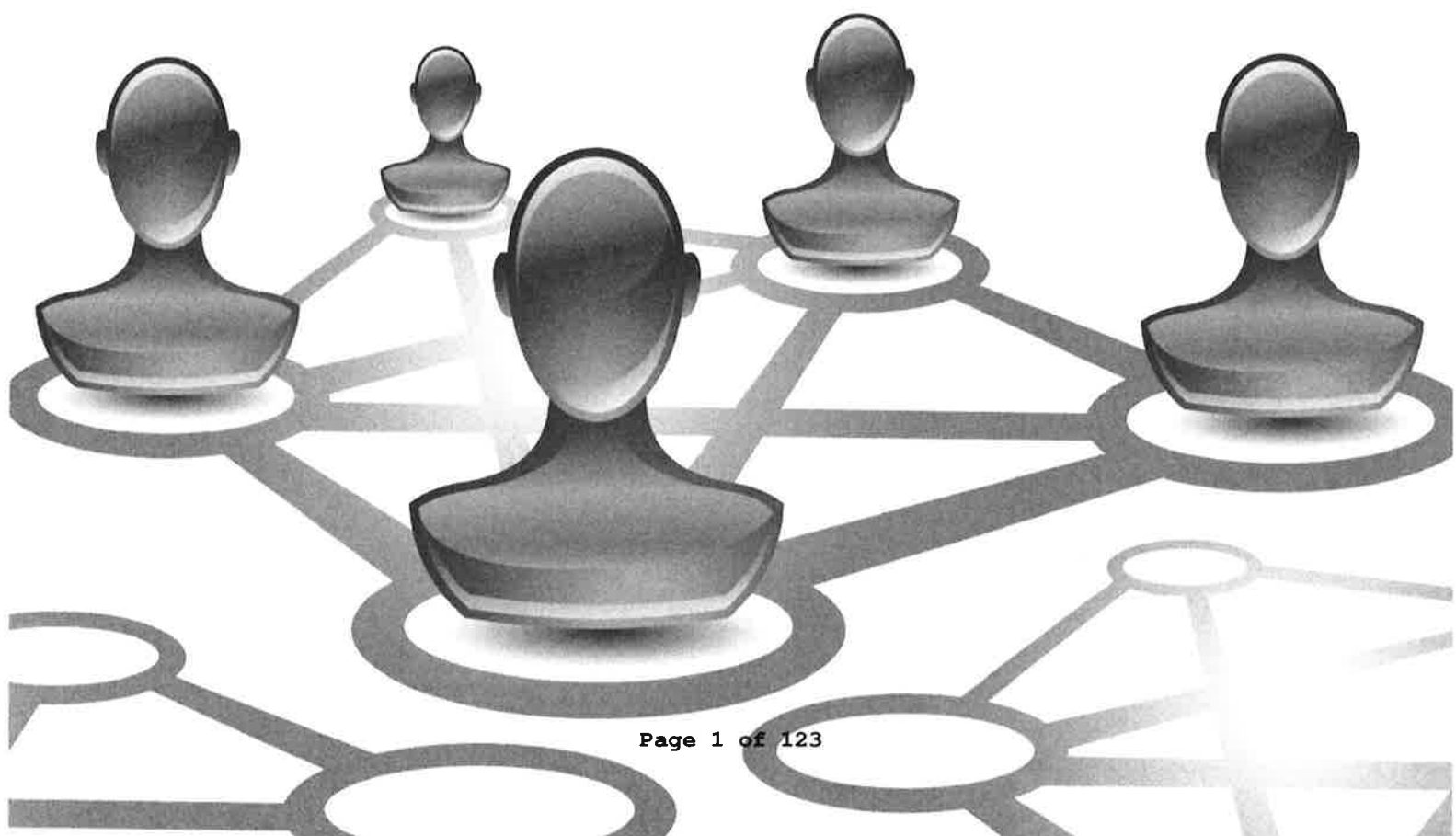




# **Detroit Wayne Integrated Health Network Board Finance Committee Budget Hearing**

*Wednesday, August 5, 2020  
1:00 p.m.*





**Detroit Wayne  
Integrated Health Network**

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Detroit, MI 48202-2943  
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**BUDGET HEARING  
Wednesday, August 5, 2020  
1:00 p.m. – 4:00 p.m.  
AGENDA**

- I. Call to Order**
- II. Approval of the Agenda**
- III. Budget Presentation**
  - a. Narrative and Budget
  - b. Questionnaires
    - 1. Board Questions (Chairman Parker & Dr. Taylor)
    - 2. General
    - 3. Administration
    - 4. Carve Out Contracts
    - 5. COPE and Hospital Costs
    - 6. Residential Providers
    - 7. Clinically Responsible Service Providers (CRSP)
    - 8. Autism
    - 9. MI Health Link
    - 10. Substance Use Disorder (SUD)
    - 11. Children's Initiatives
    - 12. Summer Employment and Mental Health First Aid (MHFA)
    - 13. Wayne County Jails
    - 14. Recipient Rights

**Board of Directors**

Bernard Parker, Chairperson  
Dorothy Burrell  
William T. Riley, III

Dr. Iris Taylor, Vice-Chairperson  
Lynne F. Carter, MD  
Kenya Ruth

Timothy Killeen, Treasurer  
Angelo Glenn  
Dr. Cynthia Taueg

Dora Brown, Secretary  
Kevin McNamara



**IV. Public Comment/Good and Welfare**

Members of the public are welcome to address the Board during this time for no more than two minutes. (The Board Liaison will notify the Chair when the time limit has been met.) Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis.

**V. Adjournment**



## Detroit Wayne Integrated Health Network FY 2021 Budget Summary

### Introduction

Pursuant to Act 258 of the Public Acts of 1974 (Michigan's Mental Health Code), Section 330.1226,

*“The board of a community mental health services program shall...:  
(g) annually approve the community mental health services programs  
operating budget for the year.”*

As such, the Detroit-Wayne Mental Health Authority Board of Directors (“Board”) authorizes, through an approved board action, the annual budget for the Authority. Any variation from the total authorized annual budget amount must be approved by the Board of Directors. The President/Chief Executive Officer and Chief Financial Officer submit the aforementioned recommended budget for the fiscal year ending September 30, 2021 (FY21).

### Overview

The FY 2021 recommended Operating Budget is approximately \$822 million or .03% (\$2.8 million) less than the FY 2020 amended budget.

The State of Michigan is the primary source of revenue for the Authority and the Michigan Department of Health and Human Services (MDHHS) budget allocation generally is not finalized until late September. In an effort to formulate a budget for board approval and begin the contracting process with the provider network, the Authority makes certain assumptions. The following assumptions are based on the most recent information:

- a) No change in Medicaid revenue as compared to FY2020 projected. Reduce \$9.0 million in State General Fund in accordance with 5-yr State GF reduction Plan. No COVID-19 funds including the FY21 budget.
- b) The local match revenue required from Wayne County is now capped at the FY14 level which is \$17.7 million;
- c) Wayne County programs are funded at FY20 levels except the Clinic for Child Study and WC Jails. Refer to schedule A-7
- d) Substance Use Disorder (SUD) Block grant funding remains consistent with the FY20 initial budget, except elimination of COVID-19 funds; Refer to schedule A-6
- e) The Dual eligible demonstration project has been budgeted based on actuals members served and the average PMPM rate (18,588 consumers @ \$32.29 PMPM).
- f) Implementation of 7% rate reduction across all populations except Autism, SUD, COPE, self determination and ACT PMPM.

The following is a summary of major changes and highlights in the budget:

### **NETWORK EXPENSES – Refer to A-1**

- A) The \$8.1 million increase in adult services related to HRA pass-through increase of \$7.2 million
- B) The decrease in Wayne County programs of \$5.5 million is attributable to a reduction in the Clinic for Child Study and Wayne County Jails by \$3.6 million and \$1.9 million, respectively.

### **REVENUE - Refer to A-3**

- A) Traditional Medicaid increased by \$8.9 million due to the elimination of the death audit recoupment in FY2020.
- B) HRA pass through increased by \$7.2 million based on actuals payments over the past two years. There is a corresponding increase in the HRA expenses in adult service category.
- C) The decrease of \$9.3 million related to 3-year GF reduction plan and elimination of COVID-19 funding.

### **ADMINISTRATIVE EXPENSES – Refer to A-4**

The administrative budget decreased by \$.6 million or 1.4% which primarily relates the anticipated savings on professional service contracts.

The Authority has three hundred three (304) budgeted FTE's positions of which thirty-two (32) are vacant; thirty-seven (37) FTEs or 12% are At-Will staff with salaries totaling \$4.5 million or 25% of total salaries. In addition, the Authority has three (3) project consultants totaling \$200,796.

### **POTENTIAL BUDGET RISK**

The overarching concerns include potential changes in state budget appropriations, annual changes in funding and frequent changes in state funding models lead to unstable and unpredictable levels of funding. The ominous specter of state budget "section 298" although eliminated continues to add additional uncertainty and puts the entire community based PIHP system at risk.

#### **Medicaid**

- a) COVID-19 and the impact to the Federal and State budgets are unknown.
- b) 2016 election results with Republicans in White House and majority Senate and House. Also, the pending 2020 elections looms in the background.
- c) Threats at Federal level on reducing Medicaid and funding changes (block grant).
- d) Eligible trend flattening for first time since the inception of managed care in 1999.
- e) Shifts in eligibility of persons served.

- f) Changes in volume of number of persons served.
- g) Increasing needs of persons served as they age.
- h) Increases in cost of care including increases in minimum wage and inflation.
- i) Changes in models of practice needed to improve quality of care (such as crisis services).
- j) Hospital costs have increased over 15% in FY19 and lack of crisis and inpatient beds will continue to impact financial health and quality of care.
- k) Although TANF eligibility trends are stable, continued DAB reductions in eligibility trends will result in less capitation payment.

General Fund

- a) Uncertainty regarding the allocation of shrinking General Fund Community funds for operations (current state- wide authorization of \$117 million is down 58% from original FY14 base).
- b) Early proposed FY19 model included a potential \$22 million cut for DWMHA if fully implemented.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK**  
**FY 2021 OPERATING BUDGET**  
**FY ENDING SEPTEMBER 30, 2021**  
**BUDGET SUMMARY**

MAJOR CATEGORY DESCRIPTION	FY 2019 ACTUAL	FY 2020 AMENDED	FY 2021 BUDGET	VARIANCE INC (DEC)	EXPLANATION OF VARIANCE
<b>OPERATIONAL REVENUE:</b>					
MEDICAID (CAPITATED AND ENROLLED PROGRAMS)	576,505,864	597,890,565	604,751,447	6,860,882	Restored \$8.9M FY 2020 Death Audit reduction
MEDICAID AND HMP HRA PASS THROUGH	30,009,672	22,800,000	30,000,000	7,200,000	HRA Pass-Thru per FY 2019 actuals
MI HEALTH LINK (DUALS DEMO PROJ)	14,033,064	7,571,523	7,486,123	(85,400)	
HEALTHY MICHIGAN PLAN (HMP)	100,393,217	103,331,880	102,952,550	(379,330)	
STATE GENERAL FUNDS	38,866,798	35,206,283	25,884,881	(9,321,352)	MDHHS 3rd year reduction @ \$4.5 million per year, No COVID19 supplemental included @ \$501k
LOCAL, STATE, FEDERAL GRANTS	55,104,342	51,034,966	49,860,550	(1,174,416)	Elimination of SUD COVID19 funds
INTEREST INCOME	1,648,084	1,300,000	1,000,000	(300,000)	
OTHER REVENUE	-	40,000	40,000	-	
<b>TOTAL OPERATIONAL REVENUE</b>	<b>\$ 816,561,041</b>	<b>\$ 819,175,167</b>	<b>\$ 821,975,551</b>	<b>\$ 2,800,382</b>	
<b>OPERATIONAL EXPENSES:</b>					
ADMINISTRATION	36,167,504	\$42,891,495	\$42,291,841	(599,654)	INC (DEC)
AUTISM SERVICES (EXCLUDES ADMIN)	61,653,162	61,135,478	61,428,739	293,261	
STATE OF MICHIGAN (State Facilities/Drawdown/TPA Tax)	20,627,268	20,650,188	20,840,188	190,000	
DIRECTS CONTRACTS	643,085,064	607,590,902	615,690,793	8,099,891	HRA pass through increase @ \$7.2 million
SUBSTANCE USE DISORDER (EXCLUDES ADMT)	55,428,435	52,979,106	53,314,133	335,027	
MI HEALTH LINK (excludes admin)	7,301,450	7,301,450	7,216,050	(85,400)	
NETWORK ACCREDITATIONS	1,438,567	2,337,571	2,337,571	-	
RESIDENTIAL ASSESSMENTS	1,058,548	1,949,621	1,998,712	49,091	
GRANT PROGRAMS	6,348,643	8,289,357	8,307,525	18,168	
COUNTY MENTAL HEALTH PROGRAMS	10,335,185	14,050,000	8,550,000	(5,500,000)	\$3.6M Decrease in 3rd Circuit Court Program; \$1.9M decrease in WC Jail Program
<b>TOTAL OPERATIONAL EXPENSE</b>	<b>\$ 843,443,827</b>	<b>\$ 819,175,167</b>	<b>\$ 821,975,551</b>	<b>2,800,384</b>	
	(26,882,786)	0	0	0	

**DETROIT WAYNE INTEGRATED HEALTH NETWORK**

FY 2021 OPERATING BUDGET

FY ENDING SEPTEMBER 30, 2021

BUDGET USES BY SOURCE

	FY21 BUDGET REQUEST	STATE GEN FUNDS	MEDICAID	HEALTHY MI	OTHER	TOTAL
ADMINISTRATION	42,291,841	1,700,000	33,833,472	4,948,145	1,810,222	42,291,840
AUTISM SERVICES (EXCLUDES ADMIN)	61,428,739	360,000	61,028,739		40,000	61,428,739
STATE FACILITIES PAYMENT (LOCAL SHARE)	20,840,188		6,912,000	2,688,000	11,240,188	20,840,188
DIRECT CONTRACTS	615,690,793	18,906,878	499,704,377	90,532,097	6,547,442	615,690,794
SUBSTANCE USE DISORDERS (EXCLUDES ADMIN)	53,314,133	-	13,557,939	16,510,458	23,245,736	53,314,133
MI HEALTH LINK (EXCLUDES ADMIN)	7,216,050				7,216,050	7,216,050
RESIDENTIAL ASSESSMENTS	1,998,712	139,910	1,598,970	233,849	25,983	1,998,712
NETWORK ACCREDITATIONS (FORMERLY VCE)	2,337,571	177,206	2,100,674	40,000	19,690	2,337,571
GRANT PROGRAMS (64933 and 64981)	8,307,525	555,887	15,276		7,736,362	8,307,525
COUNTY MENTAL HEALTH PROGRAMS	8,550,000	4,045,000	4,000,000		505,000	8,550,000
<b>TOTAL FY 2021 USES BY SOURCE</b>	<b>821,975,551</b>	<b>25,884,881</b>	<b>622,751,447</b>	<b>114,952,550</b>	<b>58,386,673</b>	<b>821,975,551</b>
<b>TOTAL FY 2021 SOURCES OF REVENUE</b>		<b>25,884,881</b>	<b>622,751,447</b>	<b>114,952,550</b>	<b>58,386,673</b>	<b>821,975,551</b>
<b>VARIANCE (DEFICIT) SURPLUS</b>		<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>(0)</b>



DETROIT WAYNE INTEGRATED HEALTH NETWORK  
 FY 2021 OPERATING BUDGET  
 FY ENDING SEPTEMBER 30, 2021  
 REVENUE SUMMARY

REVENUE DESCRIPTION	FY 2019		FY 2020		FY 2021		FY 20 vs FY 21		PERCENT CHANGE	NOTE
	ACTUAL	AMENDED	AMENDED	APPROVED	INC (DEC)					
MEDICAID	528,105,151	533,318,414		538,999,296	5,680,882			1.1%	A	
MEDICAID - DHS INCENTIVE	1,488,397	1,500,000		1,500,000	-			0.0%		
MEDICAID - AUTISM PROGRAM	44,740,186	61,202,151		61,252,151	50,000			0.1%		
MEDICAID - SED WAIVER	1,054,775	915,000		1,500,000	585,000			63.9%		
MEDICAID HRA PASS THROUGH	18,117,484	13,600,000		18,000,000	4,400,000			32.4%	B	
MI HEALTH LINK (ICOs)	14,033,064	7,571,523		7,486,123	(85,400)			-1.1%		
HEALTHY MI PLAN	100,393,217	103,331,880		102,952,550	(379,330)			-0.4%		
HEALTHY MI - HRA PASS THROUGH	11,892,188	9,200,000		12,000,000	2,800,000			30.4%	B	
STATE GENERAL FUNDS	38,866,798	35,206,233		25,884,881	(9,321,352)			-26.5%	C	
COUNTY/LOCAL GENERAL FUNDS	20,990,523	17,686,447		17,686,447	-			0.0%		
COUNTY PUBLIC ACT 2 FUNDS	4,249,771	4,040,539		4,040,539	-			0.0%		
CHILDRENS WAIVER	1,117,354	955,000		1,500,000	545,000			57.1%		
LOCAL GRANTS	164,618	362,650		362,650	-			0.0%		
STATE GRANTS (SUD)	5,248,428	5,457,428		5,257,428	(200,000)			-3.7%		
STATE GRANTS (MHHS)	3,655,565	1,995,886		1,377,285	(618,601)			-31.0%		
FEDERAL GRANTS (SUD)	15,335,348	15,513,747		15,139,774	(373,973)			-2.4%		
FEDERAL GRANTS (MHHS)	5,460,989	5,978,269		5,996,427	18,158			0.3%		
INTEREST INCOME	1,648,084	1,300,000		1,000,000	(300,000)			-23.1%		
MISCELLANEOUS RECEIPTS	-	40,000		40,000	-			0.0%		
<b>TOTAL FY 2020 REVENUE</b>	<b>\$ 816,561,041</b>	<b>\$ 819,175,167</b>		<b>\$ 821,975,551</b>	<b>\$ 2,800,384</b>			<b>0.3%</b>		

DETROIT WAYNE INTEGRATED HEALTH NETWORK  
 FY 2021 DIRECT CONTRACTS BUDGET REQUEST  
 FY ENDING SEPTEMBER 30, 2021

CONTRACT DESCRIPTION	FY19 ACTUAL	FY20 AMENDED	FY21 REQUEST	VARIANCE INC (DEC)
ETHIC FUNDING	707,750	672,106	574,483	(97,623)
CARVEOUT CONTRACTS	24,177,781	27,779,646	\$18,708,323	(9,071,323)
COMMUNITY LIVING SERVICES - ASO	-	55,206,443	51,206,443	(4,000,000)
ADULT SERVICES	216,239,023	199,545,244	205,710,509	6,165,265
CHILDREN SERVICES	63,773,348	59,290,006	67,723,696	8,433,690
IDD SERVICES	308,177,490	242,297,457	241,767,339	(530,118)
HRA HOSPITAL PAYMENTS	30,009,672	22,800,000	30,000,000	7,200,000
<b>TOTAL DIRECT CONTRACTS</b>	<b>\$ 643,085,064</b>	<b>\$ 607,590,902</b>	<b>\$ 615,690,793</b>	<b>\$ 8,099,891</b>

# Section 1

## Board of Directors Questions

- A. Budget Hearing Responses to Board Questions
  - 1. Clients served, Major Accomplishments (2020) and Goals (2021)
    - a. Medicaid Program
    - b. Duals Demo Project
    - c. Healthy MI
    - d. Autism
    - e. Substance Use Disorders
    - f. Direct Contracts (for each Provider)
    - g. Residential Assessments
    - h. First Aid Training
  - 2. General Fund Reduction
  - 3. Cares Act Funding
  - 4. Estimate of Funds Spent in Jails
  - 5. Medicaid Service Providers Reduction
  - 6. Carve Out Provider Reductions
  - 7. Spend Down Funding
  - 8. CMHSP Administration
  - 9. Use of General Fund for PIHP/CMHSP
  - 10. School-Based Programs Funding
  - 11. DWIHN Billboard Funding
  - 12. Summer Youth Program Reduction
  - 13. Detroit Youth and Out-County Program Allocations
  - 14. Breakdown of Grant Match Funds
  - 15. Salary/Wage Increases in Administration
  - 16. 7% Administrative Reduction
  - 17. Administrative Retroactive Decrease
- B. Exhibit B– Letter from Mr. Duvendeck (Question #2)
- C. Exhibit C– Communications Division (Question #11)
- D. Exhibit D– Milliman Certified Revenue (Question #16)

**Questions For Staff (from Chairman Parker and Vice Chair Dr. Taylor)**

- 1. What was the total number of clients served, what were the major accomplishments this year and goals for next year?**

Medicaid program  
Duals Demo Project  
Health Michigan  
Autism  
Substance Use Disorder  
Direct Contracts (for each Provider)  
Residential Assessments  
First Aide training

**RESPONSE:** Please refer to the specific budget tabs/areas for the response.

- 2. Why is General Fund reduced by \$9M?**

**RESPONSE:** On October 1, 2018, MDHHS implemented the five-year General Fund reduction plan; fiscal year September 30, 2021 is the 3<sup>rd</sup> year of the plan.

Please also refer to the attached letter from John Duvendeck – Exhibit B.

- 3. Why aren't there any Care Act funds included?**

**RESPONSE:** There has been no communication that COVID funds would be allocated to DWIHN in FY2021. In the event MDHHS allocates COVID funds, DWIHN will submit a budget adjustment for board approval.

- 4. What is the estimate of funds to be spent in jails?**

**RESPONSE:** DWIHN has estimated the Jails will incur approximately \$5.0 million in costs. During the pandemic, the Jail experienced an overall 50% reduction in jail population which impacted the mental health ward.

Please refer to the Wayne County Jail tab for further information.

- 5. Why are Medicaid service Providers being reduced by 7%?**

**RESPONSE:** Mr. Brooks will provide a response.

**6. Why aren't Carve out Providers not being reduced?**

**RESPONSE:** Several of the carveout Providers are incurring reductions as compared to prior year. For example, MHFA, Summer Employment, Community Education and Awareness.

**7. Why is Spend Down at \$6.3M when only required 3.1M?**

**RESPONSE:** The Spend Down is the responsibility of the consumers. Unfortunately given the resources of our consumers and flaw in the calculation, Providers will incur the loss. The Provider Network cannot bear a 7% reduction and Spend Down deductibles on the back of a pandemic.

**8. Why are we funding CMHSP Admin for \$1.7M?**

**RESPONSE:** Pursuant to Mental Health Code section 330.1204:

*“Community mental health services program as county community mental health agency, community mental health organization, or community mental health authority; official county agency; procedures and policies; establishment or administration of program by county with city having population of at least 500,000, the county must establish a community mental health service program.”*

The \$1.7 million represents less than 5% of total administrative costs. This amount has been reduced from as high as \$2.2 million prior to Systems Transformation and \$19 million in FY2014.

**9. What was the General Fund used for PIHP/CMHSP this year?**

**RESPONSE:** The COPE crisis contract comprises the majority of the costs at \$810,000. The resource center and residential assessments comprise the balance.

**10. Why no funding for school-based programs?**

**RESPONSE:** Mr. Brooks will provide a response

**11. What billboards were paid from General Fund this year?**

**RESPONSE:** See attached report from Brooke Blackwell. In addition to the \$200,000, the community awareness budget increase includes other media formats (i.e. access video) and PMTO. Please also refer to – Exhibit C.

**12. Why is summer youth program reduced?**

**RESPONSE:** Mr. Brooks will provide a response

**13. What would be the allocation for Detroit youth programs and out county programs?**

**RESPONSE:** The program was reduced by 50% therefore its likely each allocation will be reduced accordingly.

**14. Breakdown of match funds per grant?**

<u>Provider</u>	<u>Program</u>	<u>Match Amount</u>
NSO/Wayne Metropolitan	PATH (NSO & Wayne Metro are the program awardees)	\$ 300,000.00
Central City Integrated Health	HUD Match (CCIH is the program awardee)	\$ 150,000.00
Central City Integrated Health	HUD Match (CCIH is the program awardee)	\$ 55,000.00
Central City Integrated Health	HUD Supportive Housing (DWIHN is the program awardee)	\$ 55,000.00
COTS/Development Centers Inc	HUD Supportive Housing (DWIHN is the program awardee)	\$ 55,000.00
		\$ 615,000.00

**15. Who are the staff receiving increases in Salaries and Wages in Administration?**

**RESPONSE:** Salaries and Wages went down by \$7,000.

**16. Why isn't administration taking a 7 % cut?**

**RESPONSE:** Below is the Milliman rate calculation for Admin costs in Medicaid funding and the attached Milliman certified rates (Exhibit D). Currently, DWIHN/PIHP administrative load contributes approximately \$12 million to program costs. The Milliman rates for FY2021 were slightly increased therefore the contribution is higher in FY2021.

<b>YearMonth</b>		<b>MillimanAdmin</b>		
2019-10	Actual	\$ 4,775,988.64		
2019-11	Actual	\$ 4,782,678.40		
2019-12	Actual	\$ 4,477,849.22		
2020-01	Actual	\$ 4,488,024.52		
2020-02	Actual	\$ 4,478,116.95		
2020-03	Actual	\$ 4,503,320.01		
2020-04	Actual	\$ 4,510,691.73		
2020-05	Actual	\$ 4,499,045.58		
2020-06	Actual	\$ 4,453,459.23		
2020-07	Estimated	\$ 4,487,215.32		
2020-08	Estimated	\$ 4,487,215.32		
2020-09	Estimated	\$ 4,487,215.32		
	Per Milliman rates	\$ 54,430,820.24		
	FY2021 Budget	\$ (42,291,840.58)		
	Contribution to program costs	\$ 12,138,979.66		

**17. Administration decrease is only because of retroactive decrease. Why?**

**RESPONSE:** In prior year the retroactive salary adjustment pertained to the COLA based on union agreements. The union agreements end on September 30, 2020. The COLA increase is already included in the FY2021 budget salary amounts hence why there is corresponding increase in the salary line item.




STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

MEMORANDUM

**DATE:** March 26, 2018  
**TO:** CMHSP Executive Directors  
**FROM:** John Duvendeck, Director   
Program Development, Consultation & Contracts Division  
**SUBJECT:** Change in Allocation Methods for General Fund Allocations to CMHSPs

The distribution of General Fund resources to the Community Mental Health Services Programs (CMHSP) has largely been based on past historical distributions and has not been reflective of the community needs across the State. Legislators, the Michigan Department of Health and Human Services (MDHHS) and other stakeholders, including the Community Mental Health Association of Michigan (CMHAM), agreed that a General Fund distribution methodology should be established to equitably distribute the resources based on the needs of the population the CMHSPs are responsible to serve. A workgroup was created with representation from MDHHS and various CMHSPs and CMHAM to develop the new methodology. A consensus was reached among the workgroup on the variables that would be used to develop the new funding formula.

Beginning October 1, 2018, the MDHHS will change how General Fund amounts are allocated to the CMHSPs. The change to the revised distribution methodology will be phased in over five years. The new allocation method reflects an operating base for all CMHSPs, current demands on General funds for jail diversion and spend down, with the balance of the allocations based on each CMHSPs non-Medicaid population that is at or below 200% of the Federal Poverty level.

Detailed information on the current CMHSP allocations and the impact of implementing the new methodology over the five year time period beginning October 1, 2018, is attached. Should you have any questions, please contact myself or Thomas J. Renwick.

Attachment

cc Lynda Zeller  
Thomas J. Renwick  
Farah Hanley  
Kristen Jordan  
Geraldyn Lasher  
Karla Ruest  
Kidada Smith  
Nancy Vreibel  
Jon Villasurda





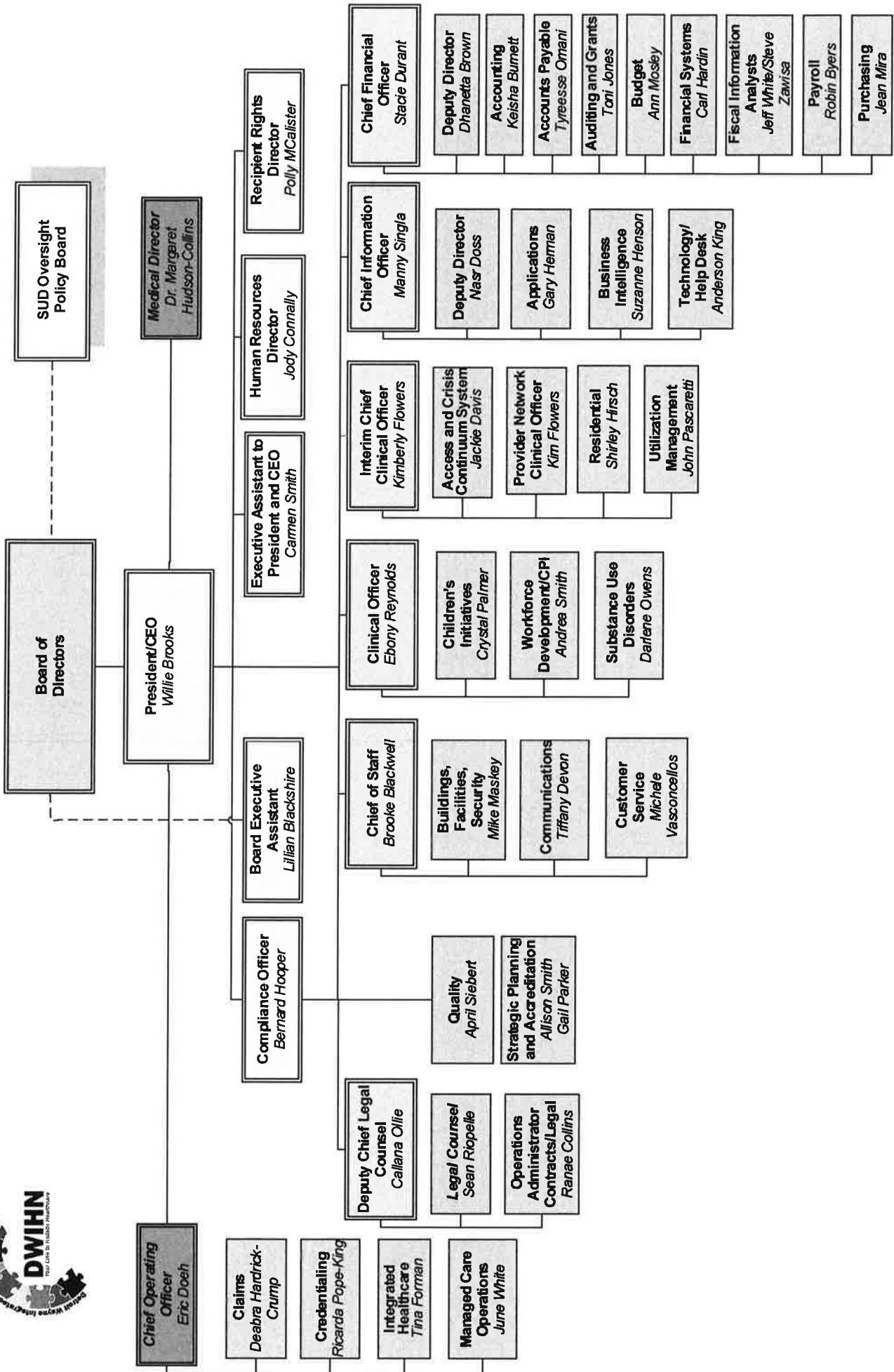
**Communication Billboard Messages Paid with General Fund Dollars  
Budget Presentation August 2020**

 <p><b>COPING WITH COVID-19?</b></p>	 <p><b>Is Your Child in Crisis?</b></p>
Here to Talk. Here to Help. <b>800-241-4949</b> 	Here to Talk. Here to Help. <b>800-241-4949</b> 

 <p><b>HAS CRISIS AFFECTED YOUR FAMILY?</b></p>	 <p><i>Depressed?</i> <b>You Are Not Alone.</b></p>
Here to Talk. Here to Help. <b>800-241-4949</b>  <small>OUT FRONT</small>	Here to Talk. Here to Help. <b>800-241-4949</b> 

 <p><b>LET'S SHATTER STIGMA TOGETHER</b></p>	 <p><b>ADDICTION? ANXIETY? DEPRESSION? WE CAN HELP</b></p>
Here to Talk. Here to Help. <b>800-241-4949</b> 	Here to Talk. Here to Help. <b>800-241-4949</b> 

Communications Budget – GF Allocation = \$200,000



**Request for Service (RFS) Data  
Community Outreach for Psychiatric Emergency (COPE)  
and  
Children’s Crisis Providers – (Jackie Davis)**

Hospital cost:

<b>FY</b>	<b>Adult</b>	<b>Child</b>	<b>Grand Total</b>
2015	\$27,596,008	\$3,499,985	\$31,095,993
2016	\$33,846,901	\$4,613,550	\$38,460,451
2017	\$44,017,856	\$6,489,409	\$50,507,265
2018	\$44,837,414	\$5,528,954	\$50,366,367
2019	\$53,422,178	\$6,371,403	\$59,793,581
2020	\$37,484,045	\$3,673,307	\$41,157,352
<b>*2020 is paid as of 7/17/20 (120 day lag in claims reporting)</b>			

Based on the trend, it is projected hospital cost is decreasing with the decrease in the RFS for children and adults. Costs exclude MHL. See the explanation in section “c” below.

**a. COPE**

<b>FY</b>	<b>RFS</b>	<b>Unique consumer</b>	<b>% unique consumer</b>	<b>Inpatient admits</b>	<b>Diverted</b>	<b>% Diverted</b>
2019	14,142	8,195	58%	8,691	5,019	35%
2020*	10,028	5,944	59%	6,644	3,093	31%

*\*all 2020 data includes Oct 1, 2019 through June 30, 2020 (Quarters 1 – 3 of the FY)*

The numbers above reflect the first 3 quarters of FY19/20. During this time period last year, COPE was averaging 38 RFS daily. Due to the COVID pandemic, the average daily RFS has decreased significantly to 24. COPE suspended Mobile Crisis Team response to Emergency Departments (ED’s) on March 14, 2020, and has been completing telephonic Pre-Admission Reviews (PAR’s) for all RFS. However, RFS has begun to slightly increase the last 2 months of the 3<sup>rd</sup> Quarter.

**b. Children’s Crisis Providers**

FY	RFS	Unique consumer	% unique consumer	Inpatient admits	Diverted	% Diverted
2019	3,633	2,450	67%	1,059	2,538	70%
2020*	2,307	1,580	68%	669	1,605	70%

*\*all 2020 data includes Oct 1, 2019 through June 30, 2020 (Quarters 1 – 3 of the FY)*

The numbers above reflect the first 3 quarters of FY19/20. Children’s Crisis Providers (New Oakland, The Children’s Center and The Guidance Center) suspended face to face services in March to comply with ED protocols and the Governor’s Executive Order. Due to the COVID pandemic, daily average for RFS has decreased from 10 to 8.4. The diversion rate was averaging 74% however, has lowered during the last 2 quarters. The temporary closure of Safehaus, a Children’s Crisis Residential Unit, has also affected inpatient rates. There are plans to re-open in September.

**c. Explanation of why hospital cost has decreased?**

Hospital Cost and RFS, have decreased as a result of the COVID pandemic, however, this has resulted in a decrease of the diversion rate as well.

While a portion of the decrease in RFS is likely due to public fear about going into public, it has also been acknowledged by several high-volume hospitals that they have only been contacting COPE for those consumers who have the most severe behavioral health symptoms. The ED’s explained this change in practice as either a necessity due to limited staffing resources, or an intentional shift to keep their ED’s less crowded and decrease the likelihood of COVID transmission between patients. This selective use of the COPE process by the ED’s has undoubtedly skewed the inpatient rate.

Children’s Crisis Provider RFS has involved an increase in severe suicide attempts which is resulting in inpatient dispositions.

**d. Is COPE being effective in reducing hospital cost?**

Hegira Health continues to be effective in reducing the numbers going inpatient due to no CRU bed with the addition of The Boulevard CRU in December 2017.

Crisis Residential Admissions				
FY	Qtr 1	Qtr 2	Qtr 3	Qtr 4
FY 17-18	113	200	204	202
FY 18-19	188	194	217	219
FY 19-20	221	197	109	N/A

The number of individuals who have gone inpatient due to no CRU bed available continued to decrease from last year however, due to COVID those numbers going to CRU has decreased significantly due to the need to decrease beds from 20 to 14 in order to comply with social distancing orders.

**e. What changes need to be implemented to be more effective in reducing hospital cost?**

1. DWIHN is working with COPE to initiate more services at the community level to prevent subacute situations from escalating. This is being implemented in several ways:

- COPE Crisis Intervention Services have been expanded to AFC Homes, Specialized & General as well as Supervised Independent Living (SIL) settings. Utilization of these services is low, though COPE has reached out to several AFC homes and follow-up with them once an individual has shown up in the ED. DWIHN has encouraged utilization at the Residential Provider Meetings and with the CRSP to be included in the individual crisis plans.
- COPE continues to work with several local law enforcement agencies to create processes and procedures to respond in the community when 911 is inappropriately called so that COPE staff can take over the situation, provide follow-up and connect the consumer with a community provider. This is being implemented with mobile crisis Co-Response program, Detroit Police Department’s Mental Health Partnership, and Crisis Intervention Team Training.
- By working with Detroit police department to identify AFC homes with excessive 911 utilizations so that COPE can engage with specific home providers and staff, assess needs for training and coordinate these efforts with DWIHN residential services.

2. DWIHN has an additional Crisis Stabilization Unit at Team Wellness and two Psychiatric Urgent Care Providers, Northeast Integrated Health and Community Care Services.
3. DWIHN's UM department continues to review cases of individuals in inpatient settings to determine who can be discharged to fewer intensive services (CRU, PHP, Outpatient, etc.).
4. DWIHN has developed the CRSP Responsibilities to provide guidance in the CRSP role in addressing consumers in crisis and those following up after hospitalization, implementing and documenting efforts to engage consumers in service after crisis has stabilized.
5. Updated Crisis Plan policy to provide direction and technical assistance in addressing behavioral health crisis.
6. DWIHN has implemented "crisis alerts" for those individuals who have become Familiar Faces. The alerts are effective in diverting individuals from inpatient placements.
7. DWIHN also developing a process for CRSP to be alerted daily when individuals have received a crisis service. These notifications will assist in planning treatment around ensuring individuals receive appropriate care in reducing crisis episodes.
8. Developed procedures with the Crisis Providers in preparation for going back to face-to-face visits in the ED's.

**Section 6**  
**Residential Providers**

1. 3-Year History of Number of Providers – Licensed and Unlicensed
2. 3-Year History of Number of Consumers Served – Licensed and Unlicensed
3. 3-Year Cost for Licensed and Unlicensed
4. Number of Residential Assessments Performed/Total Population of Assessments

## Residential Providers - (June White)

### 1. 3-year history of the number of providers – licensed and unlicensed

Service Category	2019	2020
Licensed	236	220
Unlicensed	118	91
Grand Total	354	311

### 2. 3-year history of the number of consumers serviced – licensed and unlicensed

<i>I/DD Residential Totals - Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H2016	1,139	1,147	1,139
T1020	1,129	1,128	1,121
Totals*	1,139	1,147	1,144

<i>I/DD Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	1,488	1,491	1,459
H2015	1,627	1,875	2,210
Totals*	3,070	3,315	3,588

<i>AMI Residential Totals - Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H2016	1,870	1,702	1,865
T1020	1,419	812	874
Totals*	1,893	1,735	1,893

<i>AMI Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	1,609	1,846	1,624
H2015	1,861	1,862	1,397
Totals*	3,408	3,615	2,964



<i>SED Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	6	13	13
H2015	298	451	580
Totals*	304	464	593

<i>Residential Totals - Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H2016	3,006	2,846	3,002
T1020	2,545	1,938	1,994
Totals*	3,029	2,879	3,035

<i>Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	3,098	3,349	3,095
H2015	3,783	4,183	4,174
Totals*	6,774	7,388	7,131

*\*Unduplicated totals*

### 3. 3-year cost for licensed and unlicensed

<i>I/DD Residential Totals - Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H2016	\$53,801,457	\$56,817,188	\$64,385,701
T1020	\$14,552,712	\$15,733,374	\$14,902,686
Totals	\$68,354,169	\$72,550,562	\$79,288,387

<i>I/DD Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	\$92,382,549	\$94,743,522	\$92,018,460
H2015	\$31,233,819	\$37,321,821	\$44,511,815
Totals	\$123,616,369	\$132,065,343	\$136,530,275

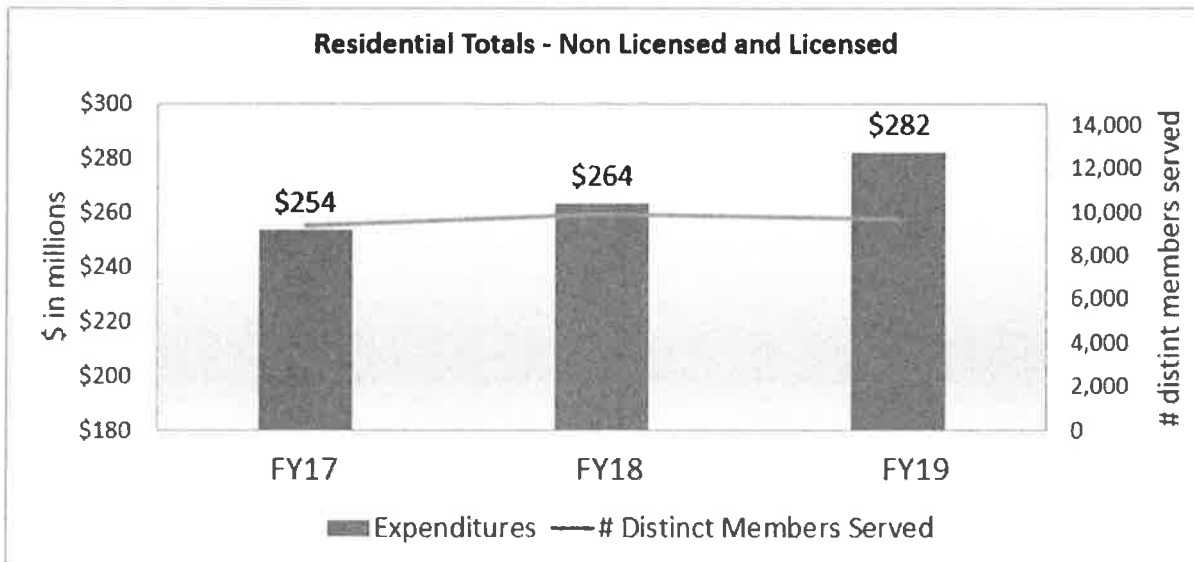
<i>AMI Residential Totals - Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H2016	\$33,579,121	\$32,562,190	\$37,128,996
T1020	\$11,624,094	\$7,916,330	\$8,040,526
Totals	\$45,203,215	\$40,478,520	\$45,169,522

<i>AMI Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	\$12,792,363	\$13,316,131	\$15,346,012
H2015	\$2,181,455	\$2,099,838	\$1,438,188
Totals	\$14,973,818	\$15,415,968	\$16,784,200

<i>SED Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	\$9,595	\$7,135	\$19,330
H2015	\$1,393,330	\$3,096,093	\$4,396,098
Totals	\$1,402,925	\$3,103,228	\$4,415,428

<i>Residential Totals - Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H2016	\$87,380,578	\$89,379,378	\$101,514,697
T1020	\$26,176,805	\$23,649,704	\$22,943,213
Totals	\$113,557,383	\$113,029,081	\$124,457,909

<i>Residential Totals - Non Licensed</i>			
<b>Reporting Code</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
H0043	\$105,184,507	\$108,066,788	\$107,383,802
H2015	\$34,808,604	\$42,517,751	\$50,346,101
Totals	\$139,993,111	\$150,584,539	\$157,729,903



**4. Number of residential assessment performed/total population of assessments**

Service Population	FY2018-19		FY2019-20*	
	# of Claims	Billed Amount	# of Claims	Billed Amount
DD	141	\$19,740	183	\$25,620
AMI	1,536	\$215,040	651	\$91,140
<b>Grand Total</b>	<b>1,677</b>	<b>\$234,780</b>	<b>834</b>	<b>\$116,760</b>

*\*Date range for 2019-20 ends SALs billing on 3/13/20 due to COVID-19 pandemic.*

Completed Residential Assessments (since 3/17/20)	
April 2020	96
May 2020	127
June 2020	98

## **Section 7**

### **Clinically Responsible Service Provider (CRSP)**

1. 3-Year History of Top 15 CRSP Number of Consumers Served (IDD and SMI)
2. 3-Year Costs of Top 15 CRSP (IDD and SMI)

## Clinically Responsible Service Providers (CRSP) - (Jackie Davis)

### 1. 3-year history of top 15 CRSP number of consumers served (both IDD and SMI)

<i>AMI/DD Provider</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	
Team Wellness Center	8,555	8,918	9,102	PMPM provider
Services To Enhance Potential	1,361	1,396	1,445	
Neighborhood Service Organization	4,714	4,716	4,613	PMPM provider
Lincoln Behavioral Services	3,996	3,902	4,227	PMPM provider
Hegira Programs, Inc.	3,699	3,973	3,950	PMPM provider
Community Living Services	3,251	3,256	3,121	
Community Care Services	3,140	3,763	3,753	PMPM provider
Development Centers, Inc.	3,010	3,164	3,464	PMPM provider
The Guidance Center	2,782	2,408	2,615	PMPM provider
All Well-Being Services	1,351	1,375	1,280	
PsyGenics, Inc.	1,381	1,507	1,588	
Central City Integrated Health (CCIH)	2,893	2,912	3,081	PMPM provider
Northeast Integrated Health	2,384	2,336	2,439	PMPM provider
Southwest Counseling Solutions	2,123	2,024	1,826	PMPM provider
The Children's Center of Wayne County	775	778	837	
Totals*	42,641	43,379	43,997	

*\*Unduplicated totals*

*Note: The fifteen providers listed above provide 85% of the total network case management services. The costs include all AMI/DD services, except COPE and ABA.*

**2. 3-year costs of top 15 CRSP (both IDD and SMI)**

<b>AMI/DD Provider</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	
Team Wellness Center	\$26,122,400	\$31,130,680	\$28,129,296	PMPM Provider
Services To Enhance Potential	\$13,453,754	\$13,876,122	\$12,883,654	
Neighborhood Service Organization	\$10,077,511	\$10,592,397	\$12,211,538	PMPM Provider
Lincoln Behavioral Services	\$10,467,124	\$10,901,035	\$10,946,050	PMPM Provider
Hegira Programs, Inc.	\$9,445,062	\$10,064,639	\$10,506,039	PMPM Provider
Community Living Services	\$10,807,314	\$11,055,520	\$9,589,864	
Community Care Services	\$8,859,366	\$8,196,121	\$8,105,581	PMPM Provider
Development Centers, Inc.	\$8,683,172	\$8,308,446	\$7,981,147	PMPM Provider
The Guidance Center	\$7,829,921	\$6,485,583	\$7,379,950	PMPM Provider
All Well-Being Services	\$6,739,651	\$7,613,908	\$7,177,001	
PsyGenics, Inc.	\$5,358,290	\$5,470,662	\$6,325,007	
Central City Integrated Health (CCIH)	\$6,381,856	\$4,966,942	\$5,985,378	PMPM Provider
Northeast Integrated Health	\$6,823,618	\$5,405,291	\$5,877,940	PMPM Provider
Southwest Counseling Solutions	\$7,767,009	\$5,983,230	\$5,159,451	PMPM Provider
The Children's Center of Wayne County	\$3,191,914	\$2,808,994	\$3,246,339	
Totals	\$142,007,961	\$142,859,570	\$141,504,235	

*Note: The fifteen providers listed above provide 85% of the total network case management services. The costs include all AMI/DD services, except COPE and ABA.*

## **Section 8**

### **Autism**

1. Overview of Programs and Goals
2. 3-Year History of Consumers Served
3. 3-Year History of Costs by Provider

## **DWIHN Autism Program (Ebony Reynolds and Ebony Lawson)**

### **1. Overview of Program and Goals:**

#### **a. Program Overview:**

The State of Michigan Medicaid Autism Benefit is a program is designed to serve individuals aged 2-21 in Wayne County, Michigan who have been identified as having an Autism Spectrum Disorder. Program components include highly structured individualized programming, intensive communication and language training, social skills training, utilization of natural environments for instruction, positive behavioral programming, educationally-based sensory activities and inclusion with peers for social interactions and activities when appropriate. Related services include speech/language and occupational therapy.

#### **b. Program Goals:**

- i. It is the goal of DWIHN to be a leader and partner in the support of individuals with autism, their families/caregivers and professionals serving individuals with autism spectrum disorder to lead a quality and fulfilling life. Research indicates that early intervention for autism spectrum disorders can reduce healthcare costs for an individual over their lifespan by 40% or more.
- ii. Other program goals include:
  - Improve coordination of care in the current system
  - Promote increased access to knowledge and information about ASD to the community
  - Expand training opportunities for professionals in our network



## 2. 3-Year History of Consumers Served

<b>ABA Provider</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Centria Healthcare, LLC	987	1,197	1,348
Gateway Pediatric Therapy, LLC	104	187	268
Chitter Chatter P.C.	91	162	233
Merakey Inc.	223	230	128
The Children's Center of Wayne County	136	130	120
University Pediatricians Autism Center	27	35	45
A & C Behavioral Solutions	51	34	32
Dearborn Speech and Sensory Center, Inc.	32	91	96
The Guidance Center	31	46	35
Starfish Family Services, Inc.	22	32	41
Autism Spectrum Therapies of Michigan	14	39	83
Neighborhood Service Organization	60	69	18
Open Door Living Association			43
Zelexa Inc.			10
HealthCall Of Detroit			15
Starr Commonwealth	27		
<b>Totals*</b>	<b>1,647</b>	<b>2,114</b>	<b>2,354</b>

*\*Unduplicated totals*

### 3. 3-Year History of Costs by Provider

<b>ABA Provider</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Centria Healthcare, LLC	\$20,227,278	\$30,506,190	\$36,761,853
Gateway Pediatric Therapy, LLC	\$804,562	\$3,542,285	\$6,402,489
Chitter Chatter P.C.	\$1,374,408	\$4,166,433	\$5,253,333
Merakey Inc.	\$2,292,973	\$2,891,819	\$3,228,036
The Children's Center of Wayne County	\$1,832,747	\$2,778,754	\$2,278,356
University Pediatricians Autism Center	\$722,985	\$1,315,622	\$1,925,616
A & C Behavioral Solutions	\$957,731	\$1,612,416	\$1,543,547
Dearborn Speech and Sensory Center, Inc.	\$16,800	\$423,413	\$1,067,370
The Guidance Center	\$538,943	\$808,565	\$678,279
Starfish Family Services, Inc.	\$162,965	\$889,679	\$626,914
Autism Spectrum Therapies of Michigan	\$8,865	\$232,000	\$524,848
Neighborhood Service Organization	\$223,963	\$708,402	\$364,899
Open Door Living Association			\$238,275
Zelexa Inc.			\$59,025
HealthCall Of Detroit			\$33,355
Starr Commonwealth	\$94,360		
<b>Totals</b>	<b>\$29,258,578</b>	<b>\$49,875,577</b>	<b>\$60,986,194</b>

## **Section 9**

### **MI Health Link**

1. Overview of Programs and Goals
2. 3-Year History of Consumers Served
3. 3-Year History of Costs by Provider

## **MI Health Link – (Tina Forman)**

### **1. Overview of program and goals**

MI Health Link is a dual eligible demonstration project that is detailed in a three-way contract between the Centers for Medicare and Medicaid Services (CMS), the State of Michigan Department of Health and Human Services (MDHHS) and health plans functioning as Integrated Care Organizations (ICO). MI Health Link is a health care option that offers medical and behavioral health services, pharmacy, home and community-based services and nursing home care in a single program. The goal of MI Health Link is to provide seamless access to care through coordination of services that are otherwise covered separately by Medicare and Medicaid. MI Health Link coverage is available to adults ages 21 and over, who are enrolled in both Medicare and Medicaid, and reside in the demonstration regions of Wayne County; Macomb County; southwest Michigan counties of Berry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, or Van Buren; or the Upper Peninsula.

Detroit Wayne Integrated Health Network (DWIHN) contracts separately with each of the five ICO's that provide MI Health Link coverage in Wayne County: Aetna, AmeriHealth, Hap, Fidelis (formerly Michigan Complete Health), and Molina; to provide behavioral health services to persons who are enrolled in MI Health Link. DWIHN provides behavioral health services to persons with MI Health Link coverage regardless of their disability designation, including persons with serious mental illness, mild to moderate mental illness, intellectual/developmental disability, and substance use disorder. DWIHN contracts directly with outpatient and hospital providers to provide the behavioral health services to persons with MI Health Link coverage.

Major accomplishments during this past year were participated in an Annual Audit with ICO Aetna and no issues were identified, participated in a Delegation Audit with ICO Aetna and no issues were identified, participated in an Annual Assessment with ICO Molina and received a total score of 95.29%. DWIHN staff also reached approximately 200 members enrolled in MI Health Link via participation and presentations at each of the five Integrated Care Organizations Member Advisory Groups. DWIHN staff provided education regarding DWIHN services, the med-drop boxes, and the wellness application myStrength. As a result of DWIHN staff education regarding the myStrength application, two of the ICO's have recently offered myStrength to all of their members, including members not enrolled in MI Health Link. The MI Health Link demonstration started providing coverage for opioid treatment program services effective

January 1, 2020. Claims for opioid treatment program services for members with MI Health Link are now submitted as encounters to the Integrated Care Organizations as opposed to using Medicaid funds. The MI Health Link demonstration was recently extended one year to December 31, 2021.

Goals for next year are to increase the number of Integrated Care Team meetings that DWIHN participates in to at least one per month per ICO and improving the percentage of MI Health Link members who have an appointment with a mental health practitioner within 30 days of discharge from a psychiatric hospitalization to 60% for each ICO.

### 2. 3-Year History of Consumers Served

<i>Health Plan</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>
MOLINA	2,071	1,988	1,915
HAP	724	726	647
AETNA	631	613	569
FIDELIS	397	452	417
AMERIHEALTH	539	502	454
Totals*	4,300	4,229	3,964

*\*Unduplicated totals*

### 3. 3-year history of costs by Integrated Care Organization (health plan)

<i>Health Plan</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>
MOLINA	\$4,089,794	\$3,404,936	\$3,079,106
HAP	\$1,680,696	\$1,499,308	\$1,237,677
AETNA	\$1,397,823	\$1,184,922	\$1,174,434
FIDELIS	\$897,781	\$856,914	\$1,007,807
AMERIHEALTH	\$1,322,979	\$1,038,957	\$803,189
Totals	\$9,389,073	\$7,985,037	\$7,302,214

## **Section 10**

### **Substance Use Disorder (SUD)**

1. Overview of Program and Goals
2. 3-Year History of Consumers Served
3. 3-Year History of Costs by Funding Source
4. Number of Providers on a Corrective Action Plan (CAP)

## **Substance Use Disorder (Darlene Owens)**

### **1. Overview of programs and goals**

DWIHN's Recovery Oriented Systems of Care (ROSC) offer an array of services in our continuum of care that are available 24 hours/7 days, 365 days of the year by calling our access line at 1-800-241-4949. DWIHN uses informal and formal services to sustain long-term recovery and promote wellness in the individuals we serve and our community. DWIHN provides comprehensive, integrated, evidence-based practices, trauma informed care, gender specific, and a culturally sensitive service array. DWIHN services are holistic, treating a person's mind body and spirit; our services are individualized, client-centered and work with each person's strengths, and abilities.

#### Goals

- Improve the quality of life for victims of substance use disorders, their families, communities and work places.
- Link individuals to treatment resources that will foster long-term recovery.
- Improve the efficiency of community services such as hospitals, police departments and shelters by reducing their need to commit resources to those with substance use disorders.
- To promote cost-effective, efficient, safe and welcoming SUD services: prevention, treatment and recovery.
- Offer service to SUD consumers when and wherever they need them.
- Achieving no waiting lists or time in queues (telephone).
- Having a comprehensive array of Opioid Treatment Programs (OTPs) within reasonable geographic reach, for all persons needing medication assisted treatment (MAT).
- To build an accessible effective seamless SUD system (prevention, early intervention, treatment and recovery) services continuum from childhood through adult.
- Increase public awareness of SUD community issues.
- Have 24 hours/7days availability of services.
- Improve access to timely treatment admissions at all levels of care.
- To develop and implement seamless services for children and families that have or been incarcerated and/or has a criminal background.
- To make data-driven decisions about planning and investment with substance use disorders services (Prevention, Treatment and Recovery) in the DWC area.
- Reduce substance abuse, to protect the health, safety, and quality of all life for all residents of Wayne County.

- Inform educate and empower communities to change the social norms and community conditions that promote alcohol, tobacco and other drug use.

### Major Accomplishments

- Naloxone Saves in FY 20 (190) to date and (10) unsuccessful saves.
- In Wayne County there was a provisional total of 837 opioid related deaths in 2019. There was a 5.1% decline in opioid related deaths compared to 2018.
- Number of drug overdose deaths over past 3years  
2017 (997)  
2018 (915)  
2019 (837) 5.1% decline from 2018
- SUD RFPs for Treatment and Prevention are under the Procurement Administrator's direction and are in the evaluation phase.
- DWIHN's Faith-Based Steering Committee established a weekly prayer call on Tuesdays @ 6:50am for 10 minutes as a result of COVID-19.
- DWIHN submitted its three-year SUD Strategic Plan 2021-2023 on Thursday, July 2, 2020.
- Services provided on DWIHNs Mobile Care Units  
3,141 consumers served  
947 referrals made to SUD treatment  
388 counseling sessions  
1,696 drug screens  
1,960 peer support activities  
419 basic primary care supports  
1,098 Naloxone Kits Distributed
- MAT Services in Wayne County Jail  
111 inmates at William Dickerson Detention facility in Hamtramck were served by the jail-based program. Providing peer recovery coach services and Medicated Assisted Treatment and Narcan Training upon transition out of the jail. 35 inmates have been released and are receiving post-release follow up peer supports from provider. Vivitrol is now available for inmate's pre-release/reentry. 5 consumers have enrolled in Medication Assisted Treatment.
- For the October 2019 Take Back, the City of Detroit collected 177.5 pounds of prescription drugs. Wayne County as a whole collected a total of 3,164.6 pounds of prescription drugs.
- The establishment of two COVID-19 Recovery Homes, with 14 day stays, Quality Behavioral Health (QBH) (34 beds) and Detroit Rescue Mission Ministries (DRMM) (86 beds).



- DWIHN received its SOR site visit from Michigan Department of Health and Human Services (MDHHS), Wednesday May 27, 2020. The site visit went well, all programs were examined with no findings. The program they praised the most was the mobile units. The mobile units are able to reach clients in high-risk areas.
- SUD Grants acquired during FY 20
  - i. SAMHSA Emergency COVID Grant: **\$393,973.00.**

The grant covers quarantining of individuals served in withdrawal management, residential and recovery housing that requires many needed resources as well as Medication Assisted Treatment (MAT) programs for those individuals that do not meet take home criteria. Also, included in the grant is the use of DWIHN provider mobile units. DWIHN will use this grant to purchase masks (N-95), gloves, thermometers, gowns, tablets, pre-paid cell phone cards, sanitizer, COVID Rapid Test kits and hair nets for food service peers, these are all necessary items for daily functioning. Each mobile unit will be staffed with nurses or physician assistants that can administer COVID rapid test kits and refer individuals to SUD or mental health services.

- ii. Gambling Residential: **\$400,000.00**

DWIHNs Gambling Disorder Residential Treatment Pilots (GDRTP) are for individuals with a gambling disorder (GD) who require the highest level of treatment services. The two residential treatment providers will supply the following services for individuals who are using alcohol and/or other drugs, have been stabilized medically and are able to participate in a structured 30 day residential treatment program. Treatment includes a combination of 12-step principles, cognitive behavioral therapy, motivational interviewing, expressive arts, and evidence-based alternatives. These individuals will participate in a multidisciplinary team that provides evidence-based mental health and substance use interventions in an integrated fashion through individual & group therapy, case management, vocational assistance, GED, and literacy services. Shar House and Mariners Inn are in the process of registering for the 30-hour basic GD training.

- iii. MAT in Wayne County Jails: **\$350,000.00**

In the pilot DWHIN's has two MAT providers that will provide all three approved MAT medications (Methadone, Suboxone and Vivitrol) to those is the jail that have an Opioid Use Disorder (OUD). The providers will have peer recovery coaches and a master prepared clinician providing therapeutic intervention and peer recovery support services to those individuals receiving MAT in the jail. The peer will aid in returning citizens transition back into the community and maintain engagement with either MAT program they received services from in the jail or select from DWIHN vast array of services to meet their treatment needs.

iv. **Jail Plus: \$388,500.00**

Services provided to clients who are identified as having a substance abuse problem ranging from minimal to severe use, who are at risk of continued or increased use, and who display treatment resistant behavior. The primary focus of the Jail Plus Program is to provide case management/relapse recovery activities for the Jail Plus participants they are as follows: assessment; reassessment; service plan; linking/coordinating and monitoring. Positive Images was added to this contract. Positive Images will be providing the following services to women. Women probationers are the primary target, male probationers with identified trauma needs are eligible as well.

v. **Waiting on official approval** from MDHHS for SOR II Grant to begin October 2020. This grant would allow DWIHN to continue services for the following as well as add on new projects to address the opioid problem in Wayne County. These are the activities DWIHN will provide:

- EBP Prevention: \$125,000
- Opioid Use Disorder (OUD)/Stimulant Treatment Costs, Case Management, Transportation, GPRA: \$140,000
- Opioid Health Home (OHH): \$200,000
- Peers: \$150,000
- Mobile Care Units: \$50,000
- Recovery Housing: \$200,000
- OEND: \$194,079
- Jail-Based MAT: \$200,000
- MI-REP: \$226,237
- Administration: \$100,000
- Total: \$1,585,316**

**2. 3-year history of consumers served**

<b>Fiscal Year</b>	<b># of Consumers</b>
FY 18	10,393
FY 19	9,688
FY 20	8,843 (as of 07/2020)

Number of Medicaid clients: 3,662

Number of Healthy MI clients: 4,034

Number of Block Grant clients: 6,948 (This number may be duplicative due to room and board authorizations)

**3. 3-year history of costs by funding source**

<b>FUNDING SOURCE</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>
<b>General Admin and Access Mgmt.</b>	\$4,358,122	\$3,976,807	\$4,103,774
<b>Block Grant Treatment</b>	\$11,164,108	\$12,469,698	\$11,886,344
<b>Block Grant Prevention</b>	\$3,542,006	\$3,077,744	\$2,994,554
<b>Women's Specialty</b>	\$1,097,537	\$2,097,537	\$1,097,537
<b>State Disability Assistance</b>	\$730,598	\$730,598	\$730,597
<b>Partnership for Success</b>	\$152,045	\$280,361	\$152,045
<b>State Targeted Response</b>	\$52,261	\$954,525	\$1,633,942
<b>Medicaid</b>	\$16,477,512	\$17,227,739	\$16,487,491
<b>Healthy Michigan Plan</b>	\$20,090,256	\$21,881,605	\$17,768,470
<b>MI Health Link</b>	\$378,710	\$225,563	\$223,311
<b>Public Act 2 Fuds</b>	\$6,235,253	\$3,835,167	\$3,469,996
<b>MYTIE</b>	\$0	\$0	\$10,572
<b>State Opioid Response</b>	\$0	\$0	\$837,019
<b>Gambling Prevention</b>	\$0	\$0	\$164,833
<b>Total</b>	<b>\$64,278,408</b>	<b>\$66,757,344</b>	<b>\$61,560,485</b>

#### 4. Number of providers on a Corrective Action Plan (CAP)

DWIHN's Quality Improvement Department's began conducting SUD provider site visit reviews a few years ago.

<b>Quality Improvement FY19 CAP Chart</b>					
<b>Provider</b>	<b>Date of Review</b>	<b>Service Reviewed</b>	<b>CAP Required</b>	<b>Date Report/CAP sent to Provider</b>	<b>Date POC Received</b>
Black Family Development	04/01/2019	Outpatient and Prevention	Yes	05/07/2019	05/08/2019 met compliance
Care First Community Health	03/18/2019 – 03/19/2019	Outpatient and Prevention	Yes	10/15/2019	11/15/2019 met compliance
Detroit Recovery Project	03/27/2019	Outpatient	Yes – Staff and Case Record	04/12/2019	05/23/2019 met compliance
Detroit Rescue Mission Ministries – Christian Guidance Center	04/26/2019	Residential	Staff Only	Report and CAP sent 06/12/2019	07/10/2019 met compliance
Mariners Inn	03/28/2019 – 03/29-2019	Outpatient and Prevention	Staff Only	Prevention Only / Tx Sent 04/16/2019	06/12/2019 met compliance
Metro East Clinic	03/11/2019 – 03/12/2019	MAT	Yes	04/12/2019	05/23/2019 met compliance
Nardin Park Recovery Center	03/20/2019 – 03/21/2019	MAT	Yes	04/16/2019	10/07/2019 met compliance

National Council on Alcoholism and Drug Dependence	09/26/2019	Outpatient and Prevention	Yes	10/02/2019	10/24/2019 met compliance
New Light Recovery	05/14/2019	MAT	Yes – case record and staff	06/13/2019	10/07/2019 met compliance
Quality Behavioral Health	04/24/2019 – 05/01/2019	Residential	Yes	10/07/2019	11/6/2019 met compliance
Sacred Hearth / Memphis	05/29/2019	Residential	Yes	06/12/2019 Letter and CAP	POC Received 10/15/2019 Met compliance
Salvation Army Evangeline	06/04/2019	Residential	Yes	06/12/2019 CAP and report sent	Received July 12, 2019 Met compliance
Star Center	05/21/2019	MAT	Yes – case record	06/12/2019 CAP and report sent	10/03/2019 POC Acceptance letter sent
The Guidance Center / SUDDS Coalition	06/03/2019	Outpatient adult	Yes	05/31/2019	06/13/2019 met compliance

FY 20 - Only one provider thus far reviewed from Quality Improvement Department to date require a CAP, is Care First Services.

## **Section 11**

### **Children's Initiative**

1. Overview of Programs and Outcomes
2. 3-Year History of Top 5 Children Providers – Cost and Number of Consumers Served



# **Schools Success Initiative Report**

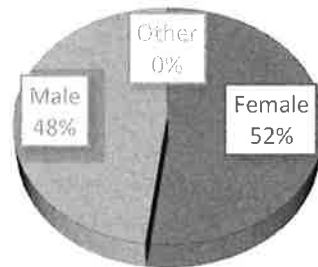
August 5, 2020

July 23, 2020

The School Success Initiative was delivered by 11 community mental health providers throughout Wayne County during school year 2019-2020. The Initiative consists of a partnership with Detroit Public School Community District (DPSCD,) The City of Detroit Mayor’s office-GOAL Line (Get On And Learn) and the Detroit charter school Detroit Achievement Academy.

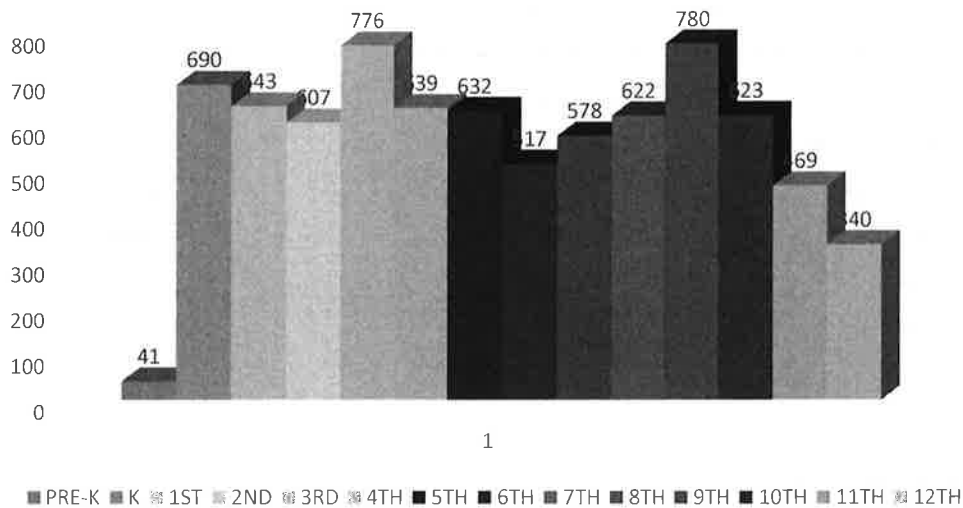
**Demographics**

**GENDER**



In Fiscal Year 19-20, More females were being served than males from 2018-2020.

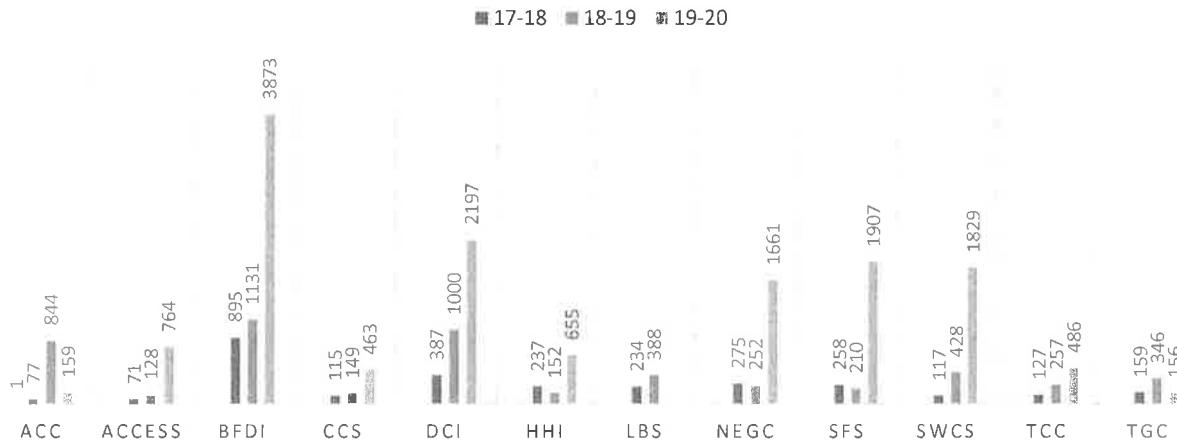
**Grade Level**



It should be noted that some data is missing; therefore, all students are not represented. Providers are in the process of making data corrections to ensure accuracy.



## TOTAL CHILDREN SERVED



Total Children Served				
Agency	17-18	18-19	19-20	Total
Arab American Chaldean Council	77	844	159	1,080
ACCESS	71	128	764	963
Black Family Development, Inc.	895	1,131	3,873	5,899
Community Care Services	115	149	463	727
Development Center	387	1,000	2,197	3,584
Hegira Health Inc.	237	152	655	1,044
Lincoln Behavioral Services	234	388	0	622
Northeast Integrated Health	275	252	1,661	2,188
Starfish Family Services	258	210	1,907	2,375
Southwest Counseling Solutions	117	428	1,829	2,374
The Children's Center	127	257	486	870
The Guidance Center	159	346	156	661
<b>Total</b>	<b>2,952</b>	<b>5,285</b>	<b>14,150</b>	<b>22,387</b>

It should be noted that the data captured in Fiscal Year 2017-2018 and Fiscal Year 2018-2019 was captured differently than in Fiscal Year 2019-2020. In Fiscal Year 2019-2020 a new database was created for data collection. Fiscal Year 2019-2020 data is still being cleaned and all students have not been captured. It should also be noted that each agency serves a different amount of schools, which impacts the number of children they are able to serve.

<b>Total # of Schools Served FY19-20</b>	
<b>Agency</b>	<b># of Schools</b>
Arab American Chaldean Council	6
ACCESS	4
Black Family Development, Inc.	13
Community Care Services	3
Development Center	9
Hegira Health Inc.	9
Northeast Integrated Health	4
Starfish Family Services	9
Southwest Counseling Solutions	3
The Children's Center	5
The Guidance Center	5
<b>Total</b>	<b>70</b>

Note: Detroit Achievement Academy is not included in the number of schools as services are being provided by school personnel not Community Mental Health Agencies. Total number of schools is 71.

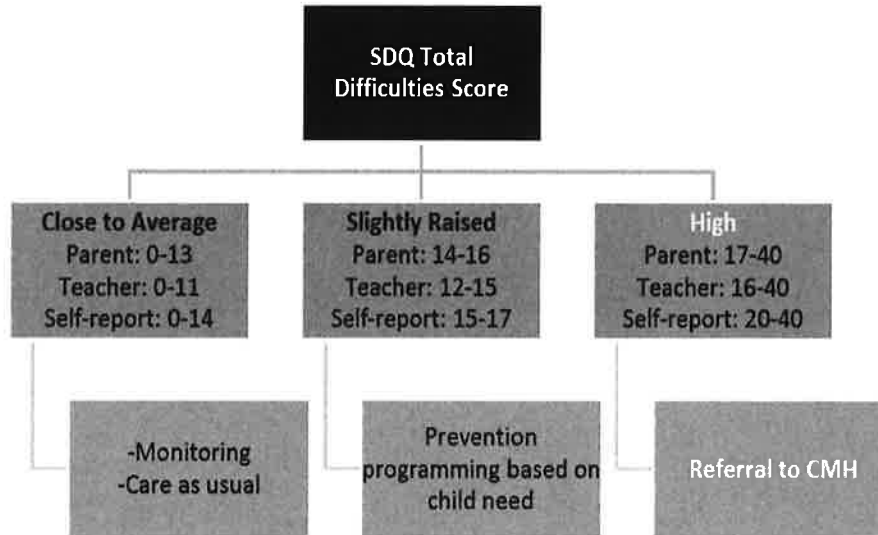
### **Tier Services**

The School Success Initiative uses evidence-based practices to deliver prevention-based services to children in the school setting. In addition to providing services to children in schools, the provider network provides parent education and engagement groups, professional development and psychoeducation for teachers and school administrators. The School Success Initiative utilizes a 3 Tier universal health screening to identify children that will benefit from services and supports offered by the School Success Initiative provider network. Children that receive a score within the Tier 2 range are the target population for the School Success Initiative prevention-based services. Children that receive a score within the Tier 3 range, are recommended to be referred to community mental health or to the family private insurance provider for an eligibility screening to determine if additional behavioral health supports are needed.

### **Strengths and Difficulties Questionnaire**

Once a child is referred for services, a consent for treatment is secured. The clinician then completes the Strengths and Difficulties Questionnaire (SDQ). Based on the SDQ score, the child/youth will be designated to Tier1, Tier 2, or Tier 3 and receive that level of services. See below for the explanation of SDQ scores/Tiers

## Standardized referral process using the Strengths and Difficulties Questionnaire



### Program Outcomes for Fiscal Year 19-20

Outlined below is the Strengths and Difficulties Questionnaire Data (SDQ). In reviewing the data, the following should be considered:

The use of the REDCap database began September 1, 2019; therefore, there has been limited experience with data entry and more time is needed to clean the data.

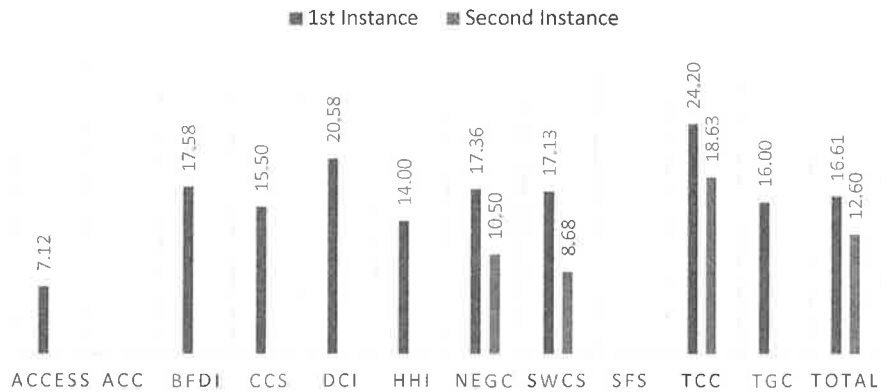
There have been multiple personnel changes that have impacted the evaluation of the REDCap data. During data cleaning 227 records were excluded for analysis due to "Incomplete" status. These records include:

- 9 Baseline SDQs (2 Parent administered, 6 Self-administered, and 1 unknown) from Arab-American Chaldean Council
  - 9 total SDQs excluded
- 23 Baseline SDQs (5 Parent-administered, 10 Self-administered, 7 Teacher-administered, and 1 unknown) and 1 Unlisted SDQ from Black Family Development Inc.
  - 24 total SDQs excluded
- 7 Baseline SDQs (all 7 Self-administered) from Community Care Services
  - 7 total SDQs excluded
- 132 Baseline SDQs (5 Parent-administered, 127 Self-administered) from Development Centers
  - 132 total SDQs excluded
- 3 Baseline SDQs (all 3 Parent-administered) from Starfish Family Services
  - 3 total SDQs excluded
- 51 Baseline SDQs (49 Parent-administered, 2 Teacher-administered) and 1 unlisted SDQ from The Children's Center
  - 52 total SDQs excluded

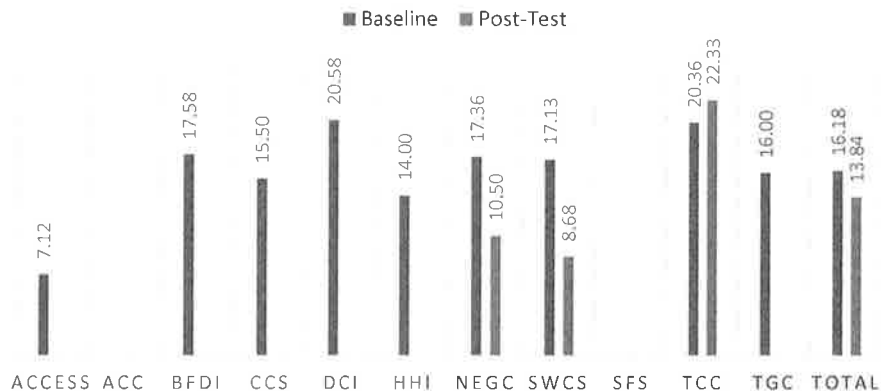
This accounts for the lack of representation from several Community Mental Health Agencies. Providers are in the process of making data corrections to ensure accuracy. The aforementioned records will be included in future data analysis.

**Teacher Administered Strengths and Difficulties Questionnaire Results**

**AVERAGE TOTAL DIFFICULTIES SCORE  
TEACHER ADMINISTERED SDQ**



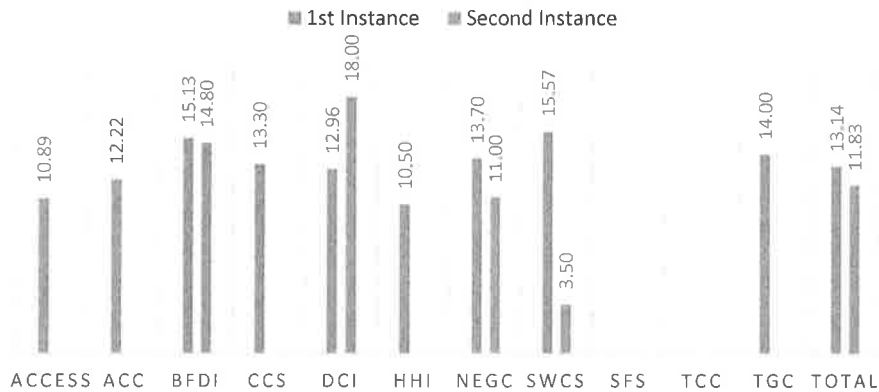
**AVERAGE TOTAL DIFFICULTIES SCORE  
TEACHER ADMINISTERED SDQ**



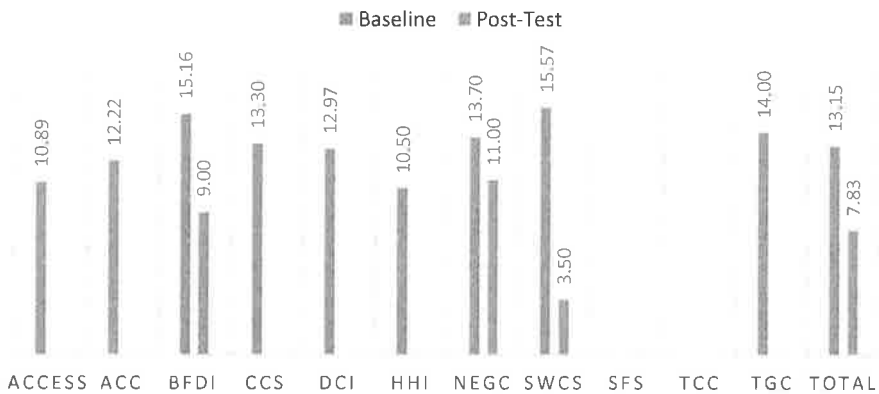
This data represents students who had more than one SDQ administered by a teacher. For those students who had both, there was mostly a decrease in score. Note: Clinicians reported difficulty obtaining the SDQ from teachers once the Stay Home, Stay Safe Order was made effective. This is the primary reason for the lack of data.

Self-Administered Strengths and Difficulties Questionnaire Results

### AVERAGE TOTAL DIFFICULTIES SCORE SELF ADMINISTERED SDQ



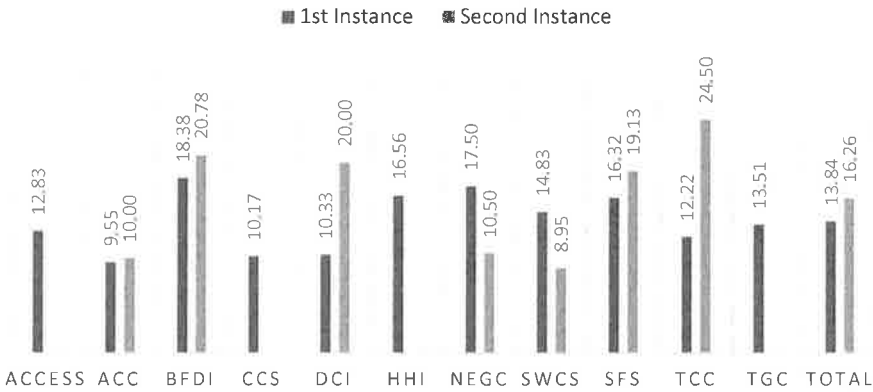
### AVERAGE TOTAL DIFFICULTIES SCORE SELF ADMINISTERED SDQ



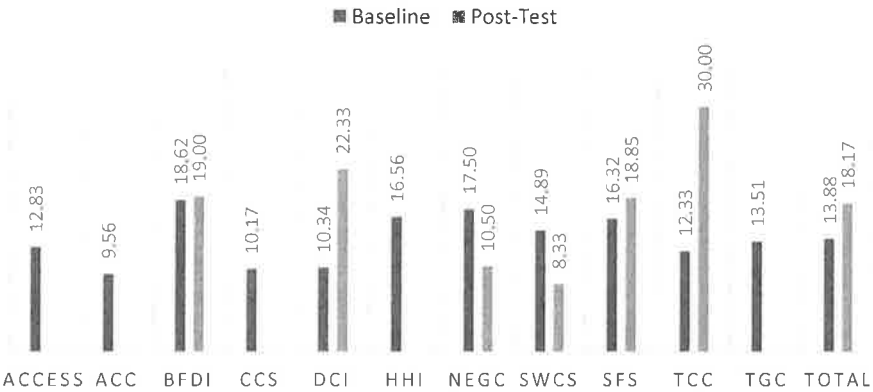
This data represents students who had more than one SDQ self-administered. For those students who had both, there was mostly a decrease in score. Self-administered SDQs notably had the largest decrease in their scores. Note: Lack of a post-test could be result of the student remaining in services. Also, providers have noted difficulty in receiving SDQs from students due to Covid-19. This accounts for the fewer 2<sup>nd</sup> Instance and Post-test SDQs.

**Parent Administered Strengths and Difficulties Questionnaire**

**AVERAGE TOTAL DIFFICULTIES SCORE  
PARENT ADMINISTERED SDQ**



**AVERAGE TOTAL DIFFICULTIES SCORE  
PARENT ADMINISTERED SDQ**



This data represents students who had more than one SDQ administered by a parent. For those students who had both, there was mostly an increase in score. Parent-administered SDQs notably had the largest INCREASE in scores. The higher Total Difficulties Scores seen in the Parent-administered SDQs may be an indirect implication of Covid-19 as behavior changes are fathomable during this time. Note: There has been an increase in the amount of Parent administered SDQs due to Covid-19 and Michigan's Stay Home Order.

**Financials for the Past Three Years**

**Fiscal Year 2017-2018**

<b>Program</b>	<b>FY 17/18 Budget</b>	<b>TOTAL</b>	<b>Balance</b>	<b>Percent of Budget</b>
ACCESS	\$ 217,640	\$ 217,640.00	\$ -	100.00%
Arab-American & Chaldean	\$ 100,373	\$ 100,373.00	\$ -	100.00%
Black Family Development Inc.	\$ 674,349	\$ 674,349.00	\$ -	100.00%
Community Care Services	\$ 283,869	\$ 257,779.11	\$ 26,089.89	90.81%
Development Centers	\$ 399,281	\$ 392,834.71	\$ 6,446.29	98.39%
Hegira Health Inc.	\$ 210,915	\$ 210,915.00	\$ -	100.00%
Lincoln Behavioral Services	\$ 102,856	\$ 102,856.00	\$ -	100.00%
Northeast Integrated Health	\$ 168,265	\$ 140,318.90	\$ 27,946.10	83.39%
Southwest Counseling Solutions	\$ 139,667	\$ 139,667.00	\$ -	100.00%
Starfish Family Services	\$ 244,729	\$ 244,729.00	\$ -	100.00%
The Children's Center	\$ 121,109	\$ 121,097.74	\$ 11.26	99.99%
The Guidance Center	\$ 336,947	\$ 333,905.37	\$ 3,041.63	99.10%
<b>TOTALS</b>	<b>\$ 3,000,000</b>	<b>\$ 2,936,464.83</b>	<b>\$ 63,535.17</b>	<b>97.88%</b>

**Fiscal Year 2018-2019**

<b>Program</b>	<b>FY 18/19 Budget</b>	<b>TOTAL</b>	<b>Balance</b>	<b>Percent of Budget</b>
ACCESS	\$ 217,640.00	\$ 217,640.00	\$ -	100.00%
Arab-American & Chaldean	\$ 283,520.54	\$ 279,651.51	\$ 3,869.03	98.64%
Black Family Development Inc.	\$ 949,070.31	\$ 740,830.14	\$ 208,240.17	78.06%
Community Care Service	\$ 283,869.00	\$ 222,742.42	\$ 61,126.58	78.47%
Community Education Commission	\$ 966,559	\$ 966,521.65	\$ 37.35	59.15%
Detroit Achievement Academy	\$ 119,553	\$ 119,553.00	\$ -	100.00%
Detroit Public Schools Community District	\$ 1,089,723	\$ 37,163.76	\$ 1,052,559.24	3.41%
Development Centers	\$ 582,428.54	\$ 371,706.98	\$ 210,721.56	63.82%
Hegira Health Inc.	\$ 260,915.00	\$ 226,919.00	\$ 33,996.00	86.97%
Lincoln Behavioral Services	\$ 102,856.00	\$ 102,856.00	\$ -	100.00%
Northeast Integrated Health	\$ 210,000.00	\$ 188,853.74	\$ 21,146.26	89.93%
Southwest Counseling Solutions	\$ 139,667.00	\$ 139,667.00	\$ -	100.00%

Starfish Family Services	\$ 336,302.78	\$ 279,049.00	\$ 57,253.78	82.98%
The Children's Center	\$ 212,682.78	\$ 201,624.72	\$ 11,058.06	94.80%
The Guidance Center	\$ 262,022.78	\$ 233,226.06	\$ 28,796.72	89.01%
<b>TOTALS</b>	<b>\$ 6,016,809.73</b>	<b>\$ 4,276,967.51</b>	<b>\$ 1,688,804.76</b>	<b>71.08%</b>

Fiscal Year 2019-2020

Program	FY 19/20 Budget	TOTAL	Balance	Percent of Budget
ACCESS	\$ 186,176	\$ 88,145.74	\$ 98,030.26	47.35%
Arab-American & Chaldean	\$ 311,462	\$ 216,306.89	\$ 95,155.11	69.45%
Black Family Development Inc.	\$ 851,584	\$ 585,768.22	\$ 265,815.78	68.79%
Community Care Services	\$ 242,832	\$ 149,374.91	\$ 93,457.09	61.51%
Community Education Commission (GOAL LINE)	\$ 966,559	\$ 571,689.72	\$ 394,869.28	59.15%
Detroit Achievement Academy	\$ 119,553	\$ 108,279.09	\$ 11,273.91	90.57%
Detroit Public Schools Community District	\$ 1,089,723	\$ 141,821.60	\$ 947,901.40	13.01%
Development Centers	\$ 605,479	\$ 425,102.23	\$ 180,376.77	70.21%
Hegira Health Inc.	\$ 232,442	\$ 146,745.11	\$ 85,696.89	63.13%
Northeast Integrated Health	\$ 265,722	\$ 140,884.10	\$ 124,838.15	53.02%
Southwest Counseling Solutions	\$ 174,509	\$ 145,472.64	\$ 29,036.36	83.36%
Starfish Family Services	\$ 300,923	\$ 214,787.50	\$ 86,135.50	71.38%
The Children's Center	\$ 355,872	\$ 235,766.54	\$ 120,105.46	66.25%
The Guidance Center	\$ 288,237	\$ 126,354.57	\$ 161,882.43	43.84%
<b>TOTALS</b>	<b>\$ 5,991,073</b>	<b>\$ 3,296,498.86</b>	<b>\$ 2,694,574.39</b>	<b>55.02%</b>

It should be noted that Fiscal Year 2019-2020 is only paid through March for 100% of the providers as there are still some outstanding financial status reports for April, May, and June.



**Children's Initiative - (Ebony Reynolds/Crystal Palmer)**

**1. 3-year history of top 5 children providers - number of consumers served**

<i>SED Provider</i>	<b>2017</b>	<b>2018</b>	<b>2019</b>
The Children's Center of Wayne County	3,379	3,222	3,453
Starfish Family Services, Inc.	1,530	1,509	1,613
The Guidance Center	2,623	2,766	3,000
Development Centers, Inc.	1,285	1,001	1,072
Hegira Programs, Inc.	783	828	748
Totals*	8,634	8,481	8,912

*\*Unduplicated totals*

*Note: The five providers listed above provide 72% of the total network Case Management, Home Based and Wraparound. The costs include all SED services, except ABA.*

**2. 3-year costs of top 5 children providers**

<i>SED Provider</i>	<b>2017</b>	<b>2018</b>	<b>2019</b>
The Children's Center of Wayne County	\$11,375,260	\$10,089,483	\$11,869,584
Starfish Family Services, Inc.	\$9,169,914	\$9,971,348	\$11,131,193
The Guidance Center	\$10,009,031	\$10,102,461	\$9,648,879
Development Centers, Inc.	\$5,079,249	\$4,692,069	\$4,707,289
Hegira Programs, Inc.	\$4,605,164	\$4,429,218	\$4,024,439
Totals	\$40,238,617	\$39,284,579	\$41,381,383

*Note: The five providers listed above provide 72% of the total network Case Management, Home Based and Wraparound. The costs include all SED services, except ABA.*

## **Section 12**

### **Summer Employment and Mental Health First Aid (MHFA)**

1. Overview of Program and Outcomes
2. Number of Consumers Served

## **SUMMER YOUTH EMPLOYMENT PROGRAM AND MENTAL HEALTH FIRST AID - (Andrea Smith)**

### **1. Program Overview and Outcomes - Summer Youth Employment Program (“SYEP”)**

#### a. Program Description

The program provides subsidized part-time employment for individuals between the ages of 14-24 living in Wayne County. In addition to work experience, this funding will ensure that the employed youth receive educational information on prevention, treatment and access to care. These programs are expected to be both beneficial and preventative for youth otherwise unoccupied during the summer months, who may be at a greater risk for developing behavioral health issues. Youth will experience meaningful employment as well as training in behavioral health with assists with prevention of mental health and substance use crisis

#### b. Program Outcomes – SYEP Participation

Adolescents will successfully complete their summer employment experience with new or increased knowledge of behavioral health. Participants will know how to access behavioral health services, as well as how to recognize signs and symptoms of mental illness or substance use disorder. Each of the providers were successfully able to implement an online/hybrid employment experience to youth, allowing them to have a sense of need and responsibility during this period of economic and socially limited season.

Total Youth Employed 2018-2019: 1,256 (840-Detroit, 416 Out-Wayne (including Hamtramck & Highland Park)

Target Numbers 2019-2020: It is expected that at least 800 adolescents will be hired due to some townships having a freeze on hiring, and capacity reduction due to COVID-19.

### **2. Program Overview and Outcomes – Mental Health First Aid (“MHFA”)**

- a. Mental Health First Aid Program teaches participants how to identify, understand and respond to signs of mental illnesses and substance abuse disorders in the community. This program serves as a community education model that promotes mental wellness. Laypersons are provided with education on the barriers to obtaining mental health services as well as how

to access services and supports. MHFA classes have been provided in various sectors of the community – Faith-Based, Law Enforcement, and Education to name a few. There has been increased interest from the school community and law enforcement community.

b. Program Outcomes

Total Trained 2018-2019: 4,876 (1,907 -QPR, 2,969 - MHFA)

Target Numbers 2019-2020:

It is expected that, at a minimum, 1,000 individuals will be trained in MHFA and/or QPR due to social distancing requirements. Additionally, MHFA has been added as a prerequisite to attending the CIT course. Training has also become part of the Schoolcraft Police Academy and the Wayne County Sheriff's Office Jailers Course.

**Section 13**  
**Wayne County Jails**

1. 3-Year History of Number of Consumers Served
2. FY 2020 Projected Costs
3. FY 2019 and Projected FY 2020 Cost of Per Diem Services

**Wayne County Jails – (Eric Doeh)**

**1. 3-year history of the number of consumers served**

<i>Fiscal Year</i>	<i>Consumers Served</i>
2017	3,712
2018	4,062
2019	4,245
2020 (through June 30)	2,582

**2. Amount projected to be spent in FY2020 = \$5,006,000.00**

**3. How much spent on services verses per diem for FY19 and projected FY20**

<i>Fiscal Year</i>	<i>Per Diem</i>	<i>% of Total</i>	<i>Fee for Service (FFS)</i>	<i>% of Total</i>	<i>Total</i>
2019	\$3,593,295	60%	\$2,406,548	40%	\$5,999,843
2020 Projected	\$3,339,035	67%	\$1,666,965	33%	\$5,006,000

**Section 14**  
**Office of Recipient Rights (ORR)**

1. Overview of Programs and Goals
2. History of Consumers Served
3. History of ORR Complaints

ORR response to questions for Finance Budget Hearing on  
Respectfully submitted by Polly McCalister, Director of Recipient Rights

**1. Are you able to complete investigation in a timely way?**

**RESPONSE:** Yes.

**2. Do you monitor recipient rights at Providers?**

**RESPONSE:**

Yes. DWIHN Office of Recipient Rights (“ORR”) monitors, that is, performs a site visit at every non-SUD service site at least once annually. ORR utilizes a monitoring tool that contains all of the Recipient Rights standards as described by the Michigan Department of Health and Human Services, Office of Recipient Rights (MDHHS-ORR). If a site is determined to be non-compliant, a Corrective Action Plan (“CAP”) is requested (and should be completed within 5 days). If the CAP is not received or implemented timely, the Provider is deemed non-compliant for the fiscal year. If the location is an Adult Foster Care home with a specialized license, the non-compliance designation has implications for the renewal of their specialized residential license.

As of June 30, 2020, the site Reviewers have completed 318 of 596 site reviews; 13 site reviews are out-county; and 264 site reviews need to be completed.

**3. How many cases were filed, resolved and still in process?**

<b>ORR COMPLAINTS</b>	<b>FY19</b>	<b>FY20</b>
Complaints Filed	1,254	1,200
Complaints: ‘No Rights Violation’ OR ‘Outside of Jurisdiction’	236	232
Complaints: Investigated	1,018	968
Complaints: Resolved	765	780
Complaints: In Process	253	188