



**Detroit Wayne  
Integrated Health Network**

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**FULL BOARD MEETING  
Wednesday, January 20, 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 – November 18, 2020
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – November 4, 2020  
Approved Program Compliance Committee Minutes – November 12, 2020
- VII. ANNOUNCEMENTS**
  - A) Network Announcements
  - B) Board Member Announcement
- VIII. BOARD COMMITTEE REPORTS**
  - A) Board Chair Report
    - 1) Update City of Detroit, Detroit Police Department and DWIHN Meeting
    - 2) Update Formal Response to Northeast Integrated Health Letter
    - 3) Confirmation of Nominating Committee
    - 4) Metro Region Virtual Meeting – DWIHN Hosts – Thursday, February 18<sup>th</sup> 6:00 p.m. to 8:00 p.m.
    - 5) Community Mental Health Association of Michigan Virtual Winter Conference February 9<sup>th</sup> – 12<sup>th</sup> (1/2 Day Sessions)
    - 6) NACBHDD 2021 Legislative and Policy Virtual Conference February 23<sup>rd</sup> to March 25<sup>th</sup>
    - 7) NatCon Annual Behavioral Health Conference – May 3<sup>rd</sup> – 5<sup>th</sup>
    - 8) Mackinac Policy Conference – September 20<sup>th</sup> - 23<sup>rd</sup> Grand Hotel, Mackinac Island, Michigan
  - B) Executive Committee
    - 1) CEO Contract
    - 2) CEO Incentive Compensation
    - 3) COVID 19 Board Table
  - C) Finance Committee
  - D) Program Compliance Committee
  - E) Recipient Rights Advisory Committee

**Board of Directors**

Bernard Parker, Chairperson  
Dorothy Burrell  
Kevin McNamara

Dr. Iris Taylor, Vice-Chairperson  
Lynne F. Carter, M.D.  
William T. Riley, III

Timothy Killeen, Treasurer  
Angelo Glenn  
Kenya Ruth

Dora Brown, Secretary  
Michelle Jawad  
Dr. Cynthia Tauog

- IX. SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT**
- X. AD HOC COMMITTEE REPORTS**
  - A) Policy/Bylaw Committee
- XI. PRESIDENT AND CEO MONTHLY REPORT**
- XII. FY 2020/2021 & FY 2021/2022 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PROGRAM (QAPIP) DESCRIPTION PLAN** *(Program Compliance)*
- XIII. FY 2019/2020 ANNUAL UTILIZATION MANAGEMENT PROGRAM EVALUATION** *(Program Compliance)*
- XIV. FY 2019/2021 & FY 2021/2022 UTILIZATION MANAGEMENT PROGRAM DESCRIPTION** *(Program Compliance)*
- XV. RFP/RFQ WORK PLAN – AUTISM SPECTRUM DISORDER (ASD) ABA** *(Program Compliance)*
- XVI. UNFINISHED BUSINESS**
  - Staff Recommendations:**
    - A. **BA #20-26 (Revision 5)** DWIHN FY 2019-2020 Operating Budget *(Finance)*
    - B. **BA#21-23 (Revised)** Provider Network System *(Program Compliance)*
- XVIII. NEW BUSINESS**
  - Staff Recommendations:**
    - A. **BA #21-51** – NexVortex Phone System *(Finance)*
    - B. **BA #21-52** – Gregory Terrell & Company *(Finance)*
    - C. **BA#21-53** – HUD Permanent Supportive Housing – Coalition on Temporary Shelter (COTS) and Central City Integrated Health (CCIH) *(Program Compliance)*
    - D. **BA #21-54** – Accuform Printing & Graphics, Inc. *(Finance)*
- XIX. PROVIDER PRESENTATION – FUTURES HEALTH**
- XX. REVIEW OF ACTION ITEMS**
- XXI. 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.
- XIX. ADJOURNMENT**



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
FULL BOARD MEETING  
Meeting Minutes  
Virtual Meeting  
Wednesday, November 18, 2020  
1:00 p.m.**

**BOARD MEMBERS PRESENT**

Bernard Parker, Chair	Angelo Glenn
Dr. Iris Taylor, Vice Chair	Michelle Jawad
Commissioner Tim Killeen, Treasurer	Kevin McNamara
Dora Brown, Secretary	William T. Riley, III
Dorothy Burrell	Kenya Ruth
	Dr. Cynthia Taueg

**BOARD MEMBERS EXCUSED:** Lynne F. Carter, M.D.

**GUESTS:** Ms. Cathy Gitzen, Executive Director, Education Training Research Services (ETRS)

**CALL TO ORDER**

The meeting was called to order at 1:02 p.m. by Mr. Bernard Parker, Board Chair.

**ROLL CALL**

Roll call was taken by Ms. Dora Brown, Board Secretary and a quorum was present.

**APPROVAL OF THE AGENDA**

Board Chair, Mr. Parker welcomed everyone to the meeting and provided an update that noted the Department of Health and Human Services has approved continued virtual meetings. The Chair requested the swearing in ceremony of new Board member Michelle Jawad be moved to after approval of the agenda. The Chair called for a motion on the agenda.

**It was moved by Dr. Taueg and supported by Ms. Ruth to accept the agenda with the recommended changes. Motion carried unanimously.**

**SWEARING IN CEREMONY – Judge Helel Farhat**

The Chair thanked Judge Farhat for performing the ceremony and noted that it was quite unique to do it this way as typically the judge is in front of the individual when the ceremony is performed. The judge thanked the Detroit Wayne Integrated Health Network for all of the work that is performed in the community and noted that he was very familiar with their programs. He also thanked Ms. Jawad and her family for the work performed in the community and he knew she would be a great asset to the Board. The swearing in ceremony was performed by Judge Farhat and the oath was taken by Ms. Jawad. The judge congratulated Ms. Jawad on her appointment and the Board Chair thanked the judge for his services. Ms. Jawad gave a brief overview of her experience and thanked Judge Farhat for performing the ceremony. She noted she has been involved with the school system and in the field of psychology for over 20 years. The Chair welcomed Ms. Jawad to the DWIHN Board as a full member.

**MOMENT OF SILENCE**

The Board Chair, Mr. Parker called for a moment of silence and asked that everyone remember those that are dealing with COVID-19 and those that may have passed away. Moment of Silence taken.

## **APPROVAL OF BOARD MINUTES**

The Chair called for a motion on the Board minutes of the Full Board meeting of October 27, 2020. **It was moved by Mr. Glenn and supported by Ms. Burrell approval of the Full Board minutes of October 21, 2020. Motion carried unanimously.**

## **RECEIVE AND FILE**

The Chair called for a motion to Receive and File the approved Finance Committee minutes of October 7, 2020; and the Program Compliance minutes of October 14, 2020. **It was moved by Mr. Glenn and second by Mr. Riley, III to "Receive and File" the approved minutes from the Finance Committee meeting of October 7, 2020 and the Program Compliance Committee minutes of October 14, 2020. The motion carried unanimously.**

## **ANNOUNCEMENTS**

### Network Announcements

T. Devon, Director of Communications reported that Mr. Chris Brown, DWIHN Veteran Navigator was recognized in Crain's as a Notable Veteran and Ms. Callana Ollie, DWIHN Deputy Legal Counsel was recognized as one of Michigan Chronicle's 40 under 40. The information on both accomplishments will be posted to the DWIHN website.

### Board Announcements

There were no Board announcements.

## **BOARD COMMITTEE REPORTS**

### Board Chair Report

Mr. Parker gave a verbal report. He provided an update on the City of Detroit, Detroit Police Department and DWIHN meeting. A written document was presented to the Board and for the record. A brief overview of the history of the Mental Health Response Pilot was provided which included those individuals that are high users of 911 and the number of people that may have Mental Health issues that utilize 911. He noted there are three (3) programs that are included in the pilot program; the first is the Crisis Intervention Team (CIT). This team consists of DWIHN behavioral health provider specialists and crisis-intervention trained DPD officers who conduct crisis response or police runs with a mental health nexus. The CIT will patrol mental health hot-spot areas; address substance abuse issues and will help to connect individuals to supportive services. It is anticipated the CIT's services will expand to the 9<sup>th</sup> Precinct within the next two months given the high volume of mental health and substance abuse calls DPD receives from the area. The CIT plans to expand to 12 teams over the next three years in order to ultimately provide a co-responding team in every precinct across Detroit.

The second program is the 911 Integrated Response Team which will work to reduce frequent, non-emergency calls to the 911 line. It will embed DWIHN clinicians into the 911 Call Center. The embedded clinicians will assign appropriate calls to the Crisis Intervention Teams and directly connect callers who are experiencing behavioral health emergencies to support services. The embedded clinicians will make follow-up calls to 911 callers identified as high utilizers of 911 and connect them to mental health and other needed services. Training in crisis intervention and mental health first aid will be provided to all 130 of the emergency service dispatch operators (ESDO) working in the 911 call center. The 911 Integrated Response team will respond to callers across Detroit, Hamtramck, and Highland Park and appropriately activate dispatch for the Crisis Intervention teams and Detroit Homeless Outreach Team (HOT) as needed.

The third program is the Detroit Homeless Outreach Team. This team will work on the streets and will connect people experiencing homelessness who have a behavioral health illness to available services, DWIHN, DPD and HRD have partnered to create the Detroit Homeless Outreach Team (DHOT). The program will start in the downtown area and in the 9<sup>th</sup> Precinct and be replicated in other neighborhoods with chronically homeless populations.

Information was provided on the pilot budgets for each program. An overview was given on how the work that will be performed was being supported in terms of dollars and how monies were being sought from external sources to fund the program. It was noted the City of Detroit was providing the 12-co-responding vehicles which was a major cost. The program is slated to start in December; however, they are seeking funding so that the program will be fully funded and can be expanded. The Board does not have to sign off on the program; the City of Detroit and the Detroit Police Department have signed off on and agreed to the pilot; this report is for informational purposes however there should be a Board action in January to approve DWIHN's portion of the funds. There will be a lot of eyes on the program including the state and it is their hope that the program will connect and assist those that need services to services.

It was reported a letter from one of our Providers, Northeast Integrated Health had been received and was discussed; the letter detailed a similar program that they had in place and they felt as if they did not have a seat at the table to provide input on the pilot program; it was noted they will definitely be included in future discussions. Administration was asked to prepare a formal response which will be signed by both the Board Chair and the CEO and sent to Northeast Integrated Health.

The Board and committee schedule for the upcoming year was displayed and it was noted that meetings for all of the committees, including Recipient Rights and the Substance Use Disorder Oversight Policy Board were on the schedule. The meeting schedules did not have to be approved and were being provided for information.

The December Program Compliance Committee meeting and Finance Committee meeting have been cancelled for the month of December.

The Board Chair reported that BA#18-34 (Revised) Medversant Contract Extension and Board Action #20-35 (Revised) Crisis Center Architect Tetra Tech were given exigent approval as both Board actions were not presented at a committee meeting as the documents were not completed. It was noted that both board actions were presented at the Board Executive Committee and were moved to Full Board and are on the agenda for the Board's consideration.

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

#### Executive Committee

It was reported the Board Executive Committee met on Monday, November 16<sup>th</sup> 2020. There was a report on the School Success Initiative. This item was moved to the Executive Committee for review so that would be an understanding of the direction of the Task Force. There will be four months of reorganizing; however, some services are still being provided even though many schools are not having face to face instruction. Dr Taylor noted the Task Force is on track to have a completed

redesign presentation in January starting with the first prong which is to ensure that there is equitable access to mental health services in all schools in and out Wayne County.

The Chair noted that the Michigan Consortium for Healthcare Excellence (MCHE) was reviewed by the Executive Committee - because of going back through records it was noted that the MCHE board action was given exigent approval in 2018 by then Board Chair Dr. Munday, however there was no ratification of the Board Action by the Full Board as the December meeting was cancelled and it was not placed on the January agenda. There is a new Board action on the agenda for consideration for MCHE that was presented to the Finance Committee - that information above is noted in the Board Action; the Executive committee reviewed the information and felt comfortable with the Board action moving forward.

The Chair called for a motion on the Executive Committee report. **It was moved by Commissioner Killen and supported by Mr. Glenn to accept the Executive Committee Report.** There was no further discussion. **Motion carried unanimously.**

The Chair noted that there was a request from Chief Riley, III regarding the addition of the SUD Oversight Policy Board Chair and the Recipient Rights Advisory Committee Chair to the Board Executive Committee. The request has been forwarded to the Policy Committee for review.

#### Finance Committee

Commissioner Killeen, Chair of the Finance Committee reported the committee met virtually on Wednesday, November 4, 2020. There will be no Finance Committee meeting in December; there will be a Finance Committee meeting in January. The audit is underway for fiscal 2020. The income statements and balance sheet will be reviewed in January. Michigan Department of Health and Human Services has stated that they want \$4 million dollars of the Direct Care Worker (DCW) returned. DWIHN requested that workers, be paid for hours worked or hazard pay and MDHHS has replied the funds could not be used for those purposes. There has been a request to the state to carry over 5% and we have not heard from the state regarding the request. The Death recoupment is on the Financial statement and is on hold from the department. We have requested the State to allow us to cost settle with the Autism program and we are requesting a waiver that limits the GF carryover so any unspent General Fund monies will not have to be sent back; we have not received a response from the state. The Operational Efficiency Plan was discussed; a chart was provided that showed overall savings; there is a discussion that will take place in the Finance Committee that there will not be a separate Operational Efficiency Plan report but that it be reported within the monthly finance report. The committee looked at cash flow and there was no concern regarding cash flow. There were three board actions BA #21-47; BA#21-49 and Board Action #21-50 that were considered by the committee and moved to full board for approval. Discussion ensued regarding the MDHHS Provider Stability Plan. It was noted by E. Doeh that the plan covered the entire network and early on in COVID-19 there were some changes made because some Providers needed some assistance with the skill building providers and we are working on providing that assistance to them. There were some concerns raised about the return of the \$4 million and would the return of monies impact the Providers. CEO Brooks noted that we are on track with our funding and our projections and he did not foresee any issues. It was noted that the Provider Stability Plan is provided to the Board Executive Committee on a monthly basis. Board member Riley requested the last three months of Provider Stability reports be provided to him.

The Board Chair called for a motion on the Finance Committee Report. **It was moved by Mr. Glenn and supported by Mr. Riley, III acceptance of the Finance Committee Report.** There was no further discussion. **Motion carried unanimously.**

### Program Compliance Committee

Dr. Taylor, Chair of the Program Compliance Committee reported verbally. It was reported the Program Compliance Committee met virtually on Thursday, November 12, 2020. The Chair noted there was one follow-up item on the Third Circuit Court – Clinic for Child Study provided that detailed the program - it was requested the summary report be sent to the Board. The committee received several reports which included the Corporate Compliance Report and the Children's Redesign program; there were no significant concerns noted in Corporate Compliance Report and the Schools Initiative Program Redesign was discussed earlier; there will be a report in January. Year-end reports were received from Children's Initiative; Access and Crisis Services; Clinical Practice Improvement; Customer Service; Integrated Health Care; Managed Care Operations; Residential Services and Substance Use Disorder. The Strategic Plan – Access Pillar report and the Quality Review – QAPIP Work Plan were also provided. There were no areas of major concern noted from any of the reports. All of the reports will be placed on the website. The following Board actions were presented and moved to full board for approval BA#18-34 (Revised) Medversant contract extension; BA#21-32 (Revised) PA2 Recovery Support Services; BA#21-33 (Revised) Allocation of PA2 for Substance Use Disorder both were approved by SUD Oversight Policy Board; BA#21-38 (Revised) and BA#20-54; under new business and moved to full board for approval were BA#21-44; BA#21-45 and BA#21-48. The Program Compliance Committee will not meet in the month of December and will reconvene in January.

The Board Chair called for a motion on the Program Compliance Committee Report. **It was moved by Mr. Riley, III and supported by Ms. Ruth acceptance of the Program Compliance Committee Report.** There was no further discussion. **Motion carried unanimously.**

Dr. Taylor introduced Ms. Melissa Moody as the new Chief Clinical Officer to the Board and noted that a report was received from Ms. Moody and the primary discussion centered around our preparation for the next surge of COVID-19 which included the number of extra beds within the system.

### Recipient Rights Advisory Committee

Mr. Riley, III Chair of the Recipient Rights Advisory Committee (RRAC) gave a verbal report and noted the committee met virtually on November 2, 2020. It was reported the State of Michigan requested that guidelines be prepared to conduct meetings virtually. The guidelines were prepared and are currently being reviewed for submission to the Full Board after the committee votes to approve them. Recipient Rights Trainers registered 732 employees, 389 attended and there were 343 no shows. The Recipient Rights Trainers also did an excellent presentation on their needs, challenges and goals for 2021. The Office of Recipient Rights has prepared and submitted the semi-annual report for October 1, 2019 through March 31, 2020. Data was submitted for the Tri-Annual Assessment for 2017; 2018; 2019 and 2020 and are awaiting the findings. The department is in the final stages of the annual report in which we are required to share our findings with the Full Board. During the months of October 1, 2019 through September 30, 2020 the Rights office received 1,386 allegations; there were 1,109 investigations opened and 361 allegations were substantiated. The complaints came from the following sources: 474 were from our recipients; 376 were from staff; 160 were from the Office of Recipient Rights; 215 were from guardians and or family members; 49 were anonymous and 82 were from the community. The Office of Recipients Rights and Advisory Committee recommended the following - that resources and support for full rights protection for the Detroit Wayne Integrated

Health Network be discussed; continue to provide necessary support to ORR to ensure appropriate and timely submissions of remedial and disciplinary actions in significant, systemic and politically sensitive rights violations and continued support of the implementation of a Recipient Rights Apprentice program. The following staff were highlighted for outstanding work N. Williams; C. Grybel and T. Mauldin.

The Chair called for a motion on the Recipient Rights Advisory Committee Report. **It was moved by Mr. Glenn and supported by Ms. Ruth 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. Angelo Glenn, SUD Oversight Policy Board Chair reported. A written report was provided for the record. The SUD Board meeting took place on Monday, November 9, 2020. There were two board actions that were approved. It was noted that the SUD Oversight Policy Board Action numbers are different from the Governance Board action numbers. The SUD Department requested \$295,000 in PA-2 funding for Prevention, Treatment, and Recovery provider contracts for FY2021 which included Abundant Community Recovery Services; Detroit Recovery Project; Growth Works; Hegira Health; and Personalized Nursing. The second Board Action was for the National Council on Alcoholism and Drug Dependence (NCADD). The SUD Department requested an additional \$70,000 in PA 2 funds for the National Council on Alcoholism and Drug Dependence to service the Latino community in Southwest Detroit and provide other services. D. Owens, Director of SUD reported on the new grant for Partnership for Success for the Empowerment Zone and the philanthropic grant from the Community Foundation of Southeast Michigan for an opioid intervention for two Wayne County jails. Inmates leaving out of jail with an Opioid Use Disorder will be transported to treatment services based on a 24-hour service model. The following entities are a part of this grant Wayne State University; Wayne County Healthy Communities; Quality Behavioral Health; and Abundant Community Recovery Services.

SUD wrote a HIDTA grant from the University of Baltimore entitled: Combating Opioid Overdose through Community Level Intervention for \$300,000. The grant was uploaded on October 30<sup>th</sup>. The focus of the grant is to support and promote the partnership of law enforcement and public health agencies whose collaboration is critical in identifying areas that need assistance in evaluating and preventing overdose and other harms of opioid misuse.

The SUD Director highlighted SUD Year-end Report for Fiscal Year 2020. The Board Chair commended the SUD Oversight Policy Board on continually seeking out funding for Opioid Overdose use.

The Chair called for a motion on the SUD Oversight Policy Board report. **It was moved by Mr. Riley, III and supported by Mr. McNamara to accept the SUD Oversight Policy Board report.** There was no further discussion. **Motion carried unanimously.**

### **AD HOC COMMITTEE REPORTS**

#### Policy/Bylaws Committee

Dr. Taueg, Chair reported the Policy Committee did not meet this month; however, there was an item that was brought to her attention which required an action by the Board. There was an oversight on a Policy Committee Board Bylaw recommendation that was to be brought to the Full Board. A motion was made at the Policy Committee meeting held in September of 2018 by Mr. McNamara and



supported by Ms. Abdallah that the Board Chairperson serve as a voting ex-officio member of all committees and count for quorum purposes. This motion was not brought before the Full Board when the Policy report was given. Dr. Taueg, Policy Committee Chair apologized for the oversight and noted the recommendation was being presented to the Full Board in the form of a Resolution which was included in the Board Agenda packet. The Resolution was recommending language to amend, restate and ratify Bylaws Article V, Section 3 – Chairperson and Article VII Section 3 – Appointments to Committees which would allow the Board Chairperson to serve as a voting ex-officio member of all committees and be counted for quorum purposes and all other language would remain unchanged. The Resolution was presented to the Full Board for the record.

**The Chair called for a motion on FY2020-2021 Resolution Number 1 – Resolution to Amend, Restate and Ratify the Bylaws. It was moved by Dr. Taueg and supported by Dr. Taylor acceptance of FY2020-2021 Resolution Number 1 Resolution to Amend, Restate and Ratify the Bylaws.** Dr. Taueg noted that since this was a Bylaw change a vote of 2/3 of the board and a roll call vote was required. A question was asked regarding the definition of ex-officio for those that may be on the call and need a more detailed explanation. Discussion ensued regarding the definition of ex-officio. Dr. Taueg gave a definition of the quorum and noted that if a quorum was present and should members need to leave the meeting as long as there were three members present the meeting could continue and the Board Chair if present would count toward the quorum and have voting privileges. It was noted the Board Chair would not be an official member of the committee however he/she could attend any meeting; count towards quorum; participate in discussion and vote. **A roll call vote was taken by Board Secretary, Dora Brown –The motion passed with Ms. Burrell voting yes; Mr. Glenn voting yes; Commissioner Killeen voting Aye; Mr. McNamara voting yes; Mr. Parker voting yes; Mr. Riley voting yes; Ms. Ruth voting yes; Dr Taueg voting yes; Dr. Taylor voting yes; Ms. Jawad voting yes and Ms. Brown voting yes with Dr. Carter being excused. A 2/3 majority vote was required and received.**

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

Mr. Brooks reported. A written report was provided for the record. The CEO welcomed Ms. Jawad, newly appointed member to the Board and noted that he was excited to have her join the board. Mr. Brooks reported on both the Governors State and the Wayne County Diversion Councils. He noted a joint letter had been received from the Community Mental Health Association; the Sheriff's Office and others that requested partnerships with Michigan's Mental Health System and Law Enforcement Agencies. He also noted the plan is to have a statewide program however the biggest issue with the partnerships would be the funding mechanisms as Medicaid dollars cannot be used and General fund dollars are very limited and restricted. He noted this is something that should be done statewide as these programs save and improve the quality of life and also makes it safer for Law Enforcement and those with mental health concerns. The state is looking at the Crisis Centers and a meeting is scheduled for the end of the month to discuss funding and some proposals for the Crisis Centers.

It was noted the inmate population has gone down a lot; pre-COVID number was over 2,000 - the number is now at 842 inmates; 20% of the Police Responders and crisis intervention law enforcement staff have received training which was given and funded by DWIHN; the goal is to have training completed by 2021 – there will four training sessions a year. The City is in the process of building a new jail with a capacity of 2,000 beds. Discussions have taken place on how to fill the beds; he noted that it was not his goal to fill those beds with those with mental health concerns and they are seeking alternatives outside of incarceration.

It was reported the Telehealth Committee meet today and yesterday; this committee ensures that that there is the capacity throughout the state for our schools; families and elderly to stay connected. The Committee was formed by the Governor and meets weekly to discuss issues with Telehealth. There is a plan to meet with some of the Providers throughout the state to discuss challenges and successes they are having with Telehealth. The Governor recently put out a three-day stay at home order so many of our schools had to use telehealth and we were fortunate to have the equipment and were in a position to be able to perform. A survey will go out to the general public to get a more accurate measure of telehealth.

The DWIHN and City of Detroit Partnership is on target and was reported on by the Chair earlier in the meeting. There will be a more formal announcement to the public next month and both those at the State and County level have their eyes on this project. We are excited about this project.

Health Plan Integration – the State has cancelled the Specialty Integrated Plan (SIP) program; this will be a sleeper project until a handle is on the pandemic. There are still plans to do some type of integration. He is working with the department and is staying on top of this project.

The death audit is a critical issue and he is staying on top of this issue. The Autism funding has improved even though we did not receive all of the cost settlement and this will be mentioned with the Department. The 7% rate reduction was not implemented we are hoping we will not have to implement this however we do not have reserves and will look at this on a monthly basis. We are still looking at the death audit and have not received any decision from the State. It should be noted that working with the legislators and the Department is very different during this pandemic; a number of these issues are being worked on at a much slower rate.

We have adequate PPE for our staff and are making sure the building is safe as possible; routine cleaning is taking place and there is routine testing taking place; generally, there is anywhere between 5 -15% of staff in the building and because of the recent order we are having as many people as possible work remotely. We are constantly looking at changes that are occurring with our mobile work force and access and the goal is to be as effective as possible so that we can maximize work and minimize having to layoff or furlough staff. We have presented to the Board and it has been approved a plan to make the building and working area more in line with social distancing.

We are working on the Crisis Center and there is some initial work that will begin next month and the majority of the work will be done next year. We have put plans on hold for our building to move forward with the crisis center until we can get a better handle on what may occur and be needed in the future.

We are working out the details and transition of the SUD provider network changes and we are in the process of evaluating the overall mental health provider network and needs of the community.

A brief overview of the Healthcare indicators was provided; it was reported that the inpatient cost had gone down, however it has risen a little as people move out of the pandemic state; the incarceration rate has gone down as we have gone from 2% to 1% ; school trauma has gone up – students are working with their parents at home and not having the ability to interact with other children are some of the factors; we are looking at ways to help parents educate their children while maintaining a job. The homeless rate has gone down and the suicide rate has gone down. These numbers let him know that we are effecting change in the community.

The Chair called for a motion on the President and CEO Report. **It was moved by Mr. Glenn and supported by Ms. Brown to accept the President and CEO Report.** There was no further discussion. **The motion carried unanimously.**

## **XII. UNFINISHED BUSINESS**

### **Staff Recommendations:**

- A. **BA# 18-34 (Revised)** – Medversant Contract Extension (Exigent approval) – The Chair called for a motion on BA#18-34. **Motion:** It was moved by Dr. Taueg and supported by Ms. Ruth approval of BA #18-34 (Revised). This Board Action is requesting a one year extension of the existing contract to 10/31/2021 for the purpose of provider credentialing verification; web-based credentialing services and related support to manage credentialing and re-credentialing of healthcare providers for DWIHN. In addition to the services this will include upgrades to the service to meet MDHHS and NCQA credentialing requirements. There was no further discussion. **The motion carried unanimously.**
- B. **BA#20-35 (Revised)** Crisis Center Architect – Tetra Tech, Inc. Architectural and Engineering Services (Exigent approval) The Chair called for a motion on BA#20-35 (Revised) **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA #20-35 (Revised). This Board Action is requesting a modification to Board Action #20-35 with TetraTech of Michigan, our existing architectural and engineering firm. Tetra Tech is currently facilitating the necessary renovations, design and construction support services for the DWIHN Crisis Center project on the Woodward building. This modification would allow them to better evaluate the building design by performing some exploratory demolition within the Woodward building. The requested amount is not to exceed \$1,148,400, increase of \$70,000 for these demolition and abatement services. There was no further discussion. **The motion carried unanimously.**
- C. **BA#20-54 (Revised)** HEDIS/NCQA Professional Consultant Services. The Chair called for a motion on BA#20-54 (Revised) **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA#20-54 (Revised). This Board action is to request an extension of contractual services for the period from January 1, 2021 – June 30, 2021 in the amount of \$41,470.00. The previous Board Action was approved to extend funding provided by DWIHN to obtain professional IT services for development work related to HEDIS measures that required as part of our NCQA compliance. These services are required to get us in compliance with HEDIS 2020 measures. There was no further discussion. **The motion carried unanimously.**
- D. **BA#21-32 (Revised)** Substance Use Disorder Treatment Services Network Fiscal Year 2021. The Chair called for a motion on BA#21-32 (Revised) **Motion:** It was moved by Mr. Glenn and supported by Mr. McNamara approval of BA#21-32 (Revised). This Board action is requesting an increase in the amount of \$295,000. The action is requesting to allocate the additional funds to Abundant; Detroit Recovery Project; Growth Works; Hegira Programs and Personalized Nursing Lighthouse. There was no further discussion. **The motion carried with Mr. Riley, III abstaining from Growth Works and Hegira.**
- E. **BA#21-33 (Revised) Substance Use Disorder Prevention Services Network Fiscal Year 2021.** The Chair called for a motion on BA#21-33 (Revised). **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA#21-33 (Revised). This Board action is requesting approval to amend the FY21 SUD Prevention services board action by adding an additional \$70,000 in PA2 funds for the National Council on Alcohol Drug Dependence (NCADD) to service

the Latino community in Southwest Detroit and to add \$63,000 in Partnership for Success funds per the FY21 SUD award from the Michigan Department of Health & Human Services for DWIHN partnership with Primary Care Organizations to implement screening and referral services and individual family programs. The funds will be distributed as follows: Empowerment Zone (\$59,110); DWIHN Administration (\$1,890) and Magellan Consultancy, Evaluator (\$2,000). The revised amount of the FY21 SUD Prevention Services program is \$4,925,054 and was increased by \$133,000 from the initial amount of \$4,792,054. There was no further discussion. **The motion carried with Mr. Riley, III abstaining from the National Council on Alcohol Drug Dependence (NCADD).**

- F. **BA#21-38 (Revised)** Self-Determination Services – Community Living Services (CLS) The Chair called for a motion on BA#21-38 (Revised). **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA#21-38 (Revised). This Board action is requesting an increase to the annual funding by \$8.1 million dollars. Service Provider (CLS) has increased the number of consumers who are receiving Habilitation Support Waiver (HSW) services under this contract. Since July 2020, CLS has enrolled over fifty new HSW consumers and believes that reduced amounts paid over the past several months due to COVID-19 will increase over the upcoming months. The term of this contract is from October 1, 2020 through September 30, 2021. The total funding will not exceed \$59,906,443.00. There was no further discussion. **The motion carried unanimously.**

#### **NEW BUSINESS**

##### **Staff Recommendations:**

- A. **BA#21- 44** – MI Health Link Demonstration Project – various vendors. The Chair called for a motion on BA#21- 44. **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA #21-44. This Board action is requesting approval for a one year continuation contract with the five Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for 2021 of the MI Health Link Demonstration Project for an estimated amount of \$7,216,050. The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services and its contract with the five ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. This demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population. **The motion carried with Mr. Riley, III abstaining from Hegira.**
- B. **BA# 21-45** – Michigan Child Collaborative Care Program (MC3) and the Behavioral Health Consultant. The Chair called for a motion on Board Action #21-45. **Motion:** It was moved by Dr. Taylor and supported by Ms. Ruth approval of BA #21-45. The Board Action is requesting approval of the Michigan Child Collaborative Care Program and Behavioral Health Consultant Project which provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC program of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. The State of Michigan identified the agency to provide the Behavioral Health consultant. Services include: Regional Outreach to eligible providers to ensure utilization of the MC3 Program; Linkage between Primary Care Providers and MC3 Psychiatrist; Coordination of care for children, adolescents, and perinatal women; Behavioral Health Consultant provides consultation services in designated primary care site and collection of required data and local utilization to facilitate the project evaluation. The contract is for \$83,488 (the Behavioral Health

Consultant-Starfish: \$75,488 and Tele-Psychiatry - \$8,000). There was no further discussion. **The motion carried unanimously.**

- C. **BA #21-47** – Michigan Consortium for Healthcare Excellence (MCHE) The Chair called for a motion. **Motion:** It was moved by Dr. Tauzeg and supported by Mr. McNamara approval of BA#21-47. K. Flowers reporting. This Board Action is requesting approval of an increase of \$100,000 to the Michigan Consortium for Healthcare Excellence (MCHE) three-year contract amount of \$464,434, initially approved in January 2019 through exigent approval of the Board Chair. The amount approved in the original request was based on an anticipated cost of \$122,477.73 per year for a total of \$364,434.19. However, the year two and three amounts were higher than anticipated. This leaves a balance of \$100,000 to cover year three of the contract. DWIHN is a member of MCHE as are the other ten PIHPs. MCHE has a contract with MCG to provide the ten PIHPs with a utilization management software tool called Indicia. This software is a clinically validated and evidence based tool for clinical decision-making. There was no further discussion. **The motion carried unanimously.**
- D. **BA# 21-48** – Community Foundation for Southeast Michigan’s Philanthropic Grant for Opioid Use Disorders in Wayne County Jails – DWIHN Providers’ Network List included in Board Action The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA #21-48. This Board action is requesting approval of a one-year contract for an amount not to exceed \$151,984 with Wayne State University; Quality Behavioral Health; Wayne County Healthy Communities and Abundant Recovery Services. DWIHN received a philanthropic grant from the Community Foundation of Southeast Michigan for an opioid intervention for two Wayne County jails. Inmates leaving out of jail with an Opioid Use Disorder will be transported to treatment services based on a 24-hour service model. Wayne State University will be providing facilitation and evaluation services of this grant and the designated FQHC, Wayne County Healthy Communities will provide Wayne County Jail inmates the initial question of the Rapid Opioid Dependence Screen (RODS); conduct COVID testing and tracing for 6 months using a Disease Intervention Specialist (DIS) The DIS will provide authorization of release to DWIHN’s Mobile Unit Providers Quality Behavioral Health (QBH) and Abundant Community Recovery Services (ACRS) QBH and ACRS will provide mobile service, MAT, OP, referral, and transportation services. DWIHN administration cost is \$7,984. There was no further discussion. **The motion carried unanimously.**
- E. **BA# 21-49** – DWIHN COVID-19 Building Renovations. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Mr. McNamara approval of Board Action #21-49. B. Blackwell reporting. This Board Action is requesting approval for a separate budgeted line item to allow for renovations to 707 W. Milwaukee, the primary administrative site for DWIHN. Necessary accommodations for our workforce, Administrative operations and board accommodations will be needed in order to meet the health and safety demands of our employees and the general public. DWIHN will work with our Procurement Department in securing vendors to perform the various below services needed during the renovation process. Work is to be completed within six months utilizing local Wayne County vendors whenever possible in accordance with DWIHN policies. Preliminary plans for renovation and construction to the Milwaukee Building to be COVID-19 compliant in accordance with local, state and federal guidelines include Mechanical Electrical; carpentry; painting; Board Room furniture; flooring and workstations. Discussion ensued regarding the permanency of the renovations. **The motion carried unanimously.**

- F. **BA#21-50** – DWIHN Employee Health Benefits. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Mr. Riley, III approval of Board Action #21-50. J. Connally reporting. This Board action is to approve the Detroit Wayne Integrated Health Network's (DWIHN) contract for the provision of comprehensive health BCBS; Dental Delta Dental and Golden Dental and optical benefits to qualifying DWIHN employees. Current labor agreements require that DWIHN provide healthcare coverage to all of its qualifying, active employees. Providers were selected through a bid process conducted by Daly Merritt. The estimated amount of \$3,236,358 is based on three hundred twenty-two actual employee count. Amounts will increase/decrease based on staffing levels, however, the costs are in accordance with PA152 Hard Cap. Discussion ensued regarding the benefit package and the total cost of the benefits. **Motion carried unanimously.**

#### **PROVIDER PRESENTATION - Education Training Research Services (ETRS) (SUD Provider)**

Ms. Cathy Gitzen, Executive Director provided a presentation to the Board. A PowerPoint presentation was provided for the record. She provided information on ETRS's history which included being asked to develop, implement, and facilitate a jail-based program for violent domestic violence offenders at the Wayne County Jail in 2000 - The Domestic Violence Transitions (DVT) Program is now in its 21<sup>st</sup> year and has seen over 2,500 clients. In 2005 they were awarded the contract to provide a jail-based treatment-readiness program for felony offenders who have a substance use disorder - this program is in its 15<sup>th</sup> year and has seen over 4,000 clients. Information was also provided on their strengths; their collaborative stakeholders; staff; services and their locations. Information was also provided on their Early Intervention Services; their Relapse Prevention/Peer Recovery Services which include SMART Recovery Support Groups that are facilitated by a CPRC; their Thinking Matters CBT Program which is used to provide an understanding of how ones thinking drives our behavior and promotes emotional management techniques and their Strong Mind Program which is a mindfulness CBT Program and is eight (8) weeks in length. It was also noted that ETRS utilized the following evidence-based practices interventions; SAMHSA TIP 35 Enhancing Motivation for Change in Substance Use Disorder Treatment; SAMHSA Brief Counseling for Marijuana Dependence for Treating Adults; SMART Recovery-Science Based 4 Point Program; and Motivational Interviewing and Motivational Enhancement Therapy to name a few. The Board Chair, Mr. Parker thanked Ms. Gitzen for their services and for sharing information about ETRS with the Board. There were questions regarding the Alcohol Safety Education course now called the Group Alcohol Weekend and how has COVID-19 affected attendance. It was noted that classes are being held via Zoom and through Telehealth. Attendance dropped off in in March and April, but is beginning to pick up and courses are being provided every weekend. Discussion also ensued regarding the effectiveness of the classes versus the face-to-face classes. An overview was provided by Ms. Gitzen that noted that it works well for some and more services were being provided.

#### **FOLLOW UP ON ACTION ITEMS**

Provide three months of the Provider Stability Plan to Board member Riley, III.

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

The Board Chair read the Good and Welfare/Public Comment statement. The following individuals addressed the Full Board for Good and Welfare/Public Comment.

Ms. Richardson –Program Director, SCL – a semi-living independent facility - An overview of the company and their services was provided. She noted that the reduction of finances directly impacts the people served and the level of care that is provided.

Name not provided – addressed the board regarding a relative at Second Chance. She noted that Second Chance provides a necessary and vital service.

Ms. D. Mayer addressed the board regarding relative in semi-living residence; appreciated the devotion of staff. There have been positive changes and is speaking on behalf of those with mental health challenges. If the hours are reduced it will greatly impact the care and training provided and hoped the funding for the additional hours would be reinstated.

Name not provided - SL Provider – expressed concern that there is a fear that a number of businesses have closed down and the reduction of funding would make it more difficult to care for individuals and requested the board to consider reduction of funds.

The Board Chair thanked the staff for their hard work and wished everyone a great holiday season. He also noted that the next Full Board meeting would be in January and he thanked the staff for their advocacy around the election and encouraging people to vote; the numbers reported for voted were higher than in previous elections.

#### **ADJOURNMENT**

There being no further business, the Chair, Mr. Parker called for a motion to adjourn. **Motion:** It was moved by Mr. McNamara and second by Ms. Ruth to adjourn. **The motion carried unanimously and the meeting was adjourned at 3:14 p.m.**

Submitted by:  
Lillian M. Blackshire  
Board Liaison

# FINANCE COMMITTEE

**MINUTES**

**NOVEMBER 4, 2020**

**1:00 P.M.**

**VIRTUAL  
CONFERENCE(BLUEJEANS)**

<b>MEETING CALLED BY</b>	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:09 p.m.
<b>TYPE OF MEETING</b>	Finance Committee Meeting
<b>FACILITATOR</b>	Commissioner Tim Killeen, Chair – Finance Committee
<b>NOTE TAKER</b>	Lillian M. Blackshire, Board Liaison
<b>ATTENDEES</b>	<p><b>Finance Committee Members Present:</b>                      Commissioner Tim Killeen, Chair                      Mr. McNamara, Vice Chair                      Ms. Dorothy Burrell                      Ms. Dora Brown                      Mr. Angelo Glenn</p> <p><b>Committee Members Excused:</b>                      None</p> <p><b>Board Members Present:</b> Mr. Bernard Parker, Board Chair and Mr. William Riley, III</p> <p><b>Board Members Excused:</b> None</p> <p><b>Staff:</b> W. Brooks, CEO; E. Doeh, DCEO/COO; S. Durant, CFO; C. Ollie, Deputy Legal Counsel; B. Blackwell, Chief of Staff; M. Maskey, Director of Buildings; K. Flowers, Clinical Director; J. Connally, Director of Human Resources</p> <p><b>Guests:</b> None</p>

**AGENDA TOPICS**

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

<b>DISCUSSION</b>	Roll Call was taken by Ms. Blackshire and a quorum was present.
<b>III. Committee Member Remarks</b>	
<p>The Chair, Commissioner Killeen called for any Committee remarks. Mr. Parker, Board Chair congratulated Commissioner Killeen on his re-election to the Wayne County Commission.</p>	
<b>IV. Approval of Agenda</b>	
<p>The Chair, Commissioner Killeen called for changes or corrections to the agenda. There were no changes to the agenda. The Chair called for a motion. <b>Motion:</b> It was moved by Mrs. Burrell and supported by Mr. Glenn approval of the agenda. <b>Motion carried.</b></p>	
<b>V. Follow-up Items: Items Follow-up</b>	
<p><b>Item A:</b> Update Operational Efficiency Plan (S. Durant) A written report was provided for the record and will be covered under the Finance Report.</p>	



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

The Chair called for a motion on the Finance Committee minutes from the meeting of Wednesday, October 7, 2020. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn approval of the Finance Committee minutes from the meeting of Wednesday, October 7, 2020. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

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

S. Durant, CFO presented the Monthly Finance report. A written report for the twelve months ended September 30, 2020 which noted the Network Finance accomplishments and noteworthy items and financial statements was provided for the record. CFO Durant noted that the presentation did not include the financial statements as a part of the report, but are a part of the audited statements that are presented in April and are not presented as a part of this packet. CFO Durant requested December Finance meeting be cancelled as done in the past; October and November the department is working on year-end closing. The report presented in January meeting will include financial reports through November 30<sup>th</sup> 2020.

1. DWIHN continues to work with unlicensed residential providers on the H2015 transition. For the entire month of October, DWIHN held training sessions Monday, Wednesday and Friday to assist with questions and concerns. DWIHN rates are higher than Macomb (23%) and, in most cases, higher than Oakland. However, DWIHN will review the rates to determine if sufficient and reasonable. A chart was provided that detailed the tri-county rates for H2015. It was noted that our rates were higher than Macomb and Oakland. It was also noted that a payroll audit was being conducted. Discussion ensued regarding the meetings that took place and if the meetings /training addressed the issues raised by the Providers and the concept of transferring from one code to another code; clarification was provided regarding the time. There was also discussion regarding some Providers having to close down and people having to be displaced. There was discussion regarding the time to complete the billing – PCE has developed an option that allows Providers to enter information over several days versus individually entering information. It was also noted that Providers did not think DWIHN fought hard enough against the change. Billing is currently on the honor system as the authorization system has been turned off for the first 90 days. Chair Killen requested data on the financial impact of the code transition on DWIHN and that it be reported as a separate item in the financial report. (Action)
2. MDHHS is cost settling with the PIHP's on the DCW increase from April – September 30, 2020 which will result in approximately \$4 million returned to MDHHS. In an attempt to disburse the funds to the network, DWIHN specifically requested if the funds could be used for the following: (1) workers paid based on actual hours worked opposed to billed; (2) could workers be paid the hazard pay for overtime hours or (3) could workers be paid more than \$2.00/hr. MDHHS stated the funds cannot be used for any of the aforementioned purposes. Discussion ensued regarding impact on FY2019/2020 and FY2021. CFO does not know at this time how this will impact FY2021.
3. DWIHN summary of the Operational Efficiency Plan for the fiscal year September 30, 2020 (does not include HSW retro payments awaiting receipt from MDHHS). A chart was provided that noted overall savings from Substance Use Disorder was \$2,550,000; Shared Living Arrangements \$1,097,601; Estimated Insurance changes (i.e. DAB) \$770,400; and HSW Incentive (note) \$2,357,046 which gave a Positive Financial Impact of \$6,775,047. It was noted that the quality of care was not impacted. Discussion ensued regarding the discontinuance of this report and the CFO be allowed to present it as a part of her monthly report. The CFO noted this information was reported in the financial statements and may be duplicative. CFO requested that information be reported if something is not going as planned. The Committee Chair, Commissioner Killeen

requested that Operational Efficiencies Report be placed on the Board Executive Committee agenda under the Finance Report. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown that the discussion on the Operational Efficiencies Plan be moved to the Executive Committee agenda – CFO requested that it be reported as a part of the monthly report and not a separate follow-up item. Chair Killeen requested that the request to report item in the Finance report be placed in writing as a formal request. **Motion carried unanimously.**

4. Finance continues its year end closing process and request our next meeting be scheduled in January, 2021. It was determined that there would not be a Finance Committee meeting in the month of December.
5. DWIHN received the July 1 – September 30, 2020 \$2.00/hr. DCW increase on September 24, 2020. DWIHN has requested all services shall be billed in MHWIN by October 9; payments to the provider should be made by the end of October. DWIHN paid all providers for claims submitted through October 9 on November 3, 2020. A final sweep will take place sometime in early December and a payment will be made prior to the Christmas holiday.
6. MDHHS has yet to respond to the letter sent on July 20, 2020 requesting a waiver of the CMHSP contract limiting the 5% carryover of General Fund. If approved, this waiver would allow the unspent General Fund to be carried over to FY2021 with no dollar limitations.
7. MDHHS has yet to respond to the letter sent in February 2020 (follow up letter in July 2020) requesting to cost settle FY18 and FY19 Autism program.
8. MDHHS continues to put death recoupment on hold until further notice. Detroit Wayne owes \$8 million to MDHHS which includes the January 2020 recoupment at \$900,000. The recoupment has been reported in the financial statements.

Discussion ensued on the Financial statements. CFO Durant reported on and discussed the cash and investments; the cash flow statements; the balance sheet; and statement of revenues. The CFO noted the cash flow is doing well and includes a DCW payment that will go out in December and it includes any amounts that may be due back to the State which would include the \$4 million dollars that will go back to the State for the DCW increase given from April – September.

The Chair, Commissioner Killeen called for a motion on the Monthly Finance Report.

**Motion:** It was moved by Ms. Brown and supported by Mr. McNamara to accept the Monthly Finance Report. There was no further discussion. **Motion carried.**

#### **X. Unfinished Business – Staff Recommendations: None**

#### **XI. New Business – Staff Recommendations:**

a. **BA #21- 47** Michigan Consortium of Healthcare Excellence (MCHE) K. Flowers, Clinical Manager reporting. This board action is requesting an increase of \$100,000 to the MCHE three-year contract amount initially approved in January 2019 through exigent approval of the Board chair. DWIHN is a member of MCHE, as are the other ten PIHP's. MCHE has a contract with MCG to provide the ten PIHPs with a utilization management software tool called Indicia. This software is a clinically validated and evidence based tool for clinical decision-making. The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Ms. Brown to move Board Action

#21-47 to Full Board for approval. There was discussion regarding adding the date of the Full Board ratification to the board action. The Chair noted that if the item was given exigent approval and it was noted in the narrative; the Full Board ratification date should also be included in the narrative. **Motion carried unanimously.**

b. **BA #21-49** – Milwaukee COVID-19 Building Renovations – B. Blackwell, Chief of Staff and M. Maskey, Director of Buildings reporting. This Board action is requesting a separate budgeted line item to allow for renovations to 707 W. Milwaukee, the primary administrative site for DWIHN. Necessary accommodations for our workforce, administrative operations and board accommodations will be needed in order to meet the health and safety demands of our employees and the general public. DWIHN will work with Procurement to secure vendors to perform the services. Work is to be completed within 6 months utilizing local Wayne County vendors whenever possible in accordance with DWIHN policies. This Board action will allow administration to make purchases in excess of \$50,000 without approval of the board for an amount not to exceed \$500,000. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown to move Board Action #21-49 to Full Board for approval. The CFO noted these are capital improvements and will check to determine if CARES monies can be used for the depreciable amounts. Discussion ensued regarding IT updates being made to the building; the permanency of the changes and the changes to the boardroom. It was noted the table and chairs will have to be reoriented to accommodate board; the public and social distancing. The changes will be able to be modified. **Motion carried unanimously.**

c. **BA #21-50** – DWIHN Employee Health Benefits. J. Connally, Director of Human Resources reporting. This Board action is for the contract for the provision of comprehensive health – BCBS; Dental – Delta Dental and Golden Dental and optical - EyeMed benefits to qualifying DWIHN employees. Current labor agreements require that DWIHN provide healthcare coverage to all of its qualifying, active employees. Providers were selected through a bid process conducted by Daly Merritt. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown to move Board action #21-50 to Full Board for approval. **Motion carried unanimously.**

**XII. Good and Welfare/Public Comment** – The Chair read the Good and Welfare/Public Comment statement.

There were no members of the public to address the committee verbally; however there was a written email comment that was received from Mr. S. Boisvenu after the adjournment of the Finance Committee meeting. The Committee Chair requested the comment be added to the Full Board and sent to the Finance Committee members.

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

The meeting adjourned at 2:48 p.m.

**FOLLOW-UP  
ITEMS**

- A. Provide a report that shows financial impact of transitioning to code 2015. Report should have its own section on financial report. CFO noted the report will only cover 30 days of billings. It was also noted the report should be given on a monthly basis. (S. Durant)
- B. Place the discussion of the Operational Efficiencies Plan on the Executive Committee agenda. DFO requested the report be a part of the monthly Finance Report and not as a

	<p>separate follow-up item. It was noted by the Committee Chair that the CFO put the request in writing. (S. Durant)</p> <p>C. CFO Durant to investigate to determine if CARES Act monies can be used for COVID-19 Building renovations – Board Action #21-49 COVID-19 Building Renovations. (S. Durant)</p> <p>D. Provide exigent approval Full Board ratification date on Board Action #21-47 Michigan Consortium of Healthcare Excellence (MCHE) K. Flowers</p> <p>E. Good and Welfare/Public Comment - send S. Bosivenu comment regarding H0043 CPT code discontinuation and the utilization of H2015 CPT code to Finance Committee and place on Full Board follow-up.</p>

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**NOVEMBER 12, 2020**

**1:00 P.M.**

**VIRTUAL MEETING**

<b>MEETING CALLED BY</b>	I. Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Iris Taylor, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Chief William Riley, III; Kenya Ruth; Dr. Cynthia Tauег and Dr. Iris Taylor</p> <p><b>Committee Member(s) Excused:</b> Dr. Lynne Carter</p> <p><b>Board Member(s) Present:</b> Dorothy Burrell</p> <p><b>Staff:</b> Brooke Blackwell; Willie Brooks; Jacquelyn Davis; Eric Doeh; Kimberly Flowers; Tina Forman; Shirley Hirsch; Bernard Hooper; Melissa Moody; Darlene Owens; Crystal Palmer; Ebony Reynolds; April Siebert; Michele Vasconcellos; and June White</p>

**AGENDA TOPICS**

**II. Moment of Silence**

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

**III. Roll Call**

<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**

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair called for approval of the agenda. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauег to approve the agenda. Dr. Taylor asked if there were any changes/modifications to the agenda. Staff requested that the agenda be amended to add BA #20-54 (Revised) - NCQA Professional Consultant Services - Joseph J. Barr to the agenda for review and approval for the purpose of NCQA compliance. The Chair called for approval of the agenda as amended. <b>Motion:</b> It
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	was moved by Chief Riley and supported by Mrs. Ruth to approve the agenda as amended. <b>Motion carried.</b>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	A. <b>BA #21-13</b> – Wayne county CFS; Jails and Third Circuit Court – Provide information on the Clinic for Child Study Program and why it is important – <b>Request from Full Board Meeting on October 12, 2020</b> – Crystal Palmer, Director of Children’s Initiatives submitted and gave a report on the history of the Clinic for Child Study program and why it is important. The committee requested that the board liaison send a copy of this report to the Finance Chair, Commissioner Killeen. <b>(Action)</b>
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**VI. Approval of Meeting Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair called for approval of the October 14, 2020 meeting minutes. <b>Motion:</b> It was moved by Mrs. Ruth and supported by Dr. Tauog to approve the October 14, 2020 meeting minutes. Dr. Taylor asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b>
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**VII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <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>Health Services Advisory Group/Performance Measure Validation (HSAG PMV)</b> – The PMV review was conducted on July 9, 2020 and a draft report was received on August 25, 2020 with feedback based on the findings from the review due to HSAG by September 1, 2020. DWIHN met all required reportable areas with the exception of BH-TEDS Data Elements. PCE Vendor corrected the software issue including correction to historical data. HSAG submitted DWIHN’s final report on September 25, 2020 with no plan of correction required.</li> <li>2. <b>Performance Improvement Project (PIP) – Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are using an Antipsychotic Medication</b> – The report was submitted to HSAG on June 30, 2020 and HSAG submitted to DWIHN a draft Preliminary Report on July 20, 2020 with the opportunity to address any Partially Met and/or Not Met due to HSAG by Friday, August 14, 2020. DWIHN’s final report was submitted from HSAG on October 27, 2020. No Plan of Correction required.</li> <li>3. <b>Compliance Review</b> – DWIHN received the final Compliance Report from HSAG on March 10, 2020 which required a Plan of Correction (POC). All required documentation has been submitted to HSAG as required with progress for the identified areas. DWIHN is currently waiting on feedback and acceptance of the implementation of the POC.</li> </ol> <p>B. <b>Children’s Redesign Update</b> – Eric Doeh, Deputy CEO and COO submitted and gave an update on the Children’s Redesign. Mr. Doeh reported that staff continues to partner with the Children’s Community Mental Health agencies within Wayne County to complete Phase 1 (Increasing Accessibility-Prevention Services). Staff and the CMH’s clinical team are developing and finalizing the</p>
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four mental health prevention training modules to address the four identifiable risks: suicide; anxiety/depression; dating violence; and bullying. DWIHN would like to purchase the curriculum for the 11 CMH agencies to ensure the Michigan Model is reflective in the curriculum created. This model targets Pre-K through 12<sup>th</sup> grade students utilizing a skills-based approach. It may be necessary to have three versions of the identifiable risks to accommodate the developmental needs of the elementary, middle school and high school populations. There has been communication between Children's Initiatives and the Mayor's Office regarding collaboration to create access to services. Staff have also begun to focus on Phase II (Identifying Deliverables and Measurables). They are collecting data regarding CMH agency involvement in Wayne County schools in order to create the best plan to implement the rollout of the curriculum and how this data will be captured. This phase will also include collaboration between DWIHN and hospitals/clinics. Staff will have a tentative design to present to the committee in January 2021. (Action) Discussion ensued. Dr. Taylor opened the floor for further discussion. There was no further discussion. The Chair bundled the Compliance Report and Children's Redesign Update. **Motion:** It was moved by Dr. Taueg and supported by Mrs. Ruth to accept the Corporate Compliance report and Children's Redesign update. **Motion carried.**

**VIII. Year-End Reports**

**DISCUSSION/  
CONCLUSIONS**

- A. **Children's Initiatives** – Crystal Palmer, Director of Children's Initiatives submitted and gave a year-end update. Discussion ensued.
- B. **Access and Crisis Services** – Jacquelyn Davis, Director of Access and Crisis Services submitted and gave a year-end update. Discussion ensued.
- C. **Clinical Practice Improvement** – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave a year-end update. Discussion ensued.
- D. **Customer Services** – Michele Vasconcellos, Director of Customer Service submitted and gave a year-end update. The committee requested a summary of the surveys administered to the providers and practitioners. **(Action)**
- E. **Integrated Health Care** – Tina Forman, Director of Integrated Health Care submitted and gave a year-end update. The committee requested a breakdown of the MI Health Link referrals for services by ICOs. **(Action)**
- F. **Managed Care Operations** – June White, Director of Managed Care Operations submitted and gave a year-end update. No discussion ensued.
- G. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave a year-end update. Discussion ensued.
- H. **Substance Use Disorder** - Darlene Owens, Director of Substance Use Disorder Initiatives submitted and gave a year-end update. Discussion ensued. The committee requested that Ms. Owens' full report and the specifics of the 12-provider staff that passed away from COVID-19 be sent to the committee. **(Action)**

The Chair bundled all year-end reports and called for a motion to accept the Children's Initiatives, Access and Crisis Services, Clinical Practice Improvement, Customer Service, Integrated Health Care, Managed Care Operations, Residential Services, and Substance Use Disorder Initiatives' year-end reports. **Motion:** It was moved by Dr. Taueg and supported by Mrs. Ruth to accept the Children's Initiatives, Access and Crisis Services, Clinical Practice Improvement, Customer Service, Integrated Health Care, Managed Care Operations, Residential Services, and Substance Use Disorder Initiatives' year-end reports. **Motion carried.**

**IX. Strategic Plan – Access Pillar**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>Jacquelyn Davis, Director of Access and Crisis Services submitted and gave her report on the Strategic Plan – Access Pillar. Ms. Davis reported that there are four (4) high-level goals under the Access Pillar and they range from 31%-82% completion:</p> <ol style="list-style-type: none"> <li>1. Create infrastructure to support a holistic care delivery system (full array) by December 31, 2021 – 31% Completion;</li> <li>2. Create Integrated Continuum of Care for Youth by September 30, 2020 – 82% Completion;</li> <li>3. Establish an effective crisis response system by December 21, 2021 – 65% Completion; and</li> <li>4. Implement Justice Involved Continuum of Care by September 30, 2020 – 67% Completion. The overall completion of this pillar is 61%.</li> </ol> <p>Dr. Taylor opened the floor for discussion. There was no discussion. The Chair called for a motion to accept the Strategic Plan – Access Pillar report. <b>Motion:</b> It was moved by Dr. Tauog and supported by Mrs. Ruth to accept the Strategic Plan – Access Pillar report. There was no discussion. <b>Motion carried.</b></p>
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**X. Quality Review(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><b>A. QAPIP Work Plan</b> – April Siebert, Director of Quality Improvement submitted and gave highlights on the QAPIP Work Plan Report. Ms. Siebert reported that her report summarizes DWIHN’s results from the third quarter of FY 2020 as well as comparison data of Q1, Q2, Q3 and Q4 (preliminary) and noted improvements with Indicator 10 (Recidivism).</p> <ol style="list-style-type: none"> <li>1. <b>Michigan Mission Based Performance Indicators (MMBPI)</b> – The 3<sup>rd</sup> Quarter Performance Indicator data reporting (July 1-September 30, 2019) has been submitted to the MDHHS on September 30, 2020. Quarter 4 data is due to MDHHS on December 30, 2020.</li> <li>2. <b>Results and Analysis</b> – Indicators 1, 4 and 4b continue to meet and exceed the 95% standard. The reporting criteria data for Indicator 2a, 2b and 3 has been updated/revised effective April 16, 2020 for Quarter 3.</li> <li>3. <b>Q4 Indicator 10 (Recidivism) Noted Improvements</b> – Preliminary data has demonstrated an overall decrease in adult readmissions (16.50%) which is an average of 4.6% less than the prior three quarters. This decrease is noted to ongoing efforts which include review of members that recidivist.</li> </ol> <p>The Vice-Chair called for a motion to accept the QAPIP Work Plan report. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to accept the QAPIP Work Plan report. Dr. Tauog opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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## XI. Chief Clinical Officer's (CCO) Report

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer's report. Mrs. Moody reported that:</p> <ol style="list-style-type: none"><li>4. <b>COVID-19 and Inpatient Psychiatric Hospitalization</b> – Hospitalization data shows a slight decrease in admissions for the month of October by approximately 2%. There were three (3) reported cases of COVID-19 inpatient – 635 served for the month of October.</li><li>5. <b>COVID-19 Intensive Crisis Stabilization Services</b> – COPE had a 2.5% decrease for the month of October – 210 served; and Team Wellness had a 42% increase for the month of October – 60 served.</li><li>6. <b>COVID-19 Pre-Placement Housing</b> – There were no admissions for Forever Care Home and Detroit Family Homes for the month of October.</li><li>7. <b>Residential Department Report of COVID-19 Impact</b> – From 3/30/20 to 10/31/20, 169 positive cases were reported and 34 reported deaths. There were no new cases or deaths associated with COVID-19 reported in Residential Placement since the last report.</li><li>8. <b>COVID-19 Recovery Housing/Recovery Support Services</b> – There were seven (7) clients served for Quality Behavioral Health and two (2) served for the Detroit Rescue Mission Ministries (DRMM) for the month of October.</li><li>9. <b>COVID-19 Urgent Behavioral Health Urgent Care Sites</b> – There were seven (7) adults served for Community Care Services; 18 adults served for Northeast Integrated Health; and 15 youths served for The Children's Center for the month of October.</li><li>10. <b>COVID-19 Testing, Tracing and Reporting</b> – MDHHS sent out a notification stating that all licensed AFC and Home for the Aged facilities that have more than 13 beds within the facility need to follow a new COVID-19 testing and reporting guidelines starting October 28, 2020. DWIHN has provided this information to both our Clinically Responsible Service Providers and Residential Providers.</li></ol> <p>Total number of confirmed COVID-19 cases in Michigan is 192,096 with 7,419 deaths. Wayne County is reported to have 24,157 confirmed cases and 1,347 deaths and Detroit is listed with 15,956 confirmed cases with 1,552 deaths reported. <b>(Source:www.michigan.gov/Coronavirus)</b> Discussion ensued. The Vice-Chair called for a motion to accept the Chief Clinical Officer's report. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to accept the Chief Clinical Officer's Report. Dr. Taueg opened the floor for further discussion. Discussion ensued. <b>Motion carried.</b></p>
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## XII. Unfinished Business

<b>DISCUSSION/ CONCLUSIONS</b>	<ol style="list-style-type: none"><li>A. <b>BA# 18-34 (Revised)</b> – Medversant Contract Extension – <i>Deferred to Executive Committee for Exigent Approval</i></li><li>B. <b>BA #20-54 (Revised)</b> – NCQA Professional Consultant Services – Joseph J. Barr – The Chair called for a motion on BA #20-54 (Revised). <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #20-54 (Revised) to Full Board for approval. Staff requesting a one-year extension of contractual services for the period of 1/1/21 – 6/6/21 at the amount of \$41,470.00 for the purpose of NCQA compliance. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></li></ol>
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- C. **BA# 21-32 (Revised)** – Addendum to include PA2 Recovery Support Services missed on SUD Treatment allocation grant FY '21 – DWIHN Provider Network List included with board action – The Chair called for a motion on BA #21-32 (Revised). **Motion:** Chief Riley abstained from voting on Growth Work and Hegira Programs. It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-32 (Revised) to Full Board for approval. This revised board action is a request to increase the amount by \$295,000.00 from the initial amount of \$4,148,575.00 to \$4,443,575.00. Dr. Taylor opened the floor for discussion. There was no discussion. **Motion carried.**
- D. **BA #21-33 (Revised)** – Allocation of PA2 dollars for Substance Use Disorder (SUD) Contractor for additional services in Southwest Detroit – DWIHN Provider Network List included with board action – The Chair called for a motion on BA #21-33 (Revised). **Motion:** Chief Riley abstained from voting on National Council for Alcohol and Drug Dependence (NCADD). It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-33 (Revised) to Full Board for approval. Staff requesting board approval to amend the FY '21 SUD Prevention Services program. The revised amount of the FY '21 SUD Prevention Services program is \$4,925,054.00 and was increased by \$133,000.00 from the initial amount of \$4,792,054.00. **Motion carried.**

Dr. Taylor, Chair excused herself from the meeting at 3:04 p.m. and Dr. Taueg, Vice Chair of the Program Compliance Committee assumed the role of Chair for the remainder of the meeting.

- E. **BA #21-38 (Revised)** – Self-Determination Services – Community Living Services – The Chair called for a motion on BA #20-38 (Revised). **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to move BA #20-38 (Revised) to Full Board for approval. Staff recommends this board action be revised to increase the annual funding by \$8.1 million dollars. The service provider has increased the number of consumers who are receiving Habilitation Support Waiver (HSW) Services under this contract. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

**XIII. New Business: Staff Recommendation(s) -**

**DISCUSSION/  
CONCLUSIONS**

- A. **BA# 21-44** – MI-Health Link Demonstration Project – All Well-Being Services – The Chair called for a motion on BA #21-44. **Motion:** Chief Riley abstained from voting on Hegira Programs. It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-44 to Full Board for approval. Staff requesting board approval for a one-year continuation contract with the five (5) Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for FY 2021. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**
- B. **BA# 21-45** – Michigan Child Collaborative Care Program (MC3) – Starfish Family Services - The Chair called for a motion on BA #21-45. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-45 to Full

	<p>Board for approval. The MC3 Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Dr. Tauzeg opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>C. <b>BA# 21-48</b> – Community Foundation for Southeast Michigan’s Philanthropic Grant for Opioid Use Disorders in Wayne County Jails – DWIHN Providers’ Network List included in board action - The Chair called for a motion on BA #21-48. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-48 to Full Board for approval. Staff requesting board approval for a one-year contract for an amount not to exceed \$151,984.00 with Wayne State University (\$28,000.00); Quality Behavioral Health (\$43,000.00); Wayne County Health Communities (\$30,000.00); and Abundant Recovery Services (\$43,000.00). Dr. Tauzeg opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XIV. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair asked if there were any Good and Welfare/Public Comment.</p> <p>a. Ms. C. White - (0806) addressed the committee regarding concerns with a family member receiving SUD services.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. Send a copy of the Clinic for Child Study report to the Finance Committee Chair, Commissioner Killeen	Lillian Blackshire	<b>COMPLETED</b>
2. <b>Year-End Report:</b>		
<b>A. Customer Service</b> – Provide a summary of the surveys that were administered to the providers and practitioners	Michele Vasconcellos	<b>January 13, 2021</b>
<b>B. Integrated Health Care</b> – Provide a breakdown of the MI Health Link referrals for services by ICOs	Tina Forman	
<b>C. Substance Use Disorder</b> – Provide SUD full report and the specifics of the 12-provider staff that passed away from COVID-19 to the committee.	Darlene Owens	<b>COMPLETED</b>

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

**ADJOURNED:** 3:20 p.m.

**NEXT MEETING:** Wednesday, January 13, 2021 at 1:00 p.m. *(Virtual Meeting)*



**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

November 23, 2020

Sherry McRill, President and CEO  
Northeast Integrated Health  
2900 Conner Ave, Bldg A  
Detroit, MI 48215

Re: Northeast Integrated Health CAPPA Program Response Letter

Dear Mrs. McRill:

Thank you so much for your inquiry into our proposed pilot program with the City of Detroit and Detroit Police Department (DPD). We recognize that Northeast Integrated Health has had a relationship with DPD in various capacities over the years and we appreciate your work. This project initiated out of the Black Lives Matter movement to improve processes and procedures and is a combined venture that embraces what other major cities are doing around the country. This expanded pilot project goes far beyond those measures currently in place by local law enforcement and behavioral health organizations.

Detroit Wayne Integrated Health Network (DWIHN) has been having ongoing conversations with the City of Detroit and the Detroit Police Department for the purpose of improving police and community relationships along with addressing relationships with the people we serve.

DWIHN and City of Detroit Partnership Goals:

- Pilot a 911 mental health crisis call diversion and response
- Increase police officer access to mental health supports
- Develop adequate places to house individuals in need of crisis services
- Evaluate and expand Crisis Intervention Team (CIT) training of police officers and 911 staff

This effort should reduce overall incarceration and hospitalization costs and provide better treatment options to the people we serve. There will be a three-prong approach engaging several of the providers throughout Wayne County for individuals to receive services. We certainly hope that you and your organization will respond to these efforts and be willing to continue to serve the citizens of Wayne County.

Jail diversion and homeless outreach leads to connections to treatment. This pilot is more than just training, it is a culture and community shift. The pilot bridges the gap between the law enforcement and behavioral health sectors. It encourages a collaborative approach to restorative justice.

While this pilot is not funded by Medicaid, should it prove to be successful, we will certainly be reporting these outcomes to MDHHS and other local law enforcement cities and counties around the state; to impress upon them the need to for expansion.

Sincerely,

Willie E. Brooks, Jr.  
President and CEO

Bernard Parker  
Board Chairman

**Board of Directors**

Bernard Parker, Chairperson  
Dorothy Burrell  
William T. Riley, III

Dr. Iris Taylor, Vice-Chairperson  
Lynne F. Carter, MD  
Kenya Ruth

Timothy Killeen, Treasurer  
Angelo Glenn  
Cynthia Taueg

Dora Brown, Secretary  
Kevin McNamara



- (E) Recommend candidates for Director of the Office of Recipient Rights to the President of the Authority, and consult with the President regarding any proposed dismissal of the Director of ORR.
- (F) Serve in an advisory capacity to the President and the Director of the ORR.
- (G) Annually review the funding of the ORR during the budgetary process in accordance with Section 755(2) of the Code.
- (H) Designate panels of the RAC members to serve as the Authority's RAC appeals committee for appeals in accordance to Section 784 of the Code.
- (I) Meetings of the RAC (except when meeting as the appeals committee) are subject to the Open Meetings Act. Minutes shall be maintained and made available to individuals upon request.

#### 1.1(d) Nominating Committee

The Nominating Committee shall consist of four members, and its purpose shall be to nominate Board Officers. The Nominating Committee shall be appointed by the Chairperson of the Board, shall meet annually or as necessary to fill an Officer vacancy, and shall function, as set forth below.

The Chairperson shall annually appoint members to the Nominating Committee, consisting of four Board members, prior to the January regular Board meeting. The Chairperson's slate of appointments shall be submitted for Board confirmation at the Board's regular January meeting and, if not approved, alternative slates of nominees shall be proposed until Nominating Committee members have been selected. The Nominating Committee shall report a recommended slate of officers at the February regular Board meeting. The Board shall accept or reject the slate of officers by majority vote. If the Board rejects the slate of nominees, nominations for individual officer positions may be taken on the floor, or the Nominating Committee shall meet and create a new slate of nominees to be presented at a special board meeting prior to the March regular Board meeting.

#### Section 2 – Special Committees

The Board may establish such other special or *ad hoc* committees as it may deem necessary or appropriate.

Once the Board Chairperson has directed a special committee to undertake a duty or obligation, that committee shall meet as determined by the Chairperson of the Board, the chairperson of that committee, or upon the request of a majority of such committee members. Upon the conclusion of the Committee's specific task, the Committee shall be disbanded.



# SAVE THE DATE

## METRO REGION MEETING

**Hosted by Detroit Wayne Integrated Health Network**

**Thursday, February 18, 2021**

**6:00 P.M.**

**VIRTUAL**

**Further information, including login access, will be provided as details for the meeting are finalized.**

**If there is an agenda item you would like included, or if you have any questions, please contact Lillian Blackshire at [lblackshire@dwihn.org](mailto:lblackshire@dwihn.org).**



## ANNUAL REPORT 2019-2020

### TIMELINE

#### **October 13, 2020**

- Annual Report Guidelines & Deadlines Issued
  - Access & Crisis, Communications, Customer Service, Children's Initiatives, Clinical Practice Improvement, Integrated Healthcare, IT, Facilities, Management & Budget, Managed Care Operations, ORR, Quality, Residential, System Transformation, SUD, UM.

#### **November 6, 2020**

- Department Reports Due

#### **November 20, 2020**

- First Draft due to Chief of Staff
  - Department objectives, collaborations, measurement charts, organization progression, major department initiatives, achieved goals, accomplishments, recognitions, appropriate pictures of staff at work, in the field, being recognized, with persons served, etc.
  - Note: Financials will be available in late December or early January.

#### **November 27, 2020**

- 2nd Draft to be reviewed by Chiefs and CEO
- Communications working on layout

#### **December 17, 2020**

- 2<sup>nd</sup> Draft due with edits from Chiefs and CEO

#### **December 23 – January 2**

- *DWIHN Closed...Financials can come either before or after these dates*

#### **January 11, 2021**

- Layout and update to be presented to Executive Committee
- Update on delivery of Financials

#### **TBA January - February, 2021**

- Report to the Wayne County Commission Committee of the Whole

#### **Reference:**

Previous Year's Reports can be found at: [https://www.dwihn.org/documents/annual\\_report\\_2018-19.pdf](https://www.dwihn.org/documents/annual_report_2018-19.pdf)

#### **2013 DWMHA Enabling Resolution (excerpt)**

(b) The Authority Board shall provide the Wayne County Commission an annual report by December 1<sup>st</sup> of each year describing its programs and performances, its goals as well as long-range plans and strategies, and a fiscal overview for the previous fiscal year.



Community Mental Health  
Association of Michigan

# VIRTUAL ANNUAL WINTER CONFERENCE

**February 9-12, 2021**

*Virtual Education & Networking  
each day from 9:00am-12:30pm*

**FOCUS ON WELLNESS  
REFRESH · RENEW · REFOCUS**





# VIRTUAL CONFERENCE

## Registration Opens January 7, 2021

Here's some key benefits on why you should register for this virtual conference series!

**Reduced Registration Fee:** Eliminating the cost of food, meeting room rental, audio-visual rental and materials allows us to lower our conference fee.

**Save on Travel Costs:** The extra costs such as mileage reimbursement, hotel overnight costs and meal per diems *substantially increase* the cost of each person attending the conference.

**Group Agency Discounts:** For the first time, we'll be offering discounted tiers for sending multiple paying-attendees from the same agency (*"recording only" attendees do not qualify towards group discount*).

- Volume discounts will only be offered until **MONDAY, JANUARY 18, 2021**.
- Volume discount is applied to those registered on the **SAME ORDER**. To take advantage of the deepest discount, please determine everyone from your agency who will be participating in the conference and register them at the same time.
- After January 18, 2021, additional attendees from the same agency will be charged the full rate of \$210 Members and \$252 for Non-Members.
- Payment: No payment will be due at the time of registration. Credit card links for payments will be sent out on January 19, 2021 or you can send a check to CMHA.

	1-4 attendees	5-9 attendees	10-19 attendees	20 or more	Recording Only (no CEs)
<b>Member</b>	\$210 per attendee	\$190 per attendee	\$170 per attendee	\$150 per attendee	\$50 per attendee
<b>Non-Member</b>	\$252 per attendee	\$228 per attendee	\$204 per attendee	\$180 per attendee	\$70 per attendee

### Increase your Purchase Power - the Savings Add Up!

- Average cost for In-person conference: \$980/attendee (includes registration fee, overnight, travel and meals)
- Average cost for virtual conference: \$190/attendee
- **Average savings: \$790/attendee**

**How Far Does \$3,000 Go?** Invest in your staff and board members by making sure they are up to date on the latest evidence-based practices and hot topics in our industry. Traditionally, for \$3,000 a member organization could only send 3 attendees to an in-person conference. **Virtual conferences allow you to stretch that \$3,000 to send 20 attendees!**

**Time Efficient:** The conference takes place in the mornings only - so your afternoons are available for meetings, emails and projects.

**Location:** You can attend from anywhere that has internet access: office, home, coffee shop, out of state, the beach...the possibilities are endless!

**More Accessibility:** Virtual conferences are more accessible to a larger and more diverse audience. Traveling long distances and prolonged time away from home, office, personal commitments are no longer barriers with a virtual environment.

**The Education Never Ends – Don't Miss Any Sessions:** Usually during in-person conferences, there are so many sessions taking place at the same time – but you can only select 1 per timeslot. With virtual conferences, you'll have access to view ALL the educational sessions for up to 3 months after the conference concludes (no continuing education credits for viewing the recordings).

Questions? Contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or 517-237-3143



# CONTINUING EDUCATION

## Continuing Education Information:

**Social Workers:** This "Annual Winter Conference" course (2/9/21-2/12/21) qualifies for a maximum of 8.5 Continuing Education Hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. Qualifies as "face-to-face (in-person) education."

**Substance Abuse Professionals:** CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in the Annual Winter Conference (2/9/21-2/12/21) full conference series may receive a maximum of 10.5 contact hours. Qualifies as "in-person education." Some "Related" workshops may meet MCBAP/IC&RC educational requirements for focused topics in addiction certification domains. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

**Continuing Education Requirement:** National Accreditation Rules: National Accreditation rules indicate that if you are over five (5) minutes late or depart early, you forfeit your continuing education hours for that session. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide continuing education hours in the future. This rule will be strictly followed.

**Certificate Awarded:** The virtual platform will be utilized to track participation and generate certificates. No other certificate will be given outside of the virtual platform generated one that will be accessible in your profile after the conference is completed.

**Certificate Issued by:** Christina Ward, Director of Education & Training, [cward@cmham.org](mailto:cward@cmham.org); 517-374-6848

**Grievance:** If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA 517-374-6848 or through our webpage at [www.cmham.org](http://www.cmham.org) for resolution.



# REGISTRATION FEES

For the first time, we'll be offering discounted tiers for sending multiple paying-attendees from the same agency ("recording only" attendees do not qualify towards group discount).

- Volume discounts will only be offered until *MONDAY, JANUARY 18, 2021*.
- Volume discount is applied to those registered on the **SAME ORDER**. To take advantage of the deepest discount, please determine everyone from your agency who will be participating in the conference and register them at the same time.
- After January 18, 2021, additional attendees from the same agency will be charged the full rate of \$210 Members and \$252 for Non-Members.
- Payment: No payment will be due at the time of registration. Credit card links for payments will be sent out on January 19, 2021 or you can send a check to CMHA.

**Live Conference:** You are NOT required to attend the entire conference – you can attend 2 sessions or 8 or more! You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions live is the only way to receive CE Credits. You also have access to session recordings for 90 days after the conference (no CEs).

**Recording Only– No Continuing Education Credits:** For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 90 days to view the recordings. You can view as many sessions as you like.

	1-4 attendees	5-9 attendees	10-19 attendees	20 or more	Recording Only (no CEs)
<b>Member</b>	\$210 per attendee	\$190 per attendee	\$170 per attendee	\$150 per attendee	\$50 per attendee
<b>Non-Member</b>	\$252 per attendee	\$228 per attendee	\$204 per attendee	\$180 per attendee	\$70 per attendee

**CLICK HERE TO REGISTER!**

**Registration Deadline:** Attendee registration closes at 12:00pm on Monday, February 8, 2021.

**Payment Information:** Purchase orders are not considered payment. All no shows will be invoiced the full registration amount.

**Checks can be made to:** CMHA and sent to 426 S. Walnut St, Lansing, MI 48933.

**Cancellation Policy:** Substitutions are permitted until 5:00pm on Thursday, February 4, 2021. No-shows will be billed at the full training rate. Cancellations must be received in writing via email to [cward@cmham.org](mailto:cward@cmham.org) at least 3 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 3 business days prior to the training, no refund will be given. Refunds will be issued within 90 days of the training.

**Virtual Participation:** You are expected to actively participate in the conference. See below for recommendations and requirements.

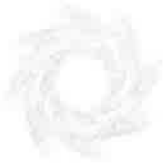
- You must register through CMHA first, and then log into the virtual platform with the **SAME** email address.
- You must watch the virtual conference LIVE to receive CE credit for each session.
- Recommend that attendees log into the virtual training at least 15 minutes before the session begin.
- Registration report will indicate arrival time (note for continuing education you must be logged into the virtual training within 5 minutes of the start of the session).
- **Internet: A strong internet connection is HIGHLY recommended. If your internet service is not able to stream videos, it will likely not be strong enough to support this conference. You will want a minimum upload speed of 5mbps.**
- After confirmation that you fully participated in the conference, you will have access to your certificate via the conference website.

**Virtual Training Accommodations:** If you need accommodations to attend this virtual training, please email Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) at least 5 business days before the event.

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Questions? Contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or 517-237-3143.



# EDUCATIONAL SESSIONS

You will receive additional information on how to log into and navigate the conference site to select your workshops, sign up for CEs, exhibit hall, receive certificates and other features of the conference site.

*Each session takes place in the EST (eastern standard time) time zone.*

## Tuesday, February 9, 2021

8:45am – 9:00am

### Conference Welcome

- *Robert Sheehan, CEO, Community Mental Health Association of Michigan*

9:00am – 10:00am

### Keynote: Update from the Michigan Department of Health and Human Services

- Qualifies for 1 CE Related MCBAP Education Contact Hour

– *Allen Jansen, Deputy Director, Behavioral Health and Developmental Disabilities Administration*  
Deputy Director Al Jansen will provide an update on current issues facing the Michigan public health system.

10:00am – 10:30am

### Break

10:30am – 12:00pm

### Concurrent Workshops 1-5:

10:30am – 12:00pm

#### 1. Restructuring an Emergency Services System Using a Lean Model

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

- *Nina Martenson, MA, LLP, Center Supervisor, North Country Community Mental Health*
- *Carole Merritt-Doherty, LMSW, Director of Acute Clinical Services, North Country Community Mental Health*

This presentation will review ways to restructure emergency services systems that ensure quality client services, positive staff and community partner satisfaction and meeting or exceeding state performance indicators. Discussion will also include how to utilize the Lean model for finding appropriate solutions to removing existing barriers and truly solve issues that impact the above noted areas. This presentation will discuss recent improvements made to North Country Community Mental Health's emergency services that occurred through the Lean process; review of the pilot, relative data and effectiveness. Participants will be able to: 1. Understand how to utilize the Lean process to evaluate the effectiveness of an organization's behavioral health services; 2. Understand how to utilize the Lean process to find appropriate improvement recommendations to remove barriers and solve problems that impact client services and satisfaction of stakeholders; 3. Learn effective means of service delivery via telehealth; 4. Learn how to implement a pilot program; and 5. Learn to utilize data to evaluate effectiveness of your pilot and future steps for permanent implementation or changes that need to occur.

10:30am – 12:00pm

#### 2. Programming in the Time of COVID-19: The Rapid Transition to Virtual Programming for Parents and Families

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

- *Vicki Kavanaugh, BA, CPS, Prevention and Advocacy Team Lead, Arbor Circle*
- *Leigh Moerdyke, LMSW, CPS-M, Prevention and Advocacy Program Manager, Arbor Circle*

COVID-19 presented unique challenges and a rapid shift from in-person to virtual programming, and required a rethink of relationship building, content delivery and program evaluation. While treatment services are a smoother transition to telehealth, many prevention programs assume participants are in person and can physically interact. Most curriculums require significant experiential learning. At the onset of the pandemic and subsequent shut down, Arbor Circle staff looked for unique ways to provide services that resulted in increased attendance, successful content delivery and successful reintegration of programming. As the need to maintain physical distance has continued, staff have redeveloped programming to more

effectively meet the evolving needs of parents, children and families in our community. This presentation will review the successes, challenges and methods by which Arbor Circle has been able to adapt its prevention programming and will provide participants a framework for thinking about their programming and to help generate ideas for prevention in our "new normal". Participants will be able to: 1. Understand the process of rethinking programs for virtual delivery; 2. Identify fears and myths of online services and how to work within their benefits and limitations; 3. Understand why technological solutions should be used post COVID-19 and how to build virtual programming; and 4. Reconsider prevention programming and how to modify programming to meet our current programming requirements.

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10:30am – 12:00pm

### 3. Resolve: Bridging a New Legacy

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Angela Spino-Bogota, CPS, CPRM, Prevention and Recovery Support Coordinator, Alliance of Coalitions for Healthy Communities*
- *Tracy Chirikas, CPRC – Family, Community Relations Manager, Alliance of Coalitions for Healthy Communities*
- *Corey James, MSW, Prevention Program Manager, Alliance of Coalitions for Healthy Communities*

According to the Recovery Research Institute, approximately 22 million Americans have resolved an alcohol or other drug problem. Yet, there are limited resources for individuals in early recovery to assist them in maintaining their sobriety and overcoming the common barriers to long-term recovery. The Resolve program addresses this gap by providing opportunities for individuals in early recovery to develop the skills needed to sustain a healthy recovery and successful future. This workshop will provide an overview of Resolve - a comprehensive life skills training program developed for adults who are in recovery by the Alliance of Coalitions for Healthy Communities. The purpose of this program is to empower those individuals to move forward in their life skill development by targeting specific areas of need, whereby addressing the health and well-being of the whole person. By empowering the participant, the program helps to decrease relapse and recidivism rates. Resolve is comprised of six modules that are implemented via 13 weekly lessons: 1) physical healing, 2) grief and loss, 3) interpersonal relationships, 4) financial health 5) legal challenges, and 6) job readiness. On completion of the program, participants celebrate their successes with their loved ones, support persons, and fellow participants at a graduation celebration. Participants will be able to: 1. Understand the foundation for the need for Life Skills training for individuals in early recovery; 2. Identify strategies to successfully implement the Resolve program, including working with community partners; and 3. Learn outcome measures and how to evaluation success.

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10:30am – 12:00pm

### 4. Healing Moral Injury

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Thomas (Tom) L. Moore, MSW, LLP, CAADC, MAC, CCS, Owner and Principal, Two Moons, LLC*

Moral Injury originated with soldiers in combat, both in terms of atrocities committed, and not intervening with actions that transgressed their moral code. The concept of moral injury has been expanded to additional populations such as refugees, first responders, health care workers, social workers, educators and others. Following the initial presentations in Understanding Moral Injury and Expanding Moral Injury, this presentation will address effective treatment methods with Moral Injury. Participants will be able to: 1. Identify current consumers suffering from Moral Injury; 2. State what emerging conceptual approaches will assist in addressing Moral Injury in therapeutic encounters; and 3. Select what specific techniques and strategies will be implemented into their clinical practice.

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10:30am – 12:00pm

### 5. Integrating Self-Care into the Workplace

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Tara Moreno-Wallen, MA, Acudetox Specialist, Executive Director and Co-Owner, The Serenity House of Flint & Green Tara Holistic Recovery*

Stress is an inevitable part of life and self-care is the necessary counterpart. Often, those in the industry of serving others are prone to burn out, compassion fatigue, and secondary trauma. This workshop will help you identify how these pitfalls impact all facets of your life, in work and at home. In this workshop we will explore ways to counteract these common issues. We'll learn more about meditation practices like mindfulness, explore the importance of emotional intelligence in relationship, and talk about boundaries and why they are crucial to well-being. Participants will be able to: 1. Identify secondary trauma, compassion fatigue, and burn out; 2. Learn the negative impact of lack of self-care and the benefits of including self-care in the workplace; 3. Learn SAMHSA's 8 dimensions of wellness; and 4. Explore mindfulness meditation and how it can increase awareness.

9:00am – 10:30am **Concurrent Workshops 6-10:**

9:00am – 10:30am **6. CCBHC Lessons Learned – A Dialogue with Leaders of 4 Michigan CCBHC Sites**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Michael K. Garrett, MDS, President/Chief Executive Officer, CNS Healthcare*
- *Juliana Harper, LMSW, CAADC, Chief Program Officer/Senior Vice President, Easterseals Michigan*
- *Jeff Patton, MSW, Chief Executive Officer, Integrated Services of Kalamazoo*
- *Lisa Williams, PhD, Chief Executive Officer, West Michigan Community Mental Health*

In this workshop, you will learn of the impact of Michigan's Certified Community Behavioral Health Centers (CCBHCs) in meeting the mental health needs of their communities as well as the triumphs and trials of taking on the breadth and depth of CCBHC requirements. Participants will be able to: 1. Describe, in summary form, the intent and scope of services of Michigan's CCBHC sites; 2. List the impact – the triumphs – that Michigan's CCBHCs have had in their communities; and 3. Outline the trials (and approaches for recovering from these trials) that were faced by Michigan's CCBHCs.

9:00am – 10:30am **7. ReNEWed: Helping Students Reach Their Potential by Creating Compassion and Growth in the Classroom**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Corey James, MSW, Prevention Program Manager, Alliance of Coalitions for Healthy Communities*
- *Kendra Ruddy, BS, Youth Coordinator, Alliance of Coalitions for Healthy Communities*

Multiple studies around the world are finding that students are more stressed than ever and their mental health is decreasing as a result. A recent research study performed by public health graduate students at Oakland University asked middle and high school students in Oakland County if they are experiencing something similar, what the causes are, and how they are coping. The students reported high levels of stress, anxiety and depression for a multitude of reasons. In response to the need voiced by the students, the ReNEWed program was developed to help students build resilience to stressors and provide a skillset to better cope with what they are dealing with. Learning how to manage feelings associated with life experiences can be hard for young people. This program was designed for middle school students and provides tools that, with practice, can help youth manage uncomfortable feelings and better deal with some of the experiences that lead to those feelings. Participants will be able to: 1. Understand stress factors that are impacting youth; 2. How to successfully implement the ReNEWed program, including working with community partners; and 3. Outcome measures and how to evaluation success.

9:00am – 10:30am **8. Engaging with Arab and Chaldean American Families: Cultural Competency vs. Cultural Humility**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Walid Gammouh, LMSW, SSW, Multi-Cultural Services Director, Arab American And Chaldean Council*

Learning what are the "norms" and how to be more effective in providing services within the cultural context. The importance of Cultural Competency VS. Cultural Humility. Walking in the shoes of an Arab American and Chaldean individual and families - seeing the culture from *their* perspective. The presenter will provide cross-cultural understanding through historical, religious, ethnic, linguistic, and clinical perspectives. Participants will learn more of the challenges, prevention, intervention and treatment skills when working with this target population. Participants will be able to: 1. Identify services that could serve as a resource for future consultation and referrals; 2. Define Cultural Competency vs. Cultural Humility; 3. Review the history of the Arabs and Chaldeans in the State of Michigan; 4. Understand the two concepts: a. Bilingual Bi-cultural status-two in one (Family Role: Arab and Chaldean Cultural Ingredients) Shame-based culture and b. Third culture Child-three in one – (The Arab Chaldean Child Versus the new environment); and 5. Be aware and list the differences between High Context Culture Vs. Low Context Culture.

9:00am – 10:30am

**9. COVID-Fatigue, Trauma & Stress Management: Understanding, Recognizing and Coping with the Physiological and Psychological Consequences of Trauma and Long-Term Stressors**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Stephanie M Huhn, MA, LLP, CBIS, CAADC, CCM, ACCTS, Admissions Manager, Rainbow Rehabilitation Centers Inc.*

In this workshop attendees will learn about how we are affected by traumatic events and ongoing periods of stress, such as with what many are experiencing currently during the global pandemic. Participants will learn about what circumstances and events might trigger stress-responses in our bodies as well as the various ways that we respond to stress - and real or perceived threats. They will learn about the physiological consequences of stress including the effects on the brain, nervous system and immune system. Participants will also learn more about the psychological and emotional consequences of stress and/or trauma, including the effects of living in "survival mode" with our nervous systems on high alert. Participants will learn to identify both the obvious and more covert types of stressors and stress-responses as seen in themselves and in their clients. Lastly participants will learn about various strategies, techniques and approaches that are used to promote self-care and nervous system regulation. Participants will be able to: 1. Learn what types of circumstances and events can cause a stress-response, including the different ways we may respond or cope; 2. Learn how the stress-response is triggered in the body and the physiological and psychological effects, including effects on mood, behavior, the nervous system, the brain and the immune system; 3. Learn about various techniques they may use themselves and/or with their clients in order to promote nervous system regulation and decrease the negative effects of stressors on the body and mind.

9:00am – 10:30am

**10. Empirical Wellness: Scientific integration of Spiritual Care in Health and Human Services**

- Qualifies for 1.5 Specific MCBAP Education Contact Hours
- *Peter Bucci, LPC, ACS, CAADC, CCS, Clinical Director, Harbor Hall, Inc.*
- *Daniel Thompson, MA, CADC, Spiritual Director and Resident Life, Harbor Hall, Inc.*

Outcome based empirical research is being established highlighting the effect of spiritual assessment and interventions in patient/client care. APA and JCAHO based advocacy and formal standards of performance for treatment to incorporate spiritual assessment and interventions. Maintaining compliance with standards of care, ASAM focused treatment planning, and clinically applicable therapeutic techniques. This presentation will identify how the inclusion of spiritual assessment during illness/crisis broadens the scope of practice, the delivery of interdisciplinary collaborative care and the ultimate goals of the patient treatment plan. Participants will be able to: 1. Identify outcome-based practice standards for wellness and spirituality; 2. Educate community members and staff on techniques and tools for integrating spirituality and wellness care into healthcare settings; and 3. Implement a spiritual component into the treatment plan to enhance patient/client success.

10:30am – 11:00am

**Break**

11:00am – 12:00pm

**Keynote: Resilience During Times of Change**

- Qualifies for 1 CE Hour for Social Work + Related MCBAP Education Contact Hours
- *Michelle L Steffes, CPS, CPLC, AHF, Founder and CEO, IPV Consulting*

Resilience is one of the most important factors in success, relationships and challenges. Recent statistics show that 80% of working America is stressed leading to multiple issues such as retention, turf wars, silos and multiple health issues, all leading to inferior performance and a lower standard of life. You will be inspired and motivated with this insightful topic! You will learn how to develop resilience through an understanding of Neuroscience and Physiology accompanied by stories, analogies, statistics and examples from 20 years of leadership and team building. You will discover why developing resilience is so critical during times of change. You will walk away with multiple and very specific applications that will transform how you process challenges in the midst of uncertainty and change. Both leaders and team members will feel empowered to diffuse stressful situations and feel more equipped to control their own stress response intrinsically and extrinsically. Participants will be able to: 1. Define the difference between intrinsic vs extrinsic resilience factors and state 3 ways to control our stress response; 2. Understand the physiology behind stress and list at least 4 ways we can reframe our focus to increase our coping skills; and 3. Learn the 5 tactics to control your response when challenges arise and define at least 3 of them.

*\* This keynote is co-sponsored by the SAMHSA funded Great Lakes Mental Health Technology Transfer Center (MHTTC) and facilitated by The Community Mental Health Association of Michigan (CMHA). This offering reflects a collaboration between CMHA and MHTTC for the common vision of bettering the behavioral health care workforce in Michigan, regardless of any specific funding source.*

# Thursday, February 11, 2021

9:00am – 10:00am

## Keynote: Suicide Prevention Efforts

- Qualifies for 1 Related MCBAP Education Contact Hour

- *Richard McKeon, PhD, Chief, Suicide Prevention Branch, Center for Mental Health Service, Substance Abuse and Mental Health Services Administration (SAMHSA)*

With COVID-19 striking our crisis and public health systems, providers have been experiencing increased difficulty addressing the level of mental health needs caused by this life-changing virus. Dr. McKeon will provide an update on the work being done to make 988 a reality. He will also share his views on the value of the "crisis now" comprehensive crisis prevention and response approach. The discussion will also cover how a statewide crisis line (which Michigan is instituting over the next several months), 988, and a longstanding and well-developed local crisis system (local crisis lines and face-to-face crisis response systems) can be integrated into a system that respects the value of local, state wide, and national crisis response systems.

10:00am – 10:30am

## Break

10:30am – 12:00pm

## Concurrent Workshops 11-15:

10:30am – 12:00pm

### 11. Innovative Responses to COVID-19's Impact on Mental Health Care

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Elizabeth Hancq, MA, BA, Director of Research, Treatment Advocacy Center*
- *Roger Rapoport, BA, Producer/Author, Glenside Productions*
- *Robert Sheehan, CEO, Community Mental Health Association of Michigan*

As the United States is preparing for the "fourth wave" of the COVID-19 pandemic, it is ever more important to discuss innovative strategies and solutions to ensure the mental health system is able to meet the needs of individuals with mental health challenges in the United States. We see this playing out throughout the country already, as demand for mental health care has skyrocketed in 2020 including unprecedented numbers of calls to crisis call centers. The COVID-19 pandemic has created new challenges for delivering psychiatric care, including challenges in Emergency Department boarding, loss of psychiatric inpatient capacity due to conversion of mental health beds to general medical and surgical beds, increased drug use and alcoholism, social isolation, financial loss, and anxiety about the pandemic. As vaccines become widespread, the mental health community has an opportunity to meet these new challenges and broaden its reach. Therefore, the time to prepare and discuss solutions is now. Participants will be able to: 1. Gain an understanding of the impact of the COVID-19 pandemic on people with mental illness, their families, and the mental health system; 2. Learn innovative solutions that communities have adopted to address the challenge of COVID-19 on providing care to people with mental illness, including telemedicine; and 3. Understand the importance of preparing to meet the demand of mental health treatment needs and what policy solutions may help address improving the mental health system.

10:30am – 12:00pm

### 12. Proactive Response to Overdose and Appropriate Connections to Treatment (PROACT): Referring Emergency Medical Service Overdose Data to Follow-up Teams

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Chelsea Blackburn, LLMSW, Jail Diversion Evaluation and Admission Specialist, Monroe Community Mental Health Authority*
- *Nicole Hamameh, LLMSW, Project Coordinator, Wayne State University School of Social Work Center for Behavioral Health and Justice*
- *Leonard Swanson, LLMSW, Project Coordinator, Wayne State University School of Social Work Center for Behavioral Health and Justice*

Proactive Response to Overdose and Appropriate Connections to Treatment (PROACT) programs in Kent and Monroe counties have shown drastic increases in connections to care by establishing referral pathways from Emergency Medical Services (EMS). Individuals who experience an overdose are at high risk for another overdose. An interface with a medical first responder presents an opportunity for a public health response, since EMS agencies can refer contact information to follow-up substance use treatment and harm reduction care. Some organizations have formed post-overdose programs to follow-up with overdose patients, but most have been limited by legal confusion around the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and the Michigan Mental Health Code. Most programs assume consent is required for post-overdose referrals, but a recent legal opinion from a prominent EMS attorney has allowed referral of contact information from EMS to CMH or relevant treatment providers without



releases of information. Participants will be able to: 1. Provide an overview of challenges and successes related to implementing a post-overdose response program; 2. Describe legal framework allowing EMS agencies to refer patient information to CMH and provider organizations; and 3. Discuss logistical strategies and common challenges on following up with overdose patients.

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10:30am – 12:00pm

### 13. Veterans 101 - The Silent Warrior

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Chaka McDonald, BA, Veterans and Military Families Navigator, Oakland Community Health Network*
- *Tradina Taylor, LMSW, CAADC, Supervisor Access, Oakland Community Health Network*

This presentation will focus on Veterans from a national, state and regional perspective. This PowerPoint will discuss the various challenges faced by many Veterans and the resources available for them and their families. We will discuss a special referral system developed by Oakland Community Health Network to help better connect Veterans and their family members. Participants will be able to: 1. Understand the military culture of the "just deal with it" mantra and how it is detrimental to Veterans; 2. Understand Military Sexual Trauma, its effects on mental health, number of Veterans impacted and what services are provided to address that issue; and 3. Understand the effects of PTSD and moral injury as it relates to Veterans, the differences between the moral injury and PTSD and participants will understand the various treatment modalities used to address PTSD and moral injury.

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10:30am – 12:00pm

### 14. Avoiding Burnout

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Michelle L Steffes, CPS, CPLC, AHF, Founder and CEO, IPV Consulting*

Approximately eight out of every ten employees are over-stressed. This statistic is up over 10 percent in the past decade and is not going away. The health and productivity of the workforce is the key to excellence. Michelle will approach the topic of avoiding burnout with an understanding of neuroscience and physiology accompanied by stories, analogies, statistics and examples from 20 years of leadership and team building. In this workshop, you will learn how to take back control. The presenter will reveal the major causes of burnout and help you to diagnose where you might fall in the 12 Stages of Burnout. You will feel empowered and equipped with specific ways to manage your stress, your time and your tasks more effectively. Participants will be able to: 1. State the 12 major stages of burnout; 2. List 6 crucial keys to avoiding burnout including insights and tools; and 3. Learn a minimum of 3 ways of effective time/task management to help you manage your stress.

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10:30am – 12:00pm

### 15. Disability Pride and Assistive Technology (AT)

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Laura Hall, MSW, Michigan Disability Rights Coalition (MDRC); Michigan Assistive Technology Program (MATP)*

Disability is a natural and beautiful part of human diversity. When it comes to Assistive Technology (AT), any tool or device that helps people with disabilities do things, devices are not always designed with personalities and style preferences in-mind. Getting comfortable with using AT can be an adjustment. During this session, we will share about AT devices that will meet the needs of a diverse spectrum of people on their journey of disability (and AT) pride. Specifically, we will cover the use of AT devices in these everyday situations: 1. While traveling; 2. Use for school and work; 3. While dining out; and 4. Personal care. Participants will be able to: 1. Describe assistive technology and the concept of disability pride; 2. Gain knowledge of a variety of assistive technology that could be customized to meet the needs of individuals as they are on their journey toward disability pride; and 3. Learn about the resources available through the Michigan Assistive Technology Program.

## Friday, February 12, 2021

9:00am – 10:30am

### Concurrent Workshops 16-20:

9:00am – 10:30am

#### 16. Hot Topics in Legal Issues for CMH: AOT and Incompetence to Stand Trial

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Debra A. Pinals, MD, Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*
- *Donna Z. Rinnas, PhD, Division Director of Evaluation & Forensic Services, Center for Forensic Psychiatry*

The presenters will review two critical statutes relevant to working with individuals with serious mental illness and intellectual and developmental disabilities. In the first part of the workshop, the presenters will review the pathway for individuals who move from arrest to the forensic system as defendants found incompetent to stand trial and current efforts at conducting video forensic evaluations and diverting these individuals into treatment as well as offering community-based restoration. In the second portion of the presentation, presenters will review Assisted Outpatient Treatment (Kevin's Law) and how it can work in Michigan to help individuals who have histories of non-adherence and other patterns for which court-ordered outpatient treatment may be helpful. Participants will be able to: 1. Describe the pathway from arrest to incompetence to stand trial and restoration services including the use of video for evaluation and restoration; 2. Describe current trends in working with the IST population and community liaison and restoration services; and 3. Describe fundamentals of AOT and its application for CMH clients.

9:00am – 10:30am

#### 17. Federal Policy Update: Behavioral Health and Coronavirus - Challenges and Opportunities

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Reyna Taylor, MS & MBA, Vice President, Public Policy, National Council for Behavioral Health*

The outbreak of the novel coronavirus and the public health response to contain it, have caused numerous challenges and opportunities related to the delivery of mental health and addiction treatment. This session will provide an overview from a national perspective and reflect on trends that will continue to influence the delivery of care for the foreseeable future. Participants will be able to: 1. Understand the major federal policy changes that have occurred related to the delivery of mental health and substance use treatment; 2. Describe the challenges and opportunities that behavioral health organizations face in a new Congress and Administration; and 3. Theorize on the implications on the future mental health and substance use needs and how policy changes around telehealth, reimbursement and crisis response will shape the sector in the future.

9:00am – 10:30am

#### 18. How Motivational Interviewing Can Aid Peers (and Other Supportive People) to Help EVEN BETTER Than They Do Now!

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Kris Kelly, BS, Project Manager, Peer Recovery Center of Excellence*
- *Laura A. Saunders, MSSW, State Program Manager, Great Lakes Mental Health Technology Transfer Center*

This workshop is geared for peers and other helping professionals who want a few evidence-based tips for being the best helper they can be. In this interactive session, we'll consider how motivational interviewing can aid peers to help in more effective ways. We will demonstrate how the spirit and skills of MI align with core competencies for peer recovery support services. Participants will walk away with new skills and a clear sense of how Motivational interviewing is at the heart of excellence in peer support. Participants will be able to: 1. Compare and contrast Motivational interviewing (MI) to other styles of helping; 2. Demonstrate how Motivational interviewing aligns with core competencies in peer support; and 3. Discover MI strategies to best support others in behavior change.

9:00am – 10:30am

#### 19. Focusing on the Whole Body; Building a Sustainable Wellness Initiative

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Chad Lige, BS, Wellness Coach, LifeWays Community Mental Health*

There is a clear link between mental health, mental illness and chronic physical conditions. This presentation will cover the process of developing programs, partnerships and policies to address this link and to help create a sustainable Wellness initiative at a Community Mental Health. LifeWays Community Mental Health will share with you the journey they took to creating their successful wellness center.

department. This presentation will share how it all started, the barriers faced, the outcomes we've seen and the things that we are still wanting to do. This presentation will cover the evidence-based programs that we used and the community partnerships that were developed. Participants will be able to: 1. Identify the link between mental health and physical health and the importance of a fully integrated program; 2. Identify the steps that LifeWays CMH took to becoming an Integrated Community Mental Health; and 3. Identify the wellness programs and possible community partnerships.

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9:00am – 10:30am

**20. Scaling the Silo at the Edge of Town; Community Engaged Research Options and Opportunities**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Kristen Senters Young, MA, CAADC, Director of Women's Specialty and Prevention Services, Flint Odyssey House, Inc.*
- *Sarah A. Stoddard, PhD, RN, CNP, FAAN, Associate Professor, University of Michigan School of Nursing*

Community-engaged research is a framework or approach for conducting research that relies on the strengths of the community; both its individuals and institutions. What makes Community ENGAGED research (CER) different from community-informed projects are not only the methods, but also the principles that guide the relationship between researchers and the community at large. CER requires a new practice of partnership, cooperation, negotiation and collaboration between Community Partners /service providers and the University in our joint commitment to addressing local health issues. The Strengthening Flint Families (SFF) is an example of CER that represents a unique collaboration between Flint Odyssey House, Michigan State University College of Human Medicine and University of Michigan School of Nursing. This workshop will discuss the history of this project as an example of successful CER. Participants will be able to: 1. Explain the difference between Community Informed and Community Engaged Research; 2. Increase their knowledge about Bi-focal vision: understanding the lens of the researcher from the lens of the provider; and 3. Learn skills and tools to build trust and transparency in securing funding and sharing data.

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10:30am – 11:00am

**Break**

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11:00am – 12:30pm

**Concurrent Workshops 21-25:**

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11:00am – 12:30pm

**21. What's Going on in Lansing**

- Qualifies for 1.5 Related MCBAP Education Contact Hours
- *Alan Bolter, Associate Director, Community Mental Health Association of Michigan*

Hear about the latest goings-on in the Michigan Legislature. What is the status of behavioral health reform and where do we go from here? What did the Governor have to say in her 2021 State of the State address? What big issues will the new legislative session tackle and what is the state of the FY21 & FY22 budgets? This workshop will provide an update on the latest legislation and budget issues impacting the CMH system and how members can convey our advocacy message moving forward.

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11:00am – 12:30pm

**22. School Mental Health Funding-Overview of 31n**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Scott Hutchins, M ED, School Mental Health and Medicaid Consultant, Michigan Department of Education*
- *Lauren Kazee, LMSW, 31n Consultant, Michigan Department of Health and Human Services*
- *Chris Robinson, LMSW, School Mental Health Coordinator, Michigan Department of Health and Human Services*

In recent years, the Governor and State Legislators have allocated funds to support student mental health in schools across the state. Prior to COVID, the mental health needs of young people were significant and have continued to increase with the ongoing pandemic. Virtual learning, along with other societal and political unrest have exacerbated anxiety, trauma, loss, and uncertainty experienced by everyone but especially our youth. Join us for this engaging presentation as we discuss ways that state funds are being used to help address these mental health needs of students. Participants will be able to: 1. Gain knowledge of the state allocated 31n funds; 2. Learn about ways they can be involved in these initiatives; and 3. increase their understanding of ways schools are working to support student mental health.

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11:00am – 12:30pm

**23. The 4th Edition of the ASAM Criteria – An Update on Changes**

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *R. Corey Waller, MD, DFASAM, Editor in Chief, The ASAM Criteria, HMA, Institute on Addiction*

In this workshop we will discuss the updates and proposed changes to the 4th edition of the ASAM Criteria. This will include an overhaul of the withdrawal management section, the addition of a level 1.5 and the

movement of the text to an interactive online tool. We will also discuss the new justice-involved ASAM Criteria and the enhancements to the adolescent treatment population. Participants will be able to: 1. Understand the proposed changes to the ASAM Criteria WM; 2. Understand the proposed addition of Level 1.5; and 3. Understand the new Justice involved volume.

11:00am – 12:30pm

**24. Responding to Community Trauma; Strategies to Create a Culture of Staff Wellness**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Shawn Edwards, MA, QIDP, Senior Director of Diversity, Engagement, and Inclusion/Education and Customer Services, Genesee Health System*
- *Dexter Clarke, BA, QMHP, QIDP, Manager of Community Engagement, Genesee Health System*
- *Carrie Chanter, MA, MCHES, Manager of Co-Occurring Service Integration, Genesee Health System*

This presentation will provide the audience with how Genesee Health System is addressing the unrest, anxiety, and trauma of racial injustices. Genesee Health System will describe its unique approach to staff wellness, particularly regarding the sensitive and complex topic of race and disparity. The approach uses a trauma-informed lens and combines the availability of safe places to speak and learn. As a direct result of these successes, a Racial Injustice task force has been established which focuses on the evaluation and improving of agency training, culture and policy. Participants will be able to: 1. Identify the impact that racial injustice and current events have on staff and their ability to provide services to the community; 2. Describe an approach that might begin to start a meaningful and relevant conversation at your agency; 3. Understanding the benefits of having difficult conversations with administration and staff, and how it ultimately relates directly to consumer care.

11:00am – 12:30pm

**25. Assertive Community Treatment: What's it all About?**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *John B. Moir, LMSW, CADC-M, Outpatient Therapist, Henry Ford Health System-Maple Grove Center*
- *Laura Moore, LLMSW, CADC, ACT-IDDT Supervisor, CNS Healthcare*
- *Alyson Rush, LMSW, Mental Health Rehabilitation Specialist, Michigan Department of Health and Human Services*

This workshop is designed for anyone who is considering adding Assertive Community Treatment (ACT) to their agencies treatment array or who want to find out more about the ACT model and why this evidenced based practice has been shown to improve outcomes for high risk individuals. Presenters will discuss the ACT model, why it is an evidenced based practice, what populations benefits from ACT, and how to implement an ACT team within an agency. Participants will be able to: 1. Identify the 5 main goals of the ACT model; 2. Understand and state the core components of an ACT Team; and 3. List the 8 principles of the ACT service delivery model.

**Conference Series Adjourns**

**2021 Winter Conference Objectives:**

- To identify advocacy efforts at the local, state, or federal level, including self-advocacy.
- To spotlight programs highlighted in the Mental Health and Wellness Commission Report (any with partnerships with local CMHs) including Training program for local CMHs/jails/courts regarding Crisis intervention training and Assisted Outpatient Treatment.
- To identify innovative initiatives designed to increase access to substance use disorder services.
- To discuss the plans to address the challenges and opportunities emerging due to the federal Home and Community Based Services rules and the "mega" Managed Care rule changes.
- To address efforts to further the aims of state and federal policy initiatives, including: healthcare reform, healthcare integration, & health homes.
- To provide examples of local efforts to improve healthcare outcomes through a range of healthcare integration efforts such as: initiatives between CMHs, PIHPs, and BHIDD provider organizations and physical healthcare providers and payers such as FQHCs/Rural Health Centers/Hospitals/Medicaid health plans/Primary care physicians.
- To focus on evidence-based, best and promising practices by: 1) identifying strategies for overcoming barriers to EBP implementation; 2) showing how communities have embedded existing EBPs into their system for sustainability; and 3) increasing understanding of the ways in which continuous quality improvement in EBPs can improve outcomes and performance measures.
- To increase participants' awareness, knowledge, and skills, related to mental illness, developmental disability, substance use disorders, and trauma informed care.

**Questions? Contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or 517-237-3143.**

# **NACBHDD**

**2021 Legislative and Policy Conference**

***“Responding to Difficulty, Adapting to Change”***

**February 23 to March 25, 2021**

**Virtual, Twenty Segments of Two Hours Each**

## **DRAFT AGENDA OUTLINE**

### **Tuesday, February 23, 2-4 PM EST**

**2:00 NACBHDD Winter Board Meeting (B1)**

**4:00 Adjourn**

### **Thursday, February 25, 2-4 PM EST**

**Conference Welcome and Opening Keynote (B2)**

**2:00 Welcome**

**2:15 Keynote Address**

**3:15 Panel: Field Developments around COVID-19 (B10)**

**4:00 Adjourn**

### **Tuesday, March 2, 2-4 PM EST**

**2:00 Developments in Medicaid and Medicare (B17)**

**3:00 Update on Managed Care Practices**

**4:00 Adjourn**

**Thursday, March 4, 2-4 PM EST**

**2:00 Overview of SAMHSA Priorities (B4) (B19)**

**3:00 NACBHDD Awards**

**4:00 Adjourn**

**Tuesday, March 9, 2-4PM EST**

**2:00 Delta Project (MI, NY, OR, TX) (B11)**

**3:00 Disaster Response and Decarceration (B12)**

**4:00 Adjourn**

**Thursday, March 11, 2-4 PM EST**

**2:00 Diversifying the BH and I/DD Workforce (B9) (B7)**

**3:00 Child Health, Behavioral Health and Well-Being (B3)**

**4:00 Adjourn**

**Tuesday, March 16, 2-4 PM EST**

**2:00 Human Resources for I/DD (B6)**

**4:00 Adjourn**

**Thursday, March 18, 2-4 PM EST**

**2:00 Rural Behavioral Health (B13)**

**3:00 Climate Change and Behavioral Health Status (B15)**

**4:00 Adjourn**

**Tuesday, March 23, 2-4 PM EST**

**2:00 Discussion of NACBHDD Legislative Priorities (B8)**

**3:00 Calls and E-Mails to Legislative Representatives (B8)**

**4:00 Adjourn**

**Thursday, March 25, 2-4 PM EST**

**2:00 NACBHDD Outcomes Pilot (B14)**

**3:00 Closing Plenary**

**4:00 Conference Concludes**

**12/17/20**

# NATIONAL COUNCIL FOR BEHAVIORAL HEALTH



Registration for [NatCon21](#) – the most anticipated conference in mental health and addiction treatment – **opens next week!** Join us from May 3-5 for the learning event of 2021.

The health care landscape is changing – we can help you change with it. Personalize your learning journey at NatCon21 by taking advantage of our can't-be-matched curriculum.

Get solutions to pressing issues, discover how to supercharge your service delivery and contribute to forward-looking conversations on topics that matter to you, including:

- The role of the new administration in the future of health care.
- The ripple effects of the COVID-19 pandemic on community health and wellness.
- The latest innovations and technologies to accelerate your impact.
- The importance of caring for caregivers post-pandemic.
- The fight to end social injustices in health care.

Get your calendar ready, have a marker within reach and watch for our email next week! We look forward to seeing you and 6,000+ of your colleagues at [NatCon21](#).





*Mackinac*  
POLICY CONFERENCE

**SEPT. 20-23, 2021**

GRAND HOTEL  
MACKINAC ISLAND

**#MPC21**

### Registration Now Open: 2021 Mackinac Policy Conference

Registration is now open for the **2021 Mackinac Policy Conference**. Held at the historic Grand Hotel on Mackinac Island from **Monday, Sept. 20 to Thursday, Sept. 23**, the Conference will bring nationally recognized speakers and statewide thought leaders together to discuss driving Michigan's economic recovery and growth following the COVID-19 pandemic.

The 2021 Conference Chairman **Wright L. Lassiter III**, president and CEO of Henry Ford Health System, will lead a planning committee of CEOs from across the state. The committee's work will ensure the Conference tackles critical issues, while also guaranteeing a safe and comfortable environment for attendees.

For future speaker, agenda, and program announcements, visit [detroitchamber.com/mpc](http://detroitchamber.com/mpc). Grand Hotel and other island hotels will begin taking reservations in **March 2021**.

This report was presented on January 20, 2021 at the Full Board meeting by Chair Riley, III.

#### Executive Summary for the RRAC

Good afternoon, this executive summary is provided to this Honorable Board based on the RRAC meeting held on January 4, 2021.

**Staffing update:** The Recipient Rights office hired a new employee Nicole Starks for Clerical Support.

**Committee member updates** we also have a new committee member Jamie Junior.

The state of Michigan required our committee to develop guidelines to hold our meeting s remotely. The guidelines were prepared and approved on January 4, 2021, so we will be moving them forward.

The Office of Recipient Rights submitted their annual report for the years 2019 and 2020. The report was submitted on December 22, 2020, and the following showed the ORR received 1383 allegations, investigated 1106 cases and substantiated 371 investigations.

The ORR received allegations from 474 recipients and 376 employees which represents the highest number of individuals that filed complaints. This is significant and supports the fact that recipients and employees are one of our greatest resource in protecting the rights of the ones we serve.

We also submitted our State of Michigan three-year assessment and the ORR scored 423 out of 462.

The State has three scoring ranks, which are

Full compliance is 439....

**416-438 substantial compliance which is what we received. This is the first time DWIHN has received 2<sup>nd</sup> place. Which is outstanding!!!!**

And less than substantial compliance is 416 and below.

#### **Complaint updates: For November and December**

For November our office received 64 allegations, 12 were Outside of Provider Jurisdiction, 3 were No Rights involved, 49 were actual investigations, we closed 5 and 44 remain open.

For December our office received 29 allegations, 5 were found to be Outside Provider Jurisdiction, 0 were no rights involved, we opened 24 investigations, we closed 2 and 22 remain open.

#### **Regarding Education and Training,**

**For November to December, our trainers Registered-121 individuals, 47 attended and 74 were no shows.**

**The ORR are requesting all providers and contractors ensure their employees are trained within 30 days of their hiring day to remain in compliance with the Mental Health Code Citation MHC 1755(5)(f), Standard 3.3.1.**

**For the educational piece:** Chad Witcher, presented a discussion on his team the Elliott Team Explores Cultural Diversity Implications for Recipient Rights Protection.



**Board of Director's Report  
Willie E. Brooks, Jr.  
January 2021**

**Jail Diversion**

**Jail Diversion Projects**

Updates on the two (2) Jail Diversion projects that I represent.

**Committee 1: Governor's Mental Health Diversion Council**

I received notification of reappointed to the Governor's Mental Health Diversion Council for a second four (4) year term effective February 1, 2020.

Action Plan for Upcoming Year

- Strengthen and expand preemptive diversion by fostering community support services.
- Strengthen and expand law enforcement diversion for individuals with mental illness and co-occurring conditions upon initial encounter.
- Develop strategies to deliver treatment and divert individuals prior to first court appearance.
- Develop strategies to deliver treatment and divert individuals after first court appearance up to and including disposition.
- Improve re-entry outcomes, by enhancing pre-release planning, individualized connections and follow up supports between institutions and community services
- Promote and implement a continuum of care that enables the individual to maintain long-term community stability to reduce recidivism.
- Oversight and implementation of statewide pilot initiatives and administering best practices through data collected.
- Identify statutory, policy and fiscal barriers to achieving diversion goals.
- Identify specific best practices at each intercept point to create a statewide master model.
- Follow up statewide knowledge sharing conference to share Diversion Council findings and promote technical assistance from the Center for Behavioral Health and Justice

The Diversion Committee is focused on partnerships with Mental Health Agencies and Law Enforcement Agencies. DWIHN communicated the Detroit Police Department partnership to the council for future plans of expansion to throughout the Wayne County area and the state.

The following communication was published in support of partnerships:



**For Immediate Release**

Contact: Brenda Duong with Lambert  
[Bduong@lambert.com](mailto:Bduong@lambert.com); 517-599-1360

***Michigan’s Mental Health System, Law Enforcement Agencies, Call on Policymakers to Invest in Existing Mental Health and Public Safety Partnerships***

**LANSING, Mich. – November 5, 2020** – Amid continued conversations on racial justice and meaningful support for minority communities, Michigan’s law enforcement and mental health organizations are calling on policymakers to invest in existing, proven state public health and safety programs. In a [joint statement](#) issued today to all of Michigan’s elected officials and policy makers, the organizations highlighted best-practices and longstanding partnerships that merit more attention and more funding.

The letter is signed by the Michigan Sheriffs’ Association, the Michigan Association of Chiefs of Police, the Michigan Commission on Law Enforcement Standards, the Prosecuting Attorneys Association of Michigan and the Community Mental Health Association of Michigan. It outlines the vital and productive partnerships between mental health professionals and law enforcement—partnerships that have existed for years but without truly sufficient policy engagement and funding from lawmakers and other leaders.

The mission of law enforcement officers is to preserve peace, address criminal activity and protect the constitutional rights of all citizens while ensuring safe communities. However, law enforcement has been called to address several growing mental health challenges—homelessness, engaging and assessing persons with mental health challenges, resolving domestic disputes, and assisting persons with substance use disorders—that go far beyond law enforcement capacity and training.

“Today’s extensive range of community needs burdens law enforcement with an ever-growing and unfair list of expectations. These expectations far exceed their core responsibilities,” said Robert Sheehan, CEO of the CMHA. “By recognizing and fully funding the partnerships of local mental health and law enforcement professionals in communities across the state, Michigan has the ability to lead the nation in addressing these fundamental issues. We have an opportunity to build on critical partnerships and programs whose promise has been repeatedly undercut by underfunding. It’s time for leaders to take a closer look at what is working and invest in proven approaches to public safety and mental health services.”

Existing initiatives between mental health professionals, law enforcement professionals, prosecuting attorneys and community mental health systems throughout Michigan include:

- More than 50 mobile mental health crisis teams with skilled clinicians, or persons with lived mental health experiences, working in tandem with law enforcement agencies
- Co-responder initiatives—skilled clinicians from the community mental health system participating in local road patrols for immediate and community crises response
- Advanced training for law enforcement and medical personnel on how to recognize and interact with persons facing mental health challenges (tactics covering verbal de-escalation, crisis intervention training for adults and youth, responding to mental health emergencies)—endorsed by the Michigan Mental Health Diversion Council
- Mental health and substance use disorder courts, sobriety courts, in-jail mental health and reentry programs

These initiatives use nationally recognized evidence-based practices and aim to build effective community partnerships while encouraging public safety, mental health support and crisis prevention. The intersection of law enforcement and mental health is now at the forefront of public discussion. To read the joint letter, please visit [CMHAM.org](http://CMHAM.org).

## **Committee 2: Wayne County Diversion Council (WCDC)**

Chief Wayne County Probate Court Judge Freddie G. Burton, Jr. heads this program. The Wayne County Diversion Council (WCDC) is dedicated to diverting non-violent people with Mental Illness and Co-occurring Mental Illness and Substance Abuse (CMISA) from the criminal legal system and into the appropriate level of treatment.

### **Members:**

Hon. Nancy Blount (Chief Judge, 36th District Court), Laura McLaughlin (Special Projects 36thDC), Hon. Freddie G Burton, Jr. (Chief Wayne County Probate Court Judge), Hon. Timothy Kenny (Chief Judge, 3rd Circuit Court), Andrea Cole (CEO Flinn Foundation), Dean Sheryl Kubiak (Center for Behavioral Health and Justice at WSU ) Scott Smith (Center for Behavioral Health and Justice at WSU), Nanci Hambrick (Center for Behavioral Health and Justice at WSU), Stacey Campbell (Center for Behavioral Health and Justice at WSU), Sojourner Jones (Community/Law Enforcement, DWIHN), Julie Black (Clinical Manager, DWIHN) Andrea Smith (Director of Program Services, DWIHN), Reid Wilson (Executive Manager, Detroit Police Department), Amanda Rzotkiewicz (Analyst, Detroit Police Department), Gary Bresnehan (Wayne County Prosecutor's Office) Alisha Bell (Chair, Wayne County Commission) Dr. Debra Pinals (Medical Director, MDHHS) Willie Brooks (CEO DWIHN).

The Wayne County Diversion Council (WCDC) discussed extending video conference court hearings indefinitely.

WCDC is looking at methods of alternative settings for individuals with mental illness.

Wayne County currently has 842 inmates, down from +1400 pre-COVID-19.

DPD currently has plans to train 20% of police responders in Crisis Intervention training (CIT) by the end of 2021. DWIHN funds four (4) training sessions per year.

The group discussed the new jail being built with a capacity for over 2000 beds and whether there was any conversation at the county about re-appropriating the beds.

Wayne County is in the process of filling former Sheriff Napoleon's position.

## **Telehealth Workgroup**

The committee is made up of individuals through the state and is Co-Chaired by myself and Jametta Lily, CEO of Detroit Partner Network.

The purpose of the committee is to evaluate the need for Telehealth within the state and access methods to connect the state.

Some concerns discussed:

1. Lack of infrastructure
  - a. 30% of Children within Detroit have no internet
  - b. Lack of computer infrastructure
  - c. Elderly acceptance and usage of Telehealth
2. Poverty Level Among Minorities
3. Educational Shortfalls and need for virtual learning options
4. Support Systems
5. Fraud concerns with providing Telehealth infrastructure
  - a. Assuring equipment and assistance goes to the correct hands
  - b. Assuring equipment is used properly
6. Changing the Culture
  - a. Slow but steady acceptance of Telehealth
  - b. Realistic expectations
7. Segregation creates segregation

#### Facts

1. COVID-19 forced businesses to utilize technology that has already been existence
2. Concerns of work integrity
  - a. Monitoring productivity
  - b. Assuring integrity of services and work
  - c. Credentialing
  - d. Monitoring
3. Exposure
  - a. COVID-19 exposed issues that were already in existence
    - i. Disparity in Economics
    - ii. Disparity in Education
    - iii. Disparity in Health Care
    - iv. Selected ignorance of disparity issues

#### Updates

The committee recently met with DWIHN staff and several DWIHN providers to go over the items that what was working with telehealth and items that were not working. This effort was performed to provide recommendations to the state on future telehealth changes.

#### **DWIHN and City of Detroit (COD) Partnership**

The purpose of this workgroup is to improve police and community relationships, along with addressing improved relationships with the people we serve under mental health and substance use with the Detroit Police Department.

#### DWIHN and COD Partnership Goals:

- Pilot a 911 mental health crisis call diversion and response
- Increase police officer access to mental health supports
- Develop adequate places to house individuals in need of crisis services

- Evaluate and expand Crisis Intervention Team (CIT) training of police officers
- DWIHN is proposing the approval of funding to assist in this effort. This effort should reduce overall incarceration cost and provide better treatments to the people we serve.

The DWIHN and Detroit Police Department project was successfully implemented and communicated to the public. DWIHN is currently monitoring the progress and success of this project.

### **Health Plan Integration / MDHHS Behavioral Health Restructure (SIP)**

DWIHN is finalized agreements with two Health Plans. Currently working with clinicians, on the program design and implementation for next fiscal year.

### **Specialty Integrated Plan (SIP) Model**

MDHHS initially announced a proposal, Specialty Integrated Plan (SIP) to promote integration of care within Behavioral Health and Health Care. This proposal was later cancelled in result to limited success and detailed involvement with other items such as COVID-19 response and other MDHHS projects.

### **DWIHN Updates:**

- MDHHS announced that legislature members, led by Representative Mary Whiteford are requesting an evaluation of the Behavior Health System for potential restructuring and renewed integration efforts of Behavior Health and Physical Health.
- New initiatives of integration are being considered by the PIHP's.
- DWIHN is working with MDHHS to come up with alternative options.

## **2021 Funding Updates**

### **Medicaid:**

- Death Audit
  - Potential recovery of \$9 million pending. Currently pushed back as MDHHS analyzes the impacts on the audit to the PIHP system. DWIHN must continue to count this as loss revenue until a decision is made by MDHHS.
- Autism
  - MDHHS is reviewing DWIHN's request to cost settle \$21 million in overspend for Autism. Autism rates and guidelines are set by MDHHS, which makes it somewhat difficult for DWIHN to control. I discussed the Autism circumstances with MDHHS on several occasions and expressed DWIHN's concerns with this process and the lack of a cost settlement by MDHHS. MDHHS is taking a serious look at the impacts of Autism on the PIHP system.



- Provider Rate Reduction
  - DWIHN has eliminated the proposed 7% rate reduction. Evaluation of current revenue is ongoing.
- Provider Assistance
  - DWIHN issued approximately \$4 million in Provider Stability funding to counteract provider losses in result to COVID-19.

**General Fund:**

Michigan Department of Health and Human Services (MDHHS) put together a task force made up of Community Mental Health agencies to determine a method of rebasing General Fund dollars to the PIHPs. The group’s decision was to lower DWIHN General Fund dollars by \$4.5 million each year to a cumulative total reduction of \$22.5 million by year five. DWIHN is in the second year of this reduction with a slated \$9 million in reductions to occur this fiscal year.

DWIHN is currently pursuing a long-term solution for the overall \$22.5 million slated reduction. I discussed this issue with MDHHS on Tuesday June 2, 2020. There is no resolution as of today.

**Building**

DWIHN will review the Crisis Continuum project and the building requirements to assure it meets the needs of the new MDHHS proposal. COVID-19 is changing the way DWIHN and the provider network does business.

DWIHN is implementing return to work procedures in result to COVID-19. This process will include:

- Personal Protection Equipment (PPE) usage guidelines for staff as outlined by the Governor’s office.
- Assuring social spacing practices are maintained in the work setting
- Provide on-site routine COVID-19 testing for staff
- All staff and security Are being tested on regular intervals.
- DWIHN is continuously reviewing building policies in light of current COVID-19 situations.

**Staffing**

DWIHN is reviewing all positions to assure it meets the future needs of the MDHHS integration design along with COVID-19 changes.

This includes:

- Restructuring of Access and Customer Service areas is currently occurring
- Constant evaluating mobile staff and internal staff requirements
- Establishing a functional onsite work force

- Review processes learned from offsite processing.
- Re-examine building requirements
  - New Center One (NCO) potential elimination
  - Update Central Building design with spacing and hoteling needs
  - Online video conference meetings long term goals
- Off-site
  - Clearly define functions that can be performed off-site
  - Establish methods of measuring productivity
  - Establish meeting requirements and technology
  - Protocol for returning for providers and staff

### **Provider Network**

#### **Provider Contracting**

DWIHN is working out the details and transition of the SUD provider network changes. DWIHN is in the process of evaluating the overall provider network and needs of the community to assure that the provider network meets our community goals of a holistic network for FY 2022.

#### **Crisis Center**

DWIHN started the first phase of Asbestos Abatement in December 2020.

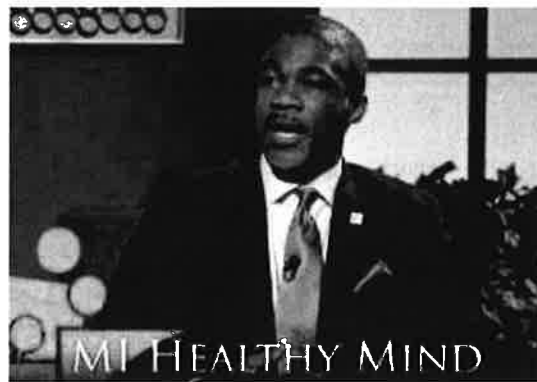
### **Communications**

#### **In the Media**

DWIHN in partnership with the Detroit Police Department and the City of Detroit’s Housing and Revitalization Department announced a groundbreaking initiative that will bring additional behavioral health support to police officers, 911dispatch operators, and homeless outreach workers when encountering citizens who are experiencing mental health challenges. DWIHN Deputy CEO/COO Eric Doeh kicked off the press conference, which included DWHIN Board Chair Bernard Parker, Detroit Mayor Mike Duggan and Police Chief James Craig. The story was covered by most of the local media.



**My TV20** – Deputy CEO/COO Eric Doeh was interviewed on the MI Health Mind Show on TV20. This informative and educational discussion about Mental Health and our future during a pandemic. It will also air on other stations throughout the state.



**Channel 7 Mental Health Minutes** - WXYZ-TV 7 reached out to DWIHN asking for several short mental health minute videos that they could air during the week and on their “Managing Mental Health Day”. COO Melissa Moody and CPI/Workforce Development Director Andrea Smith submitted several that aired on Channel 7, social media and on the DWIHN website.



**OutFront Media** – Billboards are up throughout several locations in Wayne County including Detroit, Hamtramck, Dearborn and Southwest Detroit, promoting overall access to Care, coping with COVID-19, and the ReachUsDetroit Covid-19 Therapy line.



**Community Newspapers** - DWIHN partnerships continue with the Michigan Chronicle, The Latino Press, The Hamtramck Review and the Arab American News. Messaging in all publications includes information on mental health resources, the DWIHN Access Center, disability-related information as well as substance use prevention, treatment and recovery.

The latest stories in the Latino Press and Michigan Chronicle focus on Parent Support during COVID-19 and Seasonal Affective Disorder.



**Michigan Chronicle** – Former DWIHN Deputy Attorney Callana Ollie received the distinction of being selected as one of the Michigan Chronicle's 40 Under 40.

<https://michiganchronicle.com/2020-michigan-chronicle-40-under-40-awards-honorees/>

**Fox 2 News Detroit** – DWIHN, along with several other providers and NAMI Michigan, purchased Amazon Echo devices to give away to seniors during the holidays. This was a community outreach opportunity to people we serve who are isolated due to the pandemic and couldn't see their loved ones over the holidays. Media coverage extended to Fox 2 News at 5:00 & 6:00 p.m. and WWJ Newsradio.

<https://www.fox2detroit.com/news/nami-mich-distributing-echo-shows-to-senior-citizens-for-the-holidays>

### **Mindwise Mental Health Check-Up**

DWIHN launched an anonymous free assessment tool available to all members of the community. Mindwise will review their mental health and connect them to resources and assistance if needed. The assessment link is located on the home page of our website.

<https://screening.mentalhealthscreening.org/DWIHN>

### **Opioid Conference**

The 5<sup>th</sup> Annual Opioid Abuse and Heroin Overdose Solutions Summit was held Nov. 12-13<sup>th</sup> with over 300 participating in the virtual, two-day conference. The Greater Detroit Area Health Council along with DWIHN held the event which included several presenters and videos from Governor Gretchen Whitmer as well as a session with Detroit Red Wing announcer Ken Daniels who discussed his son's death due to opioids. Also, DWIHN presented

the Collin Rose award to the Lincoln Park Police Department for saving the most lives this year with the life-saving medication, Narcan.



### **Annual Staff Celebration**

DWIHN held a drive through gift distribution for its employees. Due to the COVID-19 pandemic, the Annual Staff Appreciation Winter Party was canceled. Staff received a DWIHN branded tumbler, an Amazon gift card, and a special holiday note. DWIHN executive leadership was on hand to distribute the gifts.



### **Annual Report**

The Communications department has been working on the FY'19-20 Annual Report since October 2020. The final document will be reviewed and approved by the Wayne County Commissioners sometime in February and then will be posted on the website.



### **What's Coming Up Videos**

Member Engagement, along with the Communications Department, has been producing an ongoing series of videos called "What's Coming Up". These short messages cover a variety of upcoming events and news to keep the people we serve up to date on DWIHN happenings. These videos are published on DWIHN's website and social media including YouTube.



### **Provider Meetings**

DWIHN has been holding regular virtual meetings for its Provider Network via BlueJeans. The Outpatient/Residential meeting was held of November 13, 2021 and the CRSP meeting was held on December 4. The next meetings for Outpatient and Residential Providers are in February.

### **Social Media**

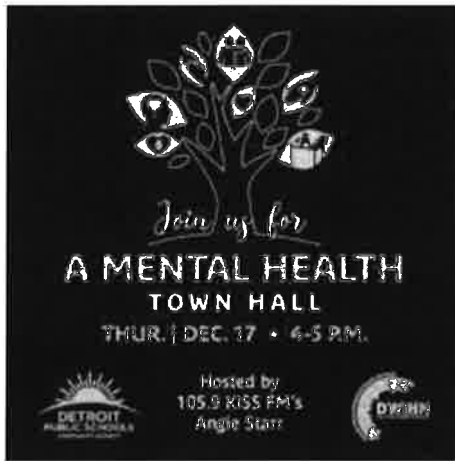
The top performing Facebook posts for December included the Self-Care webinar with Friends of the Children – Detroit and United Way (at 1,112 reached and 64 engagements), the DPD Press Conference announcing our partnership to bring additional health support to police officers (485 reached and 60 engagements), and DWIHN's mental health video (286 reached and 35 engagements). Our top performing Instagram posts were the DPSCD Mental Health Town Hall at 23 engagements, our Seasonal Depression graphic at 16 engagements and once more, our Self-Care Webinar at 15 engagements.



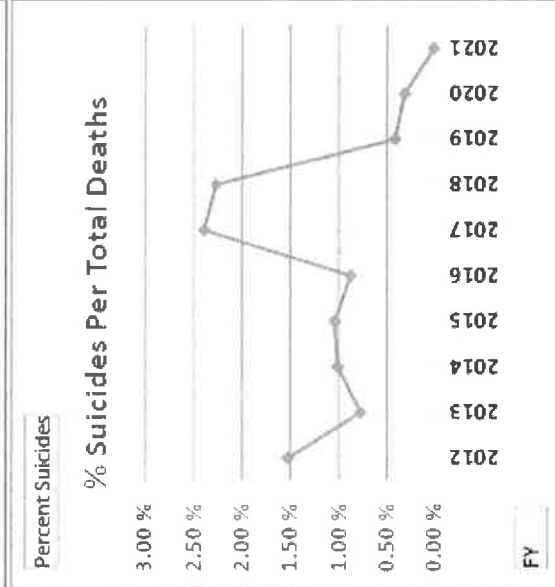
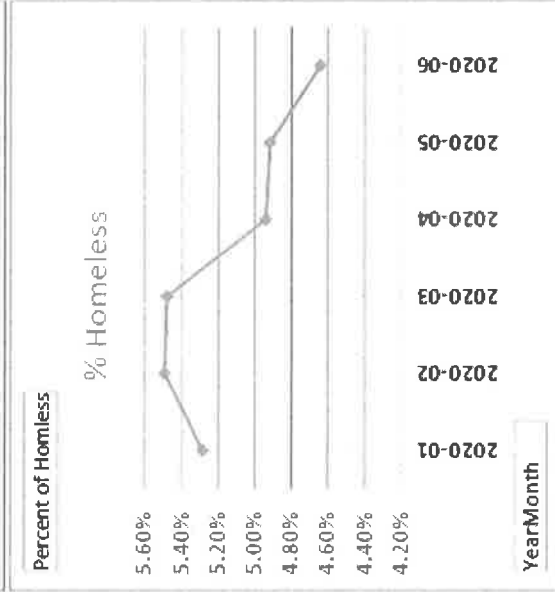
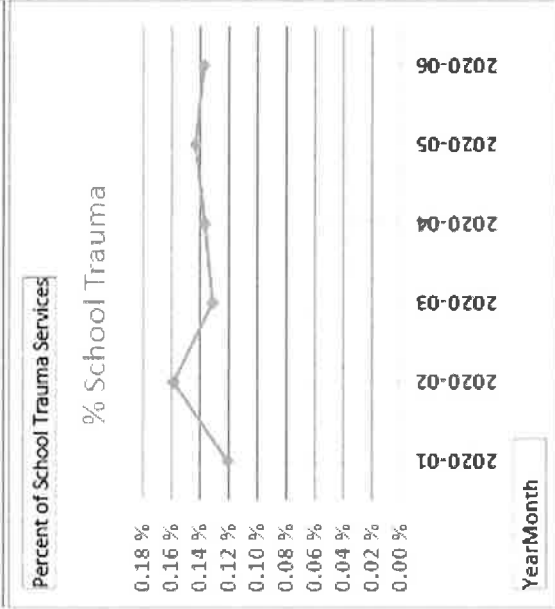
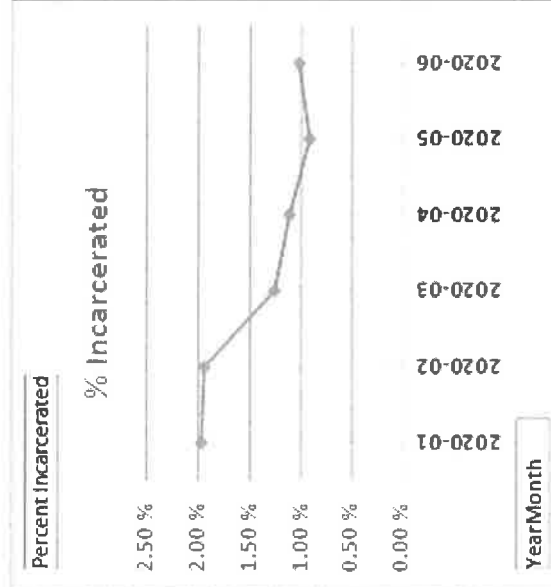
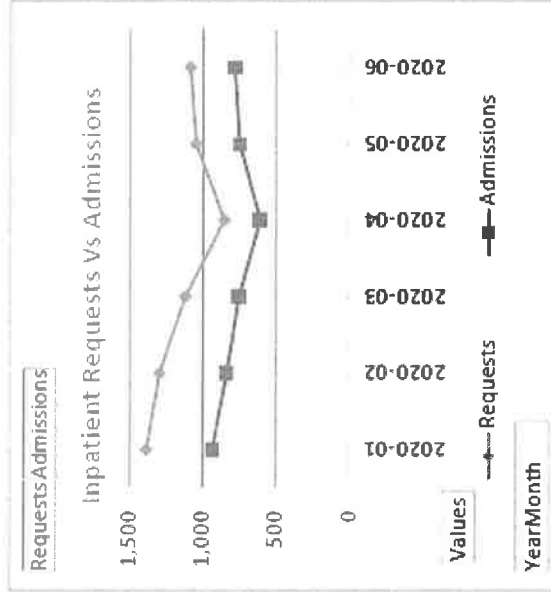
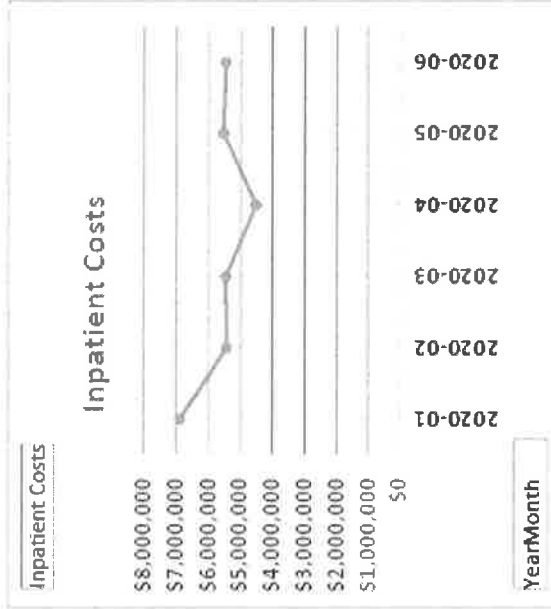
**Community Outreach**

DWIHN held several community outreach events including Evolve meetings, SOULS Chat including Faith Talk Mondays and Casual Talk Wednesdays, and two, virtual town halls. The first town hall with DPSCD was hosted by Angie Starr of 105.9 Kiss FM. This town hall focused on mental health and resources for parents and students during COVID-19. DWIHN's COVID-19 Resource Guide, ReachUsDetroit.org, Mindwise Mental Health Checkup, and the 24/7 HelpLine were shared with the audience.

The second town hall included a partnership with Friends of the Children-Detroit and United Way. The topics discussed were self-care, and how to handle the emotional, economic and educational challenges during COVID-19. DWIHN Chief Clinical Officer Melissa Moody was invited to present information about DWIHN to The Michigan Association of Service Coordinators. She shared information on access to care and available community resources.



# Key Mental Health Indicators







## RFP/RFQ WORK PLAN QUESTIONNAIRE

Departments are required to submit a Work Plan to the Detroit Wayne Integrated Health Network Board ("Board") for review **prior** to the issuance of a competitive solicitation (i.e. request for proposals, request for qualifications etc.) for the procurement of services that exceed a cumulative contract amount of \$250,000.

**Instructions:** Please fill out completely for Board approval. If needed you may attach additional documentation.

Request for Proposals/Qualifications for the procurement of services for: Applied Behavior Analysis (ABA) Services

Anticipated Budget Amount: Approximately \$60 million

Proposed Contract Term: 10/1/21 through 9/30/22 with option for renewal

Type of Program:  New  Continuation

### **Questions:**

1. Statement of Need: Please summarize the purpose of the procurement including the technical and contractual history of the services. Applied Behavior Analysis (ABA) services have not been bid out in the past. There has been an increase interest from more providers delivering this service along with some smaller organizations closing their ABA programs. Therefore, there is a need to procure these services to ensure Detroit Wayne Integrated Health Network (DWIHN) has the most qualified providers delivering these services across Wayne County who are able to sustain this program with the rates identified by DWIHN.

If applicable, please reference the federal or requirements. ABA services provided must adhere to best practice standards and established interventions for Autism Spectrum Disorder (ASD). Interventions that are identified as "Established Treatments" through the National Standards Project (NSP) or other ABA "established treatments" that focus on teaching specific adaptive skills.

2. Proposed Scope of Work: Provide a description of the services being procured. Applied Behavior Analysis (ABA) intervention for autism is to be customized to each consumer's skills, needs, interests, preferences, and family situation. ABA services are to be provided to consumers diagnosed with Autism Spectrum Disorder (ASD) when medically necessary, in the least restrictive environment where the ultimate goal of treatment is to focus on improving core deficits in communication, social interaction, or restricted behaviors; all of which will impact fundamental

deficits and help consumer develop greater functional skills and independence. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) for an appropriate period of time, depending on the needs of the consumer and their family within their community. Clinical determinations of service intensity, setting(s), and duration are to be designed to facilitate the consumer's goal attainment. These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplant services provided in school or other settings or to be provided when the consumer would typically be in school but for the parent's choice to home-school the consumer or parent's choice to decline school supports. ABA service providers are required to establish a system that ensures that services can be provided with no disruption to the consumer's scheduled school day. ABA providers must coordinate with schools to ensure collaborative care is provided that will result in the best outcomes for the child, this may include attendance in school meetings and including school staff in provider meetings, etc. The provider should be skilled in implementing person-centered planning processes, which will include coordinating with other service provider entities, as well as coordinating with available community and natural supports. Provider should be in contact with Case Manager/Supports Coordinator on a minimum of monthly basis to ensure service plan is accurate to meet current needs of family and collaborative treatment team is established. ABA Plan updates on goals, objectives, progress and changes to amount/scope/duration/frequency must be communicated to the Individual Plan of Service (IPOS) case holder prior to the completion of the required 90-Day IPOS Review by the CRSP.

3. Budget and Funding: How was the budget estimate(s) derived? Review of previous funding for claims regarding services delivered.
4. Impact: What is/are the potential impact(s) of the procurement on Consumers and current Authority operations? Ensure children and youth who need ABA services, are receiving them and they are evenly distributed throughout Wayne County. This would give children and youth an opportunity to select a provider that meets their needs. Another impact could be if a current provider of ABA services is not selected, then a consumer would have to change providers.
5. Metrics: How will the success or failure of the vendor be measured? ABA Direct Services and Supervision must be provided at a rate of at least 75%, but not more than 125% of amount, scope, duration, and frequency identified and agreed upon in Individual Plan of Service (IPOS) per fiscal year quarter. Delivered at least 10% of ABA Direct Deliver on a monthly basis.
6. Public Hearings: Is there a need for public hearings to obtain Consumer and/or Provider input?  
 Yes     No

If yes, what are the proposed dates for the hearings? [Click here to enter text.](#)

7. Local Community Impact: What is/are the positive or negative impacts of the procurement on existing local businesses? It will give an opportunity for providers to evenly be distributed throughout Wayne County. It will give the opportunity to publish DWIHN rates so providers are informed if this a service their organization can provide. Smaller organizations may close or may not be interested in providing the services if they determine the rates are not sustainable for their organization.

Describe the potential for new local employment opportunities? If new organizations are selected, then there is a potential for employment opportunities.

8. Was a Request for Information (RFI) previously requested for these services?  Yes  No  
If yes, when? \_\_\_\_\_

**Work Plan Submission Information and Board Approval:**

Work Plan Submitted to Committee (Finance / Program): [Click here to enter text.](#)

Work Plan Submitted to Full Board on: [Click here to enter text.](#)

Work Plan Approved by Full Board on: [Click here to enter text.](#)

**Board Action Taken:**

Approved

Denied

Signature: *Lillian M. Backshie*  
Board Liaison

Date: 1/21/2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 20-26 R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/20/2021

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2019-2020 Operating Budget

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 1/6/2021

Proposed Contract Term: 10/1/2019 to 9/30/2020

Amount of Contract: \$ 846,033,469.00 Previous Fiscal Year: \$ 832,328,628.00

Program Type: Continuation

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): 70000

Date Contract First Initiated: 10/1/2019

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 Detroit Wayne Integrated Health Network is requesting approval for Budget Adjustment#20-35-023. The budget adjustment revises the FY 2020 Budget to reflect the certification of additional Medicaid totaling \$12,966,704 to fully fund FY2020 payments to Direct Care Workers in the DWIHN system per approved BA 20-06 R5 for the six month period April 1 through September 30, 2020. In addition, the adjustment increases HRA revenue and expenses for \$6 million to actual amounts received/disbursed for the year. HRA is pass through funding from MDHHS to the community hospitals based on days of stay.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
---------	----------	------------

Medicaid	\$ 846,033,469.00	\$ 846,033,469.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 846,033,469.00	\$ 846,033,469.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? N

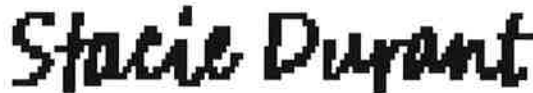
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Wednesday, December 23, 2020

Signed: Tuesday, December 22, 2020

**BOARD ACTION TAKEN**

The following Action was taken by the Full Board on the 20<sup>th</sup> day of January, 2024:

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature William M. Blackshire  
Board Liaison

Date 1/21/2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA#21-23 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/20/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System

Address where services are provided: Provider List Attached

Presented to Program Compliance Committee at its meeting on: 1/13/2021

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

Amount of Contract: \$ 614,327,102.00 Previous Fiscal Year: \$ 579,139,150.00

Program Type: Continuation

Projected Number Served- Year 1: 68,932 Persons Served (previous fiscal year): 73,446

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the revised board action to include Genoa Healthcare, LLC, formerly known as Advance Care to DWIHN Network Provider system. Genoa Healthcare is our Med-drop provider. The program is designed for individuals who have chronic problems taking their medications. This service improves the individual's overall mental health and daily functioning by improving the symptoms treated by medications.

Note 1: The amounts include Children's Waiver, SED Waiver and SUD Medicaid, HMP and block grant treatment, and EBSE claims based activity. The amounts are estimated and subject to change.

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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	\$ 614,327,102.00	\$ 614,327,102.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 614,327,102.00	\$ 614,327,102.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y



Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Thursday, January 7, 2021

Signed: Thursday, January 7, 2021



BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20<sup>th</sup> day of January, 2024:

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature: *William M. Blacashew*  
Board Liaison

Date 1/21/2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-51 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/20/2021

Name of Provider: nexVortex, Inc

Contract Title: nexVortex phone system for DWIHN Call Center

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 1/6/2021

Proposed Contract Term: 1/1/2021 to 12/31/2023

Amount of Contract: \$ 138,251.44 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 1/1/2021

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).

Request 3 yr term for the procurement of additional services, software, modifications, programming, and maintenance to our phone system to support the added need due to in-house migration of the WellPlace call center.

- **One time cost: 45,700.00**
- **Monthly SIP/DID service cost : (est) \$1025.62 x 36 mo = \$36922.32**
- **Annual maintenance/support costs: \$18,543.04 x 3 = \$55629.12**

**Total cost: \$138.251.44**

**Extended services for BO22190006.**

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 138,251.44	\$ 138,251.44
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 138,251.44	\$ 138,251.44

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? N

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:





Signed: Wednesday, December 9, 2020

Signed: Wednesday, December 9, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20<sup>th</sup> day of January, 2021:

Approved

Rejected

Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature *Lillian M. Blackshier*  
Board Liaison

Date 1/21/2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-52 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/20/2021

Name of Provider: Gregory Terrell and Company

Contract Title: Residential Provider Payroll Audits

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 1/6/2021

Proposed Contract Term: 2/1/2021 to 1/31/2023

Amount of Contract: \$ 100,000.00 Previous Fiscal Year: \$

Program Type: New

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

Date Contract First Initiated: 2/1/2021

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).

This board action is requesting the approval of a two year contract, with two one year options for an amount not to exceed \$100,000.

Effective October 1, 2020, MDHHS discontinued the use of H0043 and mandated community living supports report under H2015. This mandate requires providers to bill using certain modifiers and associated rates based on the number of staff and consumers that reside in the home. In an effort to ensure residential providers are billing with the proper modifier/rate, DWIHN is required to perform payroll audits. In response to an Invitation For Bid (IFB), Gregory Terrell & Associates, a Detroit based minority accounting firm, was deemed the lowest bidder. The firm will assist with accumulating the staff hours and consumers in the home whereby DWIHN finance staff will evaluate whether the proper modifier/rate was used for reimbursement of services. The amount of the contract is estimated as the contract is based on hours billed; DWIHN has over 200 providers subject to audit.

---

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 100,000.00	\$ 100,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 100,000.00	\$ 100,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64923.813000.00000

In Budget (Y/N)? Y

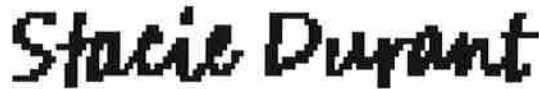
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, December 7, 2020

Signed: Friday, December 4, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20<sup>th</sup> day of January, 2021:

Approved

Rejected

Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature *Lillian M. Blackburn*  
Board Liaison

Date 1/21/2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-53 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 1/20/2021

Name of Provider: Detroit Central City C.M.H., Inc., Development Centers Inc., Southwest Counseling Solutions, Wayne Metropolitan Community Action Agen, Coalition on Temporary Shelter

Contract Title: HUD Permanent Supportive Housing

Address where services are provided: Various locations throughout Wayne County

Presented to Program Compliance Committee at its meeting on: 1/13/2021

Proposed Contract Term: 2/1/2021 to 1/31/2022

Amount of Contract: \$ 2,077,406.00 Previous Fiscal Year: \$ 2,049,991.00

Program Type: Continuation

Projected Number Served- Year 1: 330 Persons Served (previous fiscal year): 314

Date Contract First Initiated: 10/1/2004

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).

This Board Action recommends Board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Supportive Housing funds for existing grant programs: Coalition on Temporary Shelter (COTS), Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions and Wayne Metropolitan Community Action Agency.

This Board Action also recommends approval for the disbursement of the required local match to DCI/COTS and CCIH.

Approval of this Board Action will allow for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$1,972,621 and the



Detroit Wayne Integrated Health Network state general fund match of \$104,785 for an amount not to exceed \$2,077,406.

The Providers listed in this Board Action submitted applications for renewal to the local Continuum of Care and are awaiting the NOFA (Notice of Funding Availability) and grant agreements from HUD.

This Board Action is based off of the previous year's contract amount with the expectation of approval and renewal of the existing grants. This Board Action will be revised, if necessary, upon notification from HUD and/or the local Continuum of Care.

These programs will continue to provide permanent supportive housing and supportive services to individuals and families in Detroit and Wayne County who have a serious mental illness/disability and are experiencing homelessness.

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

Source of Funds: General Fund.HUD

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 21/22</b>	<b>Annualized</b>
Federal funds	\$ 1,972,621.00	\$ 1,972,621.00
General Fund	\$ 104,785.00	\$ 104,785.00
<b>Total Revenue</b>	<b>\$ 2,077,406.00</b>	<b>\$ 2,077,406.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Signature/Date:



Signed: Wednesday, December 23, 2020

Stacie Durant, Chief Financial Officer

Signature/Date:



Signed: Tuesday, December 22, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of January, 2021:

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature *William M. Blushkin*  
Board Liaison

Date January 21, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA #21-54 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 1/20/2021

Name of Provider: Accuform Printing & Graphics, Inc.

Contract Title: As Need on Demand Printing of Member Materials- Accuform

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/6/2021

Proposed Contract Term: 11/1/2020 to 10/31/2023

Amount of Contract: \$ 358,420.00 Previous Fiscal Year: \$ 161,580.00

Program Type: Continuation

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 20

Date Contract First Initiated: 11/1/2020

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).

This board action is requesting the approval of a three (3) year contract for an amount not to exceed \$358,420. There was an Information For Bid (IFB) and the purchasing department recommended the award to the lowest bidder, Accuform.

The DWIHN's Customer Service Department is responsible for the development of printed educational materials for its mental health Members, new applicants, and the community at large. Per the Michigan Department of Health and Human Services (MDHHS) Customer Service Standards, the DWIHN and its affiliates are required to provide Members with educational materials at the time of intake and at least on an annual basis. These materials are used for the education of Members on how to access mental health services and should be made available to Members upon request.

Also, per the National Committee for Quality Assurance (NCQA) DWIHN is required to mail the Members Rights and Responsibilities Statement on a monthly and annual basis. The chosen vendor will be delegated the mail preparation and mailing of said document.

---

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 358,420.00	\$ 358,420.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 358,420.00	\$ 358,420.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64914,728000.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, December 23, 2020

Signed: Wednesday, December 23, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20<sup>th</sup> day of January, 2021

Approved

Rejected

Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature: William M. Blackshire  
Board Liaison

Date 1/21/2021



## CEO Annual Incentive Compensation Performance Review Process

The Detroit Wayne Integrated Health Network (“DWIHN”) Executive Committee is responsible for conducting an annual incentive compensation performance review of the CEO to determine whether the CEO has achieved specific objectives or “stretch goals” (as agreed to by the CEO and Executive Committee and approved by the Board of Directors). Stretch goals directly correlate to incentive compensation, which is part of overall compensation, and is based on meeting the stretch goals.

Pursuant to the terms of the CEO’s Employment Agreement, the CEO may be eligible to receive incentive-based compensation annually based on the CEO’s achievement of the identified objectives or “stretch goals”. The Employment Agreement will outline a defined maximum amount to be paid as incentive compensation, if specific stretch goals are met.

### Steps in the CEO Incentive Compensation Review Process

1. Annually, the Board Chair will review with the CEO/Executive Director the current strategic priorities for the organization, as defined in the Strategic Plan. **Due Date:**
2. The CEO will develop performance incentive objectives /“stretch goals” supportive of strategic priorities to present to the Board Chair. Each stretch goal should:
  - a. Be defined
  - b. Be measurable
  - c. Provide baseline data
  - d. Identify data source

The completed stretch goals should be presented to the Board Chair by the established **due date:**

3. The Board Chair will review CEO objectives with the CEO. Review of goals should include data for review.
4. The Board Chair will report and submit to the Board Executive Committee each objective along with data for review. The Board Executive Committee will review incentive compensation objectives and provide a recommendation and approval for presentation to the Board for approval.

5. Once objectives are approved by the Board, there will be a six-month progress review between the CEO and Board Chair. Any changes to CEO objectives or goals will be presented to the Board Executive Committee for recommendation and presentation to Board for approval.
6. At the time of Review of CEO performance for incentive compensation, the CEO will provide a self-evaluation of the data for each objective to the Board Chair. **Due Date:**

*Summaries of CEO Bonus Compensation shall not be distributed until reviewed by the Board Chair.*

7. The Board Chair will submit each objective along with a clear analysis of the data to the Board Executive Committee for recommendation to full Board for CEO incentive compensation. The CEO's achievement of stretch goals and objectives is to be evaluated against the baseline data using the established data sources.

**Due Date:**





## CEO Incentive Compensation Objectives

Revised School Model Section Nov 2020

### I. CRISIS CONTINUUM

**Goals:**

15 additional beds in the community	\$5,000.00
25 additional beds in the community	\$7,500.00
Establish a full Crisis Continuum Service within our provider network	<b>\$10,000.00*</b>

**Baseline Data:**

37 beds

**Measure:**

- a. As of Mid-April 2020, we have established three Psychiatric Care Sites the following:  
Same-Day Access Services for assessment/intake, crisis services for existing DWIHN members, psychiatric evaluations, medication reviews, crisis stabilization, Peer Support Specialists, nursing assessments, medication injections, and non-ER transport. Facilities meet the unique needs of the individuals we serve and decrease emergency department experiences and potential COVID-19 exposure.
- b. Two Intensive Crisis Stabilization Services providing a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay.
- c. The measure is the increase in the number of operational crisis residential beds in the network, above the current baseline. Operational beds are those with appropriate resources and accessibility.

**Data Source**

Validation of the number of additional, operational beds

### II. FISCAL MANAGEMENT

**Goals:**

Increase fund balance		
Goal one	\$2.5million	\$5,000.00
Goal two	Greater than \$5 million	<b>\$7,500.00*</b>

**Baseline Data:**

Fund balance per 2019-20 audit report

**Measure:**

- a) Staff Planning Guide (SPG): Fully implement the electronic SPG in MHWIN for all residential providers by October 1, 2020.
- b) Quality: Develop a team in the Quality Department that sole focus is on the audit of providers in the network by October 1, 2020. This along with provider matrix to gauge and monitor the provider network for quality of care and service delivery.

### III. PROVIDER NETWORK

**Goals:**

To restructure the provider network by first soliciting bids for Substance Use Disorder services through an RFP process. In addition, DWIHN will also develop a capacity study to determine the capabilities, viability and quality of services offered in the network.

Implement risk matrix for at least 5 providers                      **\$5,000.00\***

**Baseline Data:**

- a. Write and publish an RFP for Substance Use Disorder for treatment and prevention services by the end of June 2020
- b. Select treatment and prevention service providers before September 2020.
- c. Develop a well-defined risk matrix so that DWIHN and providers are accurately able to evaluate care, services, infrastructure and financial viability of providers in the network. Implement this risk matrix as a pilot with at least five or more providers before September 2020.

**Measurables:**

Phase 1: Write and publish an RFP for Substance Use Disorder Services. Select a specific number of providers for treatment and prevention Substance Use Disorder services.

Phase 2: Develop a capacity study of the network to determine our capacity and needs.

Phase 3: Develop a risk matrix to determine how robust our service delivery amongst the providers are; the financial stability and viability of providers; the infrastructure and IT capabilities of our providers; and the overall quality of care and services offered by our providers.

**Data Source:**

Difference between Provider cost of 2018-19 and 2019-20 per audit

### IV. STAFF TRUST AND MORALE

DWIHN employees participate in a quick one-question survey throughout the year titled “Culture of Excellence”. The survey is sent to staff to measure in part staff trust and morale. DWIHN leadership receive anonymous suggestions from staff and gauge their feedback from the suggestion tool in the survey. This data is shared with staff on a regular basis and is utilized by leadership to adjust the workplace environment. The survey questions offer continuous input and feedback from staff at all levels.

**Goal:**

The goal is to achieve a minimum average of sixty (60%) percent staff participation in three pre-selected Culture of Excellence survey questions, and increase the average percentage of favorable responses to those questions. Each survey question represents 1/3 or 33.3% of the percentage increase.

10% increase	\$5,000.00
15% increase	\$7,500.00
20% increase	<b>\$10,000.00*</b>

**Baseline Data:**

The three (3) survey questions below have been identified as dealing with “Staff Trust and Morale” for the purposes of the CEO Bonus Objectives.

- 1. *How happy are you at work?*
- 2. *My leaders have respect for employee’s ideas.*
- 3. *DWIHN motivates me to go above and beyond in my role.*

Overall average for last survey was 65%

**Measure:**

The measure is a minimum average of sixty (60%) percent staff participation in three pre-selected Culture of Excellence survey questions, and an increase in the average percentage of favorability responses to those questions. If sixty (60%) percent participation is not achieved, this incentive compensation objective is not calculable.

**Data Source:**

Qualtrix

**V. SCHOOL MODEL**

Utilizing the Michigan model in our School Success Initiative that is in line with services being performed throughout our system of care. The DWIHN School Success Initiative is a unique evidence-based behavioral health program that works in coordination with eleven CMH providers to bring effective behavioral healthcare. DWIHN is working with them to ensure children, youth and their families have access to mental health services.

**Goal (in children reached):**

50,000 - 75,000 students utilizing school model	\$5,000.00
76,000 - 99,000 students utilizing school model	\$7,500.00
100,000 + students utilizing school model	<b>\$10,000.00*</b>

**Baseline Data:**

85,000 school-age students served in FY19-20  
275,000 school age kids throughout Wayne County  
25% improvement over school year

**Measure:**

- a. The measurement is number of students served in elementary, junior and high school programs.
- b. Based on the collected data from two assessments, the focus will be to address the top four risks factors which were identified as depression/anxiety, bullying, dating violence, and suicide.
- c. Implementation of the School Success Initiative working with 11 DWIHN Providers

**Data Source:**

REDCap

**VI. System Transformation / Health Plan Integration**

**Goal:**

Full implementation with 3,000 enrollees	\$5,000
Full implementation with 5,000 enrollees	\$7,500
Full implementation with 7,500 enrollees	<b>\$10,000*</b>

**Measure:**

Integration of Medicaid Physical-Behavioral Health Services Objectives (MPHS).

Negotiate and execute an Operating Agreement between DWIHN and partnered MPH(s). Implement a partnership with one or multiple MPH(s) for a system of integration of behavioral and physical health care. Integrated system will have at least 3,000 persons enrolled.

There will be enhanced information systems at both DWIHN and the partnered Medicaid Health Plans (MHPs) with a network of physical health satellite offices (dental, vision, preventative health care, etc.) at our largest behavior health service providers' locations.

This integration will support an implementation of a medical records exchange system between DWIHN and partnered MHP(s).

**0-5 Months Phase I of Pilot**

- a. Execute MOU and BAA (data sharing agreement)
- b. Begin analysis of claims to identify quick-win opportunities
- c. Conduct planning activity for the development of a Tailored Plan
- d. Track and monitor legislative landscape; MDHHS strategy for example SIP
- e. Meet with MDHHS to discuss the partnership and seek their support
- f. Public announcement of our partnership
- g. Establish the purpose of the partnership and set forth certain terms that allow the parties to collaborate, share confidential data, and perform discovery activities for the purposes of:
- h. Developing an integrated care model for behavioral and physical health services;
- i. Establishment of a partnership to organize and manage both behavioral and physical health care for a specialized group of consumers.

**5-9 Months Phase II of Pilot**

- a. Recruit and onboard additional partners if necessary
- b. Execute formal partnership agreement and establish tailored plan entity
- c. Complete opportunity assessment using historical claims data.
- d. Begin integration solutions: high level of care management
- e. The parties will begin sharing select clinical records and Electronic Health Record (HER) data.
- f. The parties will collaborate and share data to identify and further define the criterion for the target population.
- g. Parties may jointly explore partnership with a sub-contracted third-party to oversee care coordination and/or complex case management, program oversight, compliance, data exchange and other responsibilities that will be mutually-agreed upon by the parties prior to the start of the demonstration model.
- h. Targeted population may include individuals with more than three emergency room visits within 12 months; one or more hospitalization within 12 months; and at least one chronic medical condition within a co-occurring behavioral health diagnosis.

**9-12 Months and beyond Phase III**

- a. Assess outcomes of quick win integration solutions
- b. Full implementation of the pilot
- c. Evaluation and Review: the parties will meet on a regular basis to discuss issues of concern and make recommendations for improvement in partnership activities that support the implementation model.
- d. The parties will jointly monitor trends and developing issues

**Data Source**

Care Connect 360  
MHWIN

**VII. GRANT DEVELOPMENT**

Federal and private grants approved and received by DWIHN for programs and services.

**Goal:**

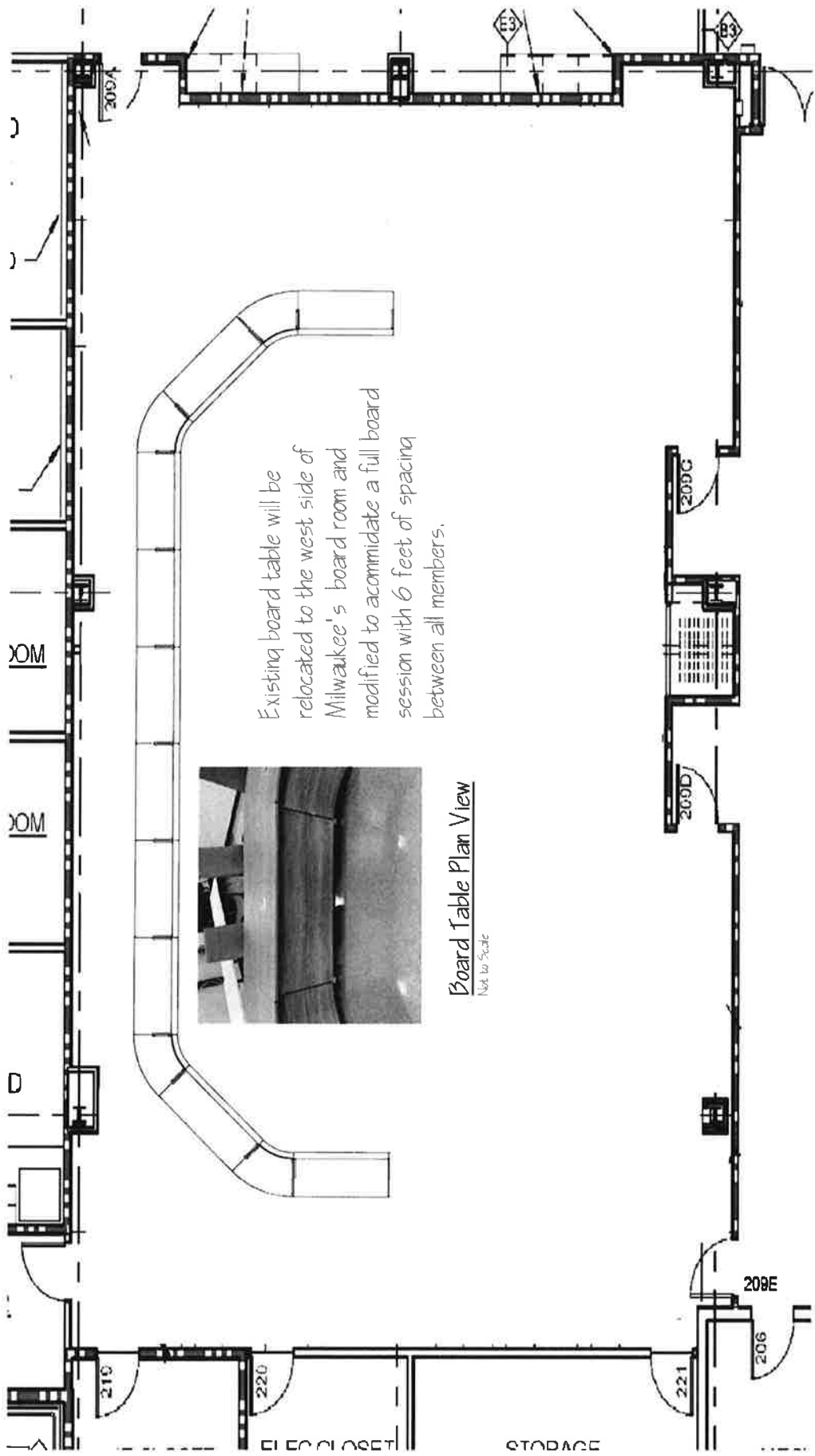
Secure at least \$1 million of grants                      **\$7,500.00\***

**Measure:**

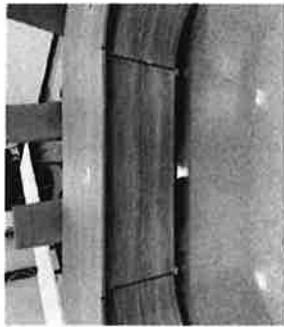
To improve community opportunities that DWIHN offers for programs and services and offset the Medicaid, general and local funds otherwise used for these services by utilizing grant dollars received by 4/1/2021

**Data Source:**

Utilizing MDHHS, SAMHA, Cities Thrive, Grants.gov, and Google search engines.



Existing board table will be relocated to the west side of Milwaukee's board room and modified to accommodate a full board session with 6 feet of spacing between all members.



Board Table Plan View  
Not to Scale