

DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

www.dwihn.org



Mission, Vision and 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

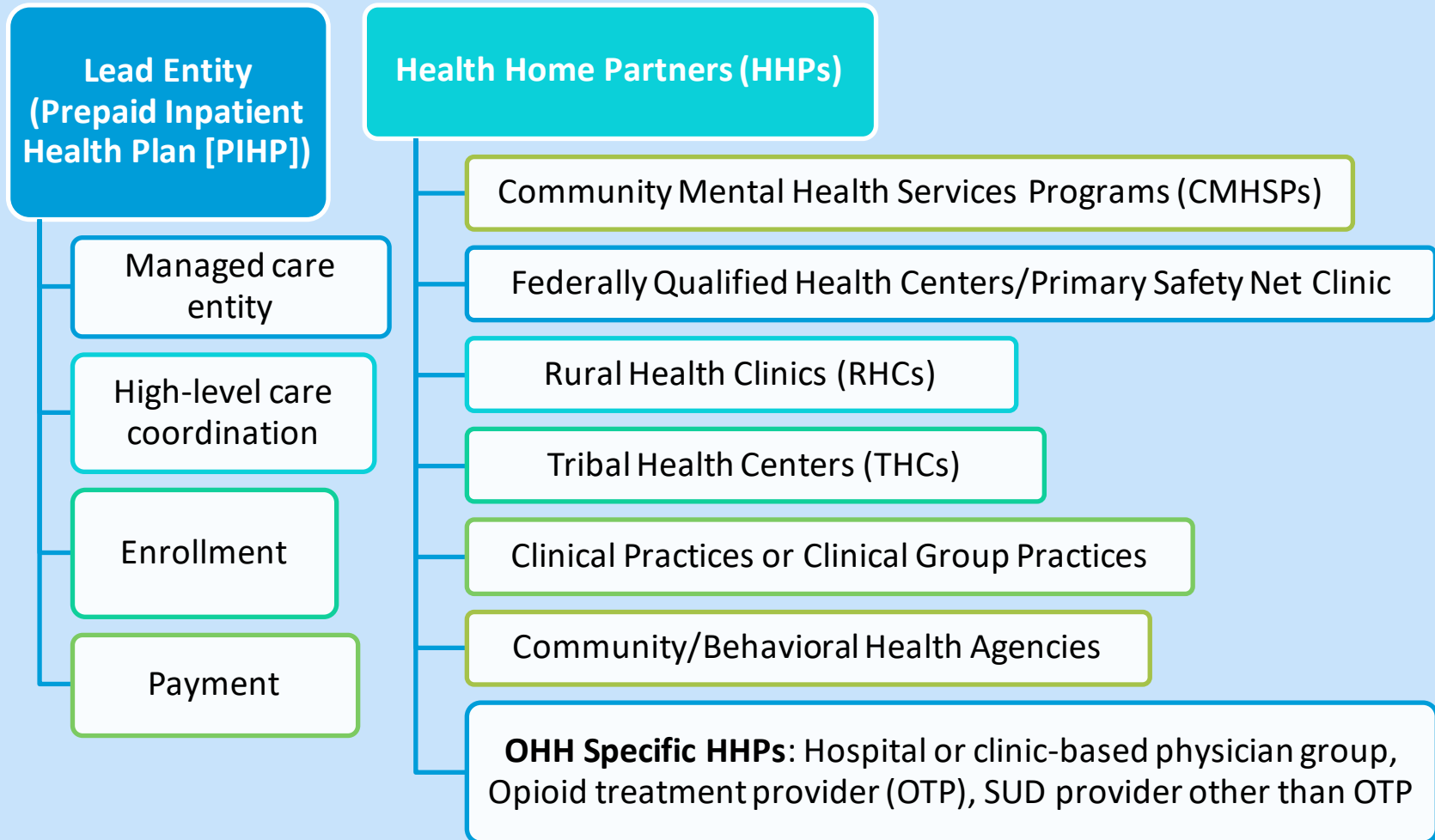
To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.

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.

Health Home Structure Breakdown

Behavioral/Opioid Health Home is comprised of a Lead Entity (LE) and contracted Health Home Partners (HHPs)



Behavioral Health Home

- Serves the “whole-person” through integrating and coordinating physical, behavioral, and social services for all persons.
- We currently have thousands of persons meeting criteria with high hospitalization costs that through appropriate collaboration, these individuals could receive more appropriate treatment in a Behavioral Health Home (BHH) environment.
- In a BHH Model persons could receive high-level care coordination
- Our already identified Health Home Partners exist through our relationships with our: Federally Qualified Health Centers, Tribal Health Centers, Clinical Practices and Community/Behavioral Health Agencies.



Opioid Health Home

- As the largest behavioral health organization in Michigan, DWIHN has all the elements to better serve its residents in Opioid Health Homes.
- Coordinates and provides access to individual and family supports, including referral to community social supports.
- Meets regularly with the care team to plan care, discuss cases and exchanges appropriate information with team members in an informal manner as part of the daily routine of the clinic.
- Identifies community resources (i.e., social services, workshops, etc.) for patient to utilize to maximize wellness; and conducts referral tracking.
- DWIHNs SUD Dept is currently managing 9 Opioid Health Homes. Currently the program offers services to 85 beneficiaries

Reaching Our Young People

ReachUsDetroit.org

- Reach Us Detroit helps to redirect non- emergency calls from the police department.
- Calls are handled by trained staff to assist callers with “information, support, and referrals.
- Offer immediate therapy via phone, text or video chat and appointments.
- Can continue for 12 sessions.
- Connected to our DWIHN access line for CMH services.
- No insurance needed
- **TEXT OR CALL 313-488-HOPE**



School-Success Initiatives



- Evidence and prevention-based mental health program provided to K-12 students in Wayne County
- Working with 11 DWIHN Providers
- Provides services to children in schools, parent education groups
- Professional development and psychoeducation for teachers, staff and school administrators.



Wayne Health & Ford X

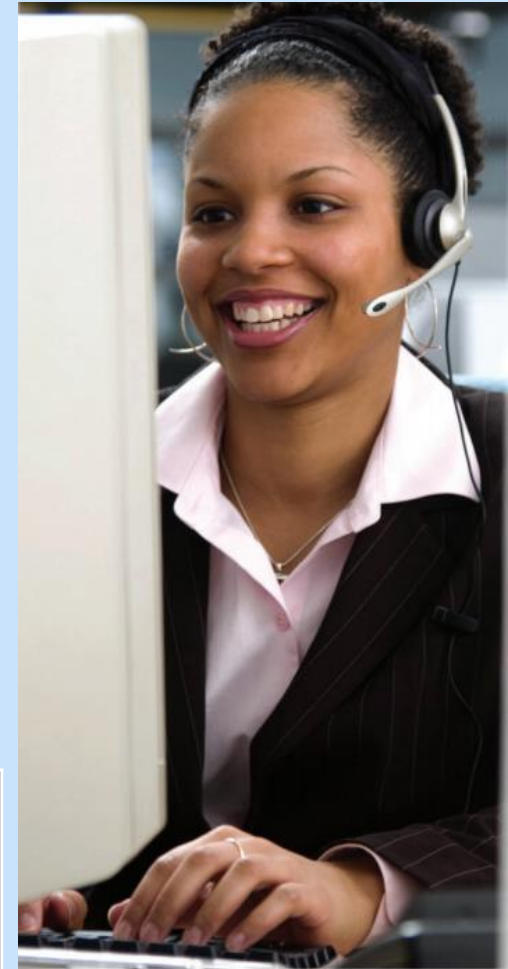
Mobile Health Screening Partnership

- The goal is to improve access to services by having a “no four walls” approach.
- Providing physical & behavioral health screenings.
- COVID-19 Vaccinations
- The mobile clinic travels throughout Wayne County visiting churches, recreations centers, schools and more as we know transportation can be an issue for some.
- 7 days a week



Access Call Center

- DWIHN began had a successful transition of bringing in a 24/7/365 Call Center in February.
- Clinicians are working with our Providers to help streamline work processes.
- Staff work with crisis helplines, local law enforcement, homeless programs, juvenile justice and school-based programs.
- Hospital discharge follow-up appointments.



Total Calls June 2021	% of Calls Answered (National Standard 80%)	Average Speed to Answer	Average Call Length
18,033	95.8%	17 seconds	04:56

Crisis Assessment Center

- The goal is to expand the availability of resources to persons in need.
- Access to services are 24 hours a day, 7 days a week, 365 days a year.
- Working with our law enforcement and community partners to bring groundbreaking services in an urgent care-like facility to our city.



DPD Behavioral Healthcare Pilot

- To reduce harm to individuals in crisis by reducing arrests of individuals experiencing mental health or substance abuse disorders.
- Connect callers to behavioral health specialists embedded in 911 call center.
- Prevent future emergency services by having homeless outreach providers/case managers engage in street outreach.



Crisis Intervention Training

- People with mental illnesses are more likely than the general public to experience arrest and be injured or killed during encounters with law enforcement.
- The goal of CIT is to keep people safe and that is not possible if jail is the only destination during a behavioral health crisis.
- A CIT program should help people get connected to treatment and services and offer hope for recovery.
- CIT Focuses on increasing safety for officers and communities.



Substance Use Disorder Services

COVID Response & Supplemental Funding

- SUD has responded to COVID-19 challenges faced by prevention, treatment and recovery providers and allocates supports to persons in recovery.
- Funding initiatives for Opioid Health Homes for Pregnant Women and Health Homes for Alcohol Use Disorders

Naloxone Initiative

- Naloxone Initiative program has saved 788 lives since 2016.
- We have trained 1,896 first responders and 1,013 Wayne County citizens on how to reverse an opioid overdose.
- Collaborating with Wayne State University to utilize vending machines to distribute free naloxone kits.



Behavioral Healthcare Redesign

What Is Needed

- Any plan must be inclusive of integration and remain within the public mental health system.
- Services must remain consistent and uninterrupted for the individuals served no matter where they reside.
- Ultimate control of the finances must remain public.
- If a system redesign is contemplated, each entity must retain its own risk.
- Shared savings must be reinvested in services to improve the lives of people served.



Proposed House Bills Are Not Good for People Served

- House Bill 4925 would eliminate the PIHPs which are the entities that oversee and safeguard community mental health finances.
- The creation of an Administrative Service Organization (ASO) would be a 3rd party that control the finances with little or no understanding of the delivery of behavioral health services and the population served.
- It is unrealistic to believe that one ASO will carry out the job and functions of the 10 PIHPs; managing customer service, utilization management, recipient rights, compliance and care management.
- The administrative layer that the ASO seeks to eliminate is simply substituted by numerous administrative layers and oversight committees.



Unrealistic Promises of Health Plans

- An ASO/MHP must adhere to corporate structure that must account for profits, low risk individuals and dividends to be paid to shareholders.
- MHPs do not have the supports for some of our most vulnerable populations, in residential settings throughout the community. Lack of Accountability.
- MHPs do not have to account for social determinant factors that many times create barriers to equity in healthcare.
- No MHP in Michigan has any experience or certification regarding the provision of services to the behavioral health population.



What Does Behavioral Health Integration Mean for the People Served



Marianne Udow-Phillips
University of Michigan



Chuck Stokes
WXYZ, Anchor

Watch more on the protentional impact of Integration Changes and Community Mental Healthcare in Michigan on Spotlight or visit

www.dwihn.org