



DWHIN

Your Link to Holistic Healthcare

**2020-2021
ANNUAL REPORT**

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WELCOME FROM THE CEO



As we end another fiscal year, none of us ever imagined we would still be battling a global pandemic now in its second year and all the obstacles that come along with it. However, we have not wavered and will continue providing the highest quality behavioral healthcare services and support to 73,000 adults and children in the largest county in the State of Michigan.

These are tough and challenging times but as an organization, we remain steadfast in our mission to care for some of the most vulnerable people in our State. We do not let obstacles stand in our way and we willingly seek out new and innovative ways to continue to serve children, families, and adults.

The Detroit Wayne Integrated Health Network remains strong on the COVID battlefield, making it our mission to offer vaccinations to as many people and staff as possible.

DWIIHN partnered with Walgreens and the city of Detroit in vaccinating people we serve in group homes, direct care workers, and DWIHN staff. We also established several COVID AFC homes to help people quarantine while recovering from the virus.

Children's Initiatives along with the help of our IT department distributed almost 250 iPad and laptops to children and families so they can stay connected in school and maintain their Telehealth therapy appointments.

We successfully launched our partnership with Wayne Health and Ford MotorCompany offering mobile health units that patrol communities and neighborhoods offering physical and mental health services. We have established several Opioid Health Homes which give people living with opioid use disorder an opportunity to work with a team of healthcare providers to coordinate, support, and help manage their recovery.

We continue to work to become a Certified Community Behavioral Health Clinic (CCBHC) which will allow DWIHN to provide a comprehensive range of mental health and substance use disorder services to vulnerable populations utilizing Medicaid dollars to be used in crisis situations in connecting people to immediate services.

Our partnership with the Detroit Police Department and Crisis Intervention Teams (CIT) continues to expand allowing law enforcement to work alongside CIT who can help officers recognize people in a mental health crisis. We are also proud DWIHN received the gold program certification for its CIT training program.

It has been a busy year but none of this progress would be possible without our Provider partners. On behalf of the DWIHN Board of Directors and Executive Leadership, I am grateful for your tireless and selfless efforts, and thank you for allowing me to work for an organization that puts people first.

Eric Doeh
President/CEO



Angelo Glenn
Chairperson



Kenya Ruth
Vice-Chairperson



Dora Brown
Treasurer

Board of Directors 2020-2021

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



Dr. Cynthia Taueg
Secretary



Dorothy Burrell



Lynne F. Carter, M.D.



Michelle Jawad



Jonathan C. Kinloch



Kevin McNamara



Bernard Parker



Angelo Glenn
Chairman



Cynthia Arkfen, PhD.



Thomas Adams

**Substance Use Oversight Policy
Board of Directors
2020– 2021**



Chief William Riley, III



Maria Avila



Thomas Fielder



Jonathan C. Kinloch



Margo Martin



Jim Perry



Ronald S. Taylor

MISSION, VISION, VALUES

Mission

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

Vision

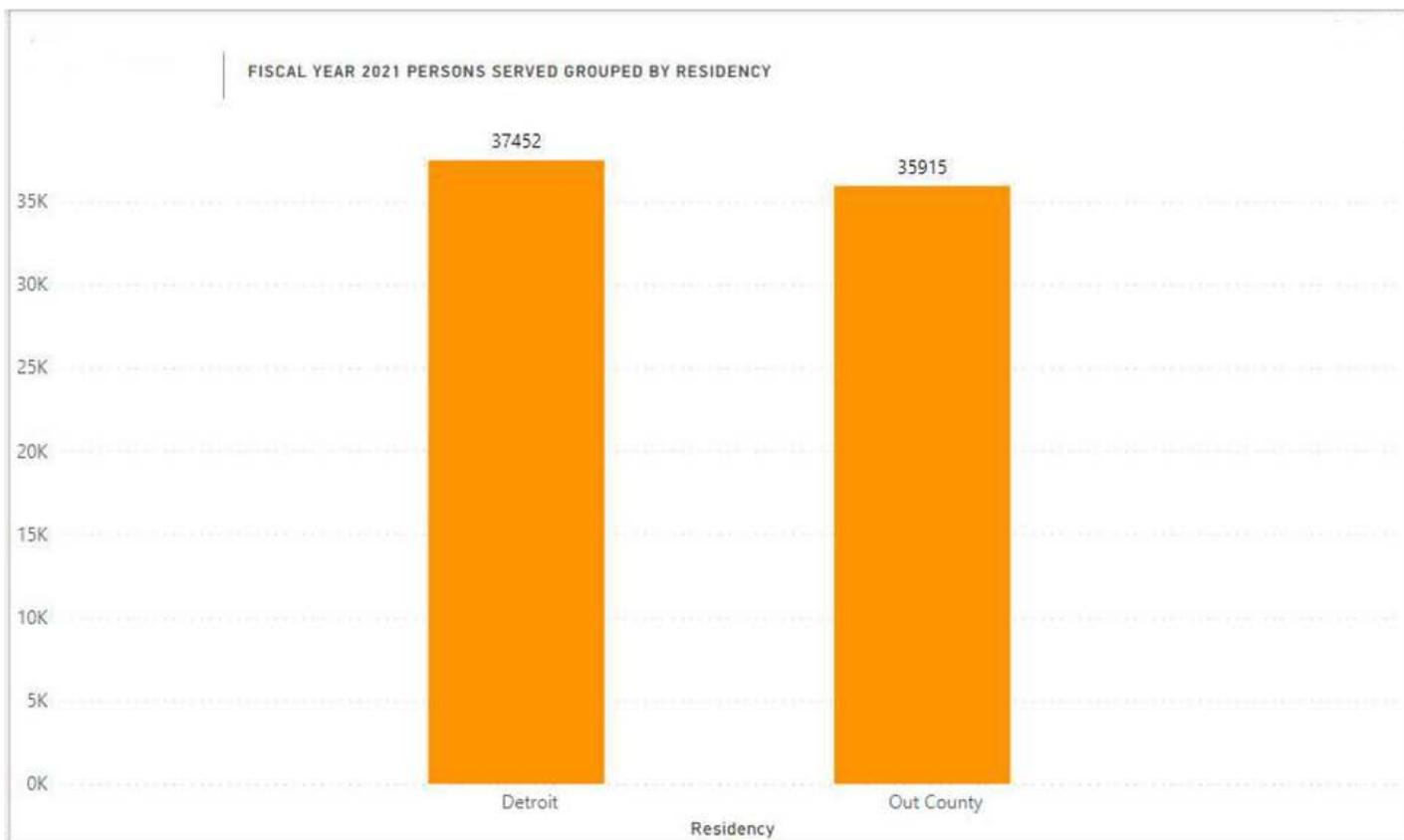
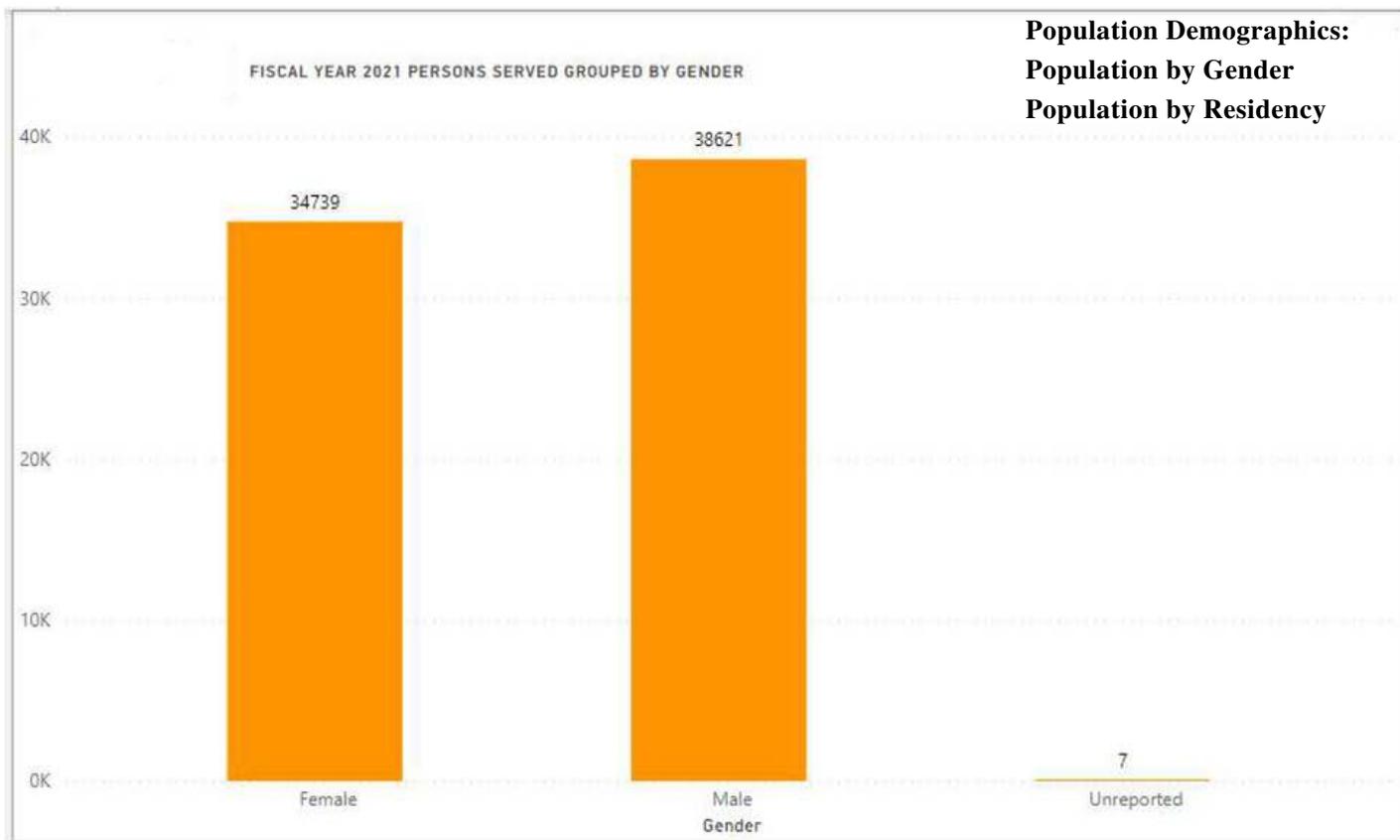
To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.

Values

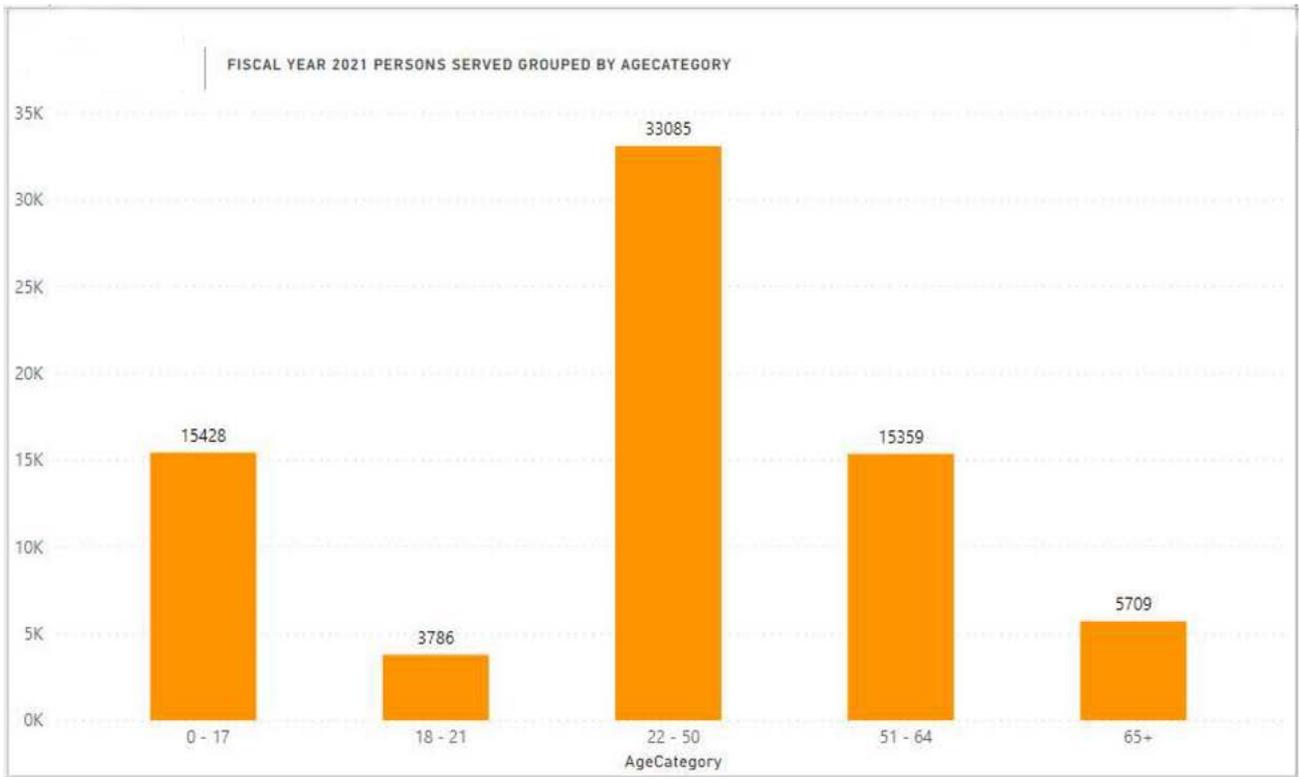
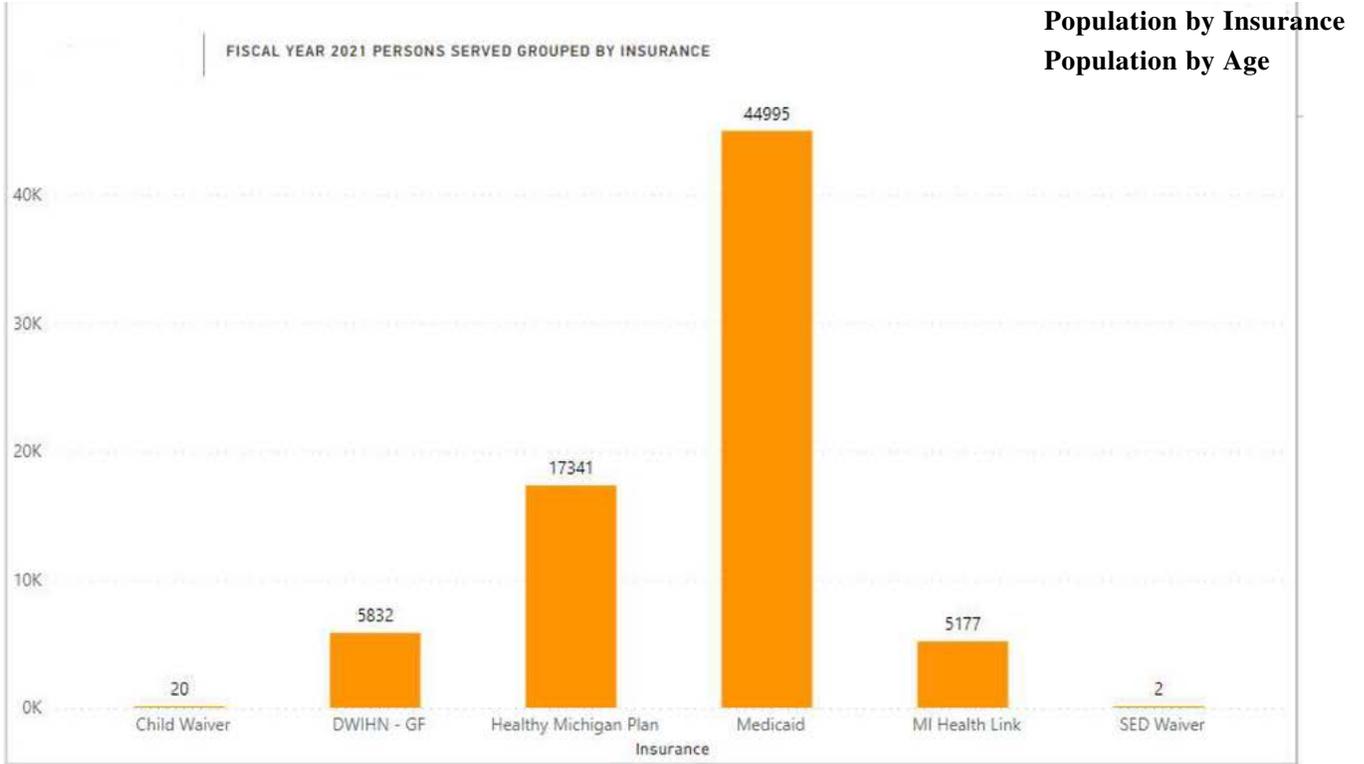
- We are an advocate, person-centered, family and community-focused organization.
- We are an innovative, outcome, data-driven, and evidence-based organization.
- We respect the dignity and diversity of individuals, providers, staff, and communities.
- We are inclusive, culturally sensitive and competent.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



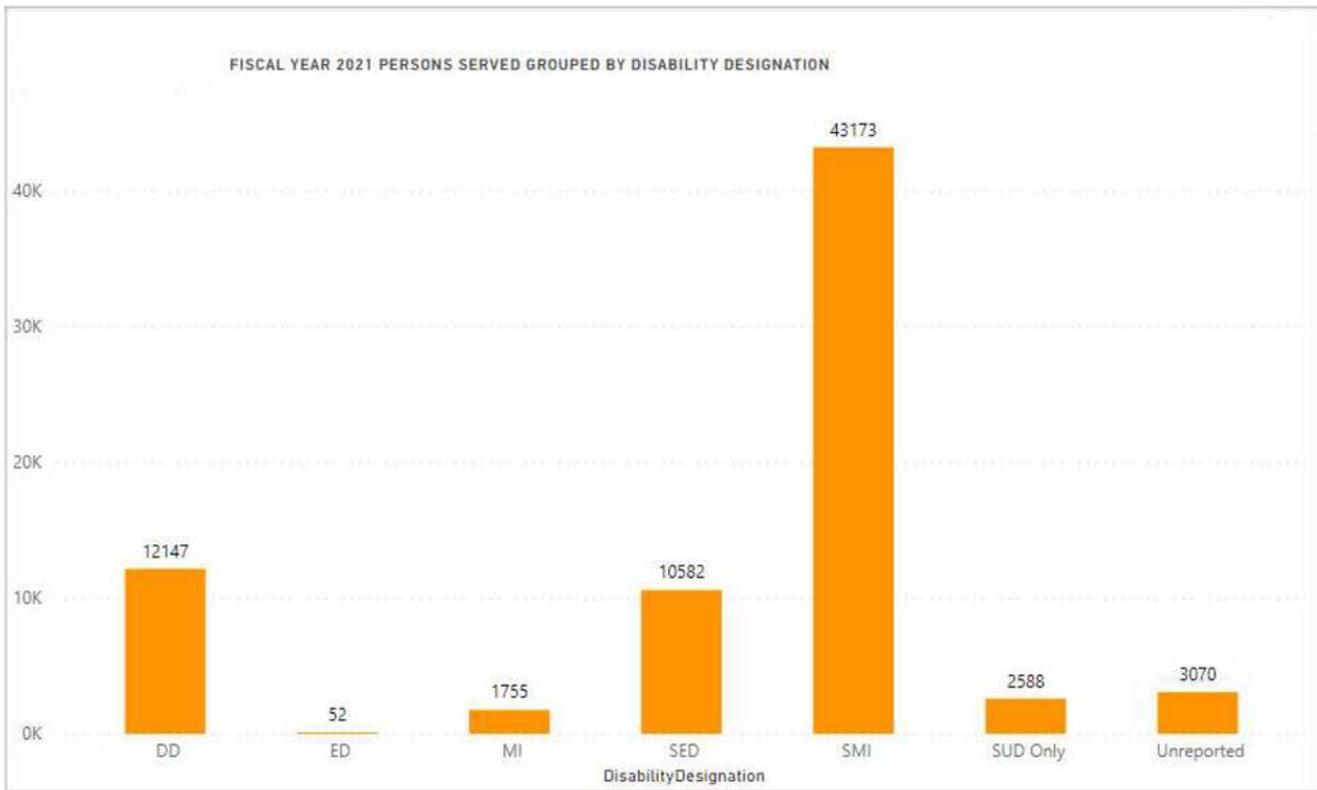
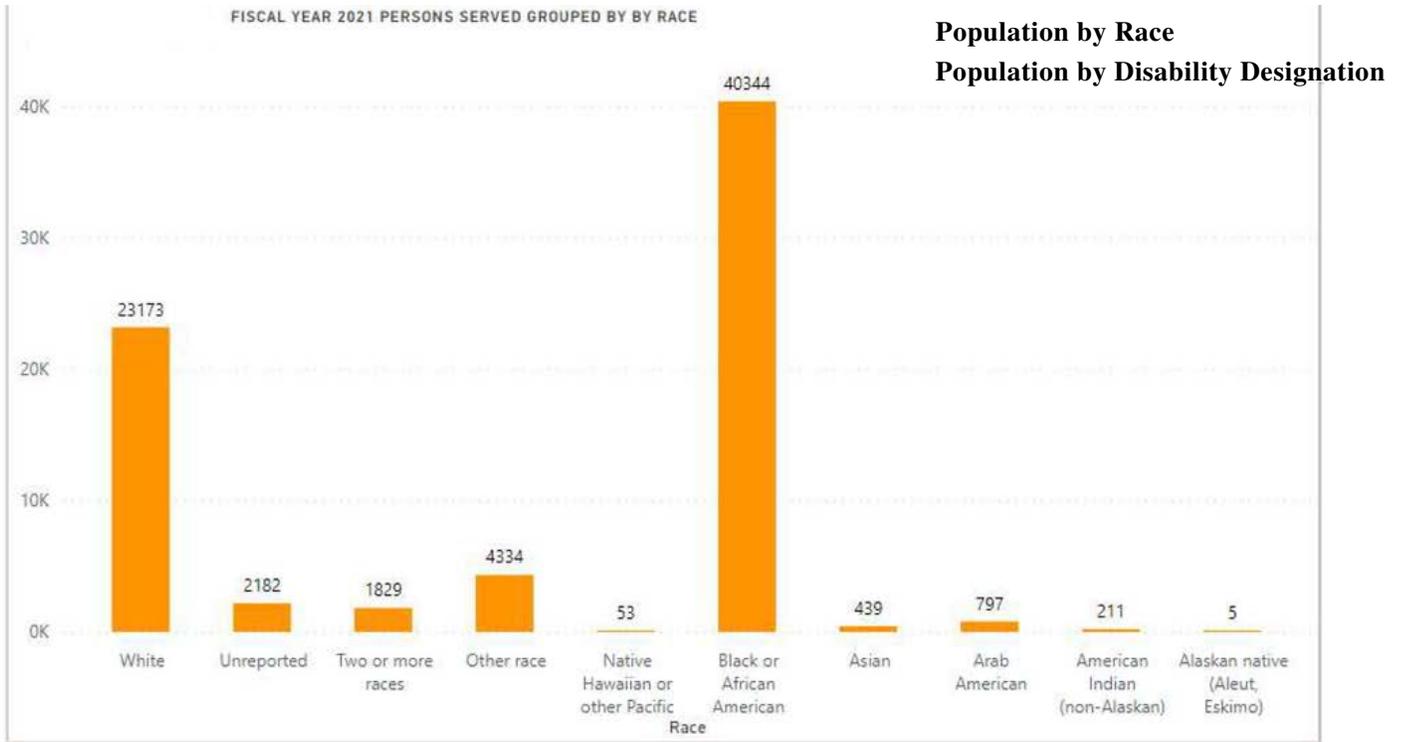
PEOPLE WE SERVE



PEOPLE WE SERVE



PEOPLE WE SERVE



ACCESS & CRISIS SERVICES

Access Call Center

DWIHN brought its Access Call Center in-house in February 2021 as a newly hired team began to champion the mission of providing the community we serve prompt and efficient service while ensuring that all people are treated with dignity and respect. Implementing “First Call Resolution” empowers the Access Call Center staff to be sensitive to members’ needs including those that need special accommodations and to accommodate specific needs so that appropriate services are always provided upon the first request. This service principle allows for calls to be managed with efficiency and care. Areas of focus are:

- Establishing specific performance metrics
- Implementing quality standards
- Leveraging technology to enhance operational processes
- Initiating a policy/procedure review to ensure regulatory compliance



Annual Performance: February 2021 - September 2021

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	163,073	156,926	6,143	3.8%	00:17 secs	4:59 mins	96.2%	88.2%
SUD (Subset of all calls)	25,003	24,832	171	0.7%	00:14 sec.	15:36 mins	99.3%	97.5%
Clinicians (Subset of all calls)	12,080	11,980	100	.08%	00:13 sec.	22:51 mins	99.2%	97.4%
Totals	163,073	156,926	6,143	3.8%	00:17 sec	4:59 mins	96.2%	88.2%

ACCESS & CRISIS SERVICES

Accomplishments:

Performance exceeds National Standards for Call Centers as follows:

- Abandonment Percentage: from 1.2% to 4.9% less than standard.
- Average Speed to Answer: from 13 seconds to 17 seconds less than standard
- Percent of Calls Answered: from 16.2 to 19.2 % greater than standard
- Service Level Percent: from 8.2% to 17.4% greater than standard.



Streamlined and developed standardized processes for enrollment and eligibility for DWIHN community outreach and support programs along with developing on-demand reporting projects include:

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

1. MDOC Programs- Returning Citizens from incarceration for CMH and SUD
2. MAT/MOUD- Jail transfer treatment program- Abundant and QBH providers
3. Mobile Unit- Partnership between Wayne State and DWIHN
4. Opioid Health Home- 9 facilities participating in Intensive Case Management Services

B. Children Initiatives Access Center supports enrollment, eligibility and scheduling appointments

1. School Success Initiative Referrals/Access
2. Partnering with CPS on Children Trauma Process
3. 0-6 Children project redirecting screening through the Access Call Center
4. Foster Children redirecting screening through the Access Call Center
5. Children's Waiver program

C. Behavioral Health Initiatives Access Call Center supports enrollment, eligibility for and scheduling appointments.

1. Wayne County Jail Initiatives- engage people into treatment during incarceration
2. MCH/OCHN 45th District Court- Partnership with Oakland county addressing Wayne county residents who are in Oakland county courts.
3. Detroit at Work (DAW) program –Return to work initiative
4. Mi Cal State Initiative
5. Wayne State University Behavioral Health and Justice Initiative
6. Diverse SOGIE Initiative
7. 911 Crisis call Initiative
8. CCBHC- Certified Community Behavioral Health Clinic



ACCESS & CRISIS SERVICES

Crisis Services

The Crisis Services Department works to ensure access to care for members via DWIHN’s full array of services within the Crisis Continuum Service System.

The Crisis Services Department manages crisis services through the following providers:



Contracted Entity	Services Provided	FY 20/21 Outcomes
ProtoCall	24/7 crisis intervention hotline (800)241-4949	There were 11,291 incoming calls.
Hegira Health, Inc. (serving adults experiencing crisis) Sub-Contractors: Neighborhood Services Organization (NSO) and Northeast Integrated Health (NIH) Note: NIH is now Community Network Services (CNS)	COPE (Community Outreach for Psychiatric Emergencies) is a contracted provider to complete requests for service for higher levels of care including inpatient, Substance abuse treatment, partial hospitalization (PHP) and crisis stabilization services. COPE provides evaluations for crisis residential, pre-placement housing, and offers walk-in services for medication reviews, crisis stabilization, and various referrals.	There were 12,423 requests for service with 8,379 inpatient admissions (67% admission rate). A total of 3,688 members were diverted resulting in a 30% diversion rate.
	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.	There were 2,881 members served
	Crisis Residential Services – a voluntary placement providing an alternative to inpatient psychiatric services for individuals experiencing an acute psychiatric crisis, nursing assessments offered, psychiatric consults, community planning.	Services were utilized for 651 cases
Safehaus	Children’s Crisis Residential Services	Services were utilized for 148 cases
Team Wellness Center	Crisis Stabilization Unit (CSU)	There were 970 members served
The Children’s Center (TCC)	Children’s Crisis Care Center, walk-in assessments, psychiatric consults, community referrals.	Children’s Crisis Providers had 2,770 Requests for Service involving 2,395 unique individuals.
The Guidance Center (TGC)	Children’s Crisis Screening (mobile teams)	Seventy-two percent were diverted from inpatient hospitalization.
New Oakland (NO)	Children’s Crisis Screening and Stabilization (mobile teams)	1334 cases received intensive crisis stabilization services

Both adult and children’s crisis screening agencies have increased the number of face to face encounters in emergency departments and medical floors over the course of FY 20/21.

Additional FY 20/21 Accomplishments

- In an effort to address recidivism rates and to increase communication within our provider network, crisis alerts have been placed in the electronic record. As a result of 447 conversations, DWIHN has been able to divert 64% of those members considered to be familiar faces to the least restrictive environment.
- Outreach initiatives continue with a newly added Mobile Outreach Clinic, providing education and access to DWIHN services. Outreach is occurring in various Wayne County communities in partnership with Wayne Health.
- The Crisis Services department implemented procedures to receive and monitor Assisted Outpatient Treatment (AOT) orders from Probate and is working with providers to coordinate services by revising or developing treatment and crisis plans.
- DWIHN created a steering committee with provider input to develop a plan to reduce psychiatric inpatient admissions and recidivism. There are 5 subgroups developing recommendations to positively impact admission and recidivism rates.

AUTISM BENEFIT

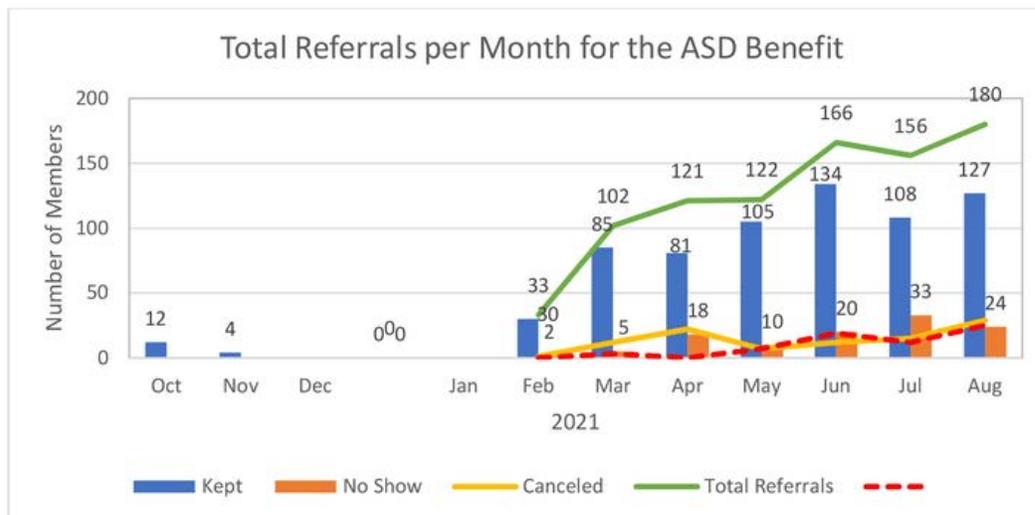
Autism Benefit

Department Objective #1:

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

Organizational Progression:

DWIHN made a significant change in the ASD Benefit process flow by adding 2 Independent Evaluators through a Request for Proposal (RFP) to improve the timeliness standards and reduce conflict of interest and potential bias of treatment providers providing initial diagnoses of autism to the network. The two Independent Evaluators averaged 123 referrals for diagnostic evaluations across three months.



Department Objective #2:

Expand the ABA provider network to demographic areas with limited access to “brick and mortar” locations in Wayne County.

Organizational Progression:

The DWIHN ASD Benefit continues to grow each quarter. Fiscal year 20/21 4th quarter ended with 2,009 open cases which was an increase of 261 cases from the beginning of the fiscal year. An RFP was issued to meet the growing demands of accessing services in specific demographic areas in Wayne County. The RFP was awarded to 2 new ABA providers increasing member choice to 5 new sites bringing the number of sites to 31 with a total of 15 ABA Providers across Wayne County.

Collaborations

The Michigan Innovations in Care Coordination (MICC) Project aims to improve workforce capacity and access to coordinated and integrated care for children at risk for Autism Spectrum Disorder/Developmental Delay (ASD/DD).

AUTISM BENEFIT

Major Department Initiatives:

Improved communication between CRSP and ABA Providers

- ASD Network Monthly meetings
- Organizational Contact log spreadsheets/smartsheet
- Education & Training provided by both ABA and CRSP outlooks

Quality Measures

- A new auditing tool, Autism Provider Review Protocols, was implemented to improve organization oversight on documentation for County and State expectations.
- Improved reporting integrity on Behavior Assessment Worksheets

Achieved goals, accomplishments and recognitions

- Initial diagnostic evaluations are now completed by two Independent Evaluators.
- Streamline workflow and timeliness from referral to access to 1:1 ABA therapy for eligible members.
- Expand the ABA provider network to demographic areas with limited access to “brick and mortar” locations in the County.
- Provide support and training to the ASD Network to improve on accessing the ASD benefit.



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:

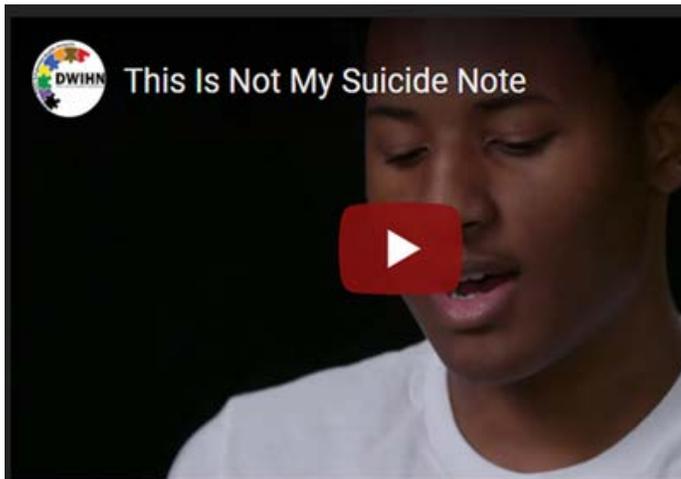
Values	Goals
<ul style="list-style-type: none"> • Community Based • Family Centered • Youth Guided • Culturally and Linguistically Responsive • Trauma Informed 	<ol style="list-style-type: none"> 1. Increase Access to services 2. Improve Quality of Services 3. Increase Youth and Parent Voice 4. Improve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

Accomplishments

- In collaboration with the DWIHN IT Department 230 laptops / iPads were gifted to youth within the community to assist with meeting the needs of telehealth services, employment for young adults, and academic assistance.



- Two videos that are youth focused and produced by DWIHN are included on The Behavioral Health Learning Collaborative website as a resource for adolescent mental health screenings.



CHILDREN'S INITIATIVES

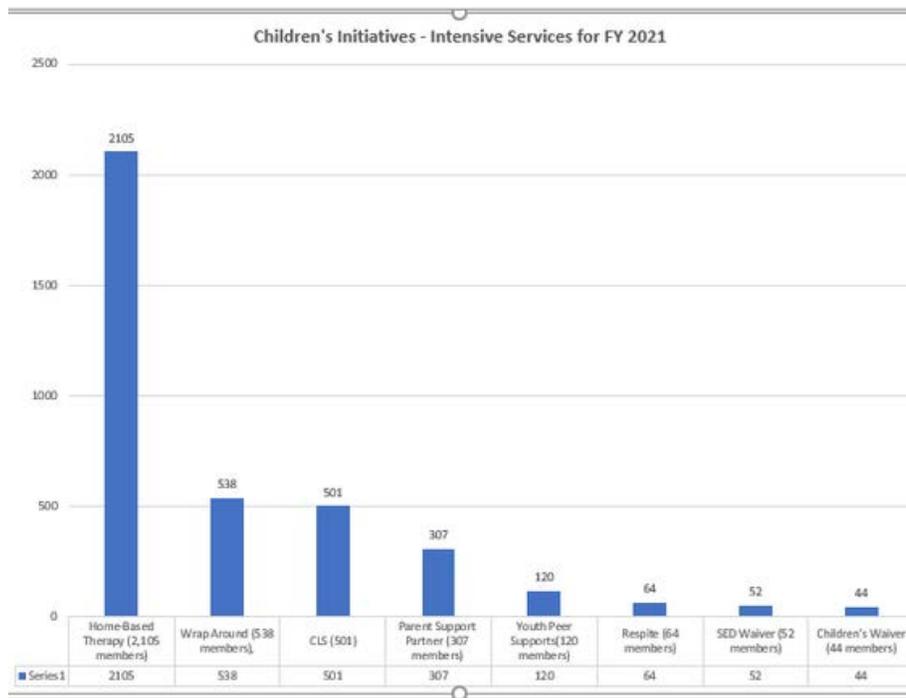
- The process is underway for two Children’s Providers to offer Wrap Around services to those with intellectual and developmental disabilities (Starfish and Community Living Services)
- The Development Center now offers additional services for infant and early childhood programs through the Home Visiting Grant
- Awaiting MDHHS approval on a value-based incentive model to offer stability to the provider network
- Director Elizabeth Hertel agreed to attend the Jan 2022 Human Services Collaborative Committee (HSCC) meeting to discuss Wayne County System of Care needs.

Children’s Services

During FY' 20-21 DWIHN served a total of **16,769** children, youth, and families in Wayne County ages 0 up to 20; including both SED and I/DD disability designations. Children Providers provided **11,187** members with SED services and **5,582** members with I/DD services. In addition, the following intensive services were also delivered:

Intensive Services:

Home Based Therapy (2,105 members), Wrap Around (538 members), Youth Peer Supports (120 members), Parent Support Partner (307 members), CLS (501), Respite (64 members), SED Waiver (52 members), and Children’s Waiver (44 members).



Evidenced Based Practices: Children’s Providers offered the following Evidenced Based Practices (EBP):

- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Child Parent Psychotherapy (CPP)
- Caregiver Education
- Dialectical Behavioral Therapy (DBT)
- Parent Management Training Oregon (PMTO)

CHILDREN'S INITIATIVES

School Success Initiative (SSI)

Eleven Providers delivered **11,268** services for all 3 Tier levels to 1,334 students. Our partnership with Wayne County Schools and Children's Providers, the School Success Initiative Phase 3 Redesign Project has been successfully completed. The following goals were accomplished:

1). Coordination with Teen Health Centers:

- Developed partner agreement with three Teen Health Centers (Ascension/Beaumont / Henry Ford) to refer students for medical needs and to receive referrals for more intensive mental health needs
- Shared a list of combined medical and mental health services
- Established quarterly coordination meetings

2). Increased Accessibility for Services:

- Developed a School Success Initiative flyer in 3 languages located on the DWIHN website ([English](#), [Spanish](#), [Arabic](#))
- Participated in various Outreach Events to explain Children Services and SSI
- Outdoor billboards reflect Children's Services messages to increase awareness

3). Implemented Standardization of Services:

- Collaborated with DWIHN Access and IT Departments to update MH-WIN SSI Referral Form
- Created SSI Referral Flowchart for Tier 3 referrals
- Providers created a curriculum and presentations to address four Risk Factors: (Anxiety/Depression, Suicide Prevention, Bullying, Dating Violence). Also incorporated Trauma and Grief/Loss
- Captured Evidenced-Based Practices per Tier/per student on a quarterly basis
- Purchased the Michigan Model of Health (MMH) Curriculum from Wayne RESA to use for grades K-12 to address the four risk factors. Also, planning to purchase the curriculum for preschool grade levels as well.

Youth United Accomplishments

Youth United is a youth-led initiative that promotes youth voice and partnerships within the Wayne County System of Care (SOC) using positive youth development values and philosophy.

- Hosted Annual Youth Spotlight Awards,
- Youth MOVE Detroit hosted a bowling fundraiser raising \$300
- Facilitated various Courageous Conversations, Anti Stigma Busting workshops, and virtual Game Nights
- Hosted the statewide Youth Summit "Aftermath of Trauma"
- Provided an Empowerment Grant of \$500 to a young adult to coordinate a youth-led community event

CHILDREN'S INITIATIVES

Outreach

The Children's Initiatives Department has increased community outreach to share education and resources with parents, caregivers, teachers, family members, etc. about children services.

- Schools
- Community Events
- Churches
- Seminars / Conferences
- Resource Tables
- Social Media Platforms (Facebook, Instagram, Linked In)



System of Care Connections Committees

- Baby Court Steering Committee
- Child and Adolescent Functional Assessment Scale (CAFAS)/Preschool and Early Childhood
- Functional Assessment Scale (PECFAS) – Provider
- Children's System Transformation (CST)
- Cornerstone/Youth Peer Support Specialist (YPSS)
- Cross Systems Management (CSM)
- Department of Health and Human Services (DHHS) Special Projects Committee
- Early Childhood Task Force
- Fatherhood Initiative (Wayne County)
- Great Start Collaborative
- Home-Based Meeting
- Human Services Community Collaborative (HSCC)
- Juvenile Justice Partnership
- Parent Involvement Meeting
- Practice Standards Meeting
- Trauma Leadership
- Wayne County Youth Involvement Committee
- Wraparound Project Team

CLINICAL PRACTICE IMPROVEMENT

Med Drop

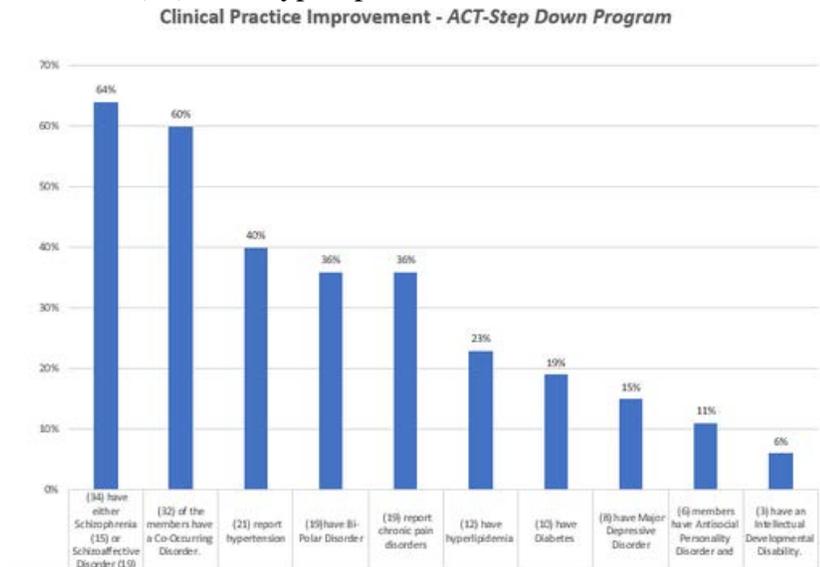
During FY20/21, DWIHN continued its contract with Genoa Pharmacy. Med Drop is a community-based intervention that focuses on improving medication adherence for adults and children who have challenges taking their medications in the prescribed manner. It improves adherence by delivering medication directly to the person's home 365 days a year, while observing them self-administer their medication. The Med Drop program supports the transition of Assertive Community Treatment (ACT) members who have been in the level of care for multiple years into a lower level of care. In addition, Med Drop supports members who need additional supports to prevent a transition to a higher level of care.

ACT-Step Down

DWIHN established a pilot program called ACT Step down (ACT-SD) involving 3 providers; Lincoln Behavioral Services, Northeast Integrated Health Network, and Community Care Services. ACT-SD is an intensive clinical case management model with a foundation in wellness management and recovery practices. This program is designed to support people in transition from ACT level of care to High Intensity Community Outpatient. Unlike ACT where multiple services are bundled together requiring a multidisciplinary team, ACT-SD staff will be limited to psychiatry, nursing, clinical case management, and peer supports.

Med Drop/ ACT Step Down has expanded from 3 pilot providers to a total of 7 providers; Lincoln Behavioral Services, The Guidance Center, All Well Being Services, Northeast Integrated Health Network/ CNS, Community Care Services, Hegira, and Development Centers.

There have been a total of 49 Admissions with no readmissions. 60% (32) of the members have a Co-Occurring Disorder. 36% (19) have Bi-Polar Disorder. 15% (8) have Major Depressive Disorder. 64% (34) have either Schizophrenia (15) or Schizoaffective Disorder (19), 11% (6) members have Antisocial Personality Disorder and 6% (3) have an Intellectual Developmental Disability. 36% (19) report chronic pain disorders; 40% (21) report hypertension; 19% (10) have Diabetes; and 23% (12) have hyperlipidemia.



This program has seen significant progress this past fiscal year. There was an 88% reduction in the number of Med Drop members admitted to a psychiatric hospital, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program. There was a 93% reduction in psychiatric hospital admissions for those that had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program. There was an 89% reduction in psychiatric hospital days for people who utilized hospital days within 12 months prior to entering the program. With the addition of the Med Drop program, the provider network has reduced its hospital costs for this fiscal year of members enrolled in the program.

CLINICAL PRACTICE IMPROVEMENT

Assertive Community Treatment (ACT)

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. There are currently nine DWIHN ACT providers and they have served more than 3,510 members. For FY 20/21 of the 9 ACT providers, there were four who were below the threshold of 6.73 hospital days and received the hospital incentive. Those four were: Lincoln Behavioral Services, Northeast Integrated Health Network/CNS, Development Centers and The Guidance Center. Annual ACT fidelity reviews were completed and the benchmark for meeting fidelity is 93% for the Medicaid section and an overall score of 93%. The Guidance Center, Community Care Service and Lincoln Behavioral Services are the providers who met or exceeded fidelity.

Evidence Based Supported Employment (EBSE) Annual Outcome Summary

Nine DWIHN provider partners successfully delivered Evidence Based Supported Employment Services also known as Individual Placement Support (IPS). This is an evidence-based practice model for people with a serious behavioral health condition to obtain a competitive job in the community. This program was developed with the assistance of Employment Specialists with Michigan Rehabilitative Services (MRS) and the Bureau of Services for Blind Persons (BSBP) There were 571 referrals, 296 admissions, and 425 employed with an average hourly wage of \$12.40, and 70 successful closures from EBSE services. Members held positions in a variety of industries, such as food service, hospitality, manufacturing and health care.

Peer Supports Specialists utilizing their lived experience continued to be a major contributor to the recovery journey of members served as job club facilitators, job coaches as well as through linking and coordination of needed services and supports, which has resulted in positive employment outcomes.

EBSE Accomplishments

All nine providers continued to maintain fidelity to the IPS practice model for supported employment. With supports, people who had a desire to work as outlined in their IPOS obtained a community-based job of their choosing, with an average hourly wage that far exceeded the Michigan minimum wage of 9.65 per hour while keeping their federal entitlements through benefits counseling. 70 individuals transitioned from EBSE services to a less intensive level of care after successful completion of their employment goals.

Two employment specialists received micro certification as a Benefits to Work Coach after successful completion of the Benefits to Work Coach Micro Certification training and exam, facilitated by the Community Mental Health Association (CMHA) of Michigan.

CLINICAL PRACTICE IMPROVEMENT

Jail Diversion Projects

Jail Diversion programs help divert members with serious mental illness and often co-occurring substance use disorders, away from the criminal justice system. Diversion efforts allow for community integration; mental health treatment; reduced hospitalizations; employment and housing linkages. Wayne County Stakeholders use the Sequential Intercept Model to identify available resources, determine gaps in programming, and direct-action plans across the behavioral health system. There were 8 graduates from the program and 27 participants.

Under CPI, there are several jail diversion programs. During FY 20-21, the Downriver Veteran's Court provided treatment services to 20 veterans for serious mental illness, co-occurring disorders, or substance use disorders caused by traumatic experiences from service in the military. The program diverts participants who committed a non-violent felony away from jail/prison and into the community. Three people graduated 3 and 27 people participated. Central City Integrated Health(CCIH) Mental Health Court, a post-booking program through the third Circuit Court, diverts participants who committed a non-violent felony away from jail/prison and into the community. The program began during the past year, and although it faced challenges of hiring staff and receiving approval from the city of Detroit, the program made 594 new outreach contacts.



Returning Citizens is a working collaboration comprised of the Michigan Department of Corrections; Professional Consulting Services; CCIH; Community Care Services; CNS Healthcare; and Team Wellness coordinating re-entry efforts from prison into a treatment provider and community re-integration in Wayne County. This past year, the group focused on establishing procedures when DWIHN took in the Access Center. Beginning in April there were 15 releases.

The Wayne County Jail Mental Health Unit saw 1,849 new admissions from October through June and treated 1,309 members. CPI and the Quality Improvement department worked collaboratively to improve services and outcomes while beginning to coordinate with a new provider, Naphcare. Beginning in February, the Sheriff's Department began sending mental health releases on a daily basis. There were 393 members who were linked back with a provider.

In addition to the above-mentioned initiatives, the CPI department furthered the mission of DWIHN by supporting the following objectives:

- Supported the re-accreditation of the NCQA certification by developing performance improvement projects for members identified with symptoms of depression
- Developed policies and procedures to ensure network compliance with DWIHN standard of care
- Supported monitoring and oversight of service delivery to ensure members are aligned to the appropriate level of care

COMMUNICATIONS

Communications

The Communications department ensures all stakeholders (members, providers, legislators, parents, teachers, community) are informed and educated on how DWIHN and its Provider Network are serving and supporting people. The department is responsible for internal and external communications, community engagement and outreach, social media, website content, media outreach and much more. Below is a small sample of activities and accomplishments.

Media

Multiple media outlets interviewed President/CEO Eric Doeh on how DWIHN was managing COVID, remote work and telehealth. Chief Medical Officer Dr. Shama Faheem was also interviewed about mental health and children.



Community Engagement and Outreach

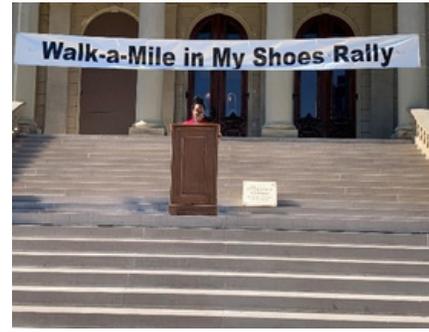
DWIHN was invited to over 100 community engagement events this past year which included presentations to community groups, outreach events for children, and recovery and prevention programs. Another major focus was youth mental health as billboards and messaging were created to reflect how families and children are struggling during this pandemic. DWIHN also launched Mindwise, a free, anonymous mental health assessment tool located on the homepage of the dwihn.org website this past year.



COMMUNICATIONS

Advocacy

A major advocacy initiative was to educate the public about current legislation in the Senate and House which will impact the public community mental health system in the state. Multiple communications, videos, social media posts, community engagement town hall meetings, Facebook Lives and discussions have been held all year. Also, hundreds of advocates from Wayne County attended the Walk a Mile in My Shoes Rally, educating legislators on important issues. DWIHN Ambassador Nicole Gowan was the event emcee.



CMHA Advocacy: We Need Your Voice



Michiganders speak out against the Michigan Senate Majority Leader's money-grabbing legislation that puts profits before vulnerable people with mental illness, substance use disorders, and intellectual and developmental disabilities. Your voice is needed to stop the attempt to aive \$3 billion, evnry year, of your tax dollars, to health insurance companies. Be



Major Partnerships and Initiatives

DWIHN launched its partnership with Wayne Health and Ford Motor Company utilizing mobile health clinics that offer physical and mental health resources in communities. The Communications team also produced a video promoting the mobile units which is posted on social media and the website. DWIHN also worked with Walgreens, the city of Detroit and Wayne Health to offer vaccinations to people we serve, group homes, direct care workers and staff. DWIHN also expanded its partnership with the Detroit Police Department and added more Crisis Intervention Teams (CIT) who help officers identify people that they encounter who may be in a mental health crisis.



COVID-19

During FY'21, DWIHN continued to reach out to the community, its members, and the provider network to provide support for COVID-19 relief efforts and ensure that the health and safety of the people we serve remained our top priority. Below is a partial list of our outreach:

- Held dozens of vaccination clinics for people we serve, direct care workers, and DWIHN staff
- Partnership with Wayne Health mobile clinics in communities providing vaccinations, boosters, flu shots, and mental health services
- Established four AFC homes to be used as COVID homes for people we serve
- 82.3% of people in licensed homes and unlicensed homes are vaccinated
- MDHHS partnered with Walgreens to assist with vaccinating people in licensed AFC homes and has since offered off-site booster clinics in homes.
- MDHHS partnership enabled DWIHN to distribute PPE to providers, group homes, people we serve, and DWIHN staff
- Ask the Doc newsletter bi-monthly updates on all things related to COVID
- Continued with workplace modifications so DWIHN staff could work remotely or access the Milwaukee building when necessary
- Maintained COVID website page with updated and accurate information
- Consistent communication to Provider Network about COVID protocols and new information from MDHHS
- Worked with the city of Detroit on sharing COVID sites and resources
- Worked with the city of Detroit Office of Disability Affairs on two videos discussing COVID, vaccine hesitancy, and the importance of self-care



CUSTOMER SERVICE

During the Fiscal Year of 2020/21, DWIHN's Customer Service Department continued to address opportunities to ensure members had a seamless process to get their questions answered. Call Center Operations; Member Welcoming; Member Grievances; Member Local Appeals/Medicaid Fair Hearings; Family Support Subsidy, Outreach, Member Education, Peer Training, CustomerService Standards Monitoring, and Reporting; as well as Member Engagement and Experience activity continued to be addressed remotely.

Customer Service's mission has always been to assure the accessibility of effective behavioral health services and to continuously exceed its customers' expectations. The department continues to focus on:

- 1. Improving customer experience**
- 2. Ensuring appropriate engagement in choice of service and care.**
- 3. Ensuring customers enrollee rights**
- 4. Monitoring satisfaction**
- 5. Enhancing customer and public information awareness**
- 6. Meeting NCQA re-accreditation and other contractor regulatory compliance expectations**
- 7. Ensuring members continue to receive uninterrupted Customer Service**



Welcome and Call Center Operations

During 2021, the Access Center transitioned into DWIHN as the department oriented all new Access Center staff on standards. Customer Service continued to make adjustments in staffing and procedures to ensure standards remained in compliance. The department's Call Center, Welcome Center, and switchboard received a combined total of **25,657** calls.

Due to the closure of DWIHN's corporate office because of the pandemic, the Welcome Center remained closed to walk-ins. In the later part of FY2021, the building opened partially to the public. The FamilySubsidy division continued to handle **6,456** phone calls and processed over **1,220** applications without interruption of services.

Due Process: Grievances and Appeals

The department's Due Process division oversees grievances and appeals and was faced with additional responsibilities such as changes to policies and procedures, a new grievance and appeals reporting process, implementation of the state's MiCAL resolution module, and a new Mediation initiative. The division also assumed the monitoring and auditing of member re-engagement in services and dis-enrollments.

The Grievance division processed **324** calls, addressed **96** actual grievances, and conducted numerous member educational and provider trainings to address updates and technical assistance.

The Customer Service Appeals division processed **355** calls, **21** appeals cases were addressed and there were no State Fair Hearings conducted this fiscal year. There was monitoring of **17,039** Advance and Adequate Adverse Benefit Determination Letters and **1,262** Autism related Applied Behavioral Analysis notices were sent out. **725** SUD notices and **1,826** IDD related notices were sent out.

CUSTOMER SERVICE

The Appeals division also conducted system-wide training to the provider network. The division prepared for the NCQA Appeals audit, resulting in a score of 100%. Weekly appeals technical assistance was made available to providers. Audits were also conducted as part of the re-engagement and disenrollment initiative. Customer Service implemented a Due Process Manager position as well as an appeals specialist position.

Quality and Performance Monitoring

Quality and Performance Monitoring conducted 39 CRSP provider site reviews to ensure compliance standards were addressed and maintained. Plans of correction were addressed with network providers. The division monitored and tallied monthly provider network reports and Quarterly Customer Service Provider meetings were held to ensure providers were advised of updates.

Member Engagement, Experience and Outreach

In response to COVID, the Member Engagement division continued to find new ways to connect with members. Staff continued outreach efforts using its Quarterly member meetings (EVOLVE), the Persons Point of View newsletter, educational materials, and the What's Coming Up video updates as a means of communicating with members. The divisions' initiative of promoting virtual platforms and distributing computers and training to residential facilities and clubhouses proved to be beneficial in keeping members engaged. In collaboration with the Constituent's Voice Advisory group, the division organized members, peers, and ambassadors to participate in the "Walk a Mile in My Shoes" rally and organized the annual Reaching for the Stars award ceremony. The DWIHN Ambassador program participated in more than **170** outreach events, activities and trainings.

Customer Service's Member Experience division continued assessing and initiating process improvement efforts, an element of the Quality Improvement process. Policies and procedures were updated and the division, in partnership with Wayne State University Center for Urban Studies, administered the ECHO adult and children surveys. Provider satisfaction surveys were distributed to assess satisfaction with DWIHN as well as the division coordinated the preparation for the MDHHS Annual National Core Indicator project.



Customer Service Director, Michele Vasconcellos was honored by the Community Mental Health Association of Michigan's with the 2021 David LaLumia Professional Service Award. In addition, Jamie Junior was presented with the Partners in Excellence Award for her dedicated disability rights advocacy.

Facilities

Over the last year, the Facilities department has engaged in multiple collaborations to successfully accomplish the department's goals. This year's primary goal was to focus on the growth and expansion of our facilities as well as deploy some innovative solutions to increase safety. These goals were accomplished in the following ways:

Working Environment

- Installation of Workstation Social Distancing Glass Panels
- Social Distancing Modification of DWIHN's Existing Board of Directors Room
- Increased Janitorial Staffing
- Refined Sanitation Protocols
- Additional Mask/Temperature Monitoring Cameras
- Distribution of Personal Protective Equipment

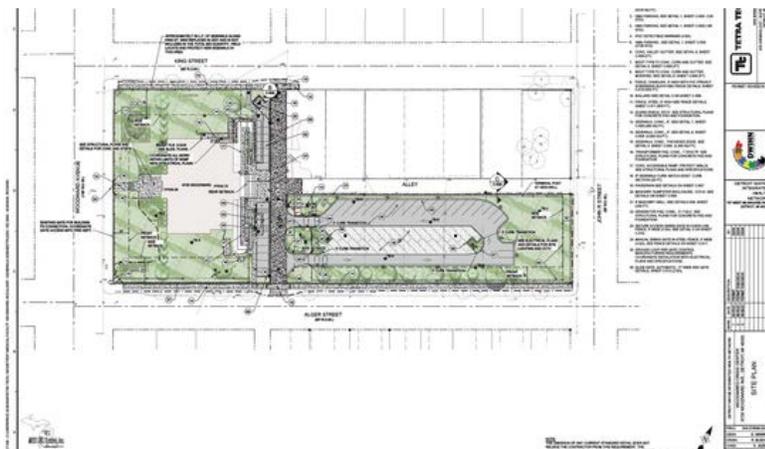


Facility Growth

In order to support DWIHN's expansion goals, the Facilities Department was tasked with design and construction services to develop a New Care Center as well as a new Administrative Building. The Care Center will be DWIHN's new crisis assessment center which will be located at our current location on Milwaukee Street and will focus on providing short-term crisis stabilization, crisis residential, and a sober living facility. DWIHN will be relocating its Administrative headquarters to a new facility located on Woodward's Northend. The new Woodward facility will house all of DWIHN's administrative functions as well as a multipurpose board room.

These multi-year projects have an anticipated completion date of early 2023 but have already met the following requirements:

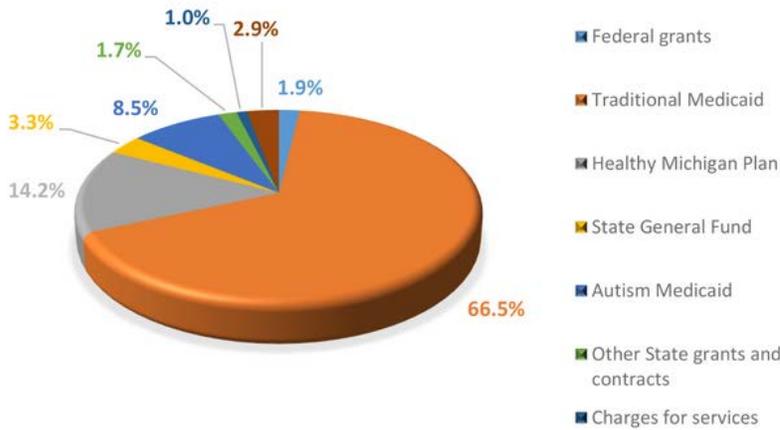
- Community Engagement - Involving the community in DWIHN's expansion plans.
- Construction Design and Document Development
- Developing Construction Budget
- Obtaining City Zoning Approvals, Permitting
- Procuring Architectural and Engineering Services – Tetra Tech of Michigan
- Procuring and Managing Construction Contracts
- Relocated staff/equipment from New Center One building to Milwaukee location



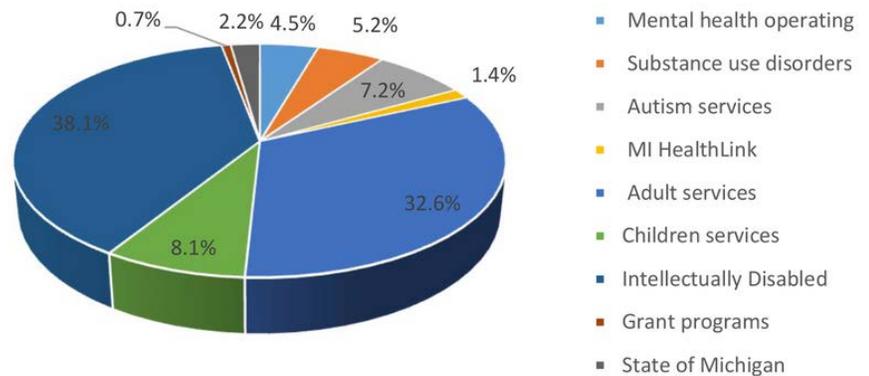
Federal grants	1.9%	\$ 17,667,344
Traditional Medicaid	66.5%	\$ 616,160,168
Healthy Michigan Plan	14.2%	\$ 131,791,547
State General Fund	3.3%	\$ 30,449,269
Autism Medicaid	8.5%	\$ 79,063,445
Other State grants and contracts	1.7%	\$ 15,749,184
Charges for services	1.0%	\$ 8,812,769
Local grants and contracts	2.9%	\$ 27,199,848
		<u>926,893,574</u>

Mental health operating	4.5%	38,522,849
Substance use disorders	5.2%	44,262,410
Autism services	7.2%	61,428,822
MI HealthLink	1.4%	11,823,937
Adult services	32.6%	278,702,803
Children services	8.1%	69,218,437
Intellectually Disabled	38.1%	326,342,067
Grant programs	0.7%	6,018,235
State of Michigan	2.2%	19,133,166
		<u>855,452,726</u>

OPERATING REVENUES



Operating Expenses



The mission of the Office of Fiscal Management (Finance) is to establish and maintain the financial controls necessary to safeguard the assets of the Authority in accordance with generally accepted accounting principles and applicable laws; to manage and accurately report Authority financial transactions through our Enterprise Resource Planning (ERP) system; to develop reporting tools and support internal and external stakeholders so they can have the information they need to make data-driven decisions and achieve their goals.

Within the DWIHN Finance department are several functions including:

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

Vision Statement

To be efficient, accurate, and knowledgeable problem solvers who ensure the maximum benefit of public funds.

Values

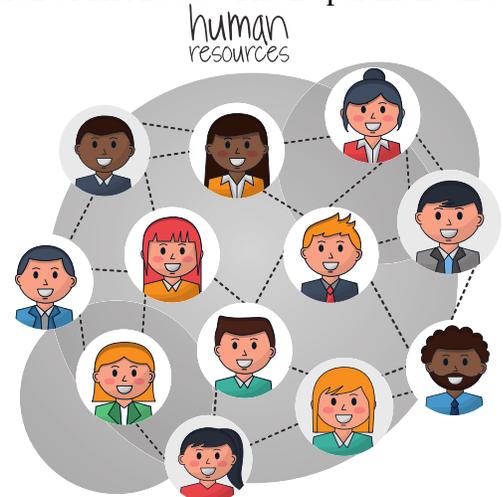
- **F** – Fiscally Responsible
- **I** – Integrity
- **N** – Negotiators
- **A** – Accountable
- **N** – Nimble
- **C** – Customer Focused
- **E** – Excellence



HUMAN RESOURCES

The 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:

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



During the past year, DWIHN HR successfully and seamlessly moved to remote operations, with no interruption in services to internal staff or the needs of the general public as a result of restrictions made by the pandemic. During this year, the organization began working in a hybrid model, with both remote and onsite operations, again with no interruption to services to the general public.

The expansion of DWIHN over the past two years 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 the best and the brightest to provide critical services to people served. This included the development, recruitment, and selection of new positions not previously employed by DWIHN. During the past year, DWIHN established an in-house Call Center. HR successfully conducted a special recruitment effort to fill the critical positions created as a result of this new Department within our Network.

DWIHN HR successfully negotiated and signed new three-year contracts with both employee unions. The department also provided leadership training to management staff and executive leadership. Both were successful and further move us forward in our efforts towards achieving a Culture of Excellence.

DWIHN HR developed and managed virtual processes to achieve the necessary recruiting goals which included recruiting and hiring candidates to fill vacant positions that were crucial to our operation. The Network is able to function more efficiently now that these positions have been filled.

The strategy for successful recruitment during the COVID-19 pandemic included:

- Development and implementation of a temporary Work from Home Policy to mitigate the impact of the pandemic on operations.
- Several new paperless forms and protocols were established to promote safety and efficiencies in the hiring and selection process during the pandemic.
- Successfully met critical recruiting goals.

INFORMATION TECHNOLOGY

The Information Technology Department (IT) continues to work to deliver an integrated care model to the people we serve. The department continues to focus on implementing and sharing new ways to make technology and behavioral health care work better together.

Over the past year, the department provided support around the clock in a remote environment and implemented several new initiatives and platforms as part of its commitment to providing the latest technology in enabling various business functions.

A new document management system named Therefore was launched, which supports complex scanning needs, such as automatic recognition of document types or invoices. It also provides customized workflows that capture, manage, and distribute information. This will help ensure compliance with HIPAA and other regulatory requirements.

IT worked on upgrading the firewall and VPN infrastructure as part of continuous improvement to provide better connectivity to staff and improve response time. In addition, the department increased the internet bandwidth by 400% through the implementation of a dedicated fiber line.

The department continues to work with the newly created ACCESS Center Team to create improvements in both MHWIN and Call Center software to improve accessibility and follow-up to achieve maximum abandonment rate along with fulfilling contractual obligations.

IT also successfully designed, tested and deployed the Provider Risk Matrix dashboard that is built upon scientific, measurable goals for CRSP providers and implemented a new Business Intelligence platform built on Microsoft's world leader PowerBI platform which allows DWIHN to easily connect its data sources and share with staff and providers so they can focus on what's important to deliver quality care.

IT also deployed a nationwide NCQA accredited Care Coordination platform that supports the calculation of HEDIS measures and enables us to partner with Health Plans to manage Behavioral and Physical Health services.

As part of the 21st Century Cures Act, the Centers for Medicare & Medicaid Services (CMS) is requiring states to implement an Electronic Visit Verification (EVV) system, during FY' 2021 DWIHN finalized testing that integrates with our main MHWIN system for timely and accurate data delivery.



INTEGRATED HEALTHCARE

Accomplishments in FY 21

The Integrated Health Care department facilitates the integration of behavioral and physical health to improve overall health and wellness to the people DWIHN serves.

This past fiscal year, DWIHN processed over **4,400** MI Health Link referrals for services from the Integrated Care Organizations (ICOs) of which, behavioral health care was coordinated for over **1,000** members. IHC staff completed over **190** LOCUS assessments for MI Health Link members and participated in approximately **20** IC Team meetings and provided Transitions in Care services for **594** MI Health Link members who experienced a psychiatric hospitalization during the Fiscal Year.

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

IHC staff participated in integration pilot projects with two MHPs: Blue Cross Complete of Michigan (BCC) and Total Health Care/Priority Health Care (THC). DWIHN and THC began sharing electronic data to assist in risk stratification, develop shared care plans, and document care coordination activities. DWIHN and BCC staff held meetings to review a sample of shared members who experience a psychiatric admission within the past month. In September, DWIHN and Vital Data Technologies completed a demonstration of the shared platform with BCC who is interested in collaborating to further the care coordination and risk stratification of shared members.



IHC partnered with the Detroit Health Department offering Hepatitis A clinics at various Substance Use Disorder (SUD) provider sites. A total of 42 individuals were educated about Hepatitis A, and 18 were vaccinated. IHC staff seen here with DWIHN Substance Use Disorder Oversight Policy Board Chair Angelo Glenn.

INTEGRATED HEALTHCARE

The IHC department managed 6 Quality Improvement Plans in the areas of Follow-Up visit with a Mental Health Practitioner after psychiatric hospitalization, Adherence to Antipsychotic Medication, Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for people with Schizophrenia or Bipolar Disorder who are receiving Atypical Antipsychotic Medication, and Hepatitis A Risk Reduction.

Interventions included the following: IHC staff made outreach calls to **584** members to remind them of their follow-up after hospitalization appointment, revisions were made to the after-hospitalization scheduling process to ensure that an appointment is made with a Mental Health practitioner within 30 days of discharge, and members are sent text reminders for ones that have the technological ability.

63 Complex Case Management cases were opened and the majority met their plan of care goals and were connected to behavioral and physical healthcare providers. **This is 23 more people than 2020.** Care Coordination services were provided to approximately 250 additional members.

63 Complex Case Management cases were opened and the majority met their plan of care goals and were connected to behavioral and physical health care providers. **This is 23 more people than 2020.** Care Coordination services were provided to approximately 250 additional members. during the year who either

IHC staff also participated in multiple forums to educate members and the community about behavioral and physical health care.

The IHC department applied for and was awarded block grant funding for FY21 in the area of Integrated Care. The proposal was to place Peer HealthCoaches in integrated care settings to educate and advocate for members to attend to their physical and behavioral health care. Four peers were placed at CentralCity Health and provided education on health and follow-up after hospitalization to over 200 members.



MANAGED CARE OPERATIONS

The Managed Care Operations (MCO) Department continues to focus on developing, maintaining, and continually evaluating the DWIHN Provider Network. With over 400 providers, consisting of SUD, Autism, MI-Health Link, IDD/SMI, Self-Determination, and Grant Funded programs, we ensure network adequacy to provide quality services to the people we serve. Additionally, we continue to provide provider contract oversight as it relates to performance, outcomes, and regulatory compliance to enrollees and to fulfill the obligations of the MDHHS contract. There are 11 Provider Network Managers also known as Contract Managers overseeing 400 providers, serving over 75,000 members in Detroit and Wayne County.



Highlights for the Fiscal Year 2021:

Contracts:

The department processed 400 contracts for signature to the provider network

Provider /Practitioner Survey

The provider survey went out September 2021 and was distributed to approximately 400 organizations in which there was a 35% increase in responses which is 13% higher than FY20.

The Practitioner Survey was distributed in late September, resulting in 280 responses, a 17% increase from last year's responses of 232.

Both surveys are comprised of 76 questions and covered all areas of DWIHN's operations inclusive of the following departments: Utilization Management, Claims, Residential, Managed Care Operations, Quality Management, and Credentialing.

The survey is comprised of 5 components:

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

Both surveys were completed in October 2021 and will be fully analyzed in late January 2022.

MANAGED CARE OPERATIONS

Provider Quarterly Report process/review:

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



Provider Meetings:

Held almost 39 meetings on training, educating, and gaining feedback from providers.

Future projects for FY 2022:

1. Streamline and implement a Network Adequacy analysis
2. Improve online Provider/Practitioner directory on DWIHN website
3. Enhance Provider Manual to be more user friendly
4. Set up Provider Orientations meeting for new and existing providers
5. Create a sanction module in our MHWIN system
6. Streamline Letters and reports from providers and staff for better monitoring
7. Train providers on the Risk Matrix

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

1. Build a Partnership/Relationship with the providers
2. Ensure Standardize Rate is competitive and adequate
3. Ensure provider compliance of contractual obligations
4. Train and guide provider's on changes within the system and any revisions that come from MDHHS
5. Monitor the provider performance throughout the year to certify their eligibility for contract renewal



OFFICE OF RECIPIENT RIGHTS

The Office of Recipient Rights' mission is to ensure that recipients of mental health services throughout the DWIHN system of care receive individualized treatment services as identified in their individualized Plan of Service (IPOS). The IPOS is developed by using the Person-Centered Planning (PCP) process and maps out how to receive service in a safe, 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 training on Recipient Rights.
3. Monitor for Recipient Rights compliance through the review of incident and death reports, behavior plans, contracts and service provider locations.
4. Complaint Resolution through the recipient review and investigation of suspected or alleged rights violations.



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

The ORR Annual Reporting data for FY 20-21 shows that it received **1,111** allegations, investigated **889** cases, and substantiated **251** investigations. The ORR received allegations from **474** recipients and **376** employees which represents the highest number of individuals that filed complaints. ***This is significant and supports the fact that recipients and employees are one of our greater resources in protecting the rights of the ones we serve.***

The Office of Recipient Rights also oversees the training for all DWIHN and provider employees, for the FY 20-21, the Recipient Rights Trainers registered **5,159** participants, **2,590** attended and passed the virtual class, and there were **2,569** no shows.



QUALITY IMPROVEMENT

The Quality Improvement (QI) department continually develops and implements a standardized system to measure performance and outcomes in the pursuit of Continuous Quality Improvement (CQI). These measurements ensure accountability and transparency relative to the quality of services provided and compliance with applicable regulations. QI has developed a multilevel monitoring approach using standardized tools. These tools are designed around a foundation of laws, regulatory requirements and accreditation standards that have been designed to incorporate best practices into how a provider services a recipient. The QI monitoring reviews during COVID-19 have been modified to a remote process to ensure efficiency and compliance. The monitoring, in addition to ongoing improvement projects, form the basis of the organization's goals and objectives and support all services offered by DWIHN.

Performance Monitoring

The pandemic continues to impact service delivery throughout the network with workforce shortages across disciplines, adjusting to the use of telehealth and limited resources. In 2021, the QI unit conducted 201 clinical case record reviews and 318 staff qualification reviews. It should be noted that this is a significant increase since last fiscal year which can be attributed to staff better understanding how to support and mitigate through COVID and providers displaying a vast amount of flexibility to ensure members received appropriate and high-quality services. The case record reviews ranged from 75% - 96%.

Home Community-Based Services (HCBS)

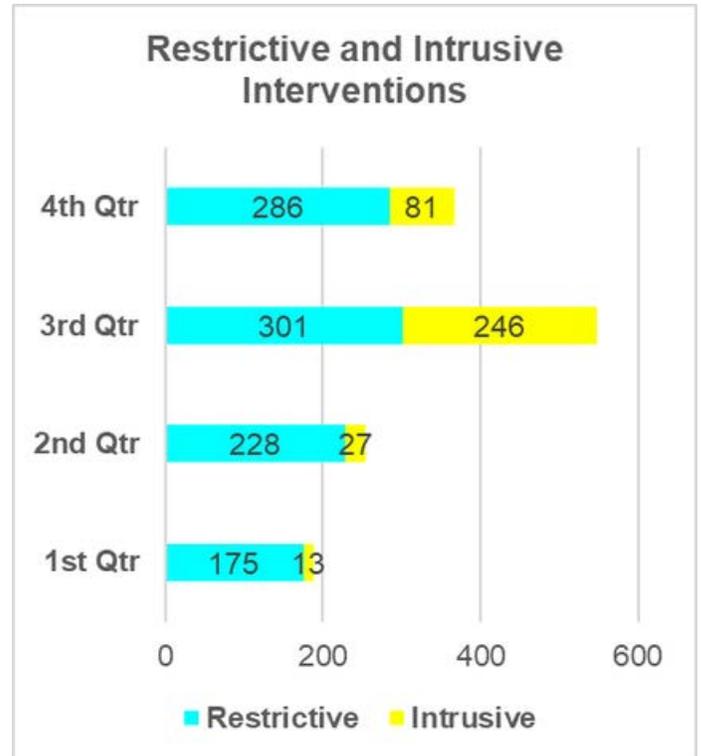
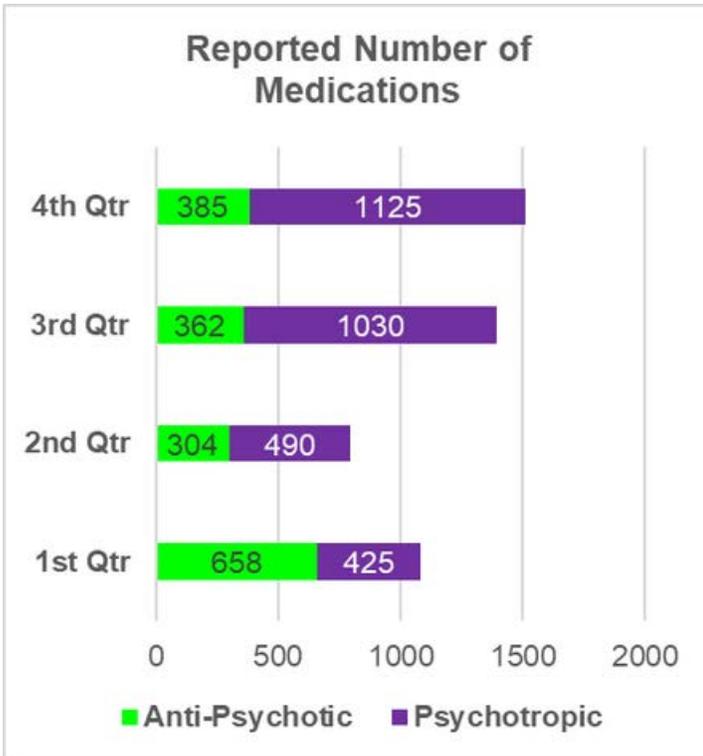
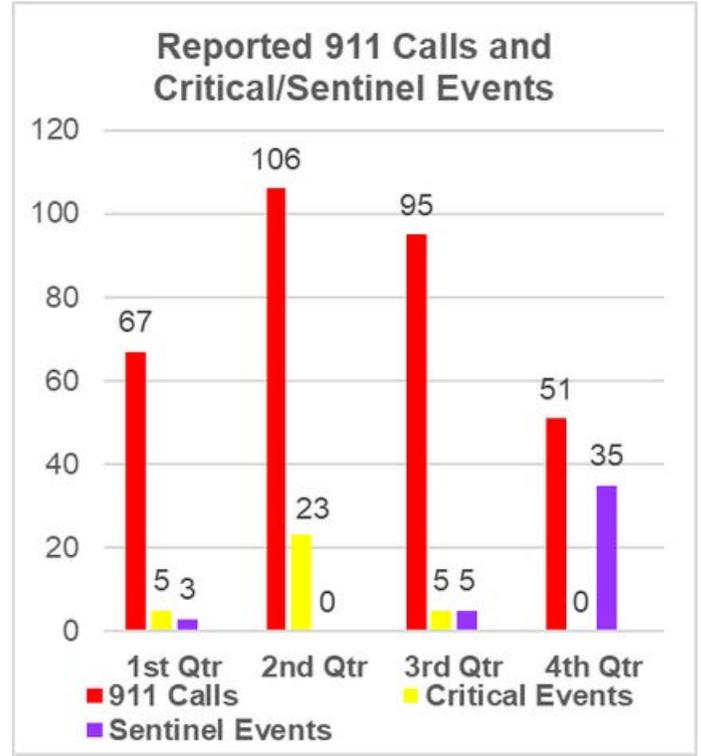
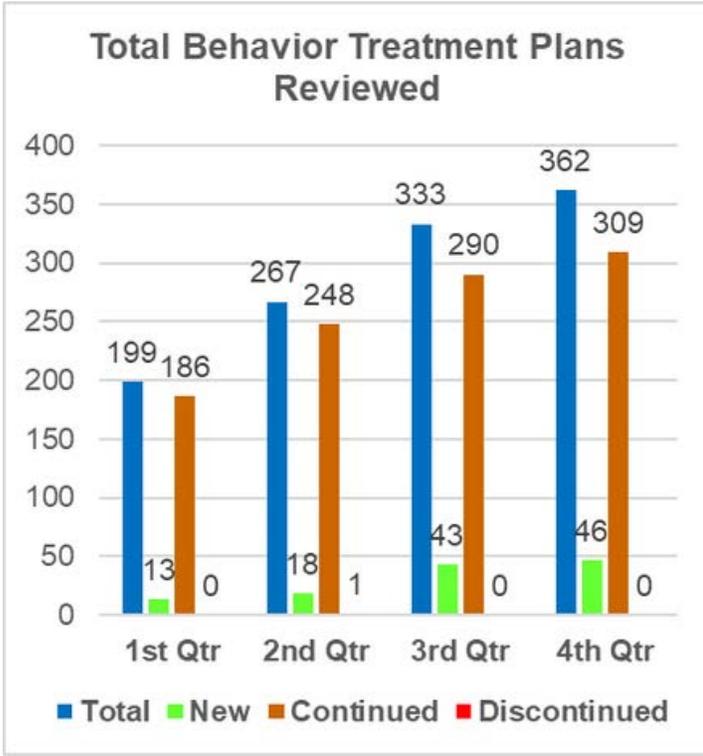
Given the impact of COVID, MDHHS has allowed an additional year, through March 17, 2023, to complete the implementation of activities required to demonstrate compliance in all services that fall under the HCBS Final Rule. The extension will give providers who were placed on Heightened Scrutiny, additional time to complete necessary remediation for review. DWIHN has continued to maintain a list of all contracted service providers that are HCBS compliant within the network. This information can be found on the website under for Providers/Provider Resources tab, https://www.dwihn.org/providers_forms_HSBC_Compliance.pdf

Behavior Treatment Advisory Committee

DWIHN organized trainings on the Technical Requirements of Behavior Treatment Plans (BTP). Effective October 1, 2020, DWIHN has delegated all contracted Mental Health CRSPs to have the BT review process in place. The BTPRC requirements are included in the FY '20-21 contract. The Behavior Treatment Category has been implemented in the MH-WIN Critical and Sentinel Reporting Module to improve systemic under-reporting. Network providers presented 16 cases to the BTAC for review. The charts below illustrate the BTAC Summary of Data Analysis.

QUALITY IMPROVEMENT

The charts below illustrate the BTAC Summary of Data Analysis FY 2020-2021.



QUALITY IMPROVEMENT

Critical/Sentinel Event Training

The Critical/Sentinel Event Guidance Manual was updated to streamline and improve MH-WIN electronic reporting.

The Sentinel Event Committee/Peer Review Committee (SEC/PRC) was expanded to include other DWIHN departments and their recommendations include:

- Develop network training modules on “Choking Hazards” to include instructions on the Heimlich Maneuver.
- Develop instruction manual on “Eating Guidelines” for members that require guidance and support.
- Committee responsibilities to meet all contractual and policy requirements and update Case Review Agenda Grid

3 Year Comparative Critical/Sentinel Event Data			
CATEGORY	FY 2020/2021	FY 2019/2020	FY 2018/2019
ARREST	72	83	161
BEHAVIOR TREATMENT (New 2020/2021)	61	0	0
DEATHS	551	731	480
ENVIRONMENTAL EMERGENCIES	79	38	65
Injuries Requiring ER	227	259	498
Injuries Requiring Hospitalization	47	203	88
Medication Errors	16	27	123
Physical Illness Requiring ER	975	634	1039
Physical Illness Requiring Hospitalization	445	400	763
Serious Challenging Behavior	609	815	1322
OTHER/ADMINISTRATIVE	77	166	409

Quality Improvement Initiatives

DWVHN continues its ongoing efforts of decreasing hospital admissions and readmissions. We have continued to show improvement through the Recidivism Workgroup to examine trends, conduct root cause analysis, identify opportunities for improvement, and determine next steps. These noted efforts have led to a decrease with the adult recidivism rate from 22% during Quarter 2 in FY20 to 15% for Quarter 4 of FY21. The threshold is 15% or less.



RESIDENTIAL SERVICES

During FY'20-21, the Residential Department has managed to incorporate practices and procedures to improve reporting standards for CRSP Providers in an effort to push for more accountability in clinical and authorization management.

Department Accomplishments

Identifying the needs of our network related to the COVID crisis and high utilizers of the emergency department.

Established three temporary COVID homes to provide care for members that had to quarantine

- Developed processes for providers to follow through to the end of the stay
- Daily monitoring allowed for accurate bed census
- Diversion beds assist with the management of people who were frequent users of emergency departments.

Major Department Initiatives

Overseeing residential authorizations is one of the main responsibilities of the department. The training of the Case Managers and Supports Coordinators was a priority to ensure a complete understanding of how to submit authorizations properly. As new information from the state arrived, the authorization team adjusted the processes and procedures and informed the network accordingly.

- The authorization team reviewed and approved **9,489** authorizations.
- The team established standard processes for approving the H2X15 and T2X27 authorizations.
- Held multiple trainings for providers & their staff
- Revised the Residential Assessment tool, sessions held with providers to review

COVID -19 Vaccination Monitoring and Reporting

During the year 2021, reporting requirements increased as the vaccination was approved and ready for distribution. The Project Reach Out Team contacted licensed and unlicensed facilities in Detroit and out of Wayne County.

- Staff contacted residential providers weekly to check on testing and vaccination status and collected data.
- Staff provided vaccination information and resources to group homes
- Collaborated with the City of Detroit Health Department to provide in-home education and vaccinations.
- Identified members requiring quarantine and assisted with placement



RESIDENTIAL SERVICES

Key highlights of our program for the 2020-21 fiscal year included: October - December 2020

2020	Key Highlights	Outcome
October	H0043 to H2015 Conversion	Authorization team completed a total of 1,011 residential authorizations
November	Automated Productivity Reporting	Implementation of automated reporting through the development of the Smartsheet.
December	Residential Review Committee	Development of the Residential Review Committee process designed to review cases for medical necessity.

Key highlights of our program for the 2020-21 fiscal year included: April - June 2021

2021	Key Highlights	Outcome
April	Residential Review Committee Process training held on April 29, 2021	Number of attendees: 230
May	Project Reach Out: Weekly contact with residential providers to discuss issues related to vaccination information.	Contacted the following: 13 licensed facilities in the City of Detroit 6 licensed facilities in Western Wayne County 36 unlicensed facilities in Western Wayne County
June	IDD Residential Provider Meetings	Authorization team met with the providers to discuss codes: H2X15 and t2X27

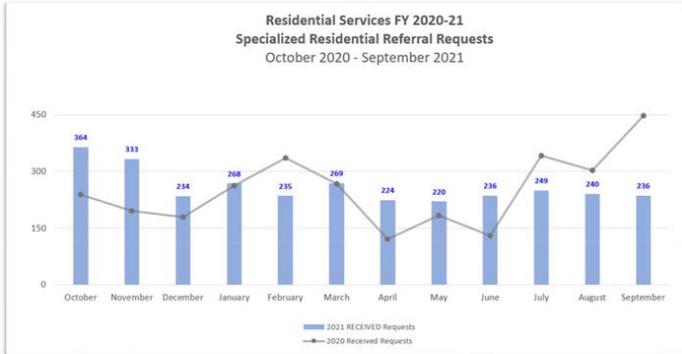
Key highlights of our program for the 2020-21 fiscal year included: January - March 2021

2021	Key Highlights	Outcome
January	Monthly CRSP trainings scheduled to address specific concerns related to processes, procedures and cases.	Over 20 one-hour meetings were scheduled.
February	The Residential Department conducted refresher trainings on Standardized Progress Notes and Assessment and Authorization Review.	Launch date March 3, 2021
March	Trainings: March 3-25, 2021	Total number of attendees: 1,079

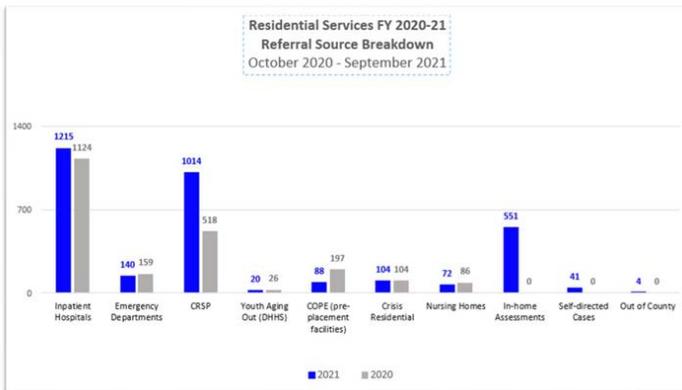
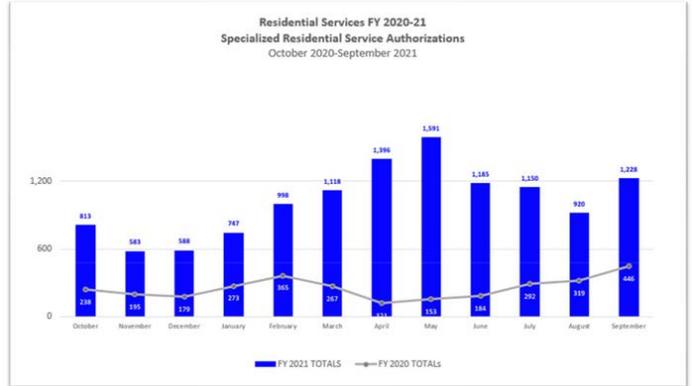
Key highlights of our program for the 2020-21 fiscal year included: July - September 2021

2021	Key Highlights	Outcome
July	CRSP Meetings	A total of 16 meetings were held to discuss clinical issues and concerns.
August	Collaboration with the Wayne County Health Department.	Helped to coordinate in-home education sessions on the vaccine.
September	IDD CRSP / IDD Residential Provider meetings	A total of 154 attendees attended the meeting.

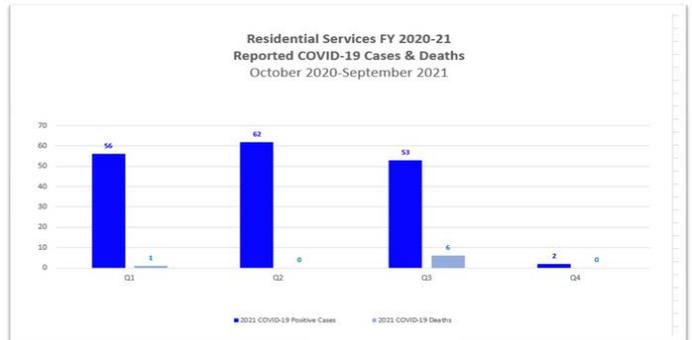
Residential Referral Requests



Residential Service Authorizations



COVID -19 Reported Cases/Deaths



SUBSTANCE USE DISORDERS

Substance Use Disorder

The Substance Use Disorder (SUD) department oversees 80 providers in almost 125 locations that provide an array of services all focusing on prevention, treatment and recovery services.

Opioid Health Home Services

One of the major initiatives this past year was to implement Opioid Health Homes (OHH). The purpose is to coordinate care for Medicaid beneficiaries with serious and complex chronic conditions while serving the whole person by integrating and coordinating physical, behavioral and social services. The goal is to integrate care, generate cost-efficiencies and increase health and wellness to our members. The OHH program is offered in cooperation through MDHHS.

Your journey to recovery starts here.

Living with opioid use disorder is hard. Not only that, but it makes understanding how to get help even more challenging. The Opioid Health Home simplifies everything for you. This benefit is for Medicaid, Healthy Michigan Plan, Freedom to Work, Healthy Kids Expansion or MICHild enrollees.

Our team of healthcare providers will work with you to coordinate, support, and help manage your recovery and other healthcare and social needs. With this extra support, you can take control of your care and start working toward long-term recovery.

DW IHN

MDHHS
Michigan Department of Health & Human Services

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

SUD Community Outreach Programs and Initiatives

Community outreach and engagement remain a top priority within the SUD department. Staff offers free life-saving Naloxone (Narcan) training to various local businesses, law enforcement, companies, and organizations throughout Wayne County. During the training, information and resources are shared and attendees receive a free Narcan kit. One component of this program includes outreach to local Detroit barbershops as DWIHN providers work with customers on educating them about substance use disorder and mental health matters. This is especially important because many times men do not want to discuss mental health and this is a safe environment in their community where they can share information with professionals who can offer resources to them and their families. So far, 38 barbershops have participated in this program and almost 90 men have been given mental health and SUD resources.

For FY'21, the DWIHN SUD department reports **783** people were saved using Narcan as of September 2021, and of those, **682** people received additional care in the emergency department. According to local law enforcement partners, the majority of the saves took place in the downriver area. DWIHN conducted **56** Narcan trainings and distributed **3,103** Narcan kits during FY'21.



SUBSTANCE USE DISORDERS

Gambling Disorder Prevention

Another major SUD initiative is related to Gambling disorder which affects up to 15 million Americans and is common among young people especially now that Michigan offers online gambling.

The SUD Department educates, screens, and treats individuals with gambling problems in Wayne County. Providing community education about the depth of this problem is crucial

in identifying problem gamblers and helping people enroll in treatment programs. In addition, primary prevention using educational programs targeting at-risk youth and adults helps establish a decrease in problem gambling and a culture of controlled behaviors among adults and children.

The SUD Department partnered with The Center for Youth and Families (CCMO) to provide a training called, "Stacked Deck," an extraordinary vital resource to the prevention curriculum. The program educates students about the various facets of gambling, including its role in today's entertainment culture, how the principles of chance are essential when playing these games, and alerts them to the signs of problem gambling.

SUD Provider, The Empowerment Zone Coalition (EZC) produced a 30-minute special on youth in gambling, reaching over 200,000 viewers.

EZC <https://www.youtube.com/watch?v=Jho2bGYYuz4>

Another SUD Provider, Leaders Advancing and Helping Communities (LAHC) provides comprehensive gambling education and training tools to help people who are facing a gambling addiction.

Mariners Inn, a DWIHNSUD Provider offers gambling Disorder Residential Treatment for individuals who require the highest level of treatment services. The agency has 11 licensed clinicians, with both clinical training and experience in treating individuals and families affected by gambling disorders and are available to provide counseling services to individuals admitted to treatment with gambling Disorders. During fiscal year 21, the program provided services to 31 members.

Other Major SUD Initiatives:

- Distributed 300 Sleeping Coats to homeless or displaced persons
- Faith-Based Conference
- Increase Community Advocacy
- Increase Harm Reduction
- Increase Marijuana Awareness Facts
- Men's Conference
- National Opioid Awareness Day
- National Take-Back Day
- Reduce Childhood and Underage Drinking
- Women's SUD Conference



UTILIZATION MANAGEMENT

The role of the UM Department is to manage and monitor the utilization of services. It 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, Inpatient Hospitalization, Partial Hospitalization, Crisis Residential Services, Substance Use Disorder Services, Autism, HSW (Habilitation Support Waiver), and COFR (County of Financial Responsibility). Some of the FY 21 department accomplishments include:

- Implementation of Electronic Review Process via MHWIN for Inpatient Psychiatric Hospital providers.
- Collaboration with the Quality Department to develop the Discharge flow
- NCQA file review and passing scores on all UM Standards supporting DWIHN's 3-year NCQA Accreditation
- 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 Benefit
- Development of General Fund medication program with Genoa Pharmacy to provide uninsured DWIHN members with medication for up to 90 days
- The utilization of HAB waiver slots remained at or above 95% for FY 21.



Hospitalizations

To decrease length of stay and hospital admissions, UM conducts bi-weekly case conferences with the physician consultant to review cases with lengths of stay greater than 14 days. Additionally, UM continues its interdepartmental collaboration with Crisis Services, Residential and Integrated Care to reduce lengths of stay, rates of recidivism and ensure individuals are transitioned to the appropriate level of care and service type. Of note, the hospital rate of recidivism decreased from 17.12% in Quarter 1 to 14.59% in Quarter 4 and the average length of stay for FY 21 was 11 days.



UTILIZATION MANAGEMENT

Continued service provision during the COVID-19 pandemic resulted in decreased unit capacity, units dedicated to individuals who test positive for COVID, and staff testing to ensure the health and safety of the consumers.

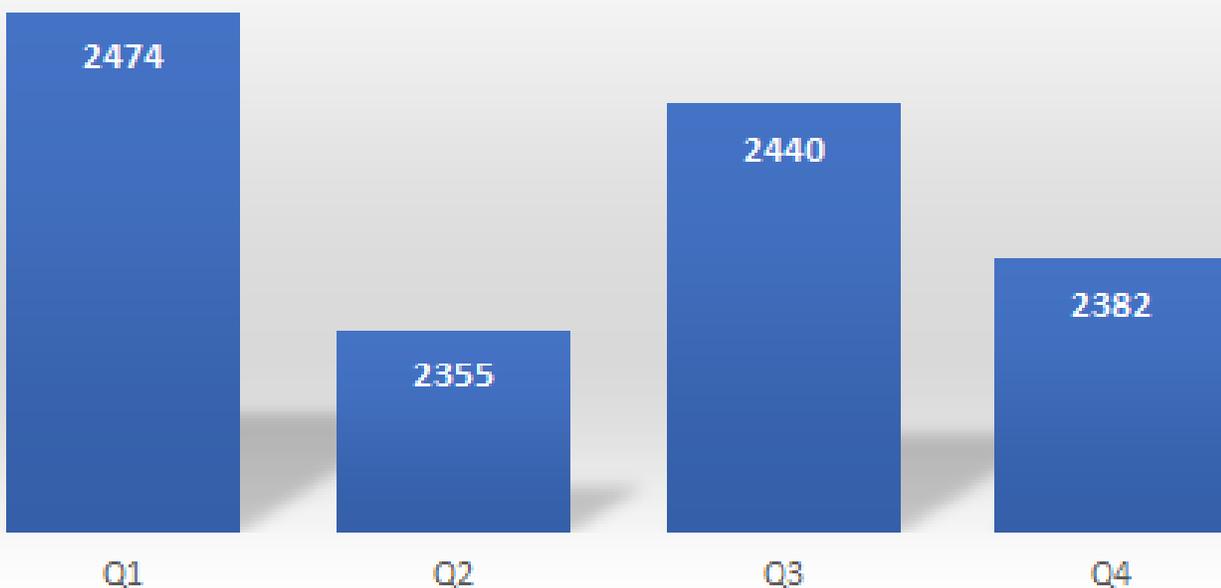
The Crisis Residential Units provide a short-term alternative to inpatient psychiatric services for individuals experiencing an acute psychiatric crisis. Services are designed for a subset of individuals who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The bed capacity for the two in-network providers, Crisis Boulevard located in Detroit and Oakdale House in Canton, were decreased to 50% capacity at the onset of COVID-19. Toward the end of FY 21, the number of available beds were increased from 6 to 9 beds at each location. At the end of FY 21, there were 492 adults served by the CRU providers.

Partial Hospital is a cost-effective diversion and alternative to inpatient hospitalization, as clinically appropriate. It offers a structured treatment setting, inclusive of individual and group therapy, psychoeducation, skill-building practice, and periodic evaluations but allows for the individual to return home. New Oakland Child-Adolescent & Family Center served **1065** individuals in FY 21, a **14.1%** increase from **933** individuals served in FY 20. COVID-19 restrictions were lifted during FY 21 likely resulting in an increase in admissions to PHP.

Monitoring and authorizing continued stays in community hospitals is a key function of UM.

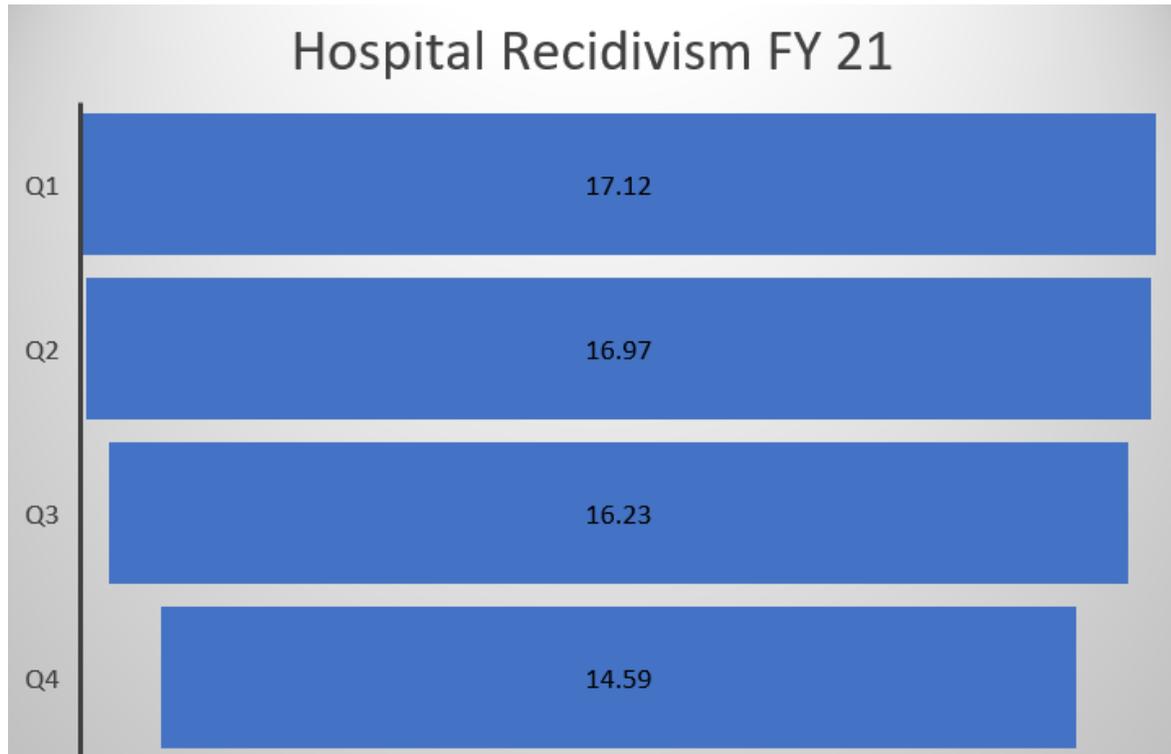
Current admission data, inclusive of the dual eligible population, reflect the number of hospitalizations (as of 9/30/2021):

Hospital Admissions FY 21



Source:(Hospital Admissions Analysis Nov 2021)

UTILIZATION MANAGEMENT



Source: MHWIN PI Data (Nov 2021)

FY '21-22 Department Goals:

- Implementation of ongoing Authorization, Code, and Modifier training for Provider Network
- Expansion of Electronic Review Process to Crisis Residential and Partial Hospital providers
- 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
- Development and electronic tracking of Expedited Requests in MHWIN for standard authorizations Streamline State Hospital referral process for members referred from inpatient or emergency rooms
- Continued cross-training of Clinical Specialists

WORKFORCE DEVELOPMENT

Workforce Training and Program Development

DWIHN's Workforce Training and Program Development's 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 supporting resilience.

Primary Focus

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



Workforce Development and Retention

Efforts continue to focus on maintaining and expanding a centralized training program for health professionals. Focusing on the development of new professionals is integral to achieving a collaborative integrated healthcare system. The Health Resources and Service Administration have recognized the innovative university and community partnership model nationally and regionally.

DWIHN has active affiliation agreements with local and national academic institutions. Current trainees completing field practicums within the provider network represent WayneState University, University of Michigan, Eastern Michigan University, Wayne County Community College, Madonna University, Central Michigan University, Simmons University, University of Phoenix, Michigan School of Psychology, and Michigan StateUniversity. Student learners are actively engaged in didactic and practical training that meets the State of Michigan health code requirements for community mental health providers.

Area on Health Education Centers (AHEC) is a national program committed to expanding of the healthcare workforce by offering creative, practical, and innovative health career curriculums for pre-college level students. AHEC provided additional interprofessional training to 37 trainees accepted as AHEC scholars.

More than 60 mental health professionals engaged in interprofessional education to enhance competency in culturally responsive engagement, assessment, treatment planning, and intervention with individuals diagnosed with co-occurring disorders. These professionals were able to deliver services to individuals and increase the capacity of providers. The interprofessional training curriculum for social work, nursing, and psychiatry was converted to an online format to adjust for the pandemic.

WORKFORCE DEVELOPMENT

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

As the nation continued to grapple with, the realization of racism and the impacts of oppression on health outcomes, the development of professionals that are able to recognize and respond to their implicit biases is critical and has been a primary objective for the development and retention of providers. Trauma-informed approaches to care include addressing minority stress and race-based trauma.



Suicide Prevention & Reach Us Detroit

The global health pandemics social stress impacted the mental health of adolescents and adults. In response to feelings of hopelessness, the Reach Us Detroit (RUD) Therapy Line provided free behavioral health supports and counseling to individuals experiencing mental health challenges associated with Covid-19. Using various social media platforms, RUD engages individuals and offers therapeutic support 24 hours a day, seven days a week without regard to the ability to pay.

During the past fiscal year, agents supported **6,005** callers. Using the least restrictive methods to access services, callers that live, work, play, worship, and learn in Wayne County are able to access behavioral health support that is consistent with their current stage of change. As callers are often pre-contemplative, agents provide support and encouragement without requiring identifying information to receive services. The focus on engagement has led to a majority of individuals reporting an increased level of comfort in accessing services that positively affect their behavioral health. When callers demonstrate an ongoing need for services, agents provide a direct referral with a community mental health provider.

WORKFORCE DEVELOPMENT

The Suicide Prevention Coalition hosted several events in recognition of suicide prevention and awareness month. The Coalition partnered with the Wayne County Sheriff's Office to bring positive connections between the community, mental health, and law enforcement. COVID-19 vaccinations, testing, and behavioral health screenings were offered. Over **400** meals and **1,235** backpacks were distributed in partnership with various organizations such as Detroit PAL, DABO, Center for Youth & Urban Family Development. A Suicidology Conference was hosted with **210** participants and a Self-Care Conference with **285** in attendance. The team director also participated in a panel for the Children's Center's Demystifying Suicide– Imperative for Black Boys and a panel for the Muskegon Suicide Prevention Coalition focusing on the increase in suicide rates in African American youth.

Community Connections

Community engagement that includes awareness and education continues to be critical to the aims of DWIHN. Various community efforts were utilized to engage with individuals that are typically disengaged from community mental health resources.. Building and maintaining relationships with allied systems within the Wayne County community continues to be a major component to increase accessibility to services while also gaining an awareness of the current needs of community members to ensure that clinical practices are relevant. Over the past three years, it has become evident that traditional methods of community engagement are not reaching the typical Wayne County resident.



The team continued to advise the educational programming committee for the American Foundation for Suicide Prevention Michigan Chapter. Engagement in the Wayne regional educational service agency allows DWIHN to provide information to educators and school-based practitioners that is trauma-informed and consistent with person-centered approaches to care. Public safety agencies continue to collaborate with our department to increase awareness, understanding, and approach to mental health with a focus on crisis interventions. By maintaining the community partnerships, direct referrals and access to care continue to be a significant part of the relationship.

Trauma-Informed Care Project Initiative - Implementation Activities and Outcomes

The Trauma-Informed Care Project Initiative continues to strengthen and enhance the professional development of clinicians and administrators through specific evidence-based practice trauma-informed care interventions. During FY 2021, DWIHN was awarded a two-year grant from MDHHS to build upon prior trauma training and equip the provider workforce with a strong foundation for addressing the complexities of trauma. Seven providers were awarded \$15,000 to train and provide support to their respective staff to help them understand how trauma contributes to a person's suffering and shapes a person's coping skills. During this first year of implementation, emphasis was placed on professional development. Three-hundred fifty (350) clinicians and administrators at the partnering provider agencies enhanced trauma-related competencies through various training and resources. These were SAMHSA's evidence-based trauma-informed 101 curricula, understanding adverse childhood experiences, secondary trauma, and zero suicide prevention.

WORKFORCE DEVELOPMENT

Lessons Learned

Throughout FY 2021, partnering organizations identified common challenges related to the implementation practices, such as the impact of the COVID-19 pandemic and workforce retention. They've informed that treatment services are modified to include telehealth beginning April 2020– current. Also, staff turnover increases once evidence-based trauma-specific training is obtained, resulting in the need for new clinical staff to be trained and delay/interruption of treatment modalities. However, there is a commitment from all organizations to continue making an effective impact on the care of individuals, with an understanding that a trauma-informed approach is vital.

Trauma-Informed Care Project Initiative Recommendations for Partnering Organizations

It is recommended that partner organizations create a trauma-informed culture, a safe work environment that includes physical and workplace policies that prevent harassment, stalking, and violence. Promote respectful interactions amongst staff members at all levels. In addition, implement regular and consistent clinical supervision for all clinical staff members and provide ongoing training related to trauma-informed care and evidence-based interventions. Develop consistent hiring practices to ensure the best candidate for the role, be clear and concise about role expectations, and offer training that will build staff competencies. Lastly, utilize general approaches and techniques of building a rapport, providing a safe and comfortable environment to increase consumer participation.



Summer Youth Employment Program – Activities

The summer youth employment program had thirteen (15) partnering organizations (Alke-Bulan Village, Civil Air Patrol Encampment Program, Charter Township of Van Buren, City Connect Detroit, WSU Bio-Career Advancement Program, Dearborn Police Department, City of Hamtramck, City of Inkster, City of Westland, Downriver Community Conference, Life Builders and Eastside Community Network, Charter Township of Redford, Charter Township of Canton, City of Highland) throughout Detroit and Wayne County – May – September 2021 (5 months).

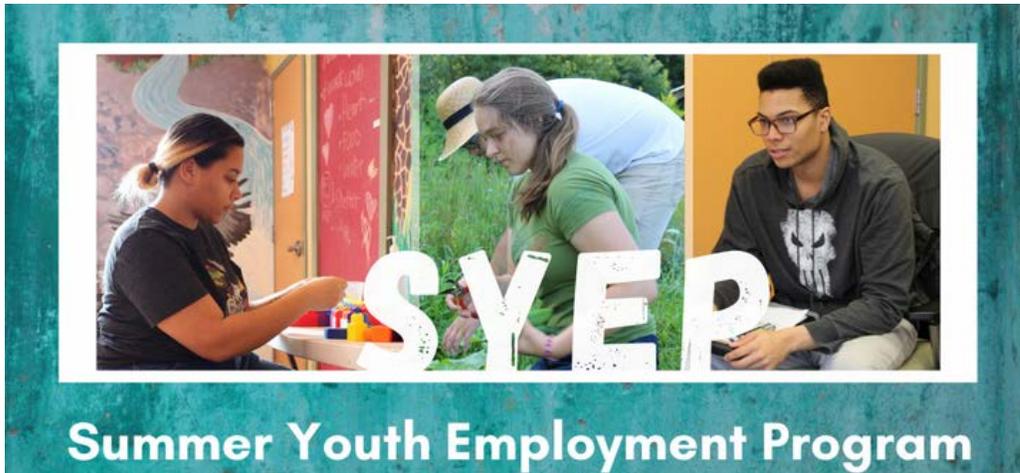
All partnering organizations revised traditional summer youth employment activities to meet Communicable Disease Center's and Michigan's COVID-19 global pandemic requirements. Some organizations decreased the number of employees, as well as outsourced activities with other organizations to meet the requirement of social distancing and mask-wearing. The total number of participants placed at the partnering organizations was approximately 960. Their work experience included virtual, research on public health topics - substance use, trauma, and other concerns.

Approximately **134** participants attended a program end “Virtual Young Professional Conference on August 3, 2021, partnered with Connect Detroit. In addition, **360** participants attended DWIHN's Faith-Based Youth Conference on August 19-20, 2021. The virtual youth conferences presented various topics on building resiliency for behavioral health, self-care, social skill, and employment development. Topics included: bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness.

WORKFORCE DEVELOPMENT

Summer Youth Employment Program Lessons Learned

The summer youth employment designated sites experienced no unusual challenges or barriers, other than hiring processes. The hiring process had taken much longer, therefore, the summer youth employees began in the middle of June– July, due to adherence of COVID-19 mandates. The majority of employment designated sites expended their full budget amount, this suggests that the next fiscal year budget awards is to be increased, if feasible.



Summer Youth Employment Program Recommendations for Partnering Organizations

It is recommended that organizations continue to allow youth residing in Detroit and Wayne County to become exposed to various types of employment. Ensure that youth learn employability skills that prepare them for realistic future employment opportunities.

Veteran Navigator

The Navigator assisted **222** Veterans and their family members this past year. On average there are 3 to 6 calls each day by Veterans, family members, and service providers requesting assistance. There has also been an increase in referrals via phone and email from service providers, detention centers, hospitals, and the MVAA. There were over four dozen presentations/seminars provided to various veteran-specific groups and audiences.

Covid-19 had a serious effect on the ability to provide service to veterans. Many agencies closed to the public and many services were halted or slowed because of staff reductions and funding reductions. Despite the challenges, the Veteran service community found new and creative ways to serve veterans. The virtual approach was utilized to continue to inform and assist with resources, education, therapy, medical assistance, and advocacy.



WORKFORCE DEVELOPMENT

Due to the onset of the COVID-19 pandemic in March 2020, Workforce Training and Program Development transitioned to the facilitation of major conferences and events onsite to a virtual platform to continue efforts of community outreach, trainings, and other (DWIHN or DWC) affiliated events. Later in 2021, DWIHN Workforce Training and Program Development began the process of resuming live conferences and events while still providing an online option.

Workforce Training and Program Development completed **72** Live events, with **4454** Attendees across all of those events, meaning that our median attendance for all events combined is **61.8** attendees per event.

Public Safety Partnerships

DWIHN successfully activated all phases of the Mental Health Diversion Pilot, a partnership between DWIHN, Detroit Police Department (DPD), and the City of Detroit Housing and Revitalization Department (HRD). The pilot is modeled after evidence-based programs used by law enforcement agencies in Houston, Dallas, Portland, San Diego, and Denver. These agencies take a three-pronged intervention approach to identify, respond, connect and ultimately increase services to citizens with mental health needs. The overall goal is to improve the city's response to individuals experiencing mental health crises and to prevent future crises by connecting them early on to supportive services.



Not only have we been able to launch each of the prongs of the pilot project DWIHN has drastically expanded partnerships with public safety entities. Partnerships expanded to not only focus on police but members of the fire department and EMS. New partnerships were formed with the Southgate Police Department, the Grosse Pointes, and Harper Woods. At the close of the fiscal year, the Detroit Wayne CIT team trained **327** first responders and **230** call takers and dispatchers from **26** police and public safety agencies.

WORKFORCE DEVELOPMENT

Mental Health Jail Navigator Assessment Outcomes and Activities

The Mental Health Jail Navigator (MHJN) is funded by a Block Grant under MDDHS. Due to the onset of the pandemic and changes to jail access stemming from COVID-19, the program halted for some time. DWIHN resumed program activities in April 2021. This role is to provide in-reach and out-reach to individuals detained at the Wayne County Jail awaiting pre-trial for a current misdemeanor offense, along with presenting signs and symptoms of mental health and/or substance use. The MHJN works within the confinement of the Wayne County Jail, adhering to all expectations, practices, and protocols. Also, coordinating care within the DWHIN Provider Network System

MJHN activities include routine screening for each individual referred by the Wayne Jail's Classification Unit, Mental Health – Well Path, and other administration. Participating individuals receive behavioral health awareness and education supports, social, community, and housing resources will be provided, as needed. Direct linkage or warm transfer between Wayne County Jail System and DWHIN Provider Network will be established to remove challenges or barriers that individuals usually experience upon community re-entry. Case management style monitoring/data tracking will occur 8 weeks 90 days, evaluating treatment engagement, housing and employment needs, and other challenges that risk future jail or police contact.

A total of **67** individuals, both men and women have been referred. Due to the pandemic, our law enforcement has revised all activities related to the arrest of individuals that may have a behavioral health crisis. Because of this change, fewer individuals that present with mental health concerns are not often arrested, instead, DWIHN's partnering provider network is working closely with law enforcement to ensure individuals are assessed and re-engaged with community behavioral treatment services. There has been much discussion around court-diversion services, thus, connecting the Mental Health Jail Navigator with Mental Health Court Dockets ensuring in-reach and out-reach continues for those with behavioral health challenges.

Treatment outcomes have been successful, those connected with the MHJNs remain engaged with their community behavioral health provider and have not returned to the Wayne County Jail during the period of April 2021– October 2021.

Summary Statement and Goals for the Coming Year

The department plans to build on the phases within DWIHN's System Transformation process. This momentum will assist and provide direct guidance on the measurable importance of holistic care. The network expansion will include technical assistance on the use of evidence-based screening and assessment tools, and interventions, in addition to learning the best method of tracking data and integrating all elements of behavioral health, physical health, economic health, social well-being, and spiritual health.



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

