



# **Detroit Wayne Integrated Health Network**

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**FULL BOARD MEETING  
Wednesday, June 16, 2021  
707 W. Milwaukee  
(Virtual)  
1:00 P.M. – 3:00 P.M.  
AGENDA**

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF THE AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES** – Full Board Meeting – May 19, 2021
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – May 5, 2021  
Approved Program Compliance Committee Minutes – May 12, 2021
- VII. ANNOUNCEMENTS**
  - A) Network Announcements
  - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
  - A) Board Chair Report
    - 1) Board Study Session – June 23, 2021
    - 2) Annual Meeting – July 21, 2021 (Full Board Meeting 11:00 a.m.)
    - 3) Budget Hearing (Joint Finance and Program Compliance Meeting – August 4<sup>th</sup>)
    - 4) Update New Board Member Appointment – City of Detroit
  - B) Executive Committee
    - 1) BA #21-68 Crisis Center Financing
    - 2) BA #21-70 Crisis Center General Contractor RFP
  - C) Finance Committee
  - D) Program Compliance Committee
  - E) Recipient Rights Advisory Committee

**Board of Directors**

William T. Riley, III, Chairperson  
Dorothy Burrell  
Kevin McNamara

Angelo Glenn, Vice Chairperson  
Lynne F. Carter, M.D.  
Bernard Parker

Dora Brown, Treasurer  
Michelle Jawad  
Kenya Ruth

Dr. Cynthia Taueg, Secretary  
Jonathan C. Kinloch



**IX. SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT**

**X. AD HOC COMMITTEE REPORTS**

- A) Policy/Bylaw Committee
  - 1) Detroit Wayne Integrated Health Network Fund Balance Policy
  - 2) Board Self-Assessment Tool (Policy #2016-11)
  - 3) Debarment and Suspension Policy (Policy #2016-22)
  - 4) Board Policies Revisions (1-5; 7-10; 12 &13)
- B) CEO Search Committee

**XI. DWIHN BOARD BYLAWS**

- A. Article VII Section 6 – Telephonic Participation at Committee Meetings
- B. Article IX – Meetings of the Network Board
  - 1) Section 1 – Open Meetings Act
  - 2) Section 3(a) – Telephonic Participation at Full Board Meetings
  - 3) Section 4 – Special Meetings of the Board
  - 4) Section 4(d) – Special Meeting by Telephone

**XII. DWIHN PROPOSED GENERAL FUND PROGRAM**

**XIII. BEHAVIORAL HEALTH RESOLUTION #1 FY 2021-2022**

**XIV. INTERIM PRESIDENT AND CEO MONTHLY REPORT**

**XV. UNFINISHED BUSINESS**

**Staff Recommendations:**

- A. **BA #21-13 (Revised)** – Wayne County Jail - Wayne County *(Program Compliance)*
- B. **BA #21-32 (Revised4)** – Supplemental Block Grant Funding – DWIHN Provider Network *(Program Compliance)*
- C. **BA #21-33 (Revised3)** – Electronic Nicotine Delivery System Vendor Education – The Youth Connection, Inc. *(Program Compliance)*
- D. **BA #21-36 (Revised)** – Independent Evaluator for Autism Spectrum Disorder (ASD) – Children’s Center of Wayne County, Inc. *(Program Compliance)*

**XVI. NEW BUSINESS**

**Staff Recommendations:**

- A. BA #21-68 – Crisis Center Financing *(Executive Committee)*
- B. BA #21-69 – DWIHN Proposed General Fund Program Allocation – Black Family Development *(Program Compliance)*
- C. BA #21-70 - Crisis Center General Contractor RFP *(Executive Committee)*

**XVII. PROVIDER PRESENTATION – New Oakland Family Centers**

**XVIII. REVIEW OF ACTION ITEMS**

**XIX. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS**

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

**XX. ADJOURNMENT**



**DETROIT WAYNE INTEGRATED HEALTH NETWORK**  
**FULL BOARD MEETING**  
**Meeting Minutes**  
**Virtual Meeting**  
**Wednesday, May 19, 2021**  
**1:00 p.m.**

**BOARD MEMBERS PRESENT**

William T. Riley, III, Chair  
Dora Brown, Treasurer  
Dorothy Burrell  
Lynne F. Carter, M.D.

Angelo Glenn  
Michelle Jawad  
Commissioner Jonathan C. Kinloch  
Kevin McNamara  
Kenya Ruth

**BOARD MEMBERS EXCUSED:** Bernard Parker and Dr. Cynthia Taueg, Board Secretary

**GUEST(S):** Mr. Kari Walker, President and CEO The Guidance Center and Mr. George Pitchford, Attorney, the Allen Law Group acting on behalf of Ms. Yolanda Turner, Deputy Legal Counsel

**CALL TO ORDER**

The meeting was called to order at 1:01 p.m. by Board Chair, William T. Riley, III.

**ROLL CALL**

Roll call was taken by the Lillian Blackshire, Board Liaison and a quorum was present.

**APPROVAL OF THE AGENDA**

Mr. Riley, III, Board Chair, welcomed everyone to the meeting and called for a motion on the agenda.

**It was moved by Ms. Brown and supported by Mr. Glenn to accept the Agenda as presented. Motion carried unanimously.**

**MOMENT OF SILENCE**

The Chair, Chief Riley, III called for a moment of silence. Moment of Silence taken.

**APPROVAL OF BOARD MINUTES**

The Chair called for a motion on the Board minutes from the Full Board meeting of April 21, 2021 **It was moved by Commissioner Kinloch and supported by Ms. Brown to accept the Full Board minutes of April 21, 2021 with any necessary corrections. Motion carried unanimously.**

**RECEIVE AND FILE**

The approved Finance Committee minutes from the meeting of April 7, 2021 and the approved Program Compliance Committee minutes meeting of April 14, 2021 were received and filed.

**ANNOUNCEMENTS**

Network Announcements

Tiffany Devon, Director of Communications, provided a verbal report. It was reported that May is the continuation of Mental Health month. DWHN is involved in many events; there has been messaging on channels 4 and 7 and through billboards. A Mental Health Town Hall is scheduled for next Tuesday, for students and parents that will provide information on available resources. Information will also

be available for parents with students that have disabilities and an expert will be available to answer questions. The flyer will be sent to the board liaison for distribution to Board members. Discussion ensued regarding our Instagram, Facebook, LinkedIn and Twitter presence along with the company that handles our media account. It was noted that a meeting was held on Tuesday with the vendor, that was a relatively new company to us regarding how to boost our impressions. B. Blackwell, Chief of Staff provided information on DWIHN having a Social Media team; the expertise the company brings to the table and the reporting of the Media outcomes to the Program Compliance Committee. There was discussion regarding DWIHN handling aspects of the social media work internally and possibly expanding our team. Interim CEO Doeh to research and provide an update.

#### Board Announcements

There were no Board Announcements.

### **BOARD COMMITTEE REPORTS**

#### Board Chair Report

Chief Riley, III gave a verbal report. The Board Executive Committee met on Monday, May 17<sup>th</sup>. It was reported that the Annual meeting would be virtual and held on Wednesday, July 21, 2021 with the Full Board meeting beginning at 11:00 a.m. It was also reported that the Community Mental Health Association of Michigan Virtual Conference (CMHAM) would be held June 14<sup>th</sup> -17<sup>th</sup> 2021, to date no one has signed up as of yet and registration is required. CMHAM will also have its' Board of Directors meeting on June 18<sup>th</sup> and conference attendance is not necessary to attend the Board meeting.

#### Executive Committee

The Vice Chair, Mr. Glenn verbally reported on behalf of the Chair. It was reported the Board Study Session was scheduled for June 23, 2021 from 9:00 a.m. to 12:00 p.m. and there were several topics that would be covered including Integration – Behavioral Health Homes and Opioid Health Homes; System Transformation; the Crisis Assessment Center and DWIHN's financial health and stability; there is one outstanding topic that staff is still working on.

The New Board Member Orientation was held on May 14<sup>th</sup> and was a success. There were several board members present along with new Board member Commissioner Kinloch who noted that the information provided was very helpful.

The City of Detroit has not submitted a recommendation to the Wayne County Commission for their appointment to Board. A Budget Hearing, which is a joint meeting with the Finance and Program Compliance Committee will be held in August; the purpose of the Hearing is to review the budget for the upcoming fiscal year.

It was also reported that Board Action #20-35 (Revised) Tetra Tech, LLC was reviewed by the Executive Committee and recommended for approval and is on the agenda under Unfinished Business. The Board action is for a time extension only and there were no additional monies being requested; and it was noted that the Board had requested that matters dealing with Building would be presented to the Executive Committee for review before coming to the Full Board.

Vice-Chair Glenn noted the Executive Committee received the reports of the Finance and Program Compliance Committees. It was reported the Finance Committee received the Audit report from Plante Moran and there were no findings. Kudos were given to CFO Durant and her team on a successful audit and to staff for receiving a three-year NCQA Accreditation. It was also noted that the Executive Committee meetings for the months of June and September would take place on the

2<sup>nd</sup> Monday of the month instead of the 3<sup>rd</sup> Monday. Board members should adjust their calendars accordingly. The CEO Search Committee gave a report and noted the Hunter Group has been selected as the CEO Search Firm and a meeting was held to discuss the process and timelines. The Advocacy report was provided by Chief of Staff, B. Blackwell and Interim CEO provided a report that contained several items for discussion. The Vice Chair, Mr. Glenn called for a motion on the Board Chair and the Executive Committee reports. **It was moved by Commissioner Kinloch and supported by Ms. Ruth to Receive and File and accept all action items in the Board Chair and Executive Committee reports.** There was discussion regarding the approval of the action items. It was noted by Attorney Pitchford that since all of the elements were of a single report the board does have the right to move forward and just approve the report and all the items included therein. However, board members have the option to not vote if there is an item that bothers them, then a subsequent motion can be made to take things one at a time. **Motion carried unanimously.**

#### Finance Committee

Ms. Dora Brown, Treasurer and Chair of the Finance Committee, gave a verbal report of the highlights from the Finance Committee that met virtually on Wednesday, May 5, 2021. The Audit has been completed with no findings and noted that Plante Moran expressed their appreciation to our finance team for the transparent cooperation and efficiency and providing the information necessary to complete the audit accurately and timely. Ms. Brown congratulated the CFO and her team on a job well done. The committee considered and moved to Full Board for approval three board actions - BA #20-54 (Revision 3) HEDIS/NCQA Professional Consultant Services (Joseph Barr) which is an extension of the IT services through the end of the year with an additional cost of \$41,470; BA#20-59 (Revision 2) Peter Chang Enterprises (PCE) is an extension of the MHWIN SUD managed cared module of an additional \$828 and BA#21-25 (Revision 3) DWIHN FY2020/2021 Operating Budget which is an adjustment to our operating budget to increase our projected revenues based upon the actual revenues received through March of 2021. It was reported that cash flow remained stable and the liquidity is sufficient to support operations at \$118 million as of March of 2021 after all bills are paid. Board Chair Riley, III and board member Glenn both congratulated the Finance Team on a job well done with the audits.

**It was moved by Commissioner Kinloch and supported by Mr. Glenn to approve any action items within the finance report and to receive and file all information items that are contained within the finance committee's report.** Discussion ensued regarding whether the motion included approving the Board actions that were on the agenda and would be taken up later in the meeting. After discussion the motion was modified by Commissioner Kinloch for clarity and practice to move to receive and approve the Finance Committee Report. Motion was supported by Mr. Glenn. **Motion carried unanimously.**

#### Program Compliance Committee

Dr. Carter, Vice Chair of the Program Compliance Committee, gave a verbal report on behalf of Dr. Taug, Chair of the Program Compliance Committee. It was reported that the committee met virtually on Wednesday, May 12, 2021. The Chief Medical Officer reported on the vaccination status of the licensed and unlicensed residential facilities and as of April 27<sup>th</sup> 85% of the licensed and 40% of the unlicensed residents are fully vaccinated many efforts are in place to improve these rates, such as partnering with the city health department and a mobile unit to provide vaccinations. The corporate compliance report provided an update on the United Horizons contract termination, and noted the reassignment of its 175 individuals receiving SIL services and respite care to a number of other providers has taken place. An update was received on the Customer Strategic Plan Pillar and overall for the three focus areas there is an 87% completion rate. The quarterly reports from Managed Care Operations; Residential Services and SUD

Initiatives were also received and detailed minutes are available for the next meeting. There were two Board actions that were considered and moved to Full Board for approval – Board Action #20-55 (Revised) Substance Use Disorder (SUD) COVID Emergency Grant and Board Action #21-63 Summer Youth Employment Program. The Vice Chair acknowledged the NCQA accreditation for the next three years as a major necessary accomplishment and applauded the efforts of all that were involved in reaching that milestone.

**It was moved by Commissioner Kinloch and supported by Ms. Ruth to accept the report of the Program Compliance Committee.** There was no further discussion. **The motion carried unanimously.**

#### Recipient Rights Advisory Committee

Ms. Ruth, Chair of the Recipient Rights Advisory Committee (RRAC) requested that Ms. P. McCalister provide the Recipient Rights Advisory Committee report. It was reported the meeting was held on May 3, 2021. There was one new clerical support staff member hired for the department. Commissioner Jonathan C. Kinloch joined the Recipient Rights Advisory Committee and is the Vice Chair of the Committee. It was noted that for the months of March the Office of Recipient Rights received 83 allegations; ten were outside of Provider Jurisdiction; four were No Rights involved; there were 69 actual investigations; ten were closed and 59 remain open. It was noted for the month of April the Office of Recipient Rights received 77 allegations; eight were Outside Provider Jurisdiction; four were no rights involved; there were 65 investigations opened; one case was closed and 64 cases remain open. There were 874 individuals registered for training; 561 individuals attended the virtual class; 455 passed the training and there were 419 no shows. The Office of Recipient Rights is requesting all providers ensure their employees are trained within 30 days of being hired to remain in compliance with the Mental Health Code Citation MHC1755(5)(f); Standard 3.3.1. moving forward the ORR will impose the \$50.00 fee for failing to train their staff within 30 days of hire. The monitoring team conducted 99 Site Reviews for March and April. A presentation was provided by Dr. Coulter on the Constituents Voice. The Chair called for a motion on the Recipient Rights Advisory Committee Report. **It was moved by Mr. Glenn and supported by Ms. Brown to accept the Recipient Rights Advisory Committee Report.** There was no further discussion. **Motion carried unanimously.**

#### **SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT**

Mr. Glenn, Chair of the Substance Use Disorder (SUD) Oversight Policy Board, reported. The SUD Oversight Policy Board met on Monday, April 19, 2021 and a written report was provided for the record. Remarks were received from Interim Director Eric Doeh. The SUD Oversight Policy Board reviewed and approved the following Board actions: Board Action #21-34 (Revision 4) Supplemental Block Grant Funding. This Board action requested approval in the amount of \$2,556,238 for Treatment and Recovery Providers for FY 2021. The funds will be utilize to respond to the COVID-19 pandemic which has had significant impact on people with SUD and address related needs during the COVID pandemic; related activities include purchase of technical assistance, texting and messaging health messaging strategies, Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers, the purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.

Board Action #21-33 (Revision 3) Supplemental Block Grant Funding Prevention. This Board action requested approval in the amount of \$852,079.00 for Prevention providers for fiscal year 2021. The funds will be utilized to respond to the COVID-19 pandemic which has had a significant impact on people with SUD and address related needs during the COVID pandemic; recommended activities include purchase of technical assistance, texting and messaging health messaging strategies, Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers, purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.

**Board Action 21-61 - DABO-Detroit Families Against Narcotics (FAN) Hope Not Handcuff.**

This Board action requested \$6,000.00 in PA 2 funding for DABO FAN Detroit Hope Not Handcuff program in the Detroit Police Department's 2nd Precinct with the assistance of Commander B. Mounsey. Through Hope Not Handcuffs a person struggling with any substance use disorder can come to any of the participating police agencies and ask for help. If accepted into the program, the individual will be guided through at brief intake process to ensure proper treatment placement. The funding will be utilized to engage the community in support of education, prevention, and treatment for Substance Use Disorder (SUD). The overall goal of this project is to reduce the morbidity and mortality associated with overdoses in high-risk communities by strengthening the community capacity through education and to bring community policing to be part of the solution.

**Board Action 21-63 - Screening Brief Intervention Referral and Treatment (SBIRT)**

This Board action requested approval to reallocate the amount of **\$450,000.00** in Block Grant funding for SBIRT Treatment. This service, in error, was not included in the SUD RFP process that occurred in June of 2020 and has been offered to the community for the past 6 years. The following providers will deliver early intervention treatment services for persons with substance use disorders, and those at risk of developing a substance use disorder in the emergency department and/ or Federally Qualified Health Centers (FQHC), Urgent Care & other Out-Patient and community settings: **Personalized Nursing Light House** would receive \$100,000.00, **Hegira Inc** would receive \$150,000.00, **Elmhurst Home** would receive \$100,000.00 and **Sobriety House** would receive \$100,000.00, to provide Brief Screening, Intervention and Referral to Treatment. When administered the tool will determine if ongoing treatment is necessary and when appropriate, clients will be referred to other community supports. Peer Recovery Coaches will be mobilized to assist and follow-up with all clients that receive brief treatment or referral to treatment.

**Board Action #21-64 - DWIHN's Communication Plan**

This Board action requested \$28,002.00 in PA 2 funding to cover expenses for the SUD media campaigns with Creative Media. The media campaigns will cover the following: Comcast (\$5,000.), Fox 2, WJBK (\$5,000.00), I Heart Radio (\$5,000.00), Latino Press (4,002.00) MEAV-TV (5,000.00), and Michigan Chronicle (\$5,000.00). The media plan will utilize print, radio, & television to bring awareness; provide education, promote SUD prevention and recovery messaging to the viewing audience, it will largely focus on the Opioid Epidemic and the COVID Pandemic.

**Board Action 21-65 - The Youth Connection Electronic Nicotine Delivery Systems (ENDS)**

This Board action requested \$4,000 in Block Grant funding from Treatment Block Grant Funds for The Youth Connection prevention provider to educate the retailers and community on Electronic Nicotine Delivery System (ENDS) products. The SUD prevention providers goal is to raise awareness of ENDS and research agencies for disposal of ENDS waste products IX.

Informational reports were received from the SUD Director; the Prevention Services Manager and the State Opioid Response (SOR) Coordinator. The Chair called for a motion on the SUD Oversight Policy Board report. **It was moved by Ms. Jawad and supported by Ms. K. Ruth to accept the SUD Oversight Policy Board report.** There was no further discussion. **Motion carried unanimously.**



## **AD HOC COMMITTEE REPORTS**

### Policy/Bylaws Committee

Chief Riley, III Board Chair reported on behalf of Dr. Taueg, Chair Policy/Bylaws Committee. A verbal report was provided. It was noted that the Policy/Bylaw committee meet on Tuesday, May 18<sup>th</sup> 2021. The committee reviewed and discussed the DWIHN Fund Balance Policy and the Board Self-Assessment tool. Committee members are in the process of reviewing and ensuring the document is relevant and if it could be streamlined. Commissioner Kinloch recommended that since the Board actions are on the agenda under Unfinished Business and new Business and come from a committee could the Board possibly consider adding to its process the use of a Consent Agenda; he requested that this item be referred to the Policy/Bylaw Committee for consideration. Discussion ensued regarding the Consent agenda streamlining the process as Board members are able to participate in standing committee meeting discussions even though they are not committee members. The Policy/Bylaw committee will review the request of the Consent agenda at their next meeting.

### CEO Search Committee

The Board Chair, Mr. Riley, III noted the CEO Search Committee met and there was discussion with the Executive of the Hunter Group regarding the process and internal and external timelines. He noted that the providers and citizens participated in the process the last time a CEO search was conducted and it made the process very engaging. It was reported the CEO Search Committee wanted to continue with the process of having the Providers and citizens as a part of the process. The attorney, Human Resources and the Hunter Group will be working to ensure that the process takes place.

The reports of the Policy/Bylaw Committee and CEO Search Committee were noted as being received and filed.

### FY 20 Audit Reports

The Board Chair, Mr. Riley, III noted that the FY20 Audit was presented at the Finance Committee meeting and the written reports from Plante Moran were included in the packet. CFO Durant provided a verbal overview of the reports. It was noted there were four reports; the AU260 letter which is a required communication which is a standard language report that emphasizes how the audit went; there was nothing noteworthy to report in the document. The financial statement report is commissioned from the State of Michigan – Treasury Department and is due 180 days after the close of the fiscal year and our report met the statutory reporting deadline. An overview was provided regarding the Financial audit and it was noted that the audit depicts our financial status at a particular time. DWIHN received a modified report where there was nothing noteworthy to report. The Federal Awards Supplemental Information audit is commissioned by the Federal government and audits the federal dollars that DWIHN receives directly or pass through DWIHN from the government. A brief overview was provided of the summary audit results which noted there were no material weaknesses; significant deficiencies; non-compliance with federal statements nor internal control weaknesses for the major programs that were tested which were the Medicaid Cluster; the Substance Abuse Prevention and Treatment Block Grant and Continuum of Care. An overview of the Compliance Exam was provided which is the CMH contract with the Michigan Department of Health and Human Services and not governed by generally accepted accounting principles. The audit did not note any material weaknesses; significant deficiencies; non-compliance or internal control weaknesses. The Board Chair, Mr. Riley, III along with Board members Brown and McNamara congratulated the CFO on a no findings audit. It was noted by the CFO that her team deserved the congratulations on a job well done with an emphasis on the work of Ms. Toni Jones.

The Chair called for a motion to accept the FY20 Audit Reports. **It was moved by Ms. Jawad and supported by Ms. Ruth to accept the FY20 Audit Reports.** There was no further discussion. **Motion carried unanimously.**

#### **INTERIM PRESIDENT AND CEO MONTHLY REPORT**

Mr. Doeh, Interim CEO, reported. A written report was provided for the record. Mr. Doeh reported that an all staff meeting was held earlier today and noted his appreciation for the hard work of the entire team. An update was provided on 298-Part 2 and it was noted that we have been invited to the table to comment on the White Paper that has been presented by Senator Shirky. It was noted that Mental Health services should continue with DWIHN and the finances should remain within the public sphere. May is Mental Health Awareness month and we are having Town Halls with our folks to keep them informed of what is going on. We are also emphasizing self-care and MindWise and MyStrength remain wonderful resources and are on the website. A high-level overview was provided on the Opioid Health Homes and the Behavioral Health Homes which was noted as another level of integration.

There are six CCBHC's within the network and we are working closely with them as we work on receiving that designation. The Crisis Intervention Team (CIT) International has awarded our CIT team the Gold CIT Certification for our Detroit Wayne Program. A meeting was held with MDHHS Director Elizabeth Hertel on May 13<sup>th</sup> to discuss mobile services which would be a new initiative. We are currently working with several partners at this time. A brief report was provided on the Access Center and the Crisis Center. It was noted there have been meetings with the community about the Crisis Center and its operation and some individuals have expressed their displeasure. We will be providing education and awareness regarding the services of the Crisis Center. We are working with the City and architects to have the Center completed by September of next year. It was reported that with the Integrated Health plans and pilots we have 3,400 members in common with one partner and 8,000 members with another; this integration gives us the opportunity to see care coordination of both physical and mental health services in real time. The RFP for Autism Services has closed and those results will be reviewed; this will allow us to meet service gaps within Wayne County and the City of Detroit. There is \$5 million dollars in General Fund that we want to invest in our people and the community; a plan will be presented in June that will discuss some of the ideas to reinvest the money in our system and community; some of the ideas are to expand our technology resources in our residential department and expanding our pilot program with DPD including the addition of three cities. An overview was provided regarding meeting remotely; it was noted that the County of Wayne has expanded the emergency order to June 30<sup>th</sup> and updates have not been provided as to if the order would be extended; it was noted that if in person meetings were to be held that social distancing would be honored and the 2<sup>nd</sup> floor conference room would only be able to accommodate a limited number of persons. The platform for remote access would still need to be available and we may have to consider moving to a larger venue. It was reported that staff has been in the building and a hybrid rotating schedule is being considered; staff has been productive both remotely and on site. The board will continue to be updated and the safety of the employees is very important to him. Discussion ensued regarding the order not being extended beyond the June 30<sup>th</sup> date and whether or not the building would be ready for entry. Mr. Doeh noted that building would be ready for board members to return. The Board Chair noted that he was not in a rush to return and we should be mindful that the virus is still present and that we will await the order from the City and County.

The Chair called for a motion on the Interim CEO report. **It was moved by Ms. Ruth and supported by Ms. Brown to accept the report of the Interim CEO.** There was no further discussion. **Motion carried unanimously.**

## **UNFINISHED BUSINESS**

### **Staff Recommendations:**

- A. **BA #20-35 (Revised)** Tetra Tech, LLC. B. Blackwell, Chief of Staff reported. Staff requesting approval to extend the time on the contract for an additional two years for a new expected completion date of May 31, 2023. There is no change in the contract amount and the modification is for a time extension only. **The Board Chair noted that all of the Board Actions under Unfinished Business would be bundled with the required recusals being noted.**
- B. **BA #20-54 (Revision 3)** HEDIS/NCQA Professional Consultant Services (Joseph Barr) M. Singla CIO reported. Staff requested approval for an extension of contractual Professional IT services for the period from 7/1/21 - 12/31/21, in the amount of \$41,470.00 for a total amount of \$187,940. Consultant to assist with generating HEDIS measures which is one of the prime requirements from a data standpoint for both state reporting and NCQA requirements.
- C. **BA #20-55 (Revision)** Substance Use Disorder (SUD) COVID Emergency Grant J. Davis, Director SUD reported. Staff requesting board approval for the allocation of additional COVID-19 grant funding of \$188,911.00 (the original award \$393,973.00 approved 5/20/20) for a total amount not to exceed \$582,884.00 to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery homes services and other services including the purchase of Narcan kits.
- D. **BA#20-59 (Revision 2)** Peter Chang Enterprises (PCE) M. Singla, CIO reported. Staff requested approval to revise the contract to add \$828.00 to funding source. Previous contract amount was incorrect - \$1,163,220 and needed to be adjusted.
- E. **BA#21-25 (Revision 3)** DWIHN FY2020/2021 Operating Budget. S. Durant, CFO reported. Staff requests approval to amend BA 21-25 R3 per budget adjustment #21-35-018 -- certification of Medicaid revenue of \$42,227,389 (includes Autism Medicaid of \$15,937,046) per the revenue projection of actual receipts as of March 31, 2021. Additionally, the certification of Medicare revenue of \$2,400,000 per a projection, also as of 03/31/2021. The board action certifies additional revenue totaling \$44,627,389. Additional Medicaid revenues of \$26,290,343 will fund the estimated Hazard Pay for Direct Care Workers in DWIHN's Provider Network for the remaining nine months of fiscal 2021.

The Chair called for a motion on the Board actions under Unfinished Business. **It was moved by Mr. Glenn and supported by Ms. Brown to approve Board Actions #20-35 (Revised); BA #20-54 (Revision 3); BA#20-55 (Revision); BA#20-59 (Revision 2) and BA#21-25 (Revision 3).** There was no further discussion. **Motion carried.**

## **NEW BUSINESS**

### **Staff Recommendations:**

- A. **BA #21-63 – Summer Youth Employment Program (SYEP)** The Chair called for a motion on BA#21-63. **It was moved by Ms. Ruth and supported by Commissioner Kinloch to approve BA#21-63.**  
A. Smith, Director of Clinical Practice Improvement reporting. Staff requesting board approval of a

contract from May 1, 2021 to September 30, 2021 in the amount of \$2.1million for the DWIHN Summer Youth Employment Program that will run throughout the county in various cities and townships for five to 10 weeks to hire individuals ages 14 to 24. Youth will be provided with educational information around mental health; substance use; bullying; conflict resolution and management, as well as sexually transmitted diseases covert and social determinants and other trauma. Previous amounts that were cut due to General Fund cuts are being restored which makes the request \$2.1 million for the fiscal year. It was noted that this program is one of the better well known programs in Western Wayne Conference and it provides a benefit to the Youth in Van Buren Township. There was no further discussion. **Motion carried with Mr. Riley, III recusing himself from the City of Inkster and Mr. McNamara recusing himself from the City of Van Buren.** Mr. Glenn noted that the program has been successful for the City of Detroit youth as well and these youth play an important role in maintaining our brand on social media. Mr. Doeh noted that he has been in contact with the IT team regarding the youth and their involvement with our social media.

### **PROVIDER PRESENTATION – The Guidance Center**

Mr. Kari Walker, President and CEO provided a PowerPoint for the record. An overview of their history, services, outcomes; service sites and the population served was provided. Mr. Walker noted that the Guidance Center had been a provider since the late 50's; mid 60's and have sixty-three years of service to the community and a long tradition of partnering and working with DWIHN. They have nine Head start Centers. An overview of their mission was provided along with their major areas of focus which included Children and Youth Services; Early Childhood; Adult Behavioral Health; and Kid's Talk. He also reported on the impact of COVID-19 to staff and clients and the changes that were made to accommodate persons served. A brief overview was provided on their telehealth services and the monies that were received under the CARES Act for the Certified Community Behavioral Health Clinic (CCBHC). Information was provided on their SUD services since the expansion of the CCBHC. Mr. Walker also provided an overview on their new initiatives which included Nurture the Future – Community Education; Champions of Wayne – Academic Mentoring Program; Regional Wellness and Recovery Court with Judge DiSanto and their Online Mental Health Screenings. Chief Riley, III thanked Mr. Walker for the presentation and noted that the services were extensive and beneficial to those that we serve.

### **REVIEW OF ACTION ITEMS**

Send to Board information on the upcoming Town Hall meeting and refer to the Policy Committee the review and recommendation of utilizing a consent agenda for meetings.

### **GOOD AND WELFARE/PUBLIC COMMENT**

The Board Chair, Mr. Riley, III read the Good and Welfare/Public Comment statement.

Ms. A. Downey, Community Living Services noted the positivity within the Board and staff and gave appreciation to DWIHN for the work that is being done.

### **ADJOURNMENT**

There being no further business, the Board Chair, Mr. Riley, III called for a motion to adjourn. **It was moved by Ms. Ruth and second by Commissioner Kinloch to adjourn. The motion carried unanimously and the meeting adjourned at 2:49 p.m.**

Submitted by:  
Lillian M. Blackshire  
Board Liaison

# FINANCE COMMITTEE

**MINUTES**

**MAY 5, 2021**

**1:00 P.M.**

**VIRTUAL  
CONFERENCE(BLUEJEANS)**

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| <b>MEETING CALLED BY</b> | I. Ms. Dora Brown, Chair called the meeting to order at 1:08 p.m.  |
| <b>TYPE OF MEETING</b>   | Finance Committee Meeting  |
| <b>FACILITATOR</b>       | Ms. Dora Brown, Chair – Finance Committee  |
| <b>NOTE TAKER</b>        | Nicole Smith, Management Assistant   |
| <b>ATTENDEES</b>         | <p><b>Finance Committee Members Present:</b><br/>                     Ms. Dora Brown, Chair<br/>                     Mr. Kevin McNamara, Vice Chair<br/>                     Mr. Angelo Glenn<br/>                     Commissioner Jonathan C. Kinloch<br/>                     Mr. Bernard Parker<br/>                     Ms. Kenya Ruth</p> <p><b>Committee Members Excused: None</b></p> <p><b>Board Members Present:</b><br/>                     Chief William T. Riley, III, Chairperson<br/>                     Ms. Dorothy Burrell</p> <p><b>Staff:</b> E. Doeh, Interim CEO/COO; S. Durant, CFO; D. Brown, Deputy CFO; M. Singla, Chief Information Officer; Yolanda Turner, Deputy Chief Legal Counsel</p> <p><b>Guests:</b> Plante Moran Staff: Stacey Reeves, Britni McDole, Chad Schafer</p> |

**AGENDA TOPICS**

**II. Roll Call**            Ms. Lillian Blackshire, Board Liaison

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| <b>DISCUSSION</b>   | Roll Call was taken by Ms. Blackshire and a quorum was present. |
| <b>III. Committee Member Remarks</b>  |   |
| The Chair, Ms. Brown, called for any Committee remarks. There were no remarks from committee members.   |   |
| <b>IV. Approval of Agenda</b>   |   |
| The Chair, Ms. Brown called for any amendments to the agenda. There were no changes to the agenda. The Chair called for a motion. <b>Motion:</b> It was moved by Mr. Glenn and supported by Ms. Ruth approval of the agenda. <b>Motion carried.</b> |   |
| <b>V. Follow-up Items: There were no follow up items.</b>   |   |

## **VI. Approval of the Meeting Minutes**

The Chair, Ms. Brown called for a motion on the Finance Committee minutes from the meeting of Wednesday, April 7, 2021. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of the Finance Committee minutes from the meeting of Wednesday, April 7, 2021. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

## **VII. Presentation of the FY20 Financial Statement, Single Audit and Compliance Examination Report.**

S. Durant introduced Plante Moran staff members Stacey Reeves, Britni McDole, and Chad Schafer. Plante Moran reported and presented to the Committee the Statement letter, Financial Statements, Single Audit and Compliance examination reports. For the record CFO Durant identified the types of reports presented and gave an overview. Plante Moran noted the Financial Statements Audit ensure that our financial statements are materially accurate which pertains primarily to the overall operations of the organization. The Single Audit pertains solely to the finances on federal revenues received and disbursed by DWIHN. The Compliance Examination is specific to Community Mental Health (CMH). The audit is dictated by our contract with Michigan Department of Health and Human Services, and the overall operations of the organization. The AU260 letter is the required communication letter to the board. CFO Durant encouraged board members to review the MD&A letter. Plante Moran provided an analysis of the financials; revenues and expenses. Discussion ensued regarding the financials and statements. The Committee Chair, Ms. Brown along with several committee members thanked Plante Moran for the presentation as well as Ms. Durant on a successful audit. Ms. Durant extended kudos to her team and Ms. T. Jones on a job well done.

The Chair, Ms. Brown called for a motion on the Plante Moran Audit Reports. **Motion:** It was moved by Mr. McNamara and supported by Ms. Ruth to move the FY20 Financial Statement, Single Audit and Compliance Examination to Full Board for approval. There was no further discussion. **Motion carried.**

## **VIII. Presentation of the Monthly Finance Report**

S. Durant, CFO presented the Monthly Finance report. A written report ending March 31, 2021 was provided for the record. Authority Finance accomplishments and noteworthy items were as follows:

CFO is presenting a revised board action to certify additional funds as follows: (a) \$26.2 million (net) in Medicaid and HMP for the DCW hazard pay approved by the Governor for the nine months January -September 30, 2021; (b) \$2.4 million in ICO revenue and expenses; and (3) Projected Autism Medicaid based on actual cash receipts through March 2021.

Plante Moran will present the three (3) audit reports mandated by the State of Michigan and federal government.

Cash flow is very stable and should continue to remain stable throughout the year as liquidity ratio = 2.41.

Cash and Investments – comprise of funds held by three (3) investment managers, First Independence CDARS, Comerica, and Flagstar accounts. In addition, in February, MDHHS remitted the January and February DCW hazard pay totaling approximately \$7.2 million. There is a corresponding increase in Accounts payable to reflect the payments not yet made to providers. The payment was disbursed to DWIHN providers on April 20, 2021; CLS is expected to disburse funds to their providers by the end of the April 2021. It was requested that on a quarterly basis a report be provided that indicated where cash was being held.

Due from other governments/ Accounts Receivable – comprise various local, state and federal amounts due to DWIHN primarily related to PBIC for \$4.7 million and \$11.5 million due from MDHHS for 3 months of HRA revenue, respectively.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through March 2021, including COVID-19 impact, was approximately \$332.6 million however actual payments were approximately \$290.8 million. The difference represents claims incurred but not reported and paid of \$41.9 million.

Due to other governments – includes \$8 million due to MDHHS for death recoupment and \$4.6 million for DCW overpayment at 9/30/20. In addition, the amount includes \$2.3 million IPA tax payment incurred but due on April 30, 2020.

Federal revenue/grant program expenses – variance due to timing of incurred expenses related to SUD, PASSAR and HUD grants. In addition, SUD BG grant expenses are well underbudget due to the pandemic.

State revenue and contracts – The \$40.6 million budget verses actual variance is due to (1) approximately \$9 million in additional Autism revenue received through March (refer to revised budget board action under unfinished business); (2) January and February \$7.2 million DCW hazard pay received in February; and (3) \$16 million of the \$32 million in reserves approved with the March 2021 revised budget board action.

Autism, SUD, Adult, and Children services – \$20 million variance due to impact of COVID on certain lines of business and timing in services (i.e. summer programs).

Discussion ensued on the Fund Balances and reserves and the budget adjustments. It was requested that the Fund Balance Policy that has been developed be sent to the committee.

The Chair, Ms. Brown called for a motion on the Monthly Finance Report. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Glenn to accept the Monthly Finance Report. There was no further discussion. **Motion carried.**

### **IX. 2021 Finance/IT Pillar Report**

D. Brown, Deputy CFO presented the 2021 Finance/ IT Pillar report to the Committee. A written report was provided for the record. Ms. Brown presented the three high level goals and noted the overall levels of completion for each goal. It was reported that overall, the pillar was at 49 % completion; there are three (3) high-level goals which range from 22% - 74% completion.

The Chair, Ms. Brown noted the 2021 Finance/IT Pillar report would be received and filed.

### **X. Unfinished Business – Staff Recommendations:**

a. **Board Action #20-54 (Revision 3): HEDIS/NCQA Professional Consultant Service (Joseph J. Barr).** M. Singla, Chief Information Officer reported. Staff requested approval for an extension of contractual Professional IT services for the period from 7/1/21 - 12/31/21, at the amount of \$41,470.00 for a total amount of \$187,940. The Chair, Ms. Brown called for a motion on Board Action #20-54 (Revision 3). **Motion.** It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of Board Action #20-54 (Revision 3). **Motion carried.**

**b. Board Action #20-59 (Revision 2): Peter Chang Enterprises (PCE).** M. Singla, Chief Information Officer reported. Staff requested approval to revise the contract to add \$828.00 to funding source. Previous contract amount was incorrect - \$1,163,220 was invalid amount. The Chair, Ms. Brown called for a motion on Board Action #20-59 (Revision 2). **Motion.** It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of Board Action #20-59 (Revision 2). **Motion carried.**

**c. Board Action #21-25 (Revision 3): DWIHN FY 2020-2021 Operating Budget.** S. Durant, CFO reported. Staff requests approval to amend BA 21-25 R3 per budget adjustment #21-35-018 -- certification of Medicaid revenue of \$42,227,389 (includes Autism Medicaid of \$15,937,046) per the revenue projection of actual receipts as of March 31, 2021. Additionally, the certification of Medicare revenue of \$2,400,000 per a projection, also as of 03/31/2021. The board action certifies additional revenue totaling \$44,627,389. The Chair, Ms. Brown called for a motion on Board Action #21-25 (Revision 3). **Motion.** It was moved by Mr. Glenn and supported by Ms. Ruth approval of Board Action #21-25 (Revision 3). **Motion carried.**

**XI. New Business – Staff Recommendations: None**

**XII. Good and Welfare/Public Comment** – The Chair read the Good and Welfare/Public Comment statement. There were no comments for Good and Welfare.

**XII. Adjournment** – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Mr. Parker and supported by Mr. Glenn to adjourn the meeting. **Motion carried.**

The meeting adjourned at 2:43 p.m.

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| <p><b>FOLLOW-UP ITEMS</b></p> | <p>A. Quarterly, provide a statement where cash is being held.</p> <p>B. Send the fund balance policy to the Committee and Board for review.</p> |
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# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**MAY 12, 2021**

**1:00 P.M.**

**VIRTUAL MEETING**

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| <b>MEETING CALLED BY</b> | I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.   |
| <b>TYPE OF MEETING</b>   | Program Compliance Committee  |
| <b>FACILITATOR</b>       | Dr. Cynthia Taueg, Chair  |
| <b>NOTE TAKER</b>        | Sonya Davis   |
| <b>TIMEKEEPER</b>        |   |
| <b>ATTENDEES</b>         | <p><b>Committee Members:</b> Dr. Lynne Carter; Michelle Jawad; and Dr. Cynthia Taueg</p> <p><b>Board Members:</b> Commissioner Johnathan Kinloch and Chief William T. Riley, III</p> <p><b>Staff:</b> Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Kimberly Flowers; Shirley Hirsch; Bernard Hooper; Sharon Matthews; April Siebert; Andrea Smith; and Yolanda Turner</p> <p><b>Staff Excused:</b> Melissa Moody</p> |

## AGENDA TOPICS

### II. Moment of Silence

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| <b>DISCUSSION</b>  | The Chair called for a moment of silence. |
| <b>CONCLUSIONS</b> | Moment of silence was taken.              |

### III. Roll Call

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| <b>DISCUSSION</b>  | The Chair called for a roll call.   |
| <b>CONCLUSIONS</b> | Roll call was taken by Board Liaison, Lillian Blackshire. There was a quorum. |

### IV. Approval of the Agenda

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| <b>DISCUSSION/ CONCLUSIONS</b> | The Chair called for approval of the agenda. <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Jawad to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried</b> |
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**V. Follow-Up Items from Previous Meetings**

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>A. <b>Chief Medical Officer’s Report</b> – Clarify structure of the Behavior Treatment Advisory Committee (BTAC) – This committee is part of the Quality Improvement Steering Committee and is charged with the oversight of 21 Behavior Treatment Plan Review Committees (BTPRC) in the network. It is comprised of DWIHN network providers, members, DWIHN staff, including a Psychiatrist, Psychologist and the Office of Recipient Rights (ORR). The members are appointed for a two-year tenure. There are currently 20 members on this committee. This committee provides oversight and monitoring of DWIHN’s BTPRC and collects data and information on implementation issues. The activities of this committee are also documented in the QAPIP Work Plan. Dr. Tauег opened the floor for discussion. Discussion ensued.</p> <p>B. <b>Chief Clinical Officer’s (CCO) Report</b> – Provide a report on members that have been fully vaccinated and have passed the two-week waiting period in next month’s CCO’s report – A combined total of 80% of members in licensed settings have been fully vaccinated (88% received at least one dose). A combined total of 40% members have been fully vaccinated in unlicensed setting (47% received at least one dose). A combined total in congregate settings (66% fully vaccinated, 73% received at least one dose). Two persons who previously declined changed their mind and received their first vaccination. Dr. Tauег opened the floor for discussion. There was no discussion.</p> <p>The Chair noted that the Chief Medical Officer’s and Chief Clinical Officer’s follow-up reports have been received and placed on file.</p> |
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**VI. Approval of Meeting Minutes**

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>The Chair called for approval of the April 14, 2021 meeting minutes. <b>Motion:</b> It was moved by Ms. Jawad and supported by Chief Riley to approve the April 14, 2021 meeting minutes. Dr. Tauег asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b></p> |
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**VII. Reports**

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>A. <b>Chief Medical Officer</b> – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> <li>1. <b>Update on DWIHN’s COVID-19 Response</b> – DWIHN has continued our efforts towards COVID-19 and its’ vaccination by ongoing periodic COVID testing for staff and residents at AFC and Residential homes; periodic mandated routine COVID testing of DWIHN unvaccinated staff; partnership with the City of Detroit and Wayne County Health Department to provide vaccinations through mobile units; “Ask a Doc” Initiative and biweekly COVID-19 Newsletter to improve vaccination awareness and address hesitancy.</li> <li>2. <b>Performance Improvement Projects (PIPs)</b> – All clinical PIPs are being reviewed by Dr. Faheem with efforts to improve scores and compliance.</li> <li>3. <b>Substance Use Disorder (SUD) Initiatives</b> – Ongoing efforts to provide SUD services and encourage Medication Assisted Treatment (MAT); working with medical directors to improve MAT prescribing when appropriate; and staff working with WSU-CBHJ and our Mobile substance use service</li> </ol> |
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|  | <p>providers to help facilitate immediate availability of Opioid Use Treatment to people getting out of jail.</p> <ol style="list-style-type: none"> <li>4. <b>Crisis and Access Services</b> – Ongoing efforts to minimize care delays and hospital recidivism; and working on expansion of Med Drop program to improve outpatient compliance with goals to decrease need for higher level of care (ACT and inpatient hospitalizations).</li> <li>5. <b>Children Services</b> – Working internally on a plan and workflow for pediatric cases waiting in the E.R. due to lack of alternate safe placement; and working with the State to address complex pediatric cases, develop a workflow and plan.</li> <li>6. <b>Utilization Management (UM) and Appeals</b> – UM staff continues to meet with our psychiatrists to discuss cases with long length of stay and complex cases who wait on the inpatient units due to lack of safe discharge plan/placement.</li> <li>7. <b>PIHP Regional Medical Director’s Meeting</b> – This body was meeting weekly during the onset of the COVID pandemic but now meets bi-weekly. Medical Directors provide updates on vaccinations, improvement efforts in their region barriers, crisis in behavioral healthcare and potential ways to have State collaboration in addressing these efforts. Dr. Taueg opened the floor for discussion. Discussion ensued.</li> </ol> <p>B. <b>Corporate Compliance Report</b> - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> <li>1. <b>National Committee for Quality Assurance (NCQA) Accreditation</b> - DWIHN has received another three-year accreditation through the National Committee for Quality Assurance (NCQA) with a score of 92.49 out of a possible 100 points. Eric Doeh, Interim President/CEO informed the committee that receiving the NCQA Accreditation is a big deal for DWIHN and puts us on the same platform to compete with the Health Plans in terms of being able to provide the best services for our clients. <b>BIG KUDOS TO GAIL PARKER, ALLISON SMITH, TANIA GREASON, DWIHN STAFF AND BOARD OF DIRECTORS FOR A JOB WELL-DONE!!!</b></li> <li>2. <b>MDHHS CWP-HSW-SEDW Plan of Correction (POC)</b> – DWIHN has provided evidence of compliance with the POC and is currently awaiting a response regarding the acceptance of the submission.</li> <li>3. <b>United Horizons Contract Termination</b> – Staff has worked diligently with CRSP for approximately 175 individuals who are currently receiving CLS or Respite Care from United Horizons. Individuals have identified a number of providers as a potential employer for DCWs displaced as a result of the contract termination. Help at Home has committed to interview and employ former staff of United Horizons as appropriate. None of the staff involved have been implicated in any substantiated investigations regarding United Horizons.</li> </ol> <p>Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Chief Medical Officer’s and Corporate Compliance’s reports have been received and placed on file.</p> |
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**VIII. Quarterly Reports -**

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| <p><b>DISCUSSION/<br/>CONCLUSIONS</b></p> | <p>A. <b>Managed Care Operations</b> – Sharon Matthews, Managed Care Operations submitted and gave highlights of Managed Care Operations’ quarterly report on behalf of June White, Director of Managed Care Operations. Ms. Matthews reported:</p> |
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1. **Contract Managers and Providers** – There are 16 staff employees and 10 are Contract Managers. Staff provides oversight and management of approximately 356 contracted providers (excluding 51 SUD contracts which are managed in the SUD department) for outpatient, inpatient, residential, specialty programs with approximately 900 homes licensed (366) and unlicensed (534). HUD Housing contracts, Supported Employment, Michigan Rehabilitation Services contract and five DHS' Outstation contracts where Medicaid applications are processed for DWIHN members are also managed by this department.
  2. **Effects of COVID-19 on the Providers** – One temporary provider closure for this quarter due to COVID-19 exposure and is expected to re-open later this month. There were 22 provider closures this year to date. There were some consolidations to lessen the effects of COVID-19, financial and staffing issues.
  3. **New Provider/New Programs** – No new providers have been added but some of the current providers have been approved to add services and a wide range of mental health services due to the new way of doing business through telehealth.
  4. **Provider and Practitioner Survey for September 2021** – An ad-hoc group was formed to discuss survey results, providers/practitioners' specific requests and steps to resolve barriers. Meetings will be held monthly until a final product is produced, expected by June 2021.
  5. **Goals for Future Improvements** – Improve relationships with providers through training and communication; standardize contract process; monitor compliance and non-compliance providers and ensure our compliance and network adequacy with state regulations.
  6. **Provider/Training Meetings Held** – Separate virtual meetings are held every six weeks for Outpatient and Residential providers.  
Dr. Taueg opened the floor for discussion. There was no discussion.
- B. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave highlights of her quarterly report. Ms. Hirsch reported:
1. **Residential Assessment Productivity** – 772 referrals were received and 330 completed assessments for Quarter 2.
  2. **Referrals** – There were no specified reporting listed for last year's reporting for DHHS Youth Age-Outs (Q1) and Out-of-County (Q1 and Q2). There was a significant increase in DHHS Youth Age-Outs and Out-of-County for this Fiscal Year (Q2).
  3. **Service Authorizations** – There were 2,817 total process requests for Quarter 2.
  4. **H2015 Project (January 2021)** – 800 Authorizations
  5. **Residential Facility Closures** – There were 5 closures for Quarter 2
  6. **External Trainings** – There were 14 sessions, 1,079 attendees with CRSP and Residential Providers.
  7. **Department Goals** – Increase staffing, continue and increase monitoring department productivity, format reporting to monitor timeliness and response to service request and establish residential guidelines to evaluate specialized utilization functions.  
Dr. Taueg opened the floor for discussion. Discussion ensued.
- C. **Substance Use Disorder Initiatives** – Judy Davis, Director of Substance Use Disorder Initiatives submitted and gave highlights of her quarterly report. Ms. Davis reported:
1. **Naloxone Initiative Update** – The Initiative has saved 729 lives from its' inception to March 2021. Staff provided 5 trainings during January through March 2021. Providers, law enforcement, and community organizations can

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|  | <p>request Naloxone trainings via DWIHN’s website by completing the form on the following link:<br/> <a href="https://app.smartsheet.com/b/form/172e55fa4bde4bfd88d99b088bdaebb4">https://app.smartsheet.com/b/form/172e55fa4bde4bfd88d99b088bdaebb4</a></p> <ol style="list-style-type: none"> <li>2. <b>Mobile Units</b> – DWIHN has two providers that provide mobile units for a variety of SUD services. There have been 242 consumers served by the mobile units.</li> <li>3. <b>Opioid Health Home (OHH)</b> – Staff is working to improve care management, care coordination and care transitions for beneficiaries with opioid use disorders, including Medication Assisted Treatment. Providers have enrolled 111 individuals for OHH programs.</li> <li>4. DWIHN provides the following harm reduction strategies in the community as appropriate to the audience (Naloxone, peer support, latex condoms, fentanyl strips and deterra bag distribution). Sleeping bag coats distribution has been increased to include more providers that are connected to the homeless population (54 coats have been distributed from January through March 2021).</li> <li>5. <b>Prevention Services</b> – The Men’s Rap Barbershop Talk Tour Initiative is ongoing. Health Disparities, Uniting to Make our Community Better, Men’s health Issues, Male Responsibilities, Substance Use and Abuse, Police Brutality and Minority Mental Health have been topics of discussion. Barbershop presentations were conducted at four locations in Wayne County for the month of March.</li> <li>6. <b>Recovery Self-Assessment (RSA)</b> – A validated self-reflective tool designed to identify strengths and target areas of improvement as agencies and systems develop and strengthen recovery-oriented systems of care. DWIHN received an 83% satisfaction rate. DWIHN has continued to meet the expectation of improvement from the previous year. DWIHN and the SUD network have participated in the RSA Assessment since 2015.</li> </ol> <p>Eric Doeh, Interim President/CEO expressed his concerns about the positive COVID testing in the SUD population had started to pick back up within the last couple of months. DWIHN will continue to provide PPE and other resources to make sure that these numbers stay low. DWIHN was also selected by MDHHS for the Opioid Health Home (OHH) project. As we move further into behavioral health home, this is something we’re hoping to achieve come October which will also help us to compete with the Health Plans. Dr. Tauieg opened the floor for discussion. Discussion ensued.</p> <p>The Chair noted that the Managed Care Operations’, Residential Services’, and Substance Use Disorder Initiatives’ quarterly reports have been received and placed on file.</p> |
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**IX. Strategic Plan Pillar - Customer**

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| <p><b>DISCUSSION/<br/>CONCLUSIONS</b></p> | <p>Michele Vasconcellos, Director of Customer Services submitted and gave a report on the Strategic Plan – Customer Pillar. The Customer Pillar is at 87% completion. There are three goals under this pillar that range from 73%-92% completion.</p> <ol style="list-style-type: none"> <li>1. <b>Goal 1- Enhance the Provider Experience by 12/31/2021</b> – The focus is on Ensuring provider satisfaction by conducting surveys, analyze the results of DWIHN’s annual provider satisfaction survey and make applicable recommendations; improve level of support by conducting regularly scheduled system training across provider networks; and provide tools and support to</li> </ol> |
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|  | <p>ensure providers have more meaningful experience. This goal is on target and is at 83% completion.</p> <p>2. <b>Goal 2 – Ensure Inclusion and Choice for Members by 9/30/2020</b> – The focus is on building an infrastructure to support implementation of self-determined/PCP/shared decision-making; develop components to support the self-determination by enabling individualized budget agreements in MH-WIN system along with the standardized IPOS; and trained CRSP Providers who have individuals transitioning to self-determinations. This goal is still behind and is at 92% completion.</p> <p>3. <b>Goal 3 – Improve Person’s Experience of Care and Health Outcomes by 12/31/21</b> – The focus is on delivering information about providers and practitioners in appropriate formats; updating and distribution of Provider Directories and Member Handbooks; identifying opportunities to improve member satisfaction via Adult and Children Member surveys; and ensuring access to Recipients Rights and ensuring individuals are placed in a least restrictive environment. This goal is on target and is at 73% completion.</p> <p>Dr. Taueg opened the floor for discussion. The committee requested that Ms. Vasconcellos provide hard copies of the new Provider Directory to Lillian Blackshire, Board Liaison for distribution to all board members. <b>(Action)</b> The Chair noted that the Strategic Plan Customer Pillar report has been received and placed on file.</p> |
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**X. Quality Review(s) -**

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| <p><b>DISCUSSION/<br/>CONCLUSIONS</b></p> | <p><b>FY 20-21 QAPIP Work Plan Six-Month Update</b> – April Siebert, Director of Quality Improvement submitted and gave highlights on a six-month update on the six pillars identified in the Strategic Plan. The Work Plan has been updated with actions taken, progress in meeting QI objectives, improvements made, and identified barriers.</p> <p>8. <b>Goal I – Customer Pillar</b> – Maintain mutually respectful relationship with members and providers - There are six objectives under this pillar. To date, no barriers have been identified and is on target to meet the goals and objectives of this pillar.</p> <p>9. <b>Goal II – Access Pillar</b> – Affordability, availability, accessibility, accommodation, and acceptability - There are eight objectives under this pillar. On target to meet the goals and objectives of this pillar with the exception of Indicator 10b (Adult Recidivism). Staff have established an internal workgroup to examine admission and readmission trends, conduct root cause analysis, identify opportunities for improvement and determine next steps; and an external workgroup with CRSP to develop and implement an action plan to prevent and reduce inpatient psychiatric readmissions.</p> <p>10. <b>Goal III</b> – Provide staff development activities while empowering staff in the competitive and market-driven workforce - To date, no barriers have been identified and is on target to meet the goals and objectives of this pillar.</p> <p>11. <b>Goal IV – Finance Pillar</b> – Commitment to financial stewardship and to the optimal prioritized allocation of scarce resources across a plethora of growing and competing needs to best fulfill its’ mission, vision and values - To date, no barriers have been identified and is on target to meet the goals and objectives of this pillar.</p> <p>12. <b>Goal V – Quality Pillar</b> – Improve safe, Patient Centered, Efficient, Equitable, Timely, Effective - There are seven objectives under this pillar. To date, we are on target to meet the goals and objectives (1-6) of this pillar with the exception of the Specialized Residential Monitoring. Staff will collaborate with other</p> |
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|  | <p>units (ORR, MCO, Credentialing and CPI) on coordination of reviews to address this issue.</p> <p>13. <b>Goal VI – Advocacy Pillar</b> – Increase Community Inclusion and Integration - To date, we are not on target to meet this goal. DWIHN must assess residential and non-residential providers’ settings for compliance with the HCBS Final Rule. The delivery of Community Living Supports/Life Skills and Skill Building “in-person” services and supports continued to be impacted due to the COVID-19 pandemic. DWIHN has partnered with the City of Detroit and the Detroit Health Department in assisting with the efforts for distribution of the COVID-19 vaccine to address this issue.</p> <p>14. <b>Goal VII – Assure Compliance with Applicable National Accreditation, Legislative, Federal/State</b> – Comply with federal and regulatory requirements, MDHHS, HSAG and NCCQ – To date, we are on target for the scheduled mandated reviews and will be reported to the Program Compliance Committee and other appropriate committees as required.</p> <p>Dr. Tauzeg opened the floor for discussion. Discussion ensued. The Chair noted that the FY 20-21 QAPIP Work Plan six-month update has been received and placed on file.</p> |
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**XI. Chief Clinical Officer’s (CCO) Report**

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>Kimberly Flowers, Provider Network Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report on behalf of Melissa Moody, Chief Clinical Officer. Ms. Flowers reported that:</p> <p>15. <b>COVID-19 &amp; Inpatient Psychiatric Hospitalization</b> – Hospitalizations data showed 9% increase in admissions for the month of April. There were six reported cases of COVID-19 inpatient in April 2021 (March 2021 – 4 cases).</p> <p>16. <b>COVID-19 Intensive Crisis Stabilization Services</b> – There was a 2% increase in crisis stabilization services provided in April 2021 compared to March 2021- 287 served.</p> <p>3. <b>COVID-19 Pre-Placement Housing</b> – There were 33 people serviced in pre-placement housing for the month of April 2021.</p> <p>4. <b>COVID-19 Recovery Housing/Recovery Support Services</b> – There was a significant increase in the utilization of COVID-19 recovery homes in the month of April 2021(30) compared to March 2021 (4).</p> <p>5. <b>COVID-19 Urgent Behavioral Health Urgent Care Sites</b> – There was a 37% increase in utilization of Urgent Behavioral Health Urgent Care Services in April 2021 (41) compared to March 2021 (30).</p> <p>6. <b>Residential Department Report of COVID-19 Impact</b> – There was 29 new positive COVID-19 positive members in April 2021 and five (5) reported new deaths. There was 20 new COVID-19 positive cases and no reported deaths (the three reported deaths were from April 2020. This is the reported highest number of COVID cases since April 2020.</p> <p>Dr. Tauzeg opened the floor for discussion. There was no discussion. The Chair noted that the Chief Clinical Officer’s report has been received and placed on file.</p> |
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**XII. Unfinished Business**

|                                    |  |
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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | A. <b>BA #20-55 (Revised2)</b> – Substance Use Disorder (SUD) COVID Emergency Grant Funding – The Chair called for a motion on BA #20-55 (Revised2). <b>Motion:</b> It was moved by Ms. Jawad and supported by Chief Riley to move BA #20-55 (Revised2) to Full Board for approval. Staff requesting board approval for the allocation of additional COVID-19 grant funding of \$188,911.00 (the original award \$393,973.00 approved 5/20/20) for a total amount not to exceed \$582,884.00 to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery homes services. Dr. Taueg opened the floor for discussion. There was no discussion. <b>Motion carried.</b> |
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**XIII. New Business: Staff Recommendation(s)**

|                                    |   |
|------------------------------------|---|
| <b>DISCUSSION/<br/>CONCLUSIONS</b> | A. <b>BA# 21-63</b> – Summer Youth Employment Program (SYEP) – The Chair called for a motion on BA #21-63. Chief Riley abstained City of Inkster. <b>Motion:</b> It was moved by Dr. Carter and supported by Ms. Jawad to move BA #21-63 to Full Board for approval. Staff requesting board approval of a contract from May 1, 2021 to September 30, 2021 in the amount of \$2.1M for the DWIHN Summer Youth Employment Program. Dr. Taueg opened the floor for discussion. There was no discussion. <b>Motion carried.</b> |
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**XIV. Good and Welfare/Public Comment**

|                                    |  |
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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <i>There was no Good and Welfare/Public Comment to review.</i> |
|------------------------------------|--|

| ACTION ITEMS   | Responsible Person   | Due Date         |
|--|----------------------|------------------|
| 1. Strategic Plan Pillar – Customer – Provide hard copies of the new Provider Directory for DWIHN’s Board of Directors | Michele Vasconcellos | <b>July 2021</b> |

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Chief Riley and supported by Ms. Jawad to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 2:31 p.m.

**NEXT MEETING:** Wednesday, June 9, 2021 at 1:00 p.m. *(Virtual Meeting)*





***SAVE THE DATE***

# **BOARD STUDY SESSION**

**Wednesday, June 23, 2021**

**9:00 A.M. - 12:00 P.M.**

***VIRTUAL***





***SAVE THE DATE***

**Full Board**

**ANNUAL MEETING**

**Wednesday, July 21, 2021**

**11:00 A.M. - 2:00 P.M.**





## ***SAVE THE DATE***

Budget Hearing

Joint Finance Committee

&

Program Compliance Committee Meeting

**Wednesday, August 4, 2021**

**1:00 p.m. - 4:00 P.M.**





**Detroit Wayne  
Integrated Health Network**

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

FAX: (313) 833-2156  
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

**FY 2021-2022 RESOLUTION NO. 1  
SUPPORT FOR A SUSTAINED BEHAVIORAL HEALTH SYSTEM  
THAT PUTS PEOPLE FIRST**

**WHEREAS**, The Detroit Wayne Integrated Health Network (DWIHN) Board of Directors has a dual mission to influence and set policy matters for the provision of community-based behavioral health services to Medicaid recipients in Wayne County to ensure the delivery of quality services which are effective, efficient, culturally relevant, and responsive to the needs and desires of the persons DWIHN serves with dignity and respect;

**WHEREAS**, in response to recent proposed legislation that attempts to disrupt and destroy the community-based behavioral health system that was put into existence nearly six decades ago by the establishment of the Community Mental Health Act of 1963;

**WHEREAS**, the Board of Directors recognizes community-based behavioral healthcare continues to be the most effective and inclusive way for persons to receive person-centered care in the setting of their choosing.

**WHEREAS**, DWIHN asserts that to thoroughly serve persons with serious mental illness, intellectual and developmental disabilities and substance use disorders in the behavioral healthcare community; true integrated person-centered healthcare is essential to the provision of fiscally responsible, consistent, efficient, goal and treatment optimizing, quality care.

**WHEREAS**, DWIHN opposes any behavioral health redesign that harms the state and county partnership for community mental health and related Medicaid safety net services and/or seeks to privatize Medicaid behavioral health services. Additionally, we believe that any behavioral health redesign must maintain the efficacy, responsiveness and integrity of the community-based behavioral health system and be inclusive of the following:

- i. Consistent and uninterrupted service for the persons served no matter where they reside.
- ii. Ultimate control and allocation of the financial resource remaining in the public sphere.
- iii. Each entity adequately funded and enabled to retain its own risk.
- iv. Shared savings reinvested in the provision of integrated evidence-based services deployed to maximally improve the lives of the persons served.

**Board of Directors**

William T. Riley, III, Chairperson  
Dorothy Burrell  
Kevin McNamara

Angelo Glenn, Vice Chairperson  
Lynne F. Carter, MD  
Bernard Parker

Dora Brown, Treasurer  
Michelle Jawad  
Kenya Ruth

Dr. Cynthia Tauog, Secretary  
Jonathan C. Kinloch

Eric W. Doeh, Interim President and CEO



**WHEREAS**, through collaborations, clinical expertise and capabilities, and standardized plans of service, DWIHN demonstrates best practices in terms of how delivery of services can be optimized with minimum delay and disruption.

**WHEREAS**, the Board of Directors supports regional efforts for a School Success Initiative that provides funding for prevention-based behavioral health screenings and services in over 300 K-12 schools. The program aims to ensure that students and their families have access to services within a school-based setting, are provided psychoeducation training, and are being assisted to reduce the stigma surrounding children and families engaged in behavioral health supports and services to benefit those in need.

**WHEREAS**, DWIHN annually enhances the lives of nearly 80,000 individuals, their loved ones, and their communities through our Recovery Oriented Systems of Care which offer an array of formal and informal services to sustain long-term recovery and promote wellness in the individuals and their communities.

**WHEREAS**, DWIHN deploys data-driven, evidence-based practices to provide a comprehensive, integrated, trauma-informed, gender-specific, and culturally sensitive service array for persons ranging from children to the geriatric population.

**WHEREAS**, DWIHN has rolled out a Certified Care Coordination platform coupled with HEDIS quality measures to facilitate true care coordination and interoperability between DWIHN's behavioral health provider network and DWIHN's physical health plan partners.

**WHEREAS**, DWIHN implements a Holistic Care approach through partnerships and collaborative relationships for the delivery of physical health services to our members, based on the recognition that care coordination can better integrate behavioral and physical health services to optimize an individual's overall health.

**WHEREAS**, DWIHN has earned a three-year reaccreditation from the National Committee on Quality Assurance (NCQA), the undisputed, gold standard of excellence with the healthcare industry, and is just one example of a successful, efficient NCQA accredited PIHP operating within the community-based behavioral health system.

**WHEREAS**, a key, yet false, assumption underlying the current proposed legislation is that private Medical Health Plans (MHPs) will operate at a more efficient level than DWIHN when, in fact, many of the MHPs operating in Wayne County have contracted through the MiHealthLink program with DWIHN to provide behavioral health services to their respective members with behavioral health diagnosis generally considered to be "mild to moderate" and rely on the operations of DWIHN to support their respective NCQA submissions for accreditation, including eligibility to receive "auto-credit" due to DWIHN's NCQA accreditation.

**WHEREAS**, the community-based behavioral health system is at the precipice of change lead, in part, by DWIHN's investment in making a difference in the lives of the persons DWIHN serves and the lives of those in Wayne County communities as demonstrated by:

- i. Establishing Crisis Centers to serve our communities;
- ii. Deploying Mobile Crisis Teams to go out into our cities;
- iii. Partnering with our local police departments and empowering officers with Mental Health First Aid and Crisis Intervention Training
- iv. Working to bring more Certified Community Behavioral Health Clinics and Opioid Health Homes to our region.

**NOW THEREFORE BE IT RESOLVED**, that:

- i. Detroit Wayne Integrated Health Network is a Community Mental Health organization established to be the safety net for society's most vulnerable citizens.
- ii. Detroit Wayne Integrated Health Network is guided by the Mental Health Code to protect and ensure that the social determinants of health are met for the persons we serve.
- iii. Detroit Wayne Integrated Health Network is committed to maintaining a community-based behavioral health system that will always put the needs of people first.
- iv. Detroit Wayne Integrated Health Network will continue to work with stakeholders and legislators in expressing concerns of the people of Wayne County's communities, guiding policy matters regarding community-based behavioral health services and offering potential alternatives to any legislation that does not prioritize people.

This resolution is to be sent to Governor Gretchen Whitmer, MDHHS Director Elizabeth Hertel, State Legislators, Wayne County Executive Warren Evans, City of Detroit Mayor Mike Duggan, the Wayne County Commissioners with special acknowledgment to Alisha Bell, Wayne County and local elected officials, DWIHN's Provider Network, Community Stakeholders, and DWIHN social media sites.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this 16<sup>th</sup> day of June, 2021, by the Detroit Wayne Integrated Health Network Board of Directors.

---

Chief William Riley  
Board Chairperson  
Detroit Wayne Integrated Health Network



## **Interim President and CEO Report**

### **Eric Doeh**

### **June 2021**

Significant time has been spent focusing on our response to the series of bills by Rep. Mary Whiteford aimed at eliminating the PIHPs and replacing them with a single Administrative Service Organization (ASO). The flagship bill HB 4925 is Rep. Mary Whiteford's version of a system redesign that is focused on the following: 1) eliminating the PIHPs (10); 2) creating an ASO to manage behavioral health care for the entire State; 3) ASO would bear zero risk; 4) create a 15-member public behavioral health oversight council; 5) supposedly the ASO structure would eliminate administrative barriers.

I had an opportunity to meet with Rep. Mary Whiteford to address significant issues the bill, if passed, would present. She appears to be open to revisions and even other ideas aimed at achieving accessibility and efficiency. Rep. Mary Whiteford is scheduled to conduct a listening tour this summer and we are looking forward to hosting her in August.

Our core principles remain the same no matter Rep. Mary Whiteford's redesign plan or that which has been led by Sen. Mike Shirkey. The following must remain:

- 1) Behavioral health redesign inclusive of integration must remain within the public mental health system.
- 2) Services must remain consistent and uninterrupted for the individuals we serve no matter where they reside.
- 3) Ultimate control of the finances must remain in the public sphere.
- 4) If a system redesign is contemplated, each entity must retain its own risk.
- 5) Shared savings must be reinvested in services to improve the lives of the individuals we serve.

It appears that the timing on Rep. Whiteford's redesign is not necessarily in accordance with the budget (the budget is due to the Governor on July 1, 2021). The July 1 date was self-imposed by the legislators and it is anticipated that that deadline will be extended. The good news about this is that it provides additional time to organize and advocate against this redesign.

Additional good news is the fact that May's revenue topped forecast by \$1 billion—that is the revenues to the State's General and School Aid funds. This also means that Gov. Whitmer and the Legislature now have \$4.5 billion more in General and School Aid fund revenues available to spend than expected at the start of the calendar year for the current 2020 – 2021 and upcoming 2021 – 2022 fiscal years. This news provides for a positive outlook regarding our general fund request.

As DWIHN prepares for the future, we must ensure that we are leaders in this region. To do so, we must set a plan that makes us indispensable no matter the redesign. To guarantee

that, we must be willing to be bold and innovative in ideas and implementation of those ideas. For example, our clinical plan of developing opioid health homes, behavioral health homes, Certified Community Behavioral Health Clinics, mobile crisis services, and our crisis continuum must remain on course. Our operational plan of bringing in our access center, developing a care coordination platform that links behavioral health and physical health in real time, universal credentialing, universal recipient rights training, a risk matrix that evaluates our providers, and innovative and alternative payment models must drive us towards better delivery of services and administrative efficiency.

### **ADVOCACY/LEGISLATIVE EFFORTS**

A Resolution is being developed, advocating for the sustainment of community mental health services that protects the needs of people served. Shared with elected leaders, MDHHS, Downriver Community Conference and Western Conference of Mayors, advocacy groups and persons served, this resolution is aimed at highlighting all of the many accomplishments by DWIHN/CMHs as well as our innovation and reasons of keeping behavioral health in the public sphere. We are also working with the Association and the other PIHPs to develop a cohesive and coherent plan in opposition to Rep. Mary Whiteford's redesign plan.

We distributed a position paper on DWIHN's perspective on *Integrated Healthcare That Prioritizes People and The Public Mental Health System*. The paper was shared widely with our providers, people served, community stakeholders, legislators and advocacy groups. <https://dwihn.org/carousel-IHC-Prioritizes-People-Public-Health-System.pdf>

We continue to work with our lobbyists, Public Affairs Associates (PAA), to engage legislators on their ideas on reshaping our behavioral healthcare system. Ongoing conversations are being held with MDHHS leadership.

The shortage of workers, in particular clinicians, continues to be a major concern for our providers and the network. We have developed a work group with the provider network to share some ideas and come up with solutions to address this issue. We have also had communications with MDHHS so that we look at other options, including licensing requirements and certification programs that allow for upward mobility.

### **MAY MENTAL HEALTH AWARENESS MONTH AND STAFF APPRECIATION**

DWIHN held a Staff Appreciation/Mental Health Break for our employees on May 25 at the DWIHN building. About 200 people participated. It was also the kickoff of the Employee Appreciation program called "Shining Star", where employees and departments are recognized for their hard work.

As part of our outreach efforts, DWIHN held our "My Mental Health Hero" Campaign on our social media sites. We reached out to staff, providers and people we serve to ask them to share the name of their mental health hero. It was so well received that Senator Debbie Stabenow even participated and shared her hero as well. About 30-40 people participated in this campaign.



## **INTERIM CHIEF NETWORK OFFICER**

I have appointed Manny Singla as Interim Chief Network Officer. He will serve in this role to assist me during my appointment as Interim President and CEO. Manny will continue to serve in his role as Chief Information Officer during this period.

## **COVID-19 EFFORTS**

DWIHN continues to provide resources for our members during this pandemic including Behavioral Health Urgent Care Services, COVID recovery homes, COVID residential homes, crisis stabilization services, and access to Personal Protection Equipment (PPE). COVID-19 positive numbers had sharp increase in March and April, but we started to see some decline in May. DWIHN continues to share COVID vaccine information in Town Hall meetings and through events with the City of Detroit.

## **ACCESS CENTER**

We continued our efforts to hire three part-time staff in the SUD Area of the Call Center. We have implemented performance metrics for each call center unit. We are focusing our processes towards “First Call Resolution” and continue to work with staff on processing techniques, managing staff schedules to leverage ultimate coverage, implementation of a quality program, created standardized quality rating standard, began silent monitoring with real-time feedback, and began bi-weekly all staff/training meetings. We are also holding ongoing meetings with our CRSP Providers to increase communication and improve processes.

## **CUSTOMER SERVICE**

On June 9, DWIHN collaborated with the City of Detroit to host the “Vaccine Town Hall Discussion for People with Disabilities” with our very own Dr. Shama Faheem and Chief Public Health Officer, Denise Fair. This conversation highlighted the partnership of one of our very own peer mentors, Jaime Junior, who is a member of the City of Detroit’s Office of Disability Rights. This town hall was meant to educate and offer resources to the people we serve about the COVID-19 vaccination. The Detroit Office for Disabilities Affairs is designed to increase independence, opportunities, community participation, safety, and wellness of persons with disabilities in the City of Detroit. Our peers work to advocate and ensure inclusion, representation, and equity of persons with disabilities as it relates to the City's programs and services, including housing, transportation, communications and employment opportunities.

DWIHN staff planned, coordinated and facilitated the “Bridging the Gap” monthly series, for peers and community health workers. The focus is social determinants of health and the monthly speakers addressed reducing stigma and labels.

## FACILITIES



### **Crisis Assessment Center**

- ✓ January - Prelim meeting with community
- ✓ February - All mechanical, abatement, plumbing, electrical, stormwater plans uploaded to City
- ✓ February – Prelim paperwork submitted to Flagstar Bank
- ✓ March - Construction site plans delivered to City Final Plan Review
- ✓ End of March - Public hearing with City of Detroit
- ✓ April 12 - Issue RFP
- ✓ May 4 – Community Meeting
- ✓ May 19 – **POSTPONED 2 WEEKS TO ALLOW FOR ADDT'L QUESTIONS**
- ✓ June 2-8 – RFP Interview Process
  - June 11 – Board Executive Committee
  - June 16 – Full Board Meeting
  - June 29 – City of Detroit Building Zoning Appeals Dept Hearing

### **Milwaukee Building**

- ✓ Social Distancing/Glass Installation completed the week of March 22
- Board Room Renovation
  - relocation/renovation of the board table – waiting on two pieces to arrive for max social distancing
  - installation of carpet ordered, to be installed after table moved
  - moving electrical
  - paint/touch-up to be done after table moved

## **INTEGRATED HEALTHCARE**

DWIHN continues to meet with MDHHS on an ongoing basis to advocate for the expansion of Behavioral Health Homes throughout the State of Michigan and to include Region 7 (Detroit Wayne) in that expansion. Additional funding is being recommended at the State level to add at least two regions to this program. DWIHN is working with a consultant from The National Council of Behavioral Health on a Behavioral Health Home work plan to ensure DWIHN is well positioned to take on this responsibility. This model is an integrated care approach to services that treats the whole person in regard to both behavioral and physical health. The target date for this expansion is October of 2021.

DWIHN is partnering with Wayne Health and Ford X to provide mobile physical and behavioral health outreach and engagement for members of our community. This will be accomplished through identifying area “hot spots” and providing mental health screening, referral and treatment services in those areas. This utilizes a “no 4-wall approach”, which improves timely access into services.

DWIHN launched a shared electronic data platform with Health Plan #1 on June 1, 2021. This platform is being utilized to improve care coordination and consultation.

## **RESIDENTIAL SERVICES**

Residential staff continue to closely monitoring COVID-19 related issues including tracking the number of COVID positive adult foster care staff and members and number of persons receiving Covid-19 vaccinations. Each month we are seeing an improvement in overall vaccination numbers. Eighty percent (86%) of persons living in licensed residential settings have been fully vaccinated. If you include persons that have received the first dose, it increases to 88%.

## **CHILDREN’S INITIATIVES**

Autism - DWIHN closed its’ RFP expansion grant and is currently reviewing all applications. There has recently been an identified need for more autism evaluation services due to a workforce shortage and DWIHN is working with an identified provider to provide temporary assistance in this area.

School Success Initiative - DPSCD reported no issue with the curriculum DWIHN submitted. School-based providers have been trained in the Michigan Model for Health. It is reported that the training was well received. DPSCD expressed the value of having CMH agencies in the schools and will work to ensure that the schools are aware of the services that are being offered/provided. DPSCD has requested DWIHN to provide training on the Question Persuade Response model. This will be coordinated through our Workforce Development Department. DWIHN has also began working on phase three of the initiative, which consists of establishing Memorandums of Understanding (MOU) with the schools that have school-based health centers. DWIHN met with Ascension (who are in five of our School Success Initiative schools) to discuss the establishment of a MOU. This will assist in linking Tier 1 and two youth to the school-based health centers and linking Tier 3 youth to behavioral health services through our CMH agencies.

## **SUBSTANCE USE SERVICES**

DWIHN continues to establish an Opioid Health Home. The team meets weekly on its implementation plan to ensure DWIHN is capturing all needed information in our electronic health record. DWIHN received technical assistance from MDHHS and the three regions who have been utilizing this model over the past year. DWIHN is the Lead Entity for our region and has nine Health Partners providing the direct services. There are 111 individuals currently receiving services through the Opioid Health Home. DWIHN has expanded SBIRT services to three SUD agencies. DWIHN is receiving additional Covid-19 Relief funding (\$3 Million) through the State of Michigan.

## **FINANCE**

Based on projections as of December 31, 2020, our CFO determined that DWIHN had a minimum of \$5 million in additional State general fund for allocation to eligible programs in an effort to not lapse these funds at September 30, 2021. DWIHN's executive team presented recommendations to the Finance Committee on June 2, 2021. These recommendations were approved by the Finance Committee. Some of the recommendations included: 1) augmenting funding for our summer youth program; 2) providing technology and equipment to our residential communities; and 3) extending our jail diversion law enforcement pilot program with five additional cities. Board actions were presented at the Program Compliance Committee meeting on June 9, 2021. The CFO will review general fund spending in August to determine if any additional State general fund dollars will likely be available for allocation and spent by September 30, 2021. If so, recommendations will be presented to the Chair of the Finance Committee for review and approval to seek exigent approval from the Board Chair. This is a critical issue.

The proposed FY22 budget is being prepared for submission, review and approval pursuant to Act 258 of the Public Acts of 1974 (Michigan Mental Health Code), Section 330.1226. The joint Finance/Program Compliance Committee meeting is scheduled for August 4, 2021.

DWIHN has requested the submission of certain data by May 31, 2021 from thirteen (13) skill building providers in an effort to evaluate the amount of financial assistance DWIHN would provide immediately. Skill building providers have incurred over 75% in lost revenue post the pandemic. Providing immediate assistance is necessary to ensure these providers remain in business to service our members once the pandemic subsides.

The Finance and Children's divisions of DWIHN are working on the development of a payment incentive model for our Children's providers. We anticipate the framework will be developed, provider review and MDHHS approval in time for an October 1, 2021 implementation. Given this timeline, DWIHN will present this model for approval at the September Full Board meeting.

## **RECIPIENT RIGHTS**

The Recipient Rights department is working with IT to develop an online complaint process to reduce paper and improve efficiency. Staff has completed most of the online data fields. We are now in phase two of moving to "Therefore" in the training module section of our process. This will test the process to ensure the data and documents are captured to retrieve on a later date for an appeal or completing an assessment for the State of Michigan.

Another project was to implement the \$50.00 provider fee for all providers failing to train their employees within 30 days of their hire date. This means they are not in compliance with the Mental Health Code. We have developed the provider letter explaining the details of their violation and its fees. After executive review, it will move for our Legal team's approval.

May was Mental Health month and our Recipient Rights department conducted outreach at the Clubhouse to develop a working relationship with staff and recipients, which was very

successful. The team volunteered in a safe manner and developed a memorable day for the staff and the recipients. Staff is currently working with Constituents' Voice to develop a program to ensure our recipients can and will be afforded the opportunity to vote. We also conducted a virtual staff picnic and played an online scavenger hunt game as a morale booster. Both were successful and the team was excited and everybody participated.

## COMMUNICATIONS

Our "Ask the Doc" segments continue to be disseminated throughout our provider network and community stakeholders to help address and educate people about COVID-19. The newsletters help answer questions and address myths and some of the hesitancy surrounding vaccinations. Several surveys, including those collected by the Centers for Disease Control (CDC), have shown increases in self-reported behavioral health symptoms. We have seen tremendous feedback and address a lot of good topics. Please visit [AskTheDoc@dwihn.org](mailto:AskTheDoc@dwihn.org).

May was a very busy month as we recognized Mental Health Awareness month with several outreach events, social media campaigns and media mentions.

*Teens for Vaccines:* On May 3-19, in partnership with the Detroit Health Department, Ascension and Henry Ford Health, DPSCD offered virtual education information sessions and vaccinations for everyone 12 and up.

*Courageous Conversations for Students & Parents:* On May 25, a virtual town hall conversation was held in partnership with Black Family Development and Community Living Services to find out why parents and students are faced with more mental health concerns during the pandemic, what some of those issues have been and how to deal with them. There was community coverage by Local 4 and WWJ.

On June 17-18, DWIHN will partner with LAHC and CUYFD in recognition of Men's Health Awareness Month for the *Man in the Midst of a Pandemic* conference, with Fox 2's Josh Landon to address a variety of health issues specific to men, highlighting physical as well as mental health conditions that may cause varying symptoms affecting men differently than women.

### In the Media

WDIV-TV4 - Channel 4 promoted the DWIHN Mental Health Town Hall in which DWIHN Chief Clinical Officer, Melissa Moody, and DWIHN Chief Clinical Officer, Dr. Shama Faheem, participated. It was a conversation geared toward families and children. The story also mentioned the Mindwise assessment tool on the DWIHN website.

<https://www.clickondetroit.com/health/2021/05/25/detroit-wayne-integrated-health-network-hosts-virtual-conversation-on-mental-health-for-parents-students/>

WWJ Newsradio 950AM - promoted the DWIHN Mental Health Town Hall and the Mindwise assessment tool also on the day of the event with a soundbite from Melissa Moody. As a bonus, they aired it the next day discussing the DWIHN Mindwise tool.

WDIV-TV4 & Scripps-Mental Health messaging aired on both Channel 4 and all Scripps outlets (Channel 7, TV 20 & Bounce) promoting the resources that are available to anyone with mental health concerns, as well as sharing the 24/7 Access Helpline 24/7.

Beasley Media Group - Radio messages are airing across several Beasley Media Group radio stations promoting the ReachUsDetroit.org therapy line. The stations included are KISS FM 105.9 & Bounce.

Comcast - DWIHN's SUD department has a partnership with Comcast. The 6-month agreement allows Comcast to air SUD messages on various platforms. So far over 100,000 impressions have been delivered.

Community Newspapers - DWIHN's partnership continues with the Michigan Chronicle as we are participated in a Mental Health section in the June 24th issue. There is also DWIHN messaging in the Arab American News.

### Social Media

MI Unites for Mental Health Awareness - DWIHN along with several other community mental health organizations submitted videos and photos of people served sharing their mental health tips and successes. Chief Medical Officer Dr. Shama Faheem also submitted a video sharing the importance of taking care of your mental health.

MDHHS Stay Well Campaign - DWIHN social media posts share the workshops and webinars focused on "Uplifting our Unemployed Community" as well as other conversations focused on teen mental wellness, immigrant communities and direct care supervisory personnel.

Top Performing Posts - Social media saw an increase in followers and impressions over Facebook, LinkedIn and Instagram. Top performing posts included the Everybody vs. Stigma picture posted from the Staff Appreciation event, as well as My Mental Health Hero campaign.

### **COMMUNITY OUTREACH**

Children's Initiatives-Children's Mental Health Awareness Day: This was a virtual workshop for children and families to learn about what DWIHN resources are available to the community.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-13 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: Wayne County

Contract Title: Wayne County Jail

Address where services are provided: 500 Griswold Detroit MI 48226

Presented to Program Compliance Committee at its meeting on: 6/9/2021

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 9,700,000.00 Previous Fiscal Year: \$ 14,050,000.00

Program Type: Modification

Projected Number Served- Year 1: 6,713 Persons Served (previous fiscal year): 3269

Date Contract First Initiated: 1/1/1998

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This revised board action is to increase funding for the Wayne County Jail from \$4,250,000 to \$5,250,000 to align with the number of consumers served and restore a portion of the general fund reduction passed through from MDHHS.

Wayne County Jail Mental Health Services (General Fund) for the provision of mental health services for Wayne County residents that have been detained at the jail and have been screened, assessed and determined to meet the criteria for an Intellectual Developmental Disability (I/DD), a Serious Emotional Disturbance (SED), a Co-Occurring Disorder, a Substance Use Disorder (SUD) or at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by appropriately credentialed clinicians. Services include evaluation, diagnosis, crisis intervention, therapy, medication management, education and referrals.

Funding for Children & Family Services (\$3,850,000) and 3rd Circuit Court/Clinic for Child Study (\$600,000) remain unchanged.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): Y

| <b>Revenue</b>       | <b>FY 20/21</b>        | <b>Annualized</b>      |
|----------------------|------------------------|------------------------|
| General Fund         | \$ 5,700,000.00        | \$ 5,700,000.00        |
| Medicaid             | \$ 4,000,000.00        | \$ 4,000,000.00        |
| <b>Total Revenue</b> | <b>\$ 9,700,000.00</b> | <b>\$ 9,700,000.00</b> |

Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Thursday, May 27, 2021

Signed: Thursday, May 27, 2021



**Board Action Taken**

The following Action was taken by the Full Board on the 16<sup>th</sup> day of June, 2021.

- Approved
- Rejected
- Modified as follows:

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Executive Director -initial here: \_\_\_\_\_

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: June 17, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA 21-32R4 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Supplemental Block Grant Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/9/2021

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 6,291,109.00 Previous Fiscal Year: \$

Program Type: New

Projected Number Served- Year 1: 17,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The SUD Department is recommending board approval in the amount of \$1,847,534.00 of block grant funding, for treatment, and recovery providers for fiscal year 2021 the original award amount \$4,443,575 for a total not to exceed \$6,291,109.

MDHHS has not provided the PIHP's with a workplan however in an effort to expediate the contracting process, DWIHN has included a list of all treatment providers and included estimated amounts to allocate for an amount not to exceed \$1,847,534.

Additionally, The SUD department is requesting approval to re-allocate available block grant funding for Screening, Brief Intervention and Referral to Treatment (SBIRT) services in the amount of \$450,000.00 for SBIRT treatment services.

This service, in error, was not included in the SUD RFP process that occurred in June of 2020 however has been offered to the community for the past 6 years.

The funds were allocated to all providers impaneled and credentialed to perform SBIRT services in an effort to address any procurement issues.

Personalized Nursing Light House was allocated \$100,000.00; Hegira Inc was allocated \$150,000.00; Elmhurst was allocated \$100,000.00; and Sobriety House was allocated \$100,000.00 to provide Brief Screening, Intervention and Referral to Treatment.

Amounts included in this board action can be re-allocated amongst the listed providers without board approval to ensure funds are expended by the end of the fiscal year. This will reduce the amount of lapsed block grants funds that would otherwise be retained by MDHHS at year end.

---

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant

Fee for Service (Y/N): N

| Revenue              | FY 20/21        | Annualized      |
|----------------------|-----------------|-----------------|
| SUD Block Grant      | \$ 6,291,109.00 | \$ 6,291,109.00 |
|                      | \$ 0.00         | \$ 0.00         |
| <b>Total Revenue</b> | \$ 6,291,109.00 | \$ 6,291,109.00 |

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, May 27, 2021

Signed: Thursday, May 27, 2021

**Board Action Taken**

The following Action was taken by the Full Board on the 16<sup>th</sup> day of June, 2021.

- Approved
- Rejected
- Modified as follows:

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Executive Director -initial here: \_\_\_\_\_

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: June 17, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA#21-33R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: The Youth Connection, Inc.

Contract Title: Electronic Nicotine Delivery System - Vendor Education

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/9/2021

Proposed Contract Term: 6/16/2021 to 9/30/2021

Amount of Contract: \$ 5,628,133.00 Previous Fiscal Year: \$ 5,574,906.00

Program Type: New

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 6/16/2021

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The SUD department is requesting an increase of \$4,000. The increase will be allocated to The Youth Connection to educate the retailers and community on Electronic Nicotine Delivery System (ENDS) products. The goal of the ENDS Program is to raise awareness of and research agencies for disposal of ENDS waste products.

Additionally, the SUD department is recommending board approval in the amount of \$852,079 in supplemental Prevention Block grant for a combined total not to exceed \$5,628,133.

MDHHS has not provided the workplan for how the funds can be expended however in the effort to expediate contracts, DWIHN has estimated an allocation to the prevention providers.

The amounts provided on the allocation grid can be re-allocated amongst the providers without board approval in an effort to ensure the funds are expended by year end. This will reduce the likelihood of lapsed block grant funds being retained by MDHHS

---

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant

Fee for Service (Y/N): N

| <b>Revenue</b>       | <b>FY 20/21</b> | <b>Annualized</b> |
|----------------------|-----------------|-------------------|
| SUD Block Grant      | \$ 3,619,133.00 | \$ 3,619,133.00   |
| PA2                  | \$ 2,009,000.00 | \$ 2,009,000.00   |
| <b>Total Revenue</b> | \$ 5,628,133.00 | \$ 5,628,133.00   |

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, June 3, 2021

Signed: Thursday, June 3, 2021

**Board Action Taken**

The following Action was taken by the Full Board on the 16<sup>th</sup> day of June, 2021.

- X Approved
- Rejected
- Modified as follows:

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Executive Director -initial here: \_\_\_\_\_

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: June 17, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-36R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: Children's Center of Wayne County Inc.

Contract Title: Independent Evaluator for ASD

Address where services are provided: See attached list

Presented to Program Compliance Committee at its meeting on: 6/9/2021

Proposed Contract Term: 10/1/2020 to 9/30/2022

Amount of Contract: \$ 1,400,000.00 Previous Fiscal Year: \$

Program Type: New

Projected Number Served- Year 1: 2,200 Persons Served (previous fiscal year): 1879

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting a 6-month provisional approval to add Sprout Inc. as an additional ASD evaluator to meet the growing demand for Autism screening for children in Wayne County. The request is in an effort to address the backlog of assessments which will allow DWIHN to remain in compliance with regard to MDHHS minimum timeframes for the completion of assessments.

DWIHN's legal department recommended the 6-month provisional approval will allow DWIHN adequate time to present a formal RFP in order to adhere to procurement rules and regulations. Last year, a RFP was completed with a recommendation for two providers, The Children's Center and Social Care Administrators, to perform the Autism assessments. Although Sprout was a respondent to the RFP, they were deemed non-responsive at the time due to a technicality in the RFP language. It should be noted that Sprout's key staff meet the MDHHS qualifications and standards to perform the assessments.

The board action was approved for a two year term for an amount not to exceed \$1,400,000. This board action does not change the dollar amount or the term of the two previously awarded providers.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:



Source of Funds: Medicaid

Fee for Service (Y/N): Y

| Revenue              | FY 20/21        | Annualized      |
|----------------------|-----------------|-----------------|
| Medicaid             | \$ 1,400,000.00 | \$ 1,400,000.00 |
|                      | \$ 0.00         | \$ 0.00         |
| <b>Total Revenue</b> | \$ 1,400,000.00 | \$ 1,400,000.00 |

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Thursday, June 3, 2021

Signed: Thursday, June 3, 2021

**Board Action Taken**

The following Action was taken by the Full Board on the 16<sup>th</sup> day of June, 2021.

- Approved
- Rejected
- Modified as follows:

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Executive Director -initial here: \_\_\_\_\_

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: June 17, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-68 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: Flagstar Bank

Contract Title: Crisis Center Financing

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 6/14/2021

Proposed Contract Term: 7/1/2021 to 6/30/2026

Amount of Contract: \$ 13,200,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): Not applicable

Date Contract First Initiated: 7/1/2021

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting approval to enter into a financing agreement with Flagstar Bank in the amount not to exceed \$13,200,000. The financing agreement includes construction costs and equipment loan for the Woodward building. The agreement includes a construction loan not to exceed to lesser of 75% of the stabilized appraised value or 80% of the loan to cost based on the budget approved by the lender. The term of the construction loan is for 42 months after the estimated 18 month construction draw period with a 20-year amortization period.

In addition, the agreement includes financing 80% of the invoice cost of new equipment. The term of the equipment loan is interest only for 18 months followed by monthly payments for 42 months based on 5-year amortization period.

The interest rate is 30-day LIBOR + 2.65% per annum or fixed rate via a interest rate hedge with a current indicative swap rate of 4.10% (construction + term). A non-refundable commitment fee in the amount of .35% of the commitment amount of Credit Facilities, which is paid at closing.

At the conclusion of the term, a balloon payment shall be due to Flagstar for all unpaid principle, interest and loan costs.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

| <b>Revenue</b>          | <b>FY 20/21</b>  | <b>Annualized</b> |
|-------------------------|------------------|-------------------|
| Multiple - construction | \$ 12,520,000.00 | \$ 12,520,000.00  |
| multiple-equipment      | \$ 680,000.00    | \$ 680,000.00     |
| <b>Total Revenue</b>    | \$ 13,200,000.00 | \$ 13,200,000.00  |

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: various

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Monday, June 7, 2021

Signed: Monday, June 7, 2021

**Board Action Taken**

The following Action was taken by the Full Board on the 16<sup>th</sup> day of June, 2021.

- Approved
- Rejected
- Modified as follows:

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Executive Director -initial here: \_\_\_\_\_

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: June 17, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-69 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: Black Family Development, Children's Center of Wayne County Inc., Starfish Family Services (MH)

Contract Title: DWIHN Proposed General Fund Program Allocation

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/9/2021

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 3,800,000.00 Previous Fiscal Year: \$

Program Type: New

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 5/25/2021

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting Board approval to re-allocate \$3.8 million of General Fund Dollars. Pursuant to the CFO's review of the expenses incurred through December 31, 2020. DWIHN is projected to have excess State General Fund to allocate to non-Medicaid and/or other funding sources (i.e. grants) programs. The primary reason for the current underspending of state general funds are due to the MDHHS, directed by CMS, moratorium on the continuation of Medicaid insurance during the pandemic; consumers cannot be cut-off of Medicaid. At this time, the moratorium does not have an expiration and is "until further notice".

The programs include: (1) Laptops and tablet for consumers in residential setting to assist with telehealth services \$1 million; (2) Mobile Health units \$685,000; (3) Jail Diversion (Southgate PD, Inkster PD, Livonia PD, Grosse Point PD and Wayne County Airport Authority) \$500,000, (4) Black Family Development \$50,000; Starfish Family Services \$715,000; and (5) The Children's Center \$850,000. The services will include jail diversion, counseling and case management, trauma informed care, speech & occupational Therapy, and to reunite children with birth families.

DWIHN is requesting that funds can be re-allocated between these specific programs without board approval to reduce the risk of lapsing funds to MDHHS.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: General Fund

Fee for Service (Y/N): N

| <b>Revenue</b>       | <b>FY 20/21</b> | <b>Annualized</b> |
|----------------------|-----------------|-------------------|
| General Funds        | \$ 3,800,000.00 | \$ 3,800,000.00   |
|                      | \$ 0.00         | \$ 0.00           |
| <b>Total Revenue</b> | \$ 3,800,000.00 | \$ 3,800,000.00   |

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, June 2, 2021

Signed: Wednesday, June 2, 2021

**Board Action Taken**

The following Action was taken by the Full Board on the 16<sup>th</sup> day of June, 2021.

- X Approved
- Rejected
- Modified as follows:

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Executive Director -initial here: \_\_\_\_\_

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: June 17, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-70 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: DeMaria Building Company, Inc.

Contract Title: Crisis Center General Contractor

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 6/14/2021

Proposed Contract Term: 7/15/2021 to 12/31/2022

Amount of Contract: \$ 14,845,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 0 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 6/16/2021

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting the approval of a construction contract for the renovations of the Woodward Crisis Center for an amount not to exceed \$14,845,000, which includes the base contract and a 10% contingency.

The Purchasing Division solicited a Request for Proposals and based on the evaluation committee, DeMaria Building Company Inc. has been recommended.

The contract will be for a term of approximately 18 months effective upon Board of Directors and successful contract negotiations. The term was carefully established taking into consideration the volatility of pricing, availability of market indices to tie prices to, potential for a changing pool of available Bidders, departmental needs, and other similar factors.

The financing for the project will be secured through a loan agreement with Flagstar for approximately 75% of the total project costs, with the remaining 25% funded by DWIHN.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

| <b>Revenue</b>       | <b>FY 21/23</b>  | <b>Annualized</b> |
|----------------------|------------------|-------------------|
| Multiple             | \$ 14,845,000.00 | \$ 14,845,000.00  |
|                      | \$ 0.00          | \$ 0.00           |
| <b>Total Revenue</b> | \$ 14,845,000.00 | \$ 14,845,000.00  |

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.158000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Thursday, June 10, 2021

Signed: Thursday, June 10, 2021

**Board Action Taken**

The following Action was taken by the Full Board on the 16<sup>th</sup> day of June, 2021.

- X Approved
- Rejected
- Modified as follows:

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Executive Director -initial here: \_\_\_\_\_

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: June 17, 2021

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# **NEW OAKLAND** **FAMILY CENTERS**

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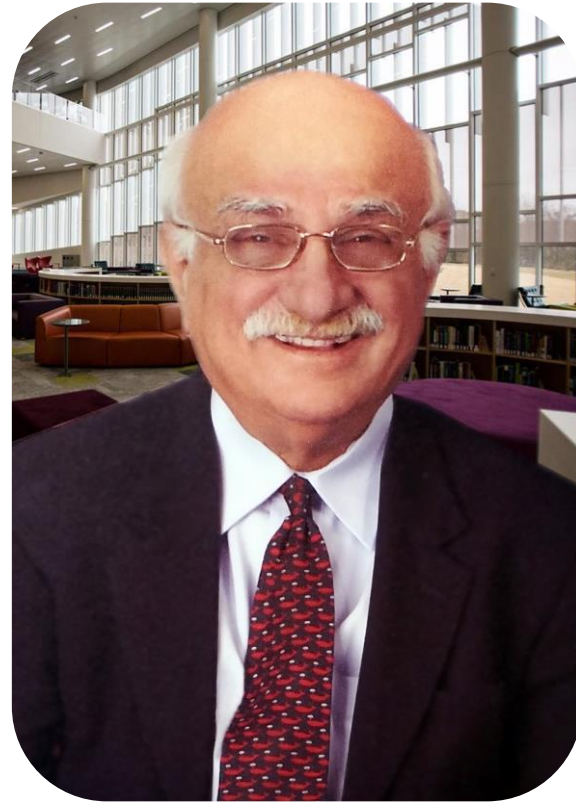
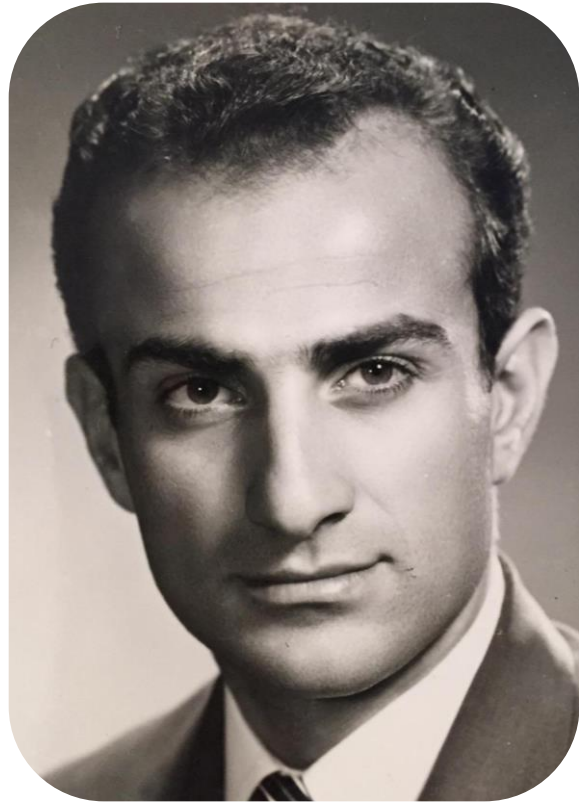


## **An Introduction to New Oakland**

prepared for



June 16, 2021



**The right care . . .  
. . . at the right time**

# What does “right care at the right time” mean?

## **Right care** (quality and customization)

Continuum of services

Diverse clinical team

Integration with physical health services

Strong relationships with providers across the region

Integration with key community partners

## **Strategic integration** (connectivity and value)

Business model facilitating provider integration

Comprehensive insurance relationships

Full EMR/billing integration

Decades of experience engaging and connecting CMHs and private providers

## **Right time** (agility and speed)

Walk-in appointments

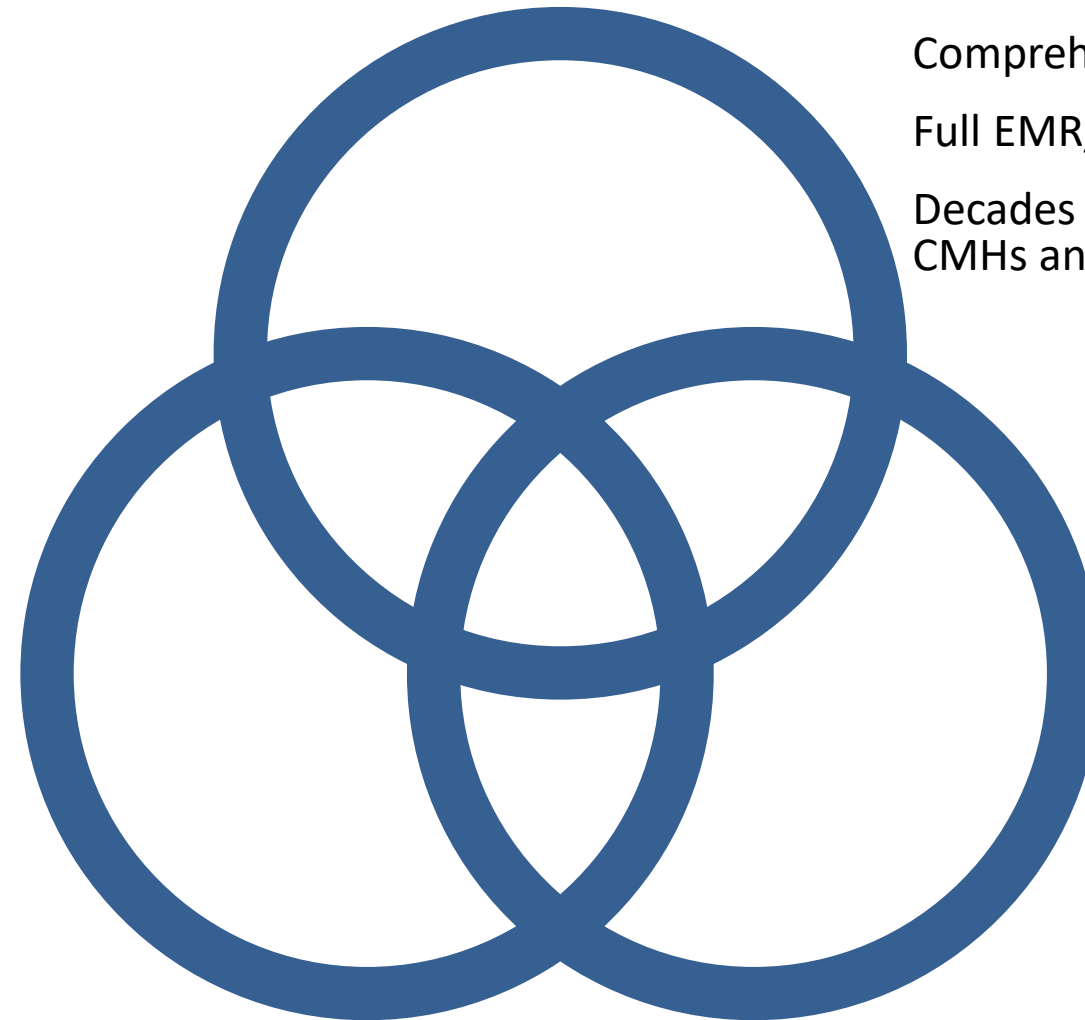
Crisis response/mobile deployment

Transportation

Same-day/next-day treatment

Teletherapy/telepsychiatry

Fast access for psychiatric evaluations/med reviews



# What is New Oakland?

## What is New Oakland?

- Serving Michigan since 1990
- A continuum of mental health services
- Located here in the community
- An integrated holistic and effective approach to mental health for children, teens and adults
- CARF accredited for 15 consecutive years



## Who is New Oakland?

- 12 physicians
- 15 Psychiatric Nurse Practitioners
- 16 RNs/LPNs
- 250+ licensed therapists, counselors and clinical professionals
- . . . nearly 500 employees across Michigan



# Where Are We?



## Flint Center

2401 South Linden, Suite A  
Flint, MI 48532

## Clarkston Center

6549 Town Center Drive, Suite A  
Clarkston, MI 48346

## Farmington Hills Center

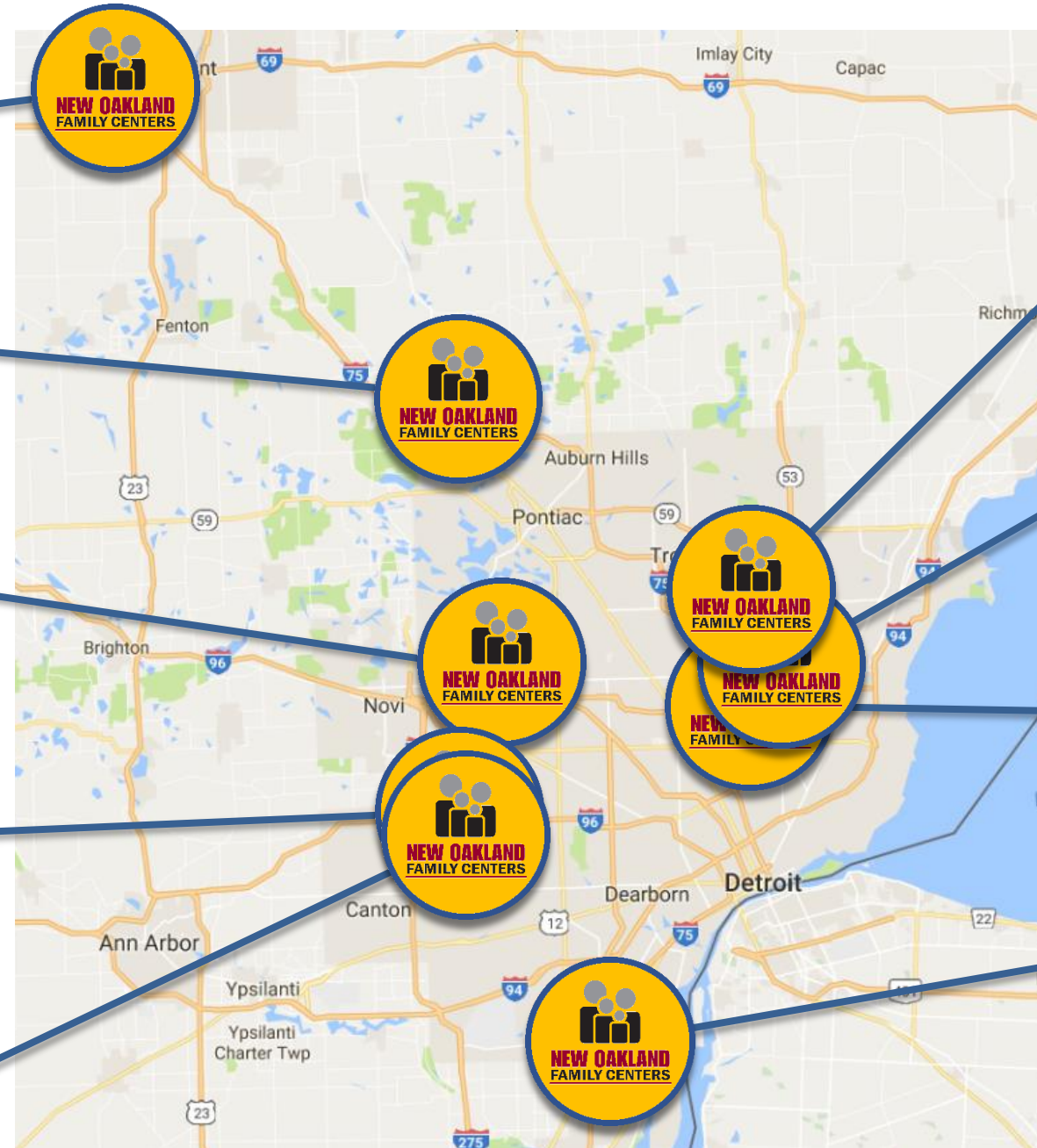
32961 Middlebelt Road  
Farmington Hills, MI 48334

## Livonia SUD/Addiction Center

31500 Schoolcraft Road  
Livonia, MI 48150

## Livonia Main Center

29550 Five Mile Rd.  
Livonia, MI 48154



## Clinton Township Center

42669 Garfield Road  
Clinton Township, MI 48038

## Warren Center

8150 Old 13 Mile Rd.  
Warren, MI 48093

## Center Line Center

26522 Van Dyke Avenue  
Center Line, MI 48015

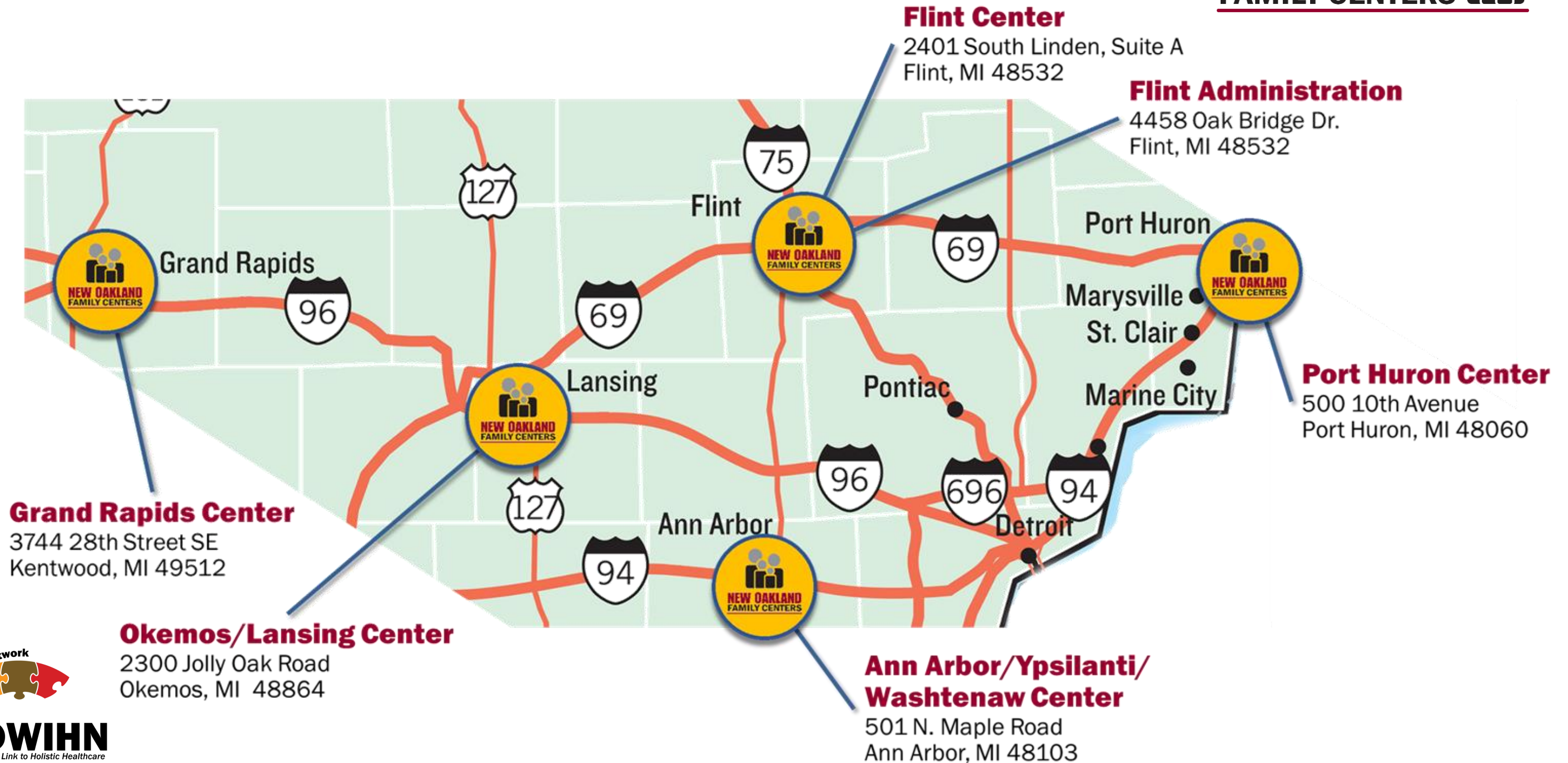
## Southgate Center

13305 Reeck Road  
Southgate, MI 48195





# Where Are We?



# Who Do We Serve?

## **Circumstances and needs**

- Crisis deployments
- Psychiatric evaluations
- Individual therapy
- Family therapy
- Psychological testing
- Collaborations with other providers

## **Age group/ Payer types**

- Adults (45%)
- Teens (25%)
- Pre-teens (15%)
- Children (15%)
  
- Public payer (54%)
- Private payer (46%)

**The full spectrum of behavioral health needs . . . except psychiatric hospitalization**

**A powerful resource for comprehensive care**

# Our Continuum of Care



**A full-service resource  
for mental health services  
across Michigan**

**The right care . . .  
. . . at the right time**

# Our Key Programs



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**Partial Hospital  
Program (PHP)**

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**Outpatient  
Services**

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**Mobile Intensive  
Crisis Stabilization**

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**Eating Disorders  
Treatment**

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**Substance Abuse and  
Addiction Services**



# New Livonia SUD Center



## NEW OAKLAND FAMILY CENTERS

Substance Use Disorder (SUD) and Addiction Treatment Center



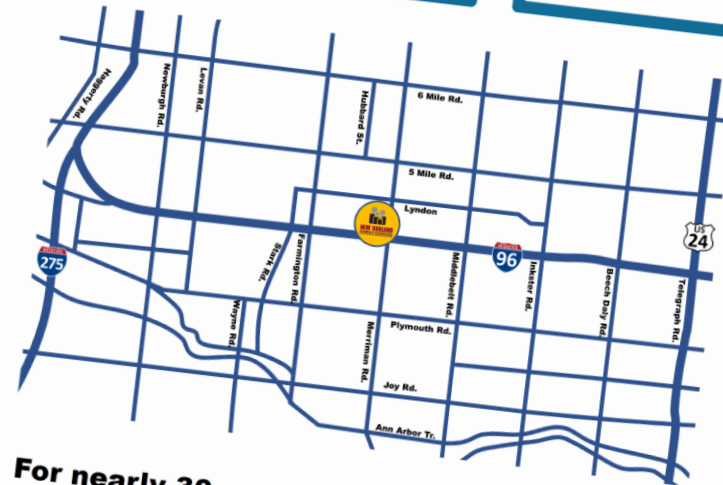
# NEW OAKLAND FAMILY CENTERS

## Substance Abuse and Addiction Services

**Treatment**  
Services that make a difference . . . from experts in addiction treatment

**Intervention**  
Tools for coping with the triggers of substance abuse when they appear

**Prevention**  
Engagement to understand and manage the stressors that lead to substance abuse



**31500 Schoolcraft Rd.  
Livonia, MI 48150**  
(near Merriman Rd.)

New Oakland Family Centers' new substance use treatment center in Livonia is **our first location focused exclusively on the mental health needs of individuals requiring substance use- and addiction-related care.**

For nearly 30 years, New Oakland has been serving communities across Michigan, providing **caring, high-quality mental health services for the entire family.** New Oakland's SUD Treatment Center is **not a detox facility or for individuals in active withdrawal from substance dependency.** But for those who have made a commitment to ending their reliance on drugs or alcohol, our programs and specialists have a **track record of successfully addressing the root mental health causes that have led to substance abuse.**

**New Oakland's new Substance Use Treatment Center features:**

- Staff of 235 board-certified addiction medicine specialists and mental health professionals

- Partial Hospital Program (PHP) and Intensive Outpatient



# Deep service roots in our communities



|                        | In 2020            |                | Over the last five years |                  |
|------------------------|--------------------|----------------|--------------------------|------------------|
|                        | Individuals served | Points of care | Individuals served       | Points of care   |
| <b>Wayne County</b>    | <b>7,602</b>       | <b>142,522</b> | <b>20,833</b>            | <b>641,492</b>   |
| <b>Across Michigan</b> | <b>25,258</b>      | <b>575,886</b> | <b>68,041</b>            | <b>2,233,871</b> |

**More than 68,000 individuals served since 2016 . . .  
more than 20,000 in Wayne County**



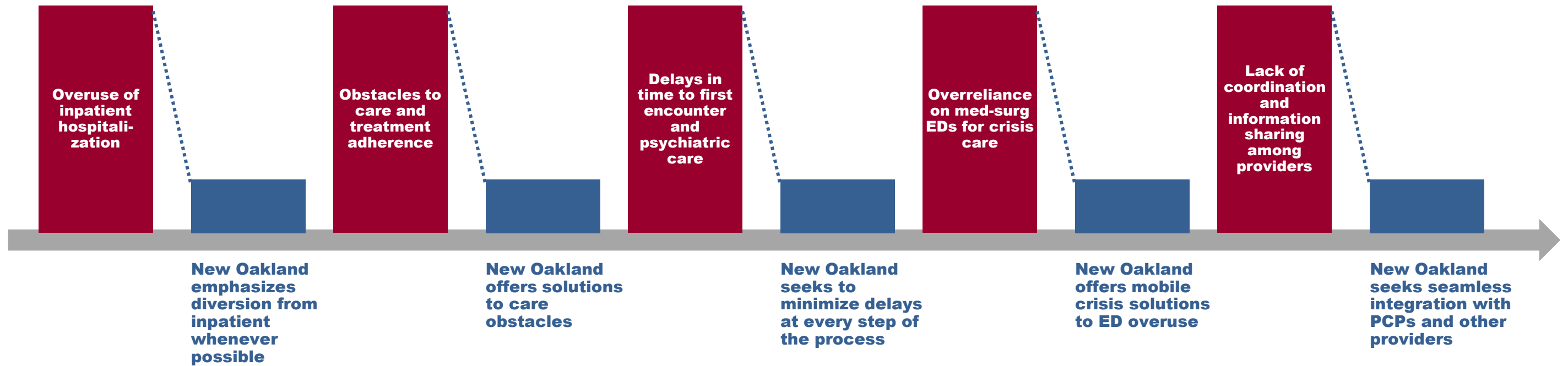
# Serving Wayne County in 2020 with . . .



|                                | Points of care |
|--------------------------------|----------------|
| <b>Outpatient visits</b>       | <b>64,991</b>  |
| <b>PHP days</b>                | <b>12,752</b>  |
| <b>Medication reviews</b>      | <b>11,774</b>  |
| <b>Psychiatric evaluations</b> | <b>8,050</b>   |
| <b>Mobile ICS engagements</b>  | <b>1,013</b>   |
| <b>Other services</b>          | <b>1,084</b>   |



# Overcoming the most daunting obstacles to care





# Thank you!

