

Detroit Wayne Integrated Health Network

707 W. Milwaukee St. Detroit, MI 48202-2943 Phone: (313) 833-2500 www.dwihn.org

FAX: (313) 833-2156

TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Detroit Wayne Integrated Health Network

Committee(s) Appropriations Subcommittee on Health and Human Services

Chair Rep. Mary Whiteford

Clerk Phone 517.373.8080

Location Room 352, House Appropriations, State Capitol Building, Lansing, MI

Date Wednesday, 10/30/2019

Time 10:30 AM

The following accomplishments have taken place under the leadership of Willie E. Brooks since he became President and CEO in March 2018. His vision for delivery of behavioral healthcare has helped to shape our organization into one that has embraced Holistic Care. Holistic Care embraces the whole person; recognizing behavioral health, physical health, social, economic and spiritual health. In order for DWIHN to fully address all of the components of Holistic Care, System Transformation became that platform. Over the course of the last two years we built a collaborative working relationship with our Board of Directors, management team and staff that is focused on the individuals we serve. As an organization that has now become a manager of care rather than just a funder of care, DWIHN serves nearly 75,000 people with a network of over 380 clinical and residential providers.

General Fund Re-Distribution and Reduction

Detroit Wayne Integrated Health Network believes that the current General Fund redistribution will have severe negative impacts on DWIHN's ability to service our population and control cost through preventive treatment not otherwise covered by Medicaid funding. The current Michigan Department of Health and Human Services (MDHHS) 5 year Phased-In General Fund Allocation Plan that is underway is doing harm to the people of Wayne County and that programs and services will be interrupted if a change is not instituted. DWIHN initially conveyed our opposition with the changes when they were first implemented, in an August 16, 2017 letter to Thomas Renwick (former MDHHS Director), and will continue to do so if reductions remain.

The proposed reduction over the 5-year term amounts to approximately \$22 million. As we are entering the second year, we are already facing potential decreases to some of our region's most vulnerable populations. Programs that are potentially in jeopardy are those that impact our schools, jail diversion programs, community outreach, developmentally disabled persons and overall ability to function as a PIHP and CMHSP.

DWIHN understands the need for funding equity; as the largest PIHP/CMHSP, Wayne County represents over 25% of the Medicaid Eligible population and the proposed distribution only represents 15% of the total General Funding. Wayne County's population is being severely impacted by below average economic conditions and high severity of mental conditions, which demonstrates the need for proportional General Funding allocation. Historically, funding equity formulations were impacted by proxies for need, the re-distribution added dollars to the DWIHN community. The elimination of any services as a result of a General Fund reduction will continue to place the individuals we serve in Wayne County in an increasingly dangerous and deplorable situation.

Benefits of our System Transformation

- Enhance the coordination of physical health and behavioral health services and supports for individuals
- o Re-establish what it means to be a quality provider.
- Contracting directly with fiscal intermediaries for our self-determination consumers
- Adequate Provider capacity based on geographical need
- Improved individual health and behavioral health outcomes
- o Improved social/recovery outcomes including housing and employment
- Reduction or elimination of duplicative health care services and associated costs

- o Improved members experience of care
- O Went from 509 to contracting directly with 392 Providers that specialize in serving persons with a mental illness, intellectual or developmental disability or substance use disorder.

RFI / System Transformation Project

DWIHN has worked in conjunction with MDHHS to ensure that our RFI that was issued was in line and could potentially be utilized by others in the state. The RFI would allow DWIHN to partner with MPH(s) and build upon the Alternative Payment Model (APM) to create a proposed payment model for MDHHS' approval. DWIHN and MPH(s) will model savings in either administrative costs or medical expenditures, and will discuss with the State options for DWIHN and MPH(s) to benefit from the savings. With the Department's support, our boilerplate language became an integral part of our integration plan for behavioral and physical health.

Governor's Mental Health Diversion Council

The Governor's Mental Health Diversion Council works on several objectives, Willie Brooks represents the Medicaid pre-paid inpatient health plan (PIHP) on this council. They are currently reviewing potential recommendations to the Governor involving our correction system such as:

- o The removal of bonds
- o Restrictive funding issues
- o Better use of community services versus incarceration
- o Community Mental Health presence in the correction system
- o Jail Diversion Projects
- o Veteran's in Jails
- o Mental illness and substance use disorders
- o Crisis Training
- o Coordinating Mental Health Training throughout the state

Elimination of Managers of Comprehensive Provider Networks (MCPN)

Successfully eliminated this administrative layer to better manage care rather than simply fund care for people we serve. Recaptured delegated functions from Gateway, Integrated Care Alliance, Community Living Services, Carelink and Consumerlink in record time with the later being done in six weeks; all with no interruption of services and ensuring quality at each step of the way to persons served.

Holistic Care Putting People First

- o Holistic Care model assures that the people we serve are part of "Inclusion and Choice" which represents the base of a Community Mental Health system.
- Our promise is that all decisions are made with consideration to the "Best Interest" of the people we serve.
- O DWIHNS Quality of Service is based around providing Holistic Care that includes the following: Behavioral, Physical, Economic, Social and Spiritual well-being of the people we serve.

Better Communication / Collaboration with Provider Network

- o Maintaining open lines of communication with the Provider Network. Holding monthly meetings and maintaining a web portal with Providers throughout System Transformation to allow for continuous feedback to ensure there is continuous quality improvement.
- Developed comprehensive guidelines for provider evaluation.
- Working to organize the Provider Network and better define Clinically Responsible Service Providers (CRSP) into Behavior Health Home Models.
- O Went from 509 to 392 Providers that specialize in serving persons with a mental illness, intellectual or developmental disability or substance use disorder.
- o Strengthen the workforce in order to support the delivery of high-quality services and supports.

Substance Use Disorders (SUD)

The SUD Department works closely with the MDHHS, HHS, DEA, Wayne County Jail/sheriffs, and law enforcement from every municipality in Wayne County, HIDTA, ATF, FBI, MDOC, MSP, Channels 2, 4,7, 20, and local radio stations, local pharmacists, Wayne State University, University of Michigan, Detroit Opioid Prevention Collaboration, Drug Court Judges, doctors, coalitions, schools (elementary, middle, high schools, colleges), DRANO, local hospitals, Families Against Narcotics, and many others.

- SUD works with 77 Providers specializing in treatment, prevention and recovery
- Since March 2016, DWIHN began conducting free Narcan training and distributing Opioid Overdose Kits to Wayne County law enforcement and first responders, Provider Networks community groups and the general public. Through our program 459 documented lives have been saved.
- Our Access Center conducts initial screenings and referrals for SUD services based on the American Society of Addiction Medicine (ASAM). The Utilization Management Department's SUD Review Specialists provide medical necessity reauthorization determinations of SUD and/or co-occurring services for all levels of care including withdrawal management, residential services, Medication Assisted Treatment (including methadone), intensive outpatient, outpatient, and recovery services.

Established a New Residential Department

DWIHN Residential Services Department is responsible for the assessment and placement of adults with Serious Mental Illness and/or Intellectual-Developmental Disabilities. The new DWIHN Residential staff ensures individuals have access to a home that provides a continuum of residential services that range from 24-hour care to independent living with supports. Each individual referred to DWIHN receives an assessment to determine which level of care is appropriate. Individuals needs may be met in a licensed or unlicensed residential home, some require intensive levels of support and assistance, while others may require lower levels of care and ultimately move to independent living with support. DWIHN is committed to assure all individuals live in the most independent setting possible.

The Residential Services Department responds to requests for services, assessments and placement. Residential Clinical Specialists assess level of residential care needs. Residential placement Specialists are responsible for identifying residential placements to meet the needs of individuals. This department is also instrumental in finding a home as a part of hospital discharge aftercare planning.

Self-Determination

It is the policy of the Detroit Wayne Integrated Health Network that self-determination shall be available to all individuals who use community mental health services including persons with intellectual and developmental disabilities, persons with mental illness, and persons with co-occurring disorders; in accordance with the MDHHS Self-Determination Policy & Practice Guideline. We assure compliance across our Provider Network and review and monitor contractor adherence. Self-Determination is a new area that was taken in with the elimination of the MCPNs to ensure the appropriate. Currently, there are over 1300 persons who are enrolled in self-determination. DWIHN has now created a platform in which self-determination will soon be available to all persons in our network. This platform has been possible because of DWIHN has now contracted directly with the fiscal intermediaries.

Autism Services

- o Applied Behavior Analysis (ABA) treatment programs are designed specifically where an individualized Intervention Plan will break down desired skills into manageable steps. Each ABA plan is designed for the individual needs of the person and will include an average of 5 to 25 hours of direct interventions per week depending on medical necessity. These services are intensive and can be provided either in the home or in a clinic. ABA interventions involve parent/guardian training and participation.
- o During FY '18-'19 we were allotted roughly \$45 million towards ABA services, and overspent by \$10 million to accommodate for services rendered.
- o DWIHN currently has 16 ABA Providers with 1,649 enrolled in the ABA Benefit.
- O Chief Clinical Officer Dana Lasenby was recently appointed to represent PIHPs/CMHSPs on the Autism Council from October 1, 2019 through September 30, 2023

Crisis Continuum

- DWIHN has successfully brought together law enforcement from across Wayne County and provided Crisis Intervention Training (CIT) resulting in officers having the knowledge and ability to reduce stigmatization of persons with mental illness, prevent unnecessary restraint, incarceration, and hospitalization.
- o This bridge between law enforcement and behavioral health will be significant in establishing DWIHN on par with other communities such as Miami Dade County that has been successful in this collaborative effort.
- o Link individuals with mental illness to treatment and resources in the community
- o Reducing rates of unnecessary or inappropriate emergency room use and the need for repeated hospitalization and re-hospitalization
- Over 3,000 individuals belonging to the faith based, first responder and educator community have been trained in Mental Health First Aid (MHFA) and Question, Persuade, Response (QPR). Since 2016, DWIHN has trained

- over 16,000 people throughout Wayne County in MHFA and been recognized by the National Council on Behavioral Health.
- O DWIHN is well on its way to building Wayne County's first full-service crisis center. The services to be provided within the Crisis Continuum Service System will consist of the following components: crisis screening, crisis intervention, psychiatric consultation. The Crisis Continuum Service System consists of: crisis assessment teams, mobile crisis & intensive/crisis stabilization teams, crisis residential unit and crisis stabilization unit for adults and children.

City and County Stakeholders / Community Partners

President and CEO Willie E. Brooks works with various City and County leaders in order to "Build Mental Health Awareness" throughout our region. Working collaboratively with our city and county partners to embrace the Holistic Care model that DWIHN is implementing throughout Wayne County. Mr. Brooks is pleased to be a part of the Mental Health Diversion Council, Wayne County Mental Health Task Force, Jail Diversion Executive Committee, the City of Detroit Mental Health Task Force and Mental Health Initiative.

Our leadership team has actively been involved in working within the community to ensure that local legislators, community programs and partnerships are working together to meet the needs of the people.

National Committee on Quality Assurance (NCOA) Accreditation

Detroit Wayne Integrated Health Network is proud of its full three-year accreditation as the Managed Behavioral Healthcare Organization, additionally we are the only PIHP/CMHSP in Michigan to obtain such an esteemed honor. This accreditation means that DWMHA maintains the highest quality standards and practices when it comes to clinical performance and consumer experience. NCQA uses measurement, transparency and accountability when measuring and accrediting organizations.

Veteran Navigator

Services are funded by MDHHS which allowed DWIHN to hire a veteran who is responsible for connecting, engaging and linking fellow veterans to care. Since April 2018 DWIHNs Veteran Navigator attends community outreach events throughout the region and has single-handedly helped navigate over 61 veterans through the system to appropriate care where they were previously met with road blocks.

Children's Initiatives and School Based Mental Health

DWIHN is the lead organization in partnership with the MDHHS for the InCK Model, a \$16 million project over five (5) years to improve performance on priority measures of child health, including preventive health measures and rates of substance and opiate use; reduce avoidable inpatient hospitalizations and out-of-home placements resulting from issues such as family instability driven by substance use; and create a sustainable Alternative Payment Model (APM) that ensures provider accountability for cost and quality outcomes.

The School Based Mental Health Initiative (SBMHI) is provided by 12 Community Mental Health agency providers to students and families of 73 Wayne County Schools. The focus of SBMHI is to deliver prevention services to children, youth, parent education groups and provide professional development for educators. Services offered by CMH providers include: referral process, screening, assessments, individual and group therapy, crisis intervention, targeted case management, parent education groups, and professional development for educators. 1,479 children and youth received individual services in schools. Numbers served over the past 3 years have increased substantially in all areas.

