based on Jun 23 due to 90-day claims lag.

Measure	Measure Name	HP GOAL	FY 23	FY 22
ADD	Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase	70.25	44.44	43.83
ADD	Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase	58.95	59.71	51.46
AMM	Antidepressant Medication Management Acute Phase	77.32	44.77	34.91
AMM	Antidepressant Medication Management Continuation	63.41	27.04	5.28
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics			
APM	Blood Glucose and Cholesterol 1-11 age	23.36	17.49	3.57
APM	Blood Glucose and Cholesterol 12-17 age	32.71	24.89	7.5
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			
APP	Ages 1-11	67.39	68.64	72.26
APP	Ages 12-17	71.16	74.85	70.34
FUH	Follow-Up After Hospitalization for Mental Illness 30 day			
FUH	Ages 6-17	70	61.83	60.68
FUH	Ages 18-64	58	45.64	44.96
FUM	Follow-Up After Emergency Department Visit for Mental Illness			
FUM	Ages 6-17	84.33	84.87	86.32
FUM	Ages 18-64	61.05	46.2	43.67
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	85.09	62.3	8.89
SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia	85.71	30	9.67
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are	86.36	55.53	25.66



MANAGED CARE OPERATIONS

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

The department's commitment is to ensure the adequacy of the network, guaranteeing the delivery of exemplary services to the individuals served by DWIHN.

Furthermore, we uphold continuous monitoring of provider contracts, with a keen focus on performance outcomes, and strict adherence to regulatory standards. This commitment extends to our members and is an integral part of our obligation to the Michigan Department of Health and Human Services (MDHHS) contract.

The department is staffed by 21 individuals, including 11 Provider Network Managers, also known as Contract Managers, who oversee and collaborate with our extensive network of providers.

Highlights for the Fiscal Year 2023:

Contracts:

- Processed over 400 contracts to our provider network for the new fiscal year 2024.
- Updated the Provider Manual
- Onboarded 19 new providers
- Executed 3 major Provider Rate increases: January, March and October in addition to updating code modifiers throughout the network as requested by MDHHS.

Provider Meetings:

- Conducted 10 CRSP/Outpatient and 10 Residential meetings
- Facilitated 136, 45 day meetings with CRSPs

Providers/Practitioner Credentialing:

Medversant is DWIHN's Credentials Verification Organization (CVO), responsible for conducting primary source verification of practitioners' credentials for other organizations. Those results are below:

Credentialing Status for FY 2023:

- 481 Initial Credentialed Practitioners
- 228 Recredentialed Practitioners
- 18 Credentialed Facilities
- 10 Recredentialed Facilities

Total 709 Practitioners and 28 Facilities



MANAGED CARE OPERATIONS

Provider /Practitioner Survey

DWIHN's Annual Provider Survey was sent out to 103 providers in October. Additionally, the Annual Practitioner Satisfaction Survey was sent out to 1,738 practitioners in November, results are still pending.

Both surveys underwent revisions and encompassed approximately 34 in-depth questions, thoroughly addressing all facets of DWIHN's operational departments which include Credentialing, Claims, Managed Care Operations, Quality Management, and Utilization Management.

The survey comprises five essential components:

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

Both surveys were completed in November 2023 and will be fully analyzed in late January 2024.



Member Survey:

Adults:

DWIHN conducted a member survey to assess the experiences of adults who have received mental health or substance use disorder services through DWIHN in the previous 12 months.

- 797 DWIHN members responded to the survey, with 618 members reporting receiving services in the past year.

Children:

The purpose was to assess the experiences of families whose children received mental health or substance use disorder services through DWIHN in the previous 12 months.

- 1,143 parents/guardians of DWIHN members responded to the survey, with 806 reporting receiving services in the past year.

MANAGED CARE OPERATIONS

Provider Quarterly Report process/review:

Provider Network Managers (PNM) received and reviewed over 1,600 quarterly reports from providers to ensure contractual compliance.

Future projects for FY 2024:

1. Implement an effective tracking system to monitor the onboarding progress of both new and existing providers
2. Create a tracking system for the credentialing status of providers and practitioners with a monthly report sent to MCO
3. Add credentialing letter to MHWIN, which will allow staff to view and monitor status.
4. Update the Risk Matrix module to encompass non-traditional, Outpatient and Residential Providers
5. Create a digitized Provider Orientation for the New Providers entering the network



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

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



MOBILE CRISIS & CRISIS CARE CENTER

DWIHN leadership has taken active steps towards providing crisis services directly to the citizens of Wayne County. When looking at the Substance Abuse and Mental Health Services Administration (SAMHSA) crisis continuum, DWIHN has focused its efforts on both Mobile Crisis and Facility Based Crisis Services. The Mobile Crisis units will be launched before the end of 2023, and we anticipate the grand opening of the 707 West Milwaukee Crisis Care Center to open early 2024.



Mobile Crisis Implementation Achievements

- Developed 15 direct service policies and procedures (i.e., clinical record management, cultural competency, duty to warn, safety checks, etc.)
- In partnership with PCE, created Mobile Crisis electronic crisis health record module.
- In partnership with PCE, created the first electronic health record based dispatching system.
- Hired Mobile Crisis Director and Supervisors
- Begun hiring Mobile Crisis workforce, including Clinicians, Peer Support Specialists, and Dispatch Coordinators
- In collaboration with DWIHN's Department of Innovation and Community Engagement, acquired 12 Mobile Crisis vans that will be utilized to serve individuals wherever they are located within Wayne County

Mobile Crisis Grants and Initiatives

- In September 2022, DWIHN was awarded \$4.4 million by SAMSHA to implement a mobile crisis and outreach program in Wayne County. DWIHN continues to work with SAMSHA grant administrators and is pleased to announce the continuation of those funds through September 2024.
- In August 2023, DWIHN was accepted to MDHHS's MI Kids Now Mobile Response for a children's grant opportunity. DWIHN is participating in the 2nd MDHHS cohort and will continue to participate through 2024.

707 Crisis Care Center Implementation Achievements

- Developed 40 direct service policies and procedures, under the following 7 categories: administration, environment of care, emergency management, infection control, medication, care services and clinical.
- In partnership with PCE, created the first electronic health record-based bed board and crisis module.
- Hired 707 Crisis Care Center Site Director, Medical Director, and other site level leadership.
- Begun hiring 707 Crisis Care Center unit level leadership and staffing.
- In collaboration with DWIHN's Facilities department, continue working toward completion of DWIHN's 1st Crisis Care Center

Crisis Care Center Grants and Initiatives

- In February 2023, DWIHN was accepted to participate as one of MDHHS's Adult Crisis Stabilization Pilot Programs. DWIHN will continue to participate in developing the Michigan CSU guidelines and will pursue certification once available.

OFFICE OF RECIPIENT RIGHTS

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

The ORR has four primary responsibilities :

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



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

The ORR Reporting data for FY 22-23 shows that it received **1,895** allegations, **1,513** actual investigations, **476** substantiations, and **205** investigations remain open for this reporting timeframe.

The Office of Recipient Rights also oversees the training for all DWIHN and provider employees, for FY 22-23. The Recipient Rights Trainers registered **6,121** participants, **3,292** attended and passed the virtual class

QUALITY IMPROVEMENT

The Quality Improvement Department continues to focus on initiatives that enhance the quality and safety of clinical care and services provided to the members we serve. Through ongoing monitoring and measurement, the Quality team ensures providers maintain high standards of care, offer reliable support and services within all programs, and that services are integrated into the community.

Performance Monitoring and Measurement

During FY'22-23, the Quality Improvement Team conducted **510** clinical case record reviews, **616** staff qualification reviews, and **71** Administrative reviews; this is an increase in cases reviewed from the last fiscal year. The increase can be attributed to the commitment to continuous quality improvement and adding additional staffing. The CRSP Provider network completed a total of **2,010** Case Record self-reviews. The self-monitoring activities include quarterly self-reviews assigned by DWIHN as well as the provider's self-initiated monitoring activities. The average compliance score for both the DWIHN and provider case record reviews was **92%**. An area for improvement was Coordination of Care (**76%**); areas of strength identified were Assessments (**97%**) and Implementation of Person-Centered Planning (**97%**).

Performance Improvement Activities

Annually, DWIHN has external quality reviews completed by the Health Services Advisory Group (HSAG) and the Michigan Department of Health and Human Services (MDHHS). For the third consecutive year, DWIHN met all required reportable areas with the Performance Measurement Validation (PMV) Review, confirming that DWIHN's systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook.

There was a follow-up Compliance Monitoring Review to address the Corrective Action Plans from 2 previous years. The result of the findings revealed that DWIHN is in full compliance with all the standards except for the Health Information System, which is an MDHHS system issue with all the PIHPs.

DWIHN was also recognized for the second consecutive year by MDHHS for its outstanding work on the Quality Assurance Performance Improvement Plan (QAPIP) for FY'22-23.

Behavior Treatment Advisory Committee (BTAC)

The BTAC staff conducted a virtual technical assistance session via Zoom to update the network BTPRCs. There were 150 participants. MDHHS recently updated the Technical Requirements for Behavior Treatment Plans and compliance is a contractual obligation. DWIHN's policy "Use of Behavior Treatment Plans in Community Mental Health Settings" and 10 attachments were updated. Also, MDHHS revised the codes for the required Functional Behavior Assessment (FBA) before writing a behavior treatment plan. The FBA bulletin has been published on the DWIHN website and has been sent to the network providers.

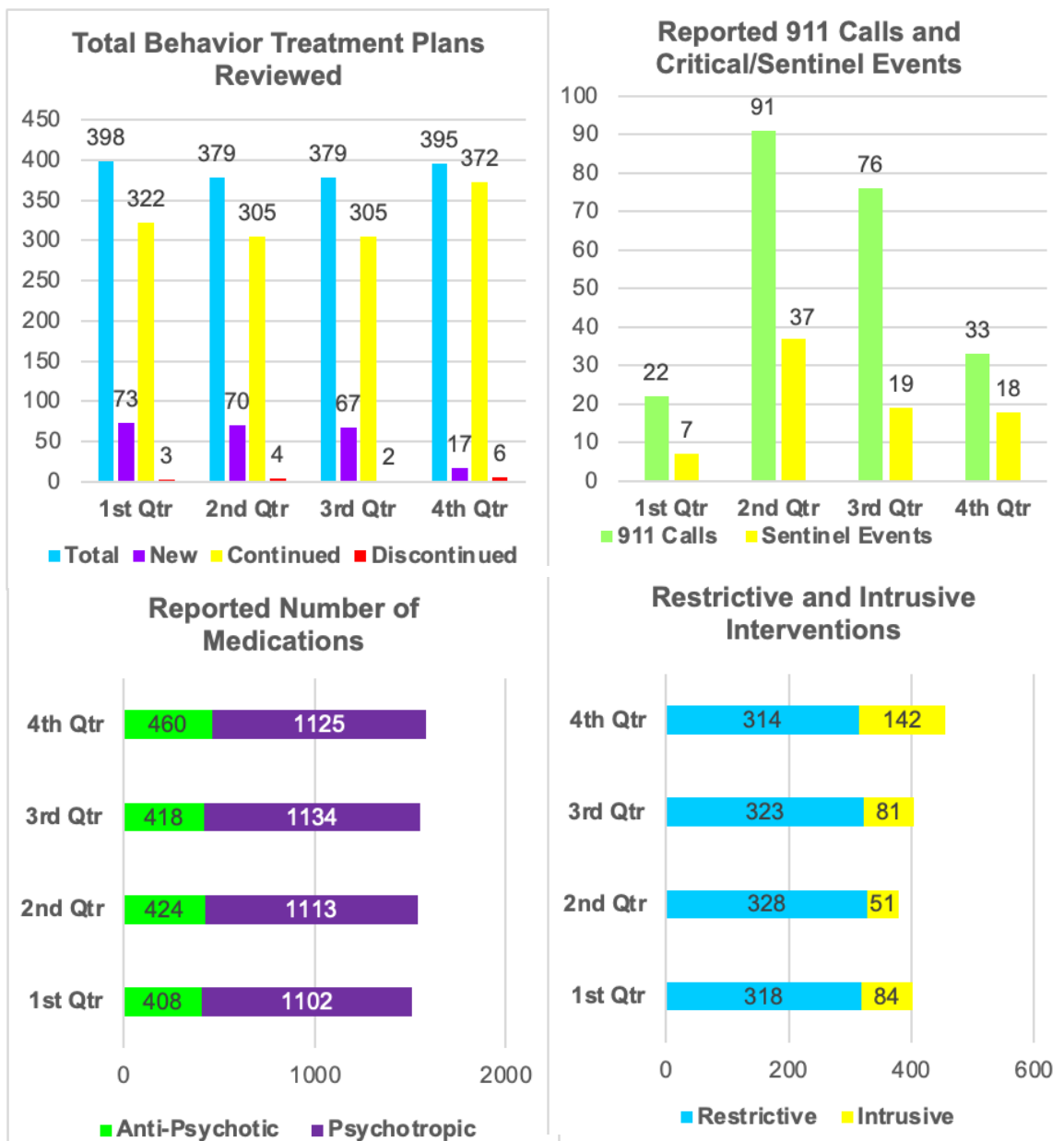
DWIHN is in full compliance with PIHP Administrative Review Procedures of Behavior Treatment (B1) for the fifth consecutive year as part of MDHHS Habilitative Supports Waiver 1915(c) Review. Similarly, based on the Health Services Advisory Group (HSAG) Review findings, DWIHN fully complies with the required elements for the BTPRCs. The BTAC staff has been appointed to serve on the MDHHS Behavior Treatment Advisory Group for a fourth consecutive year. The BTPRC requirements continue to be included in the Outpatient and Residential contract for FY 2022-2023. DWIHN submits quarterly data analysis reports on systemwide trends of BTPRC to MDHHS. The BTAC staff works with the SEC/PRC team on the Root Cause Analysis involving Behavior Treatment Plans and provides consultation to network providers, the Quality Improvement team, and DWIHN departments on clinical matters related to MDHHS requirements of BTPRC and related services.

QUALITY IMPROVEMENT

Trends and Patterns:

- Under-reporting of 911 calls, and critical and sentinel events is an opportunity to improve as a system.
- The network BTPRCs have an electronic health record system that is not patched with the DWIHN PCE system (MHWIN), and that is one of the barriers to improving the under-reporting of 911 calls and other reportable categories of the events.
- Reporting under the wrong category is one of the barriers. The Behavior Treatment category is live in the Sentinel Events Reporting module in MHWIN to improve the systemic under-reporting of Behavior Treatment beneficiaries' required data, however many of the reportable events are reported in the wrong category.
- In-service behavior treatment plans by the staff are not qualified. The shortage of clinical staff with MDHHS-required credentials for BTPRC review continues to be challenging.
- Behavior Treatment is working with the Critical/Sentinel Event team and IT to develop data parameters to capture non-reporting providers in all areas of reportable behavior treatment events. DWIHN continues to work with network providers to address these issues.

The charts below illustrate the BTAC Summary of Data Analysis FY 2022-2023



QUALITY IMPROVEMENT

Critical Sentinel Events

Critical/Sentinel Event training was provided to CRSP Staff and Specialized Residential Providers. A total of **198** participated in the training. In addition, the Quality Performance Improvement Team (QPIT) provided **15** technical assistance courses supporting CRSPs in meeting Critical/Sentinel Event MDHHS reporting requirements.

The Critical/Sentinel Event Guidance Manual

was revised based on HSAG, ICO, and MDHHS changes for reporting in collaboration with enhancements to streamline and improve the MH-WIN Critical/Sentinel Event module. Additions to the module included the ability to directly input Root Cause Analysis (RCA) reviews and to track preventable/non-preventable events for Risk Management reviews.

The Sentinel Event Committee/Peer Review Committee (SEC/PRC) was once again expanded, closing the communication gap for risks to DWIHN members. SEC/PRC Committee focuses on issues impacting a particular department with the ability to allow for more expedient resolutions to the individual event and any systemic problem. **Twenty-five** RCAs were reviewed by the SEC/PRC with recommendations for increased clinical support or closure of the event. The QPIT reviewed an additional **51** RCAs. The the QPI team prepared all documentation required for the HSAG audit, and was very successful in achieving compliance with all standards. Regular reporting to the ICO systems has been timely as well as the monthly meeting reviews which have met all MDHHS and contractual requirements.

Finally, the QPIT implemented the monitoring of the new MDHHS MiCal/CRM electronic remediation system specifically designed to review SUD programs. The QPIT team attended MDHHS training and developed protocols, training, and informational sessions to inform the Provider network of MDHHS's new way of audit review through daily electronic monitoring. With the assistance of DWIHN's IT Department, a seamless process was established on DWIHN's behalf with MDHHS still working out some technical bugs. QPIT members provided ongoing daily monitoring and provider support in gathering documentation required by MDHHS. Thus far, the QPIT team has been successful in meeting the requirements of the new CRM system.

Home and Community-Based Services

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".

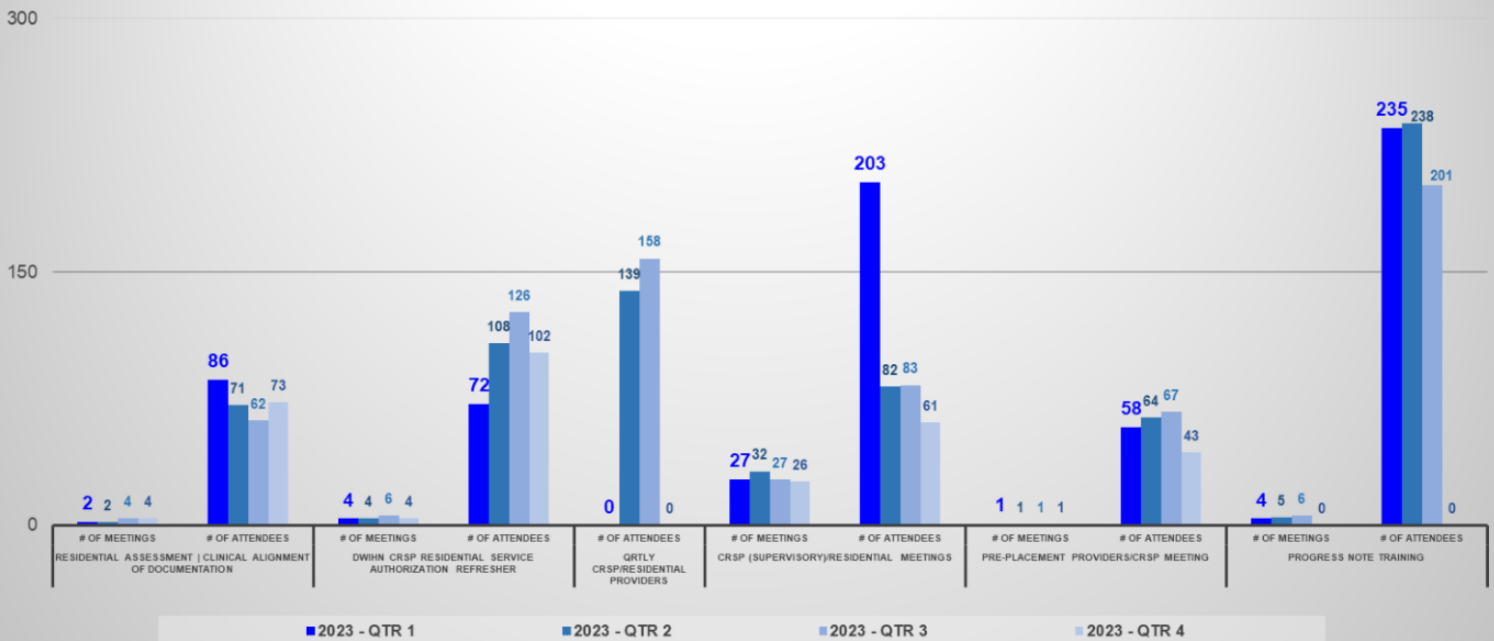


RESIDENTIAL

Department Objectives:

- Develop and roll-out a hybrid model of operations for the Residential Department
- Continue to assess department’s need for additional providers to address service gaps
- 2 residential settings dedicated to servicing youth aging out of foster care will be operational by the first quarter of the next fiscal year.
- These homes will provide youth with more choice in identifying a setting that is agreeable with their goals and preferences.
- Develop and implement a Medical Consultation Process to improve monitoring of residential member medical/psychiatric follow-up with assigned primary care physician/psychiatrist including:
 - Process Flow development
 - Pilot program development
 - Roll-out to the DWIHN Residential and Provider network
- Conceptualize and implement review of I/DD licensed and unlicensed homes
- Determine the number of homes and members to identify staffing needs
- Separate services for licensed/unlicensed settings but also identify members receiving CLS services in independent homes
- Develop a schedule to initiate review and assessment of I/DD members.

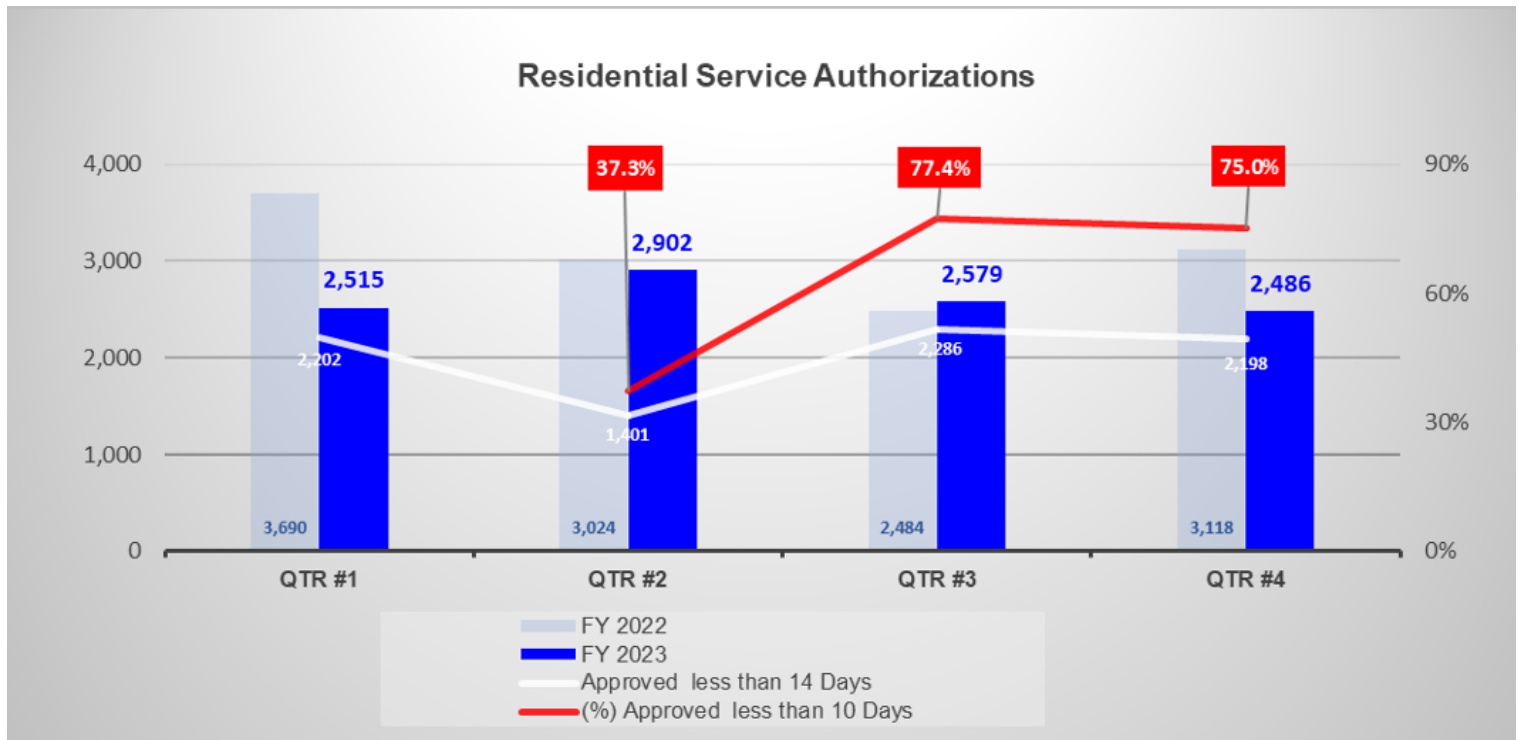
FY 2023 Residential Sponsored Meetings & Trainings
(per Quarter)



Major Department Initiatives:

- Continue to improve collaboration between guardianship agencies, clinical providers, residential providers, and DWIHN’s Residential Department. In August 2023, residential staff hosted a soft launch with all agencies in the community to better understand any barriers in collaboration. Residential staff were able to initiate a partnership with Wayne County Probate Court’s Behavioral Health Unit Manager to address the reported uncertainties regarding guardianship appointments and processes. There has been an interest in ongoing meetings and trainings to aid in this initiative’s goal.

RESIDENTIAL



Collaborations:

- Residential, Quality, Credentialing, and MCO to on-board new residential providers
- Refinement of the on-boarding process to include improved reporting and streamlining
- Prioritization of residential providers to reflect the unit's needs – i.e., barrier free settings, additional areas for females, and locations for age-out youth
- Continuation of collaboration between Residential Department, providers, CRSP's and MDHHS so that age-out youth concerns are addressed and services initiated
- Staff have been assigned to process and oversee all MDHHS Age-out Youth cases to assure consistency
- Staff are involved in ongoing communication with Foster Care Specialists at DHHS, treatment staff at the youth's Child Caring Institute, family/peers, and with new treatment teams to achieve a successful transition
- DWIHN Residential Authorization Team works with providers and CRSPs to address any authorization concerns
- Residential Department, Hospital Liaisons/Adult Initiatives, and Utilization Management work closely to address clinical and residential concerns related to inpatient and ED cases
- Introduced utilization of Cascade system to better track residential projects

RESIDENTIAL SERVICES

Achieved Goals, Accomplishments and Recognitions:

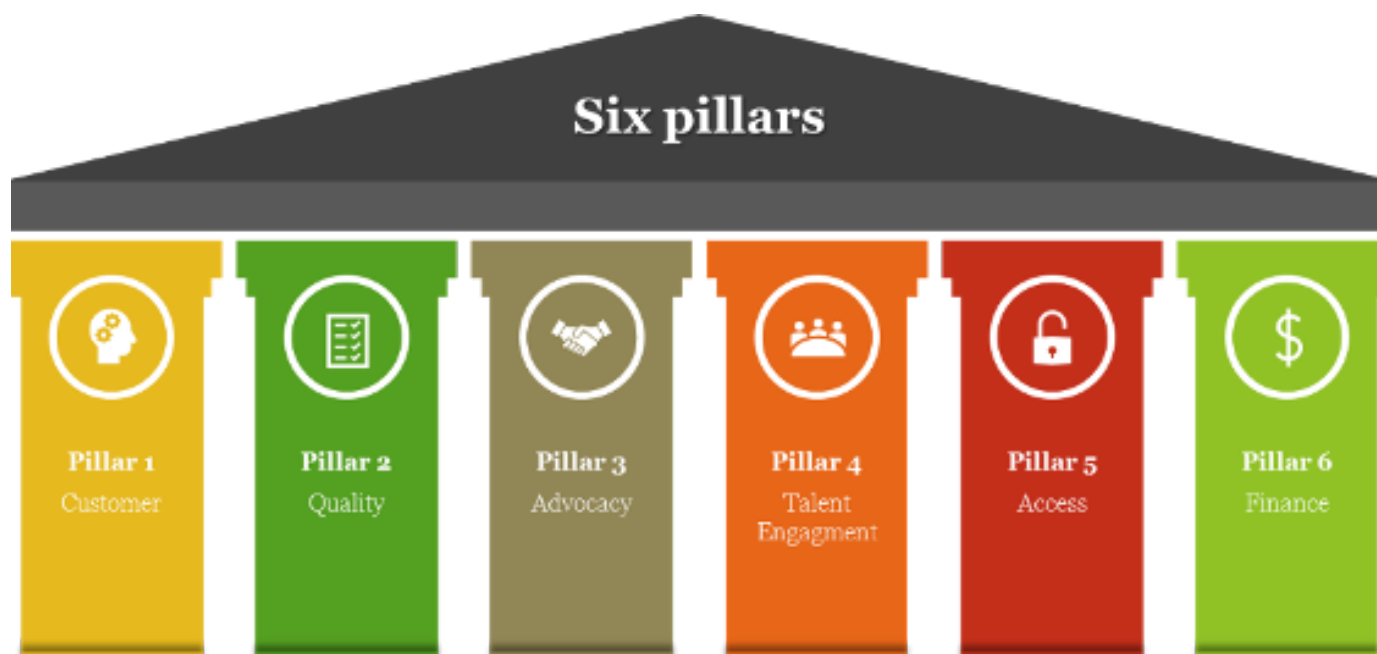
- Development and implementation of the youth age-out program based on referrals received from MDHHS
- Weekly meetings to develop programming for youth aging out of foster care. MDHHS Director of Wayne County Children's Services, and a pilot group of residential and Clinical Providers were included.
- Specific processes were established for each provider to ensure youth transitioning into adult services were connected to all necessary outpatient supports/services. Worked with residential providers who are trained to support as much independence, skill-development, and integration into the community as possible.
- Seven specialized residential settings have been dedicated to servicing Age-Out youth and young adults aged 18-26.
- Five were in operation this year and able to accept youth for placements.
- Seven youth who aged out of foster care have successfully been placed in specialized residential settings.
- All had outpatient services and transitioned to new treatment providers near their homes without gaps in service.
- Development and roll-out of a guardianship forum to improve the relationships between guardians, CRSP and DWIHN Residential Services
- Revision of the Direct Care Worker progress note with roll-out to Residential Providers
- Facilitating monthly CRSP meetings resulting in:
 - The opportunity to resolve issues related to services
 - Improved case reviews and resolution of barriers for members
- Implementation of weekly review of members who are inpatient or who present to the Emergency Department (ED)
- Improved residential response time to members that are inpatient and in the ED
- Close monitoring of inpatient cases to identify placement opportunities on a timely basis
- The Residential Authorization Team has decreased the number of days to input authorizations from 14 days to 10:



STRATEGIC OPERATIONS

DWIHN continues to embrace and actualize the integration of Strategic Operations and Innovation in its quest to follow our Strategic Plan which is inclusive of goals and objectives for the organization. The DWIHN mission, vision and values serve as the foundation for the work that we do on behalf of our members. The progress toward meeting our goals is shared with the DWIHN Board of Directors and each goal is developed utilizing an environmental scan which also encompasses the benchmarks and criteria established by MDHHS and our governing bodies the National Committee for Quality Assurance (NCQA) and Health Services Advisory Group, Inc. (HSAG).

While our Strategic Plan is a living document subject to change and integration based upon emergent needs or trends and patterns, the Pillars are constant and remain the same. Our Pillars are Access, Advocacy, Customer, Finance, Quality and Talent Engagement. Information Technology runs across the bottom of each pillar as IT plays a pivotal role in ensuring that all our dashboards, systems and technologies respond promptly in every area of our plan and monitoring processes. Our Strategic Plan is front facing and can be found at <https://www.dwihn.org/annual-reports-and-strategic-plan>.



We continue to be responsive to the feedback of our members, providers and practitioners and have modified our surveys to ensure ease of usage and time of use. The surveys are anonymous and are created using the best practice tool Qualtrics.

In terms of innovation, we sought a resource to ensure our provider network management was status par excellence. This need for quality in the area of network management and adequacy led us to partner with Quest Analytics, LLC to assist with ensure our network adequacy was optimized and proficient with real time analysis and in compliance with our governing bodies standards for time and distance as it pertains to the services accessible for our current and perspective members and the providers and practitioners available to them.

STRATEGIC OPERATIONS

NCQA Oversight:

We are proud to be embarking upon our third NCQA survey and accreditation which will occur January – March of 2024.

The department generates a monthly report which is indicative of continuing education for the team, staff presentations and new tools to increase the efficiencies of DWIHN practices.

Accomplishments, Achieved Goals and Recognition:

- NCQA monitoring processes and ongoing staff training on accreditation compliance Creation, monitoring, and implementation of mock review tool
- Contract with Quest Analytics to maintain adequate and accurate provider networks and ensure compliance with governing bodies for MDHHS standards.
- Developed Departmental Tool to Assess Department strengths and made recommendations to increase efficiencies.
- Responded to Practitioner and Provider Request for Revised Survey and Developed a condensed tool to assess the needs of Providers, Practitioners and Members monitoring and responding to feedback ongoing.
- The Strategic Operations Director, Maria B. Stanfield, MA, LLP, CADC was featured on the National Committee for Quality Assurance (NCQA) podcast published in 2022 entitled “Inside Health Care and the Ground Game for Behavioral Crisis Mitigation”, December 2022.



SUBSTANCE USE DISORDERS

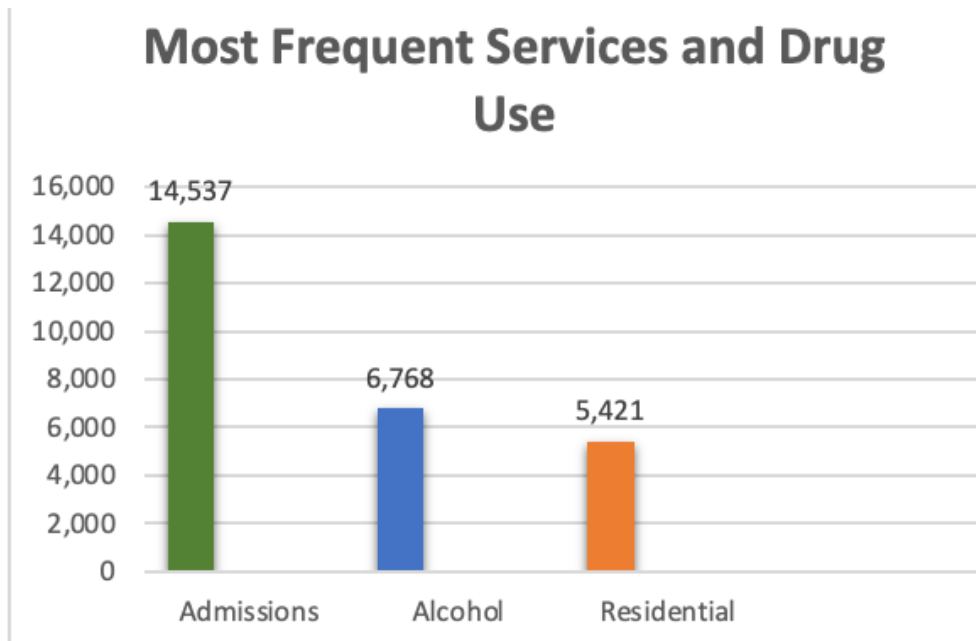
NARCAN Initiative

The SUD department has taken the initiative to address the opioid overdose crisis in Wayne County through the use of Naloxone or Narcan. The program's goal is to provide free Narcan training to individuals and distribute kits to help save lives by reversing the effects of opioid overdose. With more people trained in Narcan administration, the program intends to reduce the number of opioid-related deaths in the county

To ensure immediate access to life-saving medication for opioid overdose reversal, Narcan vending machines have been installed in the community. These vending machines play a crucial role in providing immediate access to Narcan kits.



Additionally, providers in the SUD network are required to have NaloxBox (Narcan) in common areas throughout the premises. This includes reception areas, break rooms, and meeting rooms to allow easy access. The boxes are standard size, accompanied by clear signage and do not require regular maintenance.



State Opioid Response (SOR) Program

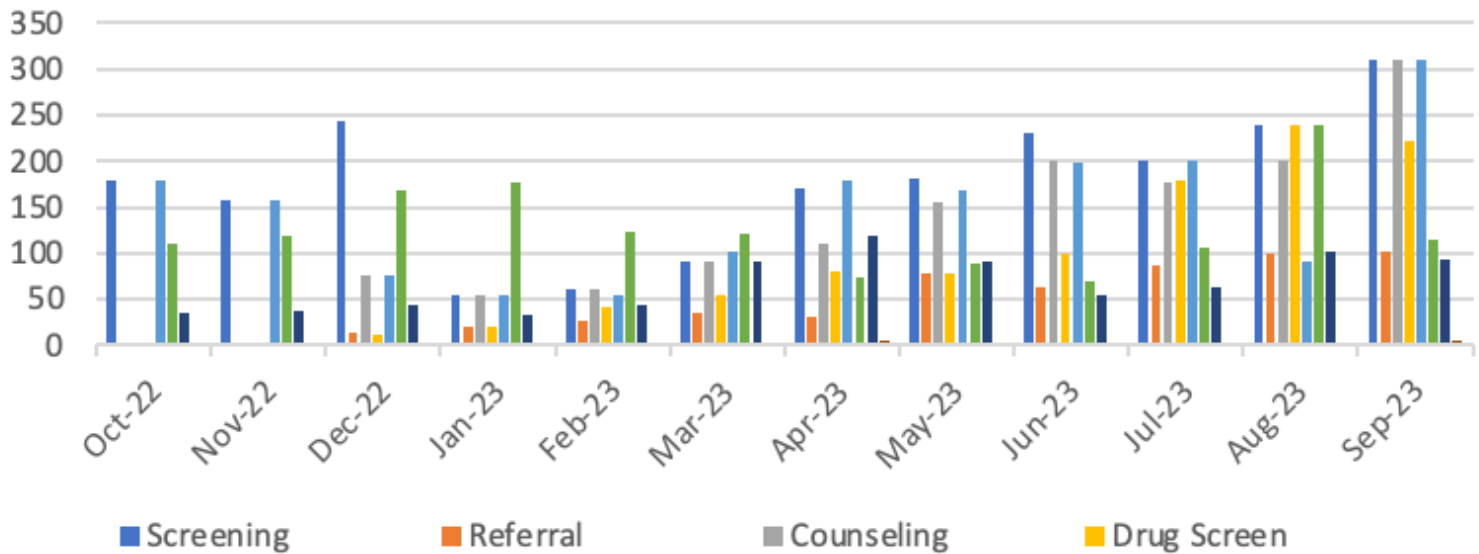
The SOR program has been making remarkable strides in providing critical services to individuals struggling with SUD. With four service providers under its mobile care unit programming, the program offers a wide range of services, including SUD screenings, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, Narcan trainings and distribution, and fentanyl test strip distribution.

Over the fiscal year, the rate of services per month has increased incrementally as mobile care programs have continued to exceed expectations by increasing access to services and naloxone. In fact, additional units have been deployed to serve more communities in Wayne County, enabling the program to reach even more individuals in need.

SUBSTANCE USE DISORDERS

Overall, the SOR program's efforts to combat the opioid epidemic and help those struggling with addiction have been commendable. The program has been making a real difference in the lives of individuals and communities across Wayne County, and its impact is sure to be felt for years to come

SOR III Year 1 Mobile Care Unit



Screening Brief Intervention Referral to Treatment (SBIRT)

This is a powerful tool that peer recovery coaches use to identify individuals who might be struggling with substance use or abuse issues. By using this screening tool, coaches can quickly and accurately identify individuals who require further assistance and support. These screenings are conducted in outpatient Federally Qualified Health Care (FQHC) facilities, including the Detroit Medical Center (DMC), Henry Ford Health Systems (HFHS) Kingswood, Garden City Hospital, Wayne Family Health Center in Western Wayne, and Wayne Family Health Center in Taylor. When a person is identified as having an Opioid Use Disorder (OUD), Peer Recovery Coaches provide referrals to substance use treatment based on individual needs. This ensures that the person receives the appropriate level of care and support. Coaches are required to follow up within 30 days to assess the need for additional services and peer support. This ensures that individuals receive the ongoing support and care they require to achieve and maintain recovery.

Of the **1,418** screenings conducted, **986** members have been admitted into residential treatment. This figure represents the program has a **70%** success rate in connecting individuals with appropriate treatment services. It showcases the program's ability to facilitate access to the resources and support required to effectively address substance use disorder issues.

SUBSTANCE USE DISORDERS

The follow-up rate for after-residential treatment screenings has been encouraging. While the exact follow-up rate may vary depending on location, population, and specific implementation strategies, DWIHN has achieved a commendable rate of 67%. This indicates that most individuals referred to treatment services as part of the SBIRT program have taken the necessary steps to access those services and continue their journey toward recovery.

Annual Faith-Based Conference

DWIHN expanded its faith-based collaborative partnerships by hosting presenters from all faiths monthly. The committee had a robust planning group for the 9th Annual Faith-Based Wellness Beyond the Walls Conference hosted by The Piast Institute.



The conference, titled “You are Not Forgotten,” was held in August and saw **176** participants from several Christian denominations, including counselors, directors, youth mentors, and faith leaders, among others. SUD providers and the community interacted, creating a wonderful atmosphere to grow and learn. The conference featured two keynote speakers, a panel of health experts, 8 workshops, and 10 special giveaways. The 4th Annual Power of One Award in honor of the late Greg Roberts was presented by Mrs. Jaren Roberts Brown to Reverend Stephen K. Perrine, lead pastor at Dearborn Good Shepherd United Methodist Church. He currently serves on the DWIHN Faith-Based Clergy Committee. Overall, the event was a huge success, meeting its goals and promoting spiritual development among attendees.



UTILIZATION MANAGEMENT

The role of the Utilization Management (UM) Department is to manage and monitor the utilization of services by members of DWIHN. 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 Requests, Partial Hospitalization Program Requests, Crisis Residential Services Requests, Substance Use Disorder Services Requests, Autism Services Requests, HSW (Habilitation Support Waiver), COFR (County of Financial Responsibility) and General Fund authorization requests. Some of the FY 23 department accomplishments include:

- 98% enrollment rate for our HSW Program, the highest rate of enrollment since January 2020. This means that members who need Habilitation Supports in addition to their regular State Plan Services, are now educated on the Waiver program and able to access those supports.

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1009	1009	1008	1007	1007	1005	1015	1019	1026	1029	1037	1054
Available	76	76	76	77	77	79	69	65	58	55	47	30
New Enrollments	9	5	6	2	7	6	13	11	13	17	16	22
Disenrollments	4	8	4	8	8	3	4	6	7	6	5	2
Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%	94%	94.6%	94.9%	95.8%	97.2%

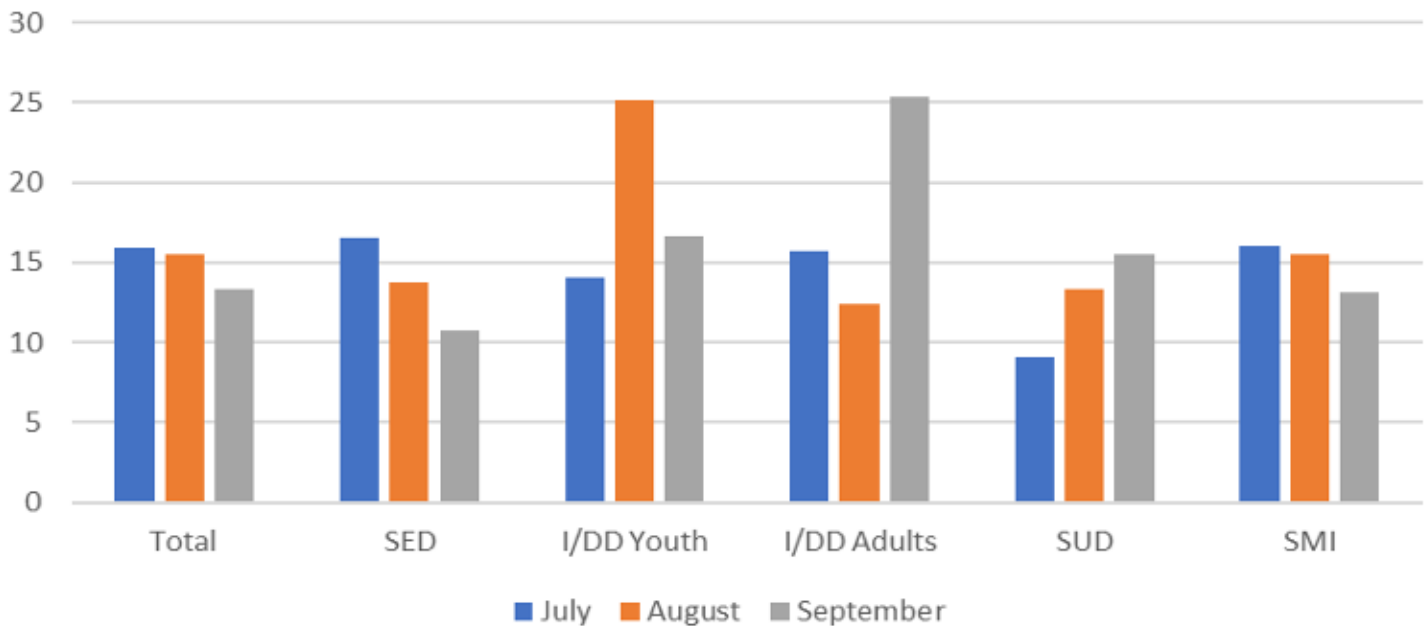
- Collaboration with the Residential Department regarding developing discharge plans for members with complex needs.
- Collaboration with the Crisis Services Department regarding developing a discharge plan process flow for members who have had an Inpatient Psychiatric Hospitalization.
- Participated 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

UTILIZATION MANAGEMENT

Hospitalizations

While inpatient psychiatric services may be necessary to support members who find themselves in crisis, we also recognize the importance of supporting our members in the community, in the least restrictive environments possible. To decrease length of stay and the number of hospital admissions, and to improve the supports available within the community, the UM department conducts regular 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 develop comprehensive plans to support our members in reaching their goals once they are discharged from the hospital setting.

Average Length Of Stay, FY23 Q4



Alternative Levels of Care

There are several alternative levels of care that can be utilized to support our members within the community, without necessitating inpatient psychiatric hospitalization.

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 another cost-effective 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 at the end of the program day.

The UM Department also provides clinical review and authorization for outpatient mental health services, Outpatient I/DD Services, Outpatient Autism Services, and Substance Use Disorder Services.

UTILIZATION MANAGEMENT

FY '23-24 Department Goals:

- Implementation of ongoing Authorization, Code, and Modifier training for Provider Network
- 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
- Participation in Hospital Liaison Meetings (in conjunction with the Crisis Services Department) that will convene regularly to ensure positive rapport building and collaborative working relationships with inpatient psychiatric hospital 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

WWW.DWIHN.ORG



@DetroitWayneIHN