



VISION AND MISSION

Detroit Wayne Integrated Health Network

Approved:

Full Board Meeting

November 20, 2019

Presentation summary



Mission

Vision

Values

Goals by Pillar

- Tasks

Glossary

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



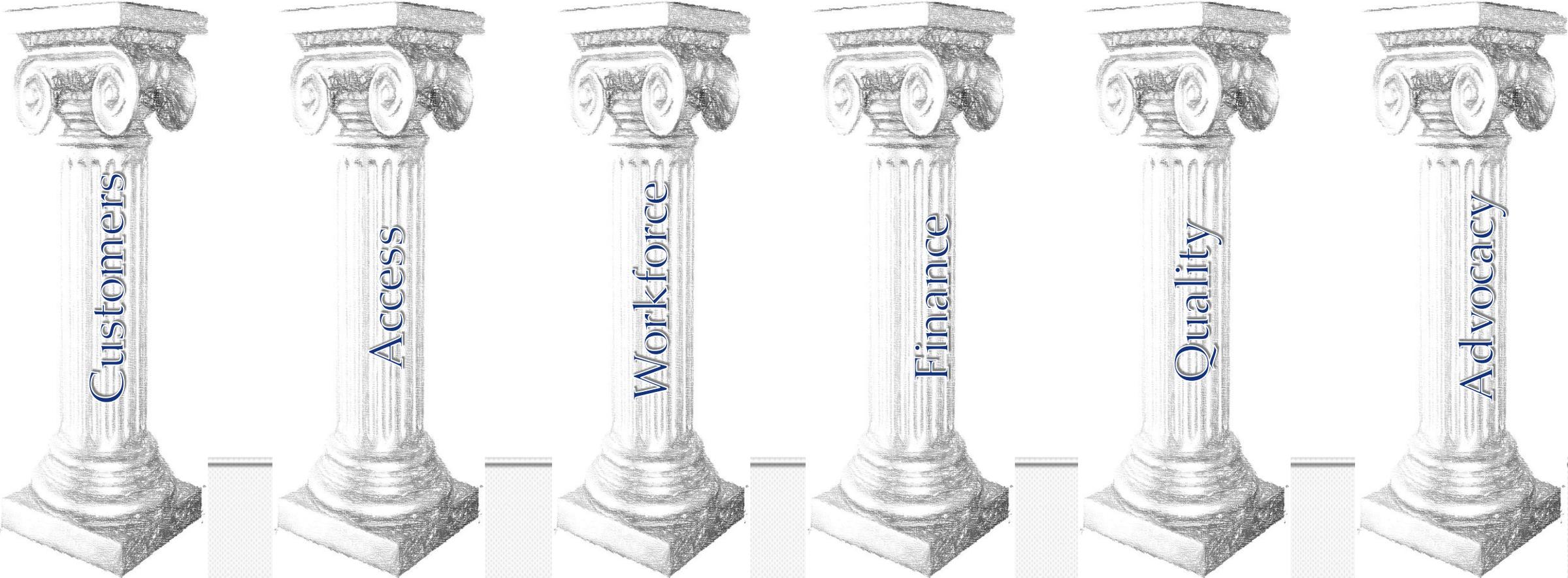
To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.



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.*

The Mission and Vision Statements provide the inspirations for DWIHN and describe what we aim to achieve in the mid-to-long term. Values are the core principles and define the DWIHN culture and identity. The six Pillars are the focus areas that help realize the Vision and a call to action to point employees in the right direction with Information Systems as the foundation for supporting success across each of the Pillars.



Information Systems

Access - Affordability, Availability, Accessibility, Accommodation, and Acceptability



- **Create infrastructure to support a holistic care delivery system (full array)**
 - Ensure full array of access and availability
 - Address gaps in care based on Annual Needs Assessment
 - Develop Behavioral Health Home Implementation Plan
 - Create a Satellite network
 - Ensure annually Behavioral Health Homes receive 80% or greater on Risk Assessment
- **Create Integrated Continuum of Care for Youth**
 - Deliver Integrated model of Care (InCK Model)
 - Establish means to enable interoperability using Health Information Exchange to share care plans across providers
- **Establish an effective crisis response system**
 - Implement Crisis Project Plan
 - Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations
- **Implement Justice Involved Continuum of Care**
 - Conduct gap-analysis of the Sequential Intercept Model
 - Implement improvements to existing programming
 - Ensure Discharge Planning/Coordination is in place
 - Implement new programs within the Sequential Intercept Model
 - Implement SIM for Juvenile Justice

Advocacy – Raising awareness on mental health issues to improve policy, legislation and service development

- **Ensuring stakeholder voice**
 - Deliver Ambassador Program
 - Host Town Hall Meetings
 - Increase community presence and education
- **Influence policy and legislation**
 - Host Legislative lunches to influence policy
 - Partner and collaborate with like-minded advocacy groups
 - Secure appropriate financial resources to adequately & equitably fund the State's CMH system
- **Improve the Social Determinants of Health DWHIN members through public policy**
 - Conduct training of Network staff on how the practice will use social needs data to improve member health
 - Educate legislators on mental health parity

Customers — Maintaining a mutually respectful relationship with members and providers



- **Ensure Inclusion and Choice for members**
 - Build infrastructure to support the implementation of Self Determined/PCP/Shared Decision Making
 - Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS
 - Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning
 - Self-Determination and Self-Directed Arrangements across all populations served.
- **Enhance the Provider experience**
 - Ensure 80% Provider Satisfaction
 - Improve level of support by conducting regularly scheduled system training across the network
 - Provide tools and support to ensure providers have a more meaningful experience
- **Improve person's experience of care and health outcomes**
 - Ensure 80% member satisfaction
 - Ensure Access to Recipient Rights
 - Deliver information about Provider Sites and Practitioners in appropriate formats
 - Publish Member Handbook

Finance – Commitment to financial stewardship and to the optimal prioritized allocation of scarce resources across a plethora of growing and competing needs to best fulfil its mission, vision and values

- **Maximize efficiencies/control costs**
 - Develop a system that helps tracks over and under Utilization
 - Developing a forecasting model
 - Deliver an automated Provider scorecard
 - Establish a risk-based /value-based funding model (APM)
 - Replenish our Internal Service Fund (ISF) to maximize savings for risk at 7.5%
- **Ensure fiscal accountability internally and of partners**
 - Monitor financial solvency of DWHN and Network Providers
- **Ensure Facilities Management**
 - Rehab existing properties
 - Sell existing properties

Quality

- Safe, Patient Centered, Efficient, Equitable, Timely,
Effective



- **Implement Holistic Care Model**
 - Ensure consistent and standardized model of care (Behavioral health Home)
 - Obtain leadership buy-in for the Behavior Health Home Model
- **Ensure consistent Quality**
 - Achieve NCQA Re-Accreditation
 - Deliver annual HEDIS measures to support NCQA requirements
 - External Quality Review
 - Ensure Behavioral Health Homes receive 80% or greater on Risk Assessment Tool annually
 - Ensure compliance with monitoring standards
 - Ensure fidelity Reviews are conducted
- **Ensure the ability to share/access health information across systems to coordinate care**
 - Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual
- **Improve population health outcomes**
 - Implement MED DROP Program (genoa healthcare)
 - Manage performance improvement outcomes

Workforce – Competent and engaged employees and providers

- **Create a learning health system**
 - Conduct training of Network Staff on how the practice will use social needs data to improve member health
 - Deliver Stage Wise Treatment Education
 - Expand the NAMI relationship to provider community based education and training
 - Adopt NAMI faith based care
 - Increase Integrated Care Competencies of the network practitioners
 - Increase Quality Improvement competencies of the network practitioners
 - Increase self-care for Caregivers / myStrength implementation
 - Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning
 - Revamp training portal to cover the holistic care for the individual
- **Create a happy, healthy, and engaged workforce**

Glossary



Access – Definition of the Dimensions of Access:

- *Affordability* is determined by how the provider's charges relate to the client's ability and willingness to pay for services.
- *Availability* measures the extent to which the provider has the requisite resources, such as personnel and technology, to meet the needs of the client.
- *Accessibility* refers to geographic accessibility, which is determined by how easily the client can physically reach the provider's location.
- *Accommodation* reflects the extent to which the provider's operation is organized in ways that meet the constraints and preferences of the client. Of greatest concern are hours of operation, how telephone communications are handled, and the client's ability to receive care without prior appointments.
- *Acceptability* captures the extent to which the client is comfortable with the more immutable characteristics of the provider, and vice versa

Advocacy – Raising awareness on mental health issues to improve policy, legislation and service development

Behavioral Health Home - SAMHSA defines a Behavioral Health Home as a behavioral health agency that serves as a health home for people with mental health and substance use disorders.

DWMHA definition: A Behavioral Healthcare delivery systems that provides member with the following:

- *Access to and coordination of care with multiple problems and complex needs*
- *Assistance with Adherence and compliance to treatment recommendations for chronic health conditions*
- *Wellness/Holistic Care (whole-person care)*

Glossary



Customers - Customer includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. The following terms may be used within this definition: Clients, Recipients, Enrollees, Beneficiaries, Consumers, Individuals, Persons Served, and Medicaid Eligible.

Finance – Value based care.

Holistic Care – “It has been defined in many ways, but in essence integrated health care is the *systematic coordination of physical and behavioral health care*. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served.”

Hogg Foundation for Mental Health, Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S., www.hogg.utexas.edu

DWIHN must have Quality of Service that provides Holistic Care that includes the following:

- *Behavioral* - Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person’s mental well-being (i.e., IDD, SUD, MI, SED)
- *Physical* – Treatment of/pertaining to genetics, biology, history of disease
- *Economic* – Financial security
- *Social* – ensuring social connectedness to family and a person’s circle of support
- *Spiritual* – How a person transcends to find meaning, purpose, and belonging

Glossary



Integration of Care – is at the provider level not the payer level and that can be achieved by:

- *Satellite Clinics* - providing services to people directly in our communities.
- *Detailed Referral process* - to connect people with services they need.
- *Preventive Care* - Dental, Vision and Wellness.

Quality - Six domains of quality as defined by the Institute of Medicine: Safe, Patient Centered, Efficient, Equitable, Timely, Effective

Workforce – Competent and engaged employees and providers

Next steps

