



## **Detroit Wayne Integrated Health Network**

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**JOINT  
FULL BOARD  
and  
SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MEETING  
Wednesday, July 15, 2020  
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 – June 17, 2020
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – June 3, 2020  
Approved Program Compliance Committee Minutes – June 10, 2020
- VII. ANNOUNCEMENTS**
  - A) Authority Announcements
  - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
  - A) Board Chair Report
    - 1) Board Member Appointment – Wayne County
    - 2) Budget Hearing – Joint Finance and Program Compliance Committees (August 5, 2020)
    - 3) Full Board and Substance Use Disorder Policy Board Joint Meeting (July 15, 2020)
    - 4) City of Detroit Police and DWIHN meeting
    - 5) Board Recognition - Outgoing Board member and Staff
  - B) Executive Committee
    - 1) Board Study Session – Thursday, July 30<sup>th</sup> 2020 (Virtual)
    - 2) DWIHN Board In Person Meeting
    - 3) Public Affairs Associates (PAA) update
    - 4) Response by DWIHN to Black Lives Matter Movement
  - C) Finance Committee
  - D) Program Compliance Committee
  - E) Recipient Rights Advisory Committee
  - F) RECESS

### **Board of Directors**

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

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

Timothy Killeen, Treasurer  
Angelo Glenn  
Dr. Cynthia Tauog

Dora Brown, Secretary  
Kevin McNamara



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

- I. Welcome
- II. Roll Call
- III. Moment of Silence
- IV. Approval of Agenda
- V. Approval of Board Notes – June 15, 2020
- VI. Public Comment
- VII. Board Reports
- VIII. Old Business
- IX. New Business
  - A. BA#20-81 SUD Communication Plan – (Various Media Providers)
  - B. BA#20-82 Community Health Awareness Group (CHAG)
- X. Informational Reports – Staff Updates
  - A. SUD Director’s Report
  - B. Prevention Report
  - C. Treatment Report
  - D. State Opioid Coordinator’s Report (SOR)
- XI. Good and Welfare
- XII. Adjournment

**X. FULL BOARD MEETING – RECONVENE**

**XI. AD HOC COMMITTEE REPORTS**

- A) Policy/Bylaw Committee

**XII. PRESIDENT AND CEO MONTHLY REPORT**

**XIII. UNFINISHED BUSINESS**

**Staff Recommendations:**

- A. **BA #16-48 (Revised)** – Services to Enhance Potential (STEP) Contract Extension (Time only) Janitorial Services (*Program Compliance*)
- B. **BA #18-32 (Revision 3)** – Milo Detroit (*Finance*)
- C. **BA #20-24 (Revised)** - Outfront Media (*Finance*)

**XIV. NEW BUSINESS**

**Staff Recommendations:** None

**XV. REVIEW OF ACTION ITEMS**

**XVI. 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.

**XVII. ADJOURNMENT**



**DETROIT WAYNE INTEGRATED HEALTH NETWORK**  
**FULL BOARD MEETING**  
**Meeting Minutes**  
**Virtual Meeting**  
**Wednesday, June 17, 2020**  
**1:00 p.m.**

**BOARD MEMBERS PRESENT**

Bernard Parker, Chair

Dr. Iris Taylor, Vice Chair

Commissioner Tim Killeen, Treasurer

Ghada Abdallah, RPh, Secretary

Dora Brown

Dorothy Burrell

Angelo Glenn

Kevin McNamara

William Riley, III

Kenya Ruth

Dr. Cynthia Tauzeg

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

**GUESTS:** None

**CALL TO ORDER**

The meeting was called to order at 1:03 p.m. by the Board Chair, Mr. Bernard Parker.

**ROLL CALL**

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

**APPROVAL OF THE AGENDA**

Mr. Parker, Board Chair welcomed everyone to the meeting and explained the process for Good and Welfare and Public Comment.

The Chair for a motion on the agenda.

**It was moved by Dr. Taylor and supported by Commissioner Killeen to accept the agenda as presented. Motion carried unanimously.**

**MOMENT OF SILENCE**

The Board Chair, Mr. Parker called for a moment of silence. He requested that we keep in mind all of the individuals who may have been impacted by COVID-19. Moment of Silence taken.

**APPROVAL OF BOARD MINUTES**

The Chair called for a motion on the Board minutes of the Full Board meeting of May 20, 2020. **A motion was offered by Mrs. Burrell and supported by Mr. McNamara approval of the Full Board minutes of May 20, 2020. Motion carried unanimously.**

**RECEIVE AND FILE**

The Chair called for a motion to Receive and File the approved Finance Committee minutes of May 6, 2020 and the Program Compliance Committee minutes of May 13, 2020. **A motion was offered by Commissioner Killeen and second by Ms. Brown to "Receive and File" the approved minutes from the Finance Committee meeting of May 6, 2020 and the Program Compliance Committee minutes of May 13, 2020. The motion carried unanimously.**

## **ANNOUNCEMENTS**

### Authority Announcements

There were no Authority announcements.

### Board Announcements

Commissioner Killeen noted at the next Wayne County Health and Human Services Committee meeting scheduled for Tuesday, May 26, 2020 at 1:30 p.m. there will be a consortium of Providers attending that will make a presentation regarding their finances. He will send the link to the Board for anyone that may want to virtually attend and Mr. Brooks will be in attendance.

Mr. Parker, Board Chair noted that former Board Member Dr. Munday has an event scheduled and has extended an invitation to all Board members to attend. Dr. Munday is a member of the Metro Detroit Association of Black Psychologists and they are hosting a virtual spring symposium entitled "The Talk" & COVID 19: The Influence of Racism and Racial Socialization in a Global Pandemic. " The event is scheduled for June 27, 2020 from 12:00 p.m. to 2:00 p.m. and registration is required.

The Michigan Chronicle's "Pancakes and Politics" event is scheduled for Thursday, June 18, 2020 at 8:00 a.m. and will be held virtually; Governor Whitmer is scheduled as a special guest and has declared Friday Juneteenth as a State holiday.

## **BOARD COMMITTEE REPORTS**

### Board Chair Report

Mr. Parker gave a verbal report. It was reported the Wayne County has not provided any updates on their remaining board member. It was requested that B. Blackwell, Chief of Staff contact Wayne County to determine status.

The Budget Hearing, which at this time is scheduled to be virtual is a joint Finance and Program Compliance Committee meeting and is scheduled on Wednesday, August 5<sup>th</sup> from 1:00 p.m. – 4:00 p.m. as agreed to by both chairs. This Hearing provides the best opportunity to learn about the goals and programs of the Network; the same process will be followed as in the past with the FY20/21 Budget being presented and the Board providing, in advance of the hearing written questions to the departments through the CFO for presentation at the hearing.

The Substance Use Disorder Oversight Policy Board has requested to have a joint meeting with the Full Board. The meeting has been scheduled for Wednesday, July 15<sup>th</sup> where both boards will handle their business. This will provide a learning opportunity for all board members. The Full Board agenda will be shorter as it will be a larger group presenting. Mr. Glenn, SUD Board Chair will meet with Mr. Parker to prepare the agendas.

The Chair called for a motion on the Board Chair report. **It was moved by Mr. Glenn and supported by Ms. Ruth to accept the Board Chair report. Motion carried unanimously.**

### Executive Committee

Mr. Parker gave a verbal report. It was reported the we are going through challenging times in regards to people protesting which he feels is legitimate given the racial injustices and the things that African Americans have experienced and have now come more to light given videos. The Committee was requested to develop a Resolution that would be forward to the Governor's Office. A written copy of Resolution #7 FY19/20 Support for Social Justice, Peaceful Protests and Mental Health Services for Wayne County Residents was provided for the record. Mr. Parker highlighted some of the major points of the Resolution which focused on the DWIHN Board of Directors recognizing that the history of African Americans has been one marred with oppression, injustice, violence, and continuous fight for

racial equality; and that in response to both currently and historically disparate treatment of African Americans, a nationwide movement has arisen to assert that “Black Lives Matter”, and other forms of peaceful protests against the mistreatment of persons of color; and that we support them and that because less than twenty-percent of children and adolescents with diagnosable mental health problems receive the treatment they need, that we include mental health and physical health as a right in our schools and look to the government to fund these programs, and since this is a strong statement we believe that physical and mental health needs to be included in the schools. Chief Riley and Dr. Taylor both offered statements in support of the Resolution; Dr. Taylor noted that we not only make a declarative statement but we need to make a commitment to the changes in behavior that would support us moving towards the environment in the Resolution. Mr. Brooks noted there have been conversations in both of the Councils with the State and the County as it relates to defunding the police and Black lives Matter; internally our Human Resources Committee has begun to look at the demographics of the organization to make sure there is a good representation of Wayne County at both management and staff levels; we are making sure jobs are posted and there are fair hiring practices with staff and all people are treated fairly. Dr. Taylor noted that it would be important to have measures in place for what is being implemented both internally and externally.

A written overview was provided by General Counsel of the statement “Defund the Local Police.” Mr. Parker noted there were some very good examples in the document; he cited there were some reforms that were implemented in N.J. and how it has impacted their crime rates. He also gave statistics from the Treatment Advocacy Center which reported the number of adults with severe mental illness accounted for roughly 1 in 4 people being killed in police encounters - this is striking because we know that persons who do not have their medication can become aggressive and challenges can present themselves and unfortunately police officers’ only recourse to mediate the situation is to use physical force or a firearm; however if a person with better or different training was present possibly the outcome could be different. He and Mr. Brooks have had a conversation regarding looking at how DWIHN can begin to assist the police departments in Wayne County with professionals that are available to assist with mental health situations so that all calls do not go to the police department but would go to specialists for assistance. DWIHN has reached out to the City of Detroit to have discussions regarding changes in having the police department respond to calls that involve issues other than law enforcement. Mr. Brooks noted that they are working towards different avenues of response for those with mental health concerns. Discussion ensued and it was noted that there should be a discussion with the city of Detroit regarding response to mental health calls. It was requested by the Board that Mr. Brooks set up a discussion with City of Detroit; police departments and municipalities and collaborate regarding mental health services and the engagement of the police department with tracking distress calls that involve individuals with mental health concerns.

The Chair called for a motion on FY 2019-2020 Resolution 7 Support for Social Justice, Peaceful Protests and Mental Health Services for Wayne County Residents. **It was moved by Ms. Brown and supported by Mr. Riley, III to approve FY 2019-2020 Resolution 7 for Social Justice, Peaceful Protests and Mental Health Services for Wayne County Residents.** There was no discussion. **Motion carried unanimously.**

The Board Chair noted the Board would have had several Board Study Sessions by this time; however, because of COVID-19 the sessions have not been held. A virtual board study session has been scheduled for Thursday, July 30<sup>th</sup> from 1:30 p.m. to 5:00 p.m.; this is a non-decision making study session and will give board members an opportunity to have a deeper dive into specific topics. The three topics that will be placed on the Board Study Session agenda are; Integrated Health Plans/Specialty Integrated Plans; Strategic Plan – six month update; Finance and Budget – it was requested the PowerPoint regarding the Factors Impacting the Deficit and the Operational Efficiencies Report be included in the Finance section. The Chair called for a motion on the Executive Committee Report. **It was moved by Mr. Riley, III and supported by Commissioner Killeen to accept the Executive Committee report. Motion carried unanimously.**

### CEO Incentive FY 2020/21

The Board Chair, Mr. Parker provided an overview of the CEO Incentive and the goals. A written document was sent to the Board and provided for the record. He noted as a part of the contract Mr. Brooks was eligible for an annual bonus based on the success of achieving “stretch goals” that had been agreed upon by the CEO and the Board. A high level overview which included the monetary tiers and benchmarks within each of the seven categories was provided; the categories included Crisis Continuum; Fiscal Management; Provider Network; Staff Trust and Morale; School Model; Systems Transformation and Grant Development. It was noted that each category has different levels of goals. Mr. Brooks noted there was work being done on the School model which was being vetted through the Program Compliance Committee and there may be some adjustment, however all of the remaining categories were intact. The Chair noted there may be adjustments throughout the year and would come back to the board through the Executive Committee. The Chair called for a motion. **It was moved by Commissioner Killen and supported by Mr. Riley, III to accept the CEO Incentive FY 2020/21.** There was no further discussion. **Motion carried unanimously.**

### Finance Committee

Commissioner Killeen, Chair of the Finance Committee reported the Finance Committee met virtually on Wednesday, June 3, 2020; it was reported a follow-up was provided on the Operational Efficiencies plan and the written document was included in the agenda packet. It was noted the report had several moving parts and not all of the categories had reported savings. It was noted by Commissioner Killeen that changes in two rate codes for Substance Use Disorder had resulted in a savings of about \$1.7 million dollars. He also gave an overview of some of the other categories that had resulted in savings. He noted that about a million dollars a year would be saved on Medicare Revenue. It was noted the purchase of personal protection equipment was discussed and was on the agenda with exigent approval; the monthly financial reports were received; cash flow looks better and will continue to be monitored throughout the year. He also noted that there was a Powerpoint presentation that was presented that outlined the factors that impacted the deficit that DWIHN was currently experiencing. There was one revised Board Action #20-26 DWIHN 2019/2020 Operating Budget that was reviewed and submitted to the Full Board for approval. The Chair called for a motion on the Finance Committee report. **It was moved by Dr. Taueg and supported by Ms. Ruth to accept 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 Wednesday, June 10, 2020. The Chair noted the committee received an update on the Schools program and the expectation is that a recommendation will be made within the next 60 days; staff will look at the entire program and come back with a redesign and scope and it may be that Trails will not be the recommended program. Staff will come back also with the expected dollar expenditures and whether or not there will be unspent monies. Corporate Compliance reported on three items; one was the termination of a contract process; it was reviewed and followed with the board’s policy; there were two agencies which Corporate Compliance had interaction with; one was for failure to submit data to support a Recipient Rights investigation and the other for failure to report closure during the COVID-19 pandemic. A report was received from the Medical Director and the Chief Clinical Officer, both reported on the activities of DWIHN during COVID-19. Children’s Initiatives provided a quarterly report which discussed the schools program, wraparound services for kids throughout the network and a training program for parents. Integrated Health and Clinical Improvement provided a quarterly report. Reports were received from Customer Service and Access. There were three Board Actions that were taken up at the meeting; BA#17-56 (Revised); BA#20-12 (Revised) and Board Action #20-49 (Revised). The Chair called for a motion. **It was moved by Dr. Taueg and supported by Mr. Riley, III to accept the Program Compliance Committee report.** There was no further discussion. **Motion carried unanimously.**

### Recipient Rights Advisory Committee

Mr. Riley, III Chair of the Recipient Rights Advisory Committee reported. A written summary report was provided for the record. The Recipient Rights Advisory Committee had their last virtual meeting May 4, 2020. It was reported there are four (4) staff in the office thus mail complaints are being received however individuals may continue to utilize the hotline number at 1-888-339-5595. The Recipient Rights department has received from May to June 43 hotline calls; 22 death notifications and have mailed out 59 acknowledgement letters and the office received 83 complaints for the month of May; it was noted that Recipient Rights has received complaints on “Dignity and Respect”; Safe Environment; Freedom of Movement and Abuse Class 1. The Recipient Rights Office Training department are still conducting virtual Recipient Rights training and have trained 68 new hires.

The Chair called for a motion on the Recipient Rights Advisory Board Report. **A motion was offered by Dr. Tauog and supported by Dr. Taylor to accept the Recipient Rights Advisory Committee Report.** There was no further discussion. **The motion carried unanimously.**

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

Mr. Angelo Glenn, SUD Oversight Policy Board Chair gave a verbal report. It was reported the Substance Use Disorder Oversight Policy Board meeting took place on Monday, June 15<sup>th</sup> 2020. There was a very brief agenda and there were two items that were highlighted. The Board considered and approved Board Action #20-80 “Ask the Messengers (ATM)” was considered by the SUD Oversight Policy Board which requested \$48,000.00 in PA 2 funding. The ATM is a television show that brings awareness; provides information about education, promotes prevention as well as recovery to the viewing audience. The Board gave its final farewell to SUD Board member Ms. Monique Stanton has resigned from the SUD Oversight Policy Board and is relocating to St. Louis Missouri. Reports were received by the SUD Director; Treatment Director; Prevention Director along with a State Opioid Report (SOR) from the SOR Coordinator. The Board Chair, Mr. Parker inquired asked about the status of the RFP; it was noted the Treatment RFP final date of posting expired on June 16<sup>th</sup> and the Prevention RFP final posting date would expire this week. There were no further discussions on the Substance Use Disorder Oversight Policy Board report.

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

### **AD HOC COMMITTEE REPORTS**

#### Policy/Bylaws Committee

Dr. Tauog, Chair reported the Policy Committee did not meet in the month of June; however, a meeting has been scheduled for Monday, July 27, 2020 with a notice being sent to the Board.

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

Mr. Brooks reported. A written report was provided for the record. The CEO reported on the Jail Diversion Council and the Wayne County Diversion Council. The Governor’s Council focused on the testing of inmates throughout the state as they are closely being monitored; roughly 10% have tested positive. The Council will be looking to make recommendations to the Governor on funding of Black Lives Matter and DWIHN was able to provide literature for the meeting. The Wayne County Jail Diversion Council reported the number of inmates is down from a year ago which at one point the number was as high as 2,700 and is now at 828 inmates; there are 1,023 inmates that are out on



tether; all inmates in Wayne County have been tested, with the exception of ten (10) inmates that refused testing; there were 83 inmates that tested positive; and six inmates are in quarantine and this process is being closely monitored. The Council had Mr. Kevin Fischer, from NAMI as a guest speaker spoke on suicide prevention and mental health especially during this time of COVID; there were also discussions regarding the merits of Defunding the Police along with Black Lives Matter; there are also reports coming from the office of Wayne County Commissioner Alisha Bell along with recommendations that can be used when working with the Chiefs in Wayne County. DWIHN also provided literature to this Council as well.

It was reported that in regards to integration, the Department of Health and Human Services will not use the previous Pre-COVID 19 model. It is his opinion that in working with the Department during COVID the relationships of the PIHP's was actually strengthened and it gave both, PIHP's and MDHHS a better perspective on the work that is done within the system; and he has been asked to work with Mr. Alan Jensen, Director of Mental Health services on the restructuring of the system.

It was reported the Death Audit has the potential of being eliminated. MDHHS is reviewing Autism as it relates to cost settling the \$21 million dollar overspend.

The General Fund issue of \$4.5 million dollars still exists however, MDHHS is reviewing the issue. Mr. Brooks has not received any information regarding our budget being reduced for FY 2020/2021. The 7% rate reduction has been pushed back from June 1<sup>st</sup> to the beginning of the new fiscal year. The department did pass through a \$2.00 rate increase to Direct Care Workers and the rate increase will also apply to SUD Providers; the Finance department continues to monitor this issue.

The Governor has announced that she is taking into consideration ways to work with social distancing as it relates to our building and future needs; we have looked at hoteling which allows staff to work at home and come to the building when necessary. Every organization is responsible for providing personal protective equipment and DWIHN has provided a month's supply for its employees. Routine cleaning is taking place, wiping down doors and buttons throughout the day and testing is required for all employees as safety is our top priority.

Staffing needs and positions are being reassessed in light of COVID-19 and the new satellite workforce; equipment has been added for some employees such as dual screens to help with productivity. Providers are still being provided with personal protective equipment; however, the goal is to assist them in the process. Meetings have taken place with Providers on a weekly basis and utilization rates are increasing. As the Governor continues to open Michigan the need for mental health services will increase; however, suicide rates have increased as well as domestic violence; thus there will be a demand for the services we provide.

Discussion ensued regarding the new management team in Lansing and clarification was sought regarding the new administration; it was noted that Mr. Jensen, who he has been working closely with is assuming the role that Ms. Lynda Zeller previously occupied. Discussion ensued regarding the Integrated Health plan. It was reported that two Memorandums of Understanding (MOU) have been signed and there will be a detailed discussion provided at the Board Study Session in July.

The Chair, Mr. Parker noted the meetings in July will all be held virtually as it did not appear the Governor would expand the number of people that could safely meet at one time.

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

## UNFINISHED BUSINESS

### Staff Recommendations:

**BA#17-56 (Revised)**– PHC of Michigan One d/b/a Wellplace Michigan Contract Extension –Staff is requesting approval to modify this board action for PHC of Michigan d/b/a Wellplace Michigan. The purpose of this modification is to extend the Wellplace contract an additional three (3) months (July 1, 2020 through September 30, 2020) at an additional cost \$1,792,179.00. The Chair called for a motion on BA #17-56 (Revised). **Motion: It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA#17-56 (Revised).** There was no discussion. **The motion carried unanimously.**

**BA#20-12 (Revised)**- DWIHN Provider Network System – *Listed of providers included in the board action* –Staff recommends approval for GT Independence as a Fiscal Intermediary. Due to the current number of fiscal intermediaries and the number of self-determination individuals that DWIHN currently serves, it has been determined that the addition of this provider will assist in meeting the increasing capacity needs. The Chair called for a motion on BA #20-12 (Revised). **Motion: It was moved by Dr. Taylor and supported by Mr. Riley, III approval of BA #20-12 (Revised).** There was no discussion. **Motion carried unanimously.**

**BA#20-26 (Revision 3)** - This Board action is a modification to request approval for Budget Adjustment #20-35-015. The budget adjustment revises the FY2020 Budget to reflect the certification of additional Medicaid and State General Fund revenue totaling \$23,239,818 per revenue projections based on actual receipts for the period of October 2019 to April 2020, including \$501,000 in COVID-19 General Fund allocated by MDHHS as part of the CARES program and the revised Milliman rates effective April 1, 2020. The Chair called for a motion on BA#20-26 (Revision 3). **Motion: It was moved by Mr. Riley, III and supported by Ms. Ruth approval of BA#20-26 (Revision 3).** There was no discussion. **Motion carried unanimously.**

**BA#20-49 (Revised)** - Neighborhood Service Organization (NSO) – Omnibus Budget Reconciliation Act (OBRA)/Pre-Admission Screening and Resident Review (PASRR) Contract – The Chair called for a motion on BA #20-49 (Revised). **Motion: It was moved by Dr. Taylor and supported by Ms. Brown to approve BA#20-49 (Revised).** There was no discussion. **Motion carried unanimously.**

**BA#20-52 (Revised)** Med Supply, Inc. Corporation – (Exigent Approval) This Board action requested the purchase of additional Personal Protection Equipment (PPE) for providers and DWIHN staff. The Chair called for a motion. **Motion: It was moved by Dr. Taylor and supported by Dr. Taueg to approve BA#20-52 (Revised)** There was no discussion. **Motion carried unanimously.**

## NEW BUSINESS

**Staff Recommendations: None**

## FOLLOW UP ON ACTION ITEMS

The Chair requested that a meeting be set up with the City of Detroit with the police department, law enforcement and municipalities regarding mental health services and the engagement of the police department.

## GOOD AND WELFARE/PUBLIC COMMENT

The Board Chair, Mr. Parker read the Good and Welfare/Public Comment statement. There were no members of the public identified to address the Board.

**ADJOURNMENT**

There being no further business, the Chair called for a motion to adjourn. **A motion was offered by Dr. Taylor and seconded by Dr. Tauog to adjourn. The motion carried unanimously and the meeting was adjourned at 3:10 p.m.**

Submitted by:  
Lillian M. Blackshire  
Board Liaison

# FINANCE COMMITTEE

**MINUTES**

**JUNE 3, 2020**

**1:00 P.M.**

**VIRTUAL  
CONFERENCE(BLUEJEANS)**

<b>MEETING CALLED BY</b>	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:03 p.m.
<b>TYPE OF MEETING</b>	Finance Committee Meeting
<b>FACILITATOR</b>	Commissioner Tim Killeen, Chair – Finance Committee
<b>NOTE TAKER</b>	Nicole Smith, Management Assistant
<b>ATTENDEES</b>	<p><b>Finance Committee Members Present:</b>                      Commissioner Tim Killeen, Chair                      Mr. McNamara, Vice Chair                      Ms. Dora Brown                      Angelo Glenn</p> <p><b>Committee Members Excused:</b>                      Ms. Dorothy Burrell</p> <p><b>Board Members Present:</b> Bernard Parker, Chair; Chief Riley, III</p> <p><b>Board Members Excused:</b> None</p> <p><b>Staff:</b> Stacie Durant, CFO; Willie Brooks, CEO</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>	
Commissioner Killeen acknowledged committee member changes, and welcomed Angelo Glenn, as the newest finance committee member. Mr. Parker acknowledged current world issues regarding Black Lives Matter and racism within police departments. Chief Riley, III also commented on the current world issues, and spoke about his experiences as a police officer. Commissioner Killeen noted that a public protest Caravan event will be held on Thursday, June 4, 2020 at 5:00 p.m. and will forward information to the board.	
<b>IV. Approval of Agenda</b>	
Commissioner Killeen called for any additional items that needed to be added to the agenda. There were no changes to the agenda. Commissioner Killeen called for a motion. <b>Motion:</b> It was moved by Mr. Glenn and supported by Ms. Brown approval of the agenda. <b>Motion carried.</b>	

**V. Follow-up Items: Items Follow-up**

**Item A:** Update Operational Efficiency Plan (S. Durant)

**Substance Use Disorder** (Darlene Owens Lead) - The SUD Oversight Policy Board approved a plan whereby it reduced rates for two codes – H0023 and T1012 for Peer Directed Services and Recovery Supports, respectively. Rates were obtained from other PIHP's and it was determined that in some cases our rates were three times that of other PIHP's. In addition, all case management and urine drug screens will be paid from block grant regardless of insurance. It is the goal of DWIHN to treat individuals in the least restrictive environment based on medical necessity and UM guidelines.

**Status 5/31/20:**

Estimated 2nd quarter savings on reduced rates for H0023/T1012 is approximately \$717, 267. Estimated 2nd quarter savings on 45 to 29 residential days is approximately \$934,000/quarter.

**Home Help** (Dana Lasenby Lead) – There are approximately 2,800 consumers that reside in an unlicensed setting, if eligible must receive personal care services directly from Department of Health and Human Services Adult Services; Medicaid does not reimburse personal care in an unlicensed setting. DWIHN believes that many providers are billing these services through other Medicaid eligible billable codes. On August 14, 2019, DWIHN issued a letter notifying providers to submit their home help forms to a specific email by October 31, 2019; the letter stated that non-compliance could result in sanctions. DWIHN plans to assign a clinical staff or consultant to review the forms and compare them to services outlined in their IPOS and other assessments to determine if the costs were included in other Medicaid billable codes that may require a reduction in hours.

**Status 5/31/2020:**

Effective June 1, 2020, the new SPG tool will ensure that authorization services for individuals who live in a non-licensed home do not include personal care (personal care section is totally bypassed for nonlicensed home). Due to the pandemic, Home Health applications are seriously backlogged, new applications are not being accepted at this time. In addition, to closely monitor the issue, the residential leadership will form a Home Help workgroup that will include residential and the newly formed Eligibility and Benefits unit to ensure such services are not included in other billable codes and provide any assistance within our purview.

**Autism** (Ebony Reynolds/Ebony Lawson Lead) -Many of the consumers enrolled in the Autism program do not meet the minimum participation requirements by the State of Michigan. DWIHN inquired from MDHHS whether there could be a disenrollment policy associated with the program whereby if a consumer failed to comply with the guidelines within a 60- day period, the consumer would be dis-enrolled from the more intensive Autism program and moved to an equally suitable IDD program where participation was not as restrictive. Per the State, a disenrollment policy is not allowable however DWIHN will continue to work with the providers to ensure fidelity is met.

In addition, there has been a significant increase in Autism cases during the years; rate of growth is in excess of MDHHS estimates. In effort to have conflict-free assessments, DWIHN will be directly contracting with a provider(s) to perform all Autism assessments. Currently, Autism providers are performing the assessment and referring the consumers to themselves for services.

Discussion ensued regarding a 3<sup>rd</sup> party provider to complete consumer assessments. S. Durant clarified by informing committee members there would be a conflict of interest if DWIHN staff completed the assessments on consumers. DWIHN is in the process of hiring a qualified 3<sup>rd</sup> party provider, that does not perform autism services, to complete the assessments.

**Status 5/31/2020:**

Received three (3) responses from the RFP; evaluation team in the process of reviewing for selection. DWIHN wants to contract with two (2) providers for the service to ensure choice and second opinions. Evaluation team's recommendation should be completed by June 30, 2020 and a contract in place on October 1, 2020.

**Shared Living Arrangements** (Stacie Durant and Manny Singla Lead) – Many consumers reside in residential settings whereby they have roommates. Currently, the staffing tool used by the supports coordinators, with the exception of Community Living Services, do not take into consideration shared living arrangement. This allows providers to bill services for several consumers performed by the same Direct Care Worker at the same time. DWIHN must make several changes including but not limited to: (1) performing a payroll audit to determine a baseline for each home and (2) create a staffing tool in MHWIN that incorporates shared living arrangements.

**Status 5/31/20:**

CFO and team met or have scheduled eight (8) providers; based on two (2) providers - estimated recoupment is \$159,819, with an annual savings of \$420,233. S. Durant noted that with the cost saving SBG staffing tool, services will not decrease to consumers. The tool will allow for appropriate staffing for consumer shared living services

**Utilization Guidelines** (Dana Lasenby Lead) – The UM department uses written criteria based on sound clinical evidence from a national coverage determination tool, MCG – Indicia to review and authorize treatment and care. Utilization management decisions are documented using specified procedures for appropriately assessing individuals, applying American Society of Addiction Medication (ASAM) criteria to validate the appropriate level of care. In addition, the guidelines will be aligned with a Standardized IPOS. The combination of UM guidelines and the IPOS in MHWIN, will require prior authorization of services and services outside of guidelines will require a clinical review.

**Status 5/31/20** - The MH-WIN set-up has been completed and the UM team will review and monitor services use and authorization in the system based on the MDHHS HCPCS/procedure codes and Level of Care at the initiation of the authorization for providers that are fully functioning on the HIE (Health Information Exchange) and other providers that upload the Individual Plan of Service and the SUGs hit during the claims review process. This project was completed and providers were notified as of 6/1/2020.

**Establishment of Eligibility and Benefits Unit** (S. Durant and M. Singla) – The FY2020 Operating Budget included establishing an Eligibility and Benefits Unit with three staff whereby the duties would include but not limited to: (1) Ensuring consumers are properly enrolled in Medicaid (i.e. DAB); (2) Managing the DHS Outstation workers; and (3) Working with the provider network to ensure consumers recertify their Medicaid benefits and reduce lapse in coverage.

**Status 5/31/2020:**

Hired supervisor on 1/20/2020; and two additional staff hired on 2/24/2020. To date, team has identified 315 consumers that were incorrectly receiving TANF Medicaid and should be a DAB. MDHHS is in the process of switching the consumers to the correct Medicaid. Based on the Milliman FY2020 revised rates, the estimated minimal impact is \$82,000 month or \$985,000/yr. increase in Medicaid revenue.

Commissioner Killeen requested a background overview of the Operational Efficiency Plan be given to new committee member Angelo Glenn. (Action) Discussion ensued regarding the savings garnered under the Operational Efficiencies Plan. The Chair called for a motion to Receive and File the Operational Efficiency Report Motion: It was moved by Ms. Brown and supported by Mr. Glenn to Receive and File the Operational Efficiency Report. **Motion carried.**

**VI. Approval of the Meeting Minutes**

The Chair called for motion on the minutes from Finance Committee meeting of Wednesday, May 6, 2020. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown approval of the minutes for Wednesday, May 6, 2020. **Motion carried.**

**VII. Exigent Agreement to Purchase Personal Protection Equipment**

The memorandum is to inform the committee of the need to enter into an agreement for the period April 1, 2020 through September 30, 2021 with MedSupply Corporation, Inc. for the purpose of purchasing personal protection equipment (“PPE”) for an amount not to exceed \$800,000. The exigent purchase of PPE is necessary as the COVID-19 pandemic has resulted in a shortage of PPE available across our provider network, leaving DWIHN staff and its provider network essential staff at risk of exposure to COVID-19. The purchase shall include both mental health and substance use disorder providers and DWIHN staff. It was noted that a supplier had been found that had competitive pricing and the request has gone through the DWIHN Procurement Department.

Eric Doeh, Deputy CEO presented the memo to the committee at the request of Mr. Parker, Chairperson for approval. The Chair will give exigent approval and the Full Board will ratify Chair approval upon review at the next meeting. It was requested that a ledger showing where the funds come from be attached to the Board Action.

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

S. Durant, CFO presented the Monthly Finance report. A written report was provided for the record.

Authority Finance accomplishments and noteworthy items:

The Governor mandated a \$2/hr. DCW increase for the months of April, May and June to direct care workers due to COVID-19. MDHHS issued instructions on May 18, 2020 however funding will not be paid to the PIHP's until the end of June, 2020. DWIHN will distribute the DCW increase in July 2020. A letter was sent to the providers issuing instructions, guidelines, and timing of payment and claims submission.

There were additional services included in the DCW increase including Crisis Residential (H0018) SUD Residential (H0018/H0019), SUD withdrawal management (H0010/H0012), and ABA treatment (97153, 97154, 0373T). The wage increase excluded all telehealth and clinic-based settings. In addition, Supportive Employment was excluded in the wage increase (was included in previous DCW increases).

The SUD STR grant ended on April 30, 2020 and approximately \$1.7 million of the \$4.8 million grant remained unspent; grant had specific requirements which were similar to the SOR grant. CFO believes that due to (1) strict grant requirements and (2) COVID-19, special purpose grants are at risk. SUD Director is very diligent and aggressive in ensuring funds are spent.

MDHHS has yet to respond to the letter sent in February 2020 requesting to cost settle FY18 and FY19 Autism program.

MDHHS continues to put death recoupment on hold until further notice. DW owes \$8 million dollars to MDHHS which includes the January 2020 recoupment at \$900,000.00. The recoupment has been reported in the financial statements. Discussion ensued regarding the cash flow statements and the balance sheet. It was noted that June projected a positive cash flow and additional discussion ensued regarding items that could have impact such as the Hospital Rate Adjustment. Discussion ensued regarding the deficit that DWIHN is operating under and the 7% reduction would be pushed back to next year.

In addition to the monthly finance report; there was a presentation given by S. Durant; with assistance from Committee member Dora Brown on Factors Impacting DWIHN Deficit.

The presentation focused on data over a three-year timespan from 2017, 2018, and 2019. It was noted by CFO Durant that clinical drives the finances. Total DWIHN claims based expenditures increased by \$63.2 million since FY17. Administrative expenses decreased by \$9.1 million in FY19, due to the elimination of the MCPNs. AMI outpatient PMPM Program expenses decreased by \$4.5 million in FY19. Substance Use Disorder expenditures decreased by \$4.0 million in FY19. Cost of residential services has increased by \$30.7 million since FY17 which was largely due to code H2015 services that CLS provided to additional members that makes up \$13.9 million of this increase. The increase in average authorized daily hours makes up \$11.1



million of this increase within the I/DD population and the increase in average authorized daily hours makes up \$4.3 million of this increase within the AMI population. Discussion ensued on the presentation. Commissioner Killen requested the report be included in the Full Board packet for the June meeting.

Commissioner Killeen called for a motion on the Monthly Finance Report. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown to accept the Monthly Finance Report. **Motion carried.**

**IX. Unfinished Business – Staff Recommendations:**

**A. Board Action #20-26 (Revision 3): DWIHN FY 2019-2020 Operating Budget** – S. Durant reporting. This Board action is a modification to request approval for Budget Adjustment #20-35-015. The budget adjustment revises the FY2020 Budget to reflect the certification of additional Medicaid and State General Fund revenue totaling \$23,239,818 per revenue projections based on actual receipts for the period of October 2019 to April 2020, including \$501,000 in COVID-19 General Fund allocated by MDHHS as part of the CARES program and the revised Milliman rates effective April 1, 2020.

Commissioner Killeen called for motion on Board Action #20-26 (Revision 3) with the recommendation that the error on the Memo be revised before submission to the Full Board. **Motion.** It was moved by Mr. Glenn and supported by Ms. Brown to move Board Action #20-26 (Revision 3) to Full Board for approval with the recommendation the letter be corrected prior to submission to the Full Board. There was no further discussion. **Motion carried.**

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

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

There were no public remarks from the community for good and welfare.

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

The meeting adjourned at 3:08p.m.

<b>FOLLOW-UP ITEMS</b>	<p>A. Provide an update on the impact of the 7% reduction on the Network and Providers once implemented. (S. Durant)</p> <p>B. Provide a monthly update on the Operational Efficiency Plan (S. Durant)</p>

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**JUNE 10, 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> Dr. Lynne Carter; Chief William Riley, III; Kenya Ruth; Dr. Cynthia Taueg and Dr. Iris Taylor</p> <p><b>Board Member(s) Present:</b> Dora Brown-Richards and Dorothy Burrell</p> <p><b>Staff:</b> Brooke Blackwell; Willie Brooks; Jacquelyn Davis; Eric Doeh, Shirley Hirsch; Bernard Hooper; Dr. Margaret Hudson-Collins; Dana Lasenby; Darlene Owens; Crystal Palmer; Ebony Reynolds; April Siebert; and Andrea Smith</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 Mrs. Ruth and supported by Chief Riley to approve the agenda. Dr. Taylor asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried.</b>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>TRAILS Program</b> – Provide a realistic timeframe for the TRAILS program – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement. Ms. Reynolds reported that previous data shows that implementing the school model is most effective by starting with the needs assessment. They want to utilize the needs assessment/evaluation to make a determination on the most appropriate evidenced-based practice to use. Ms. Reynolds also informed the committee that she wants to come back with a comprehensive plan to report to this committee within the next 60 days. <b>(Action)</b> Discussion ensued. The committee requested that Ms. Reynolds also include in her report a timeline and update on allocation of funds.</p> <p>B. <b>Corporate Compliance</b> – Provide in-depth Contract Termination Process <b>(Included in Corporate Compliance Report)</b> – Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the contract termination process. Mr. Hooper reported the contract termination process was developed over the course of the first quarter of this year and implemented over the second quarter of this year. The process was designed around the intention of having consistency in deciding whether or not to terminate contracts for providers, specifically residential providers that failed to comply with their Plan of Corrections or failed to comply with general health and safety provisions of their contract. Discussion ensued. It was noted there should be a language change that indicated that a contract would be suspended if license was removed by the state.</p> <p>C. <b>SUD Quarterly Report:</b> Provide follow-up treatment report on the 13 inmates that were released and received services through the MAT program – Darlene Owens, Director of Substance Use Disorders Initiatives submitted and gave an update on the follow-up treatment on the 13 inmates that were released and received services through the MAT program. Ms. Owens reported that the 13 inmates were released and are receiving post-release follow-up peer supports and each were given a Naloxone kit and trained on its use. Our provider’s peer recovery coach also communicates with the inmates released by providing follow-up peer services for 90 days via telecommunications.</p>
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**VI. Approval of Meeting Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair called for approval of the May 13, 2020 meeting minutes. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Carter to approve the May 13, 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></p>
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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> <p><b>Harbor Oaks Hospital</b> - Corporate Compliance, Legal and the Office of Recipient Rights are currently in dispute with Harbor Oaks Hospital regarding the submission of video evidence to support the adjudication of a recipient rights’ appeal before the Recipient Rights Appeals Committee. Under state law</p>
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and the provisions of the contract between DWIHN and Harbor Oaks Hospital, Harbor Oaks is obligated to deliver all such evidence to DWIHN which has jurisdiction over recipient rights appeals. Corporate Compliance is considering contract sanctions in this matter.

**Salvation Army Harbor Lights (SAHL)** – Corporate Compliance has suspended referrals to SAHL for Withdrawal Management and Residential Services until July 1, 2020 as a result of the unauthorized closure of SAHL without notice on March 23, 2020. Members engaged in Withdrawal Management and Residential Services were transferred to other facilities without regard to health and safety. Despite the onset of the COVID-19 pandemic, DWIHN’s policies and procedures established protocol for changes or modifications in services with which SAHL failed to comply. Based on communication with SAHL, they have completed training on health and safety issues around the pandemic and appropriate deep cleaning of their facility. Discussion ensued. The Chair called for motion to accept the Corporate Compliance report. **Motion:** It was moved by Chief Riley and supported by Dr. Carter to accept the Corporate Compliance report. **Motion carried.**

- B. **Medical Director’s Report** – Dr. Margaret Hudson-Collins, Medical Director submitted and gave a report on her Medical Director’s report. Dr. Hudson-Collins informed the committee that she initially started working with DWIHN part-time but due to the COVID-19 pandemic, she is now working full-time. Dr. Hudson-Collins meets with the PIHPs weekly to address the COVID-19 issues. She has also been introduced to the Medversent tool that DWIHN uses for credentialing our providers. Dr. Hudson-Collins participates in some of the Medical Directors’ advisory meetings that now meet weekly because of the pandemic instead of monthly.
- C. **Children’s Initiatives Quarterly Report** – Crystal Palmer, Director of Children’s Initiatives submitted and gave a report on the Children’s Initiatives Quarterly report. Mrs. Palmer reported:
  - 1. **School Success Initiative** – A review of the most recent REDCap data is included in this report. There maybe data entry issues and staff will be meeting with providers next week to make sure data is being entered correctly. To date, 7,651 students have been served with 52% being females. There were 1,086 unduplicated students receiving services in quarter one (October 2019-December 2019) FY 2020. The Strength and Difficulties Questionnaire (SDQ) was used to measure which tier a student should belong in on a three-tier system. There were 390 unduplicated students receiving services in quarter two (January 1, 2020-March 31, 2020) FY 2020. DWIHN has hired a Research, Evaluation Project Manager in February to oversee the data for this Initiative.
  - 2. **Wraparound Services** – An update is provided in the report regarding new strategies to evaluate DWIHN’s provider services. A behavioral health consultant is provided to help coordinate between the primary care provider and psychiatrist to help support the providers. Future Reflected Acceptance Mobilize Evaluate Strengths (FRAMES) is one the new processes implemented to help with the services.
  - 3. **MC3 Project** – This is a partnership between DWIHN, University of Michigan (UofM) and Starfish Family Services. There are 154 providers involved from the last two quarters and 111 requests were made for support.
  - 4. **Parent Training Management Oregon (PMTO)** – An overview of the Coaching and Fidelity of Implementation Rating System (FIMP) within our System of Care which is required for model fidelity was provided. The

number of hours utilized to ensure model fidelity is also included in the report. Discussion ensued.

The committee requested for the next quarterly report for MC3 project - U of M to provide the number of unduplicated numbers and indicate at which point families are dropping out of services. **(Action)**

D. **Clinical Practice Improvement Quarterly Report** – Ebony Reynolds, Clinical Officer of the Clinical Practice Improvement division submitted and gave a report on the Clinical Practice Improvement quarterly report. Ms. Reynolds reported that DWIHN established a contract with General Pharmacies for the Med Drop Program, a community-based program that targets individuals with Serious Mental Illness and Co-Occurring Substance Use Disorder who have challenges adhering to medication prescribed. Lincoln Behavioral Services, Community Care Services and Northeast Integrated Health are the participating providers for this program. The program was launched on March 6, 2020 and started remotely on March 13<sup>th</sup> due to the COVID pandemic. There was a decrease in new member enrollment because of the pandemic but Med Drop expects an increase with the stay at home order lifted. Ms. Reynolds will provide more update on the next quarterly report. Staff has been working with the Quality division to monitor individuals who are on our hospital recidivism list to see if they can identify a better way to engage these individuals to reduce hospital recidivism. Staff has been meeting with the ACT provider network twice a week to increase engagement while working in the pandemic. Discussion ensued.

E. **Integrated Health Care Quarterly Report** – Tina Forman, Director of Integrated Health Care submitted and gave a quarterly report on Integrated Health Care. Ms. Forman reported that staff continue to have a collaborative relationship with Wayne County and Detroit Health Department to provide education and vaccination for Hepatitis A. Due to the pandemic, meetings were canceled and vaccination clinics were closed and will be rescheduled at a later date. Integrated Health performed monthly Data Sharing Care Coordination with each of the eight Medicaid Health Plans operating in Wayne County for a total of 144 members last quarter. 10,163 DWIHN members are enrolled in the MI Health Link demonstration and 4,483 members received services from DWIHN within the past 12 months. Staff continue to provide Complex Case Management services as required by NCQA accreditation. Information was provided to an additional 144 individuals during the quarter. Care Coordination services were provided to an additional 69 members during the quarter as well. Staff continues monitoring and oversight of DWIHN’s provider of OBRA/PASARR services. The provider completed screenings and reviews for 490 members and provided clinical services to 1,253 members this fiscal year. Discussion ensued.

The Chair bundled all reports and called for a motion to accept the Medical Director’s, Children’s Initiatives, Clinical Practice Improvement and Integrated Health Care quarterly reports. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to accept the Medical Director’s, Children’s Initiatives, Integrated Health Care and the Clinical Practice Improvement Quarterly Reports. **Motion carried.**

## VIII. Quality Review(s)

<b>DISCUSSION/ CONCLUSIONS</b>	<p><b>A. Specialized Residential COVID-19 Remote Monitoring Response -</b> April Siebert, Director of Quality Improvement submitted and gave her report on the Specialized Residential COVID-19 Remote Monitoring Response. Ms. Siebert reported that COVID-19/Coronavirus remote interviews were initiated for the purpose of assessing the well-being and safety of our members, providers and what assistance DWIHN could provide during this crisis; 164 homes were selected, 116 were interviewed and 48 did not respond. Many providers had long-term staff with many years of experience which isolated them from staffing shortages, had well-established relationships with pharmacies that allowed for no interruption in prescription services and DWIHN's website on COVID-19 served as a valuable resource to the provider network. Discussion ensued. The Chair called for a motion to accept the Specialized Residential COVID-19 Remote Monitoring Response. <b>Motion:</b> It was moved by Dr. Tauieg and supported by Chief Riley to accept the Specialized Residential COVID-19 Remote Monitoring Response report. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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## IX. Customer Service Quarterly Report and Strategic Plan- Customer Pillar

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Michele Vasconcellos, Director of Customer Service submitted and gave a report on the Customer Service Quarterly report and the Strategic Plan-Customer Pillar.</p> <p><b>A. Customer Service Quarterly Report</b> – Ms. Vasconcellos reported that without MCPNS, policies, procedures and processes were redefined to ensure monitoring of the Customer Service function at the contracted provider network level remained in compliance with mandated standards. During the COVID pandemic and to ensure that members were able to be serviced, calls were forwarded to the Access Center and staff followed up via email on cases that could not be addressed by the Access Center. A telephone helpline was initiated to provide necessary information on COVID-19 and helpful hints to keep safe and calm as well as updates to our COVID website was maintained. Customer Services' monitoring division conducted annual provider site reviews to ensure compliance standards were addressed and maintained. Staff addressed findings of Health Service Advisory Group (HSAG) audit and areas that needed a plan of correction. Member's experience with services was a continued area of focus. Call abandonment rate of the Access Center and the crisis line ProtoCall was addressed with a plan of correction being met. Staff continue to assess and initiate process improvement efforts with its' Member Experience satisfaction survey program ECHO. The I.T. department assisted Customer Service in the various changes that needed to be addressed in its' Grievances and Appeals MH-WIN modules to enhance its reporting capabilities.</p> <p><b>B. Strategic Plan-Customer Pillar – <i>Deferred to July 8, 2020</i></b> The Chair called for a motion on the Customer Service Quarterly Report. Motion: It was moved by Dr. Tauieg and supported by Mr. Riley, III acceptance of the</p>
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Customer Service Quarterly Report with the Strategic Plan Customer Pillar being deferred to the July meeting. There was no discussion. **Motion carried.**

## X. Chief Clinical Officer's (CCO) Report

Dana Lasenby, Chief Clinical Officer submitted a full report and gave highlights on her Chief Clinical Officer's report. Mrs. Lasenby reported that:

- 1. COVID-19 Response Plan** – Includes maintaining and creating an infrastructure to support a holistic care delivery system with access to a full array of services for individuals to be served at the TCF Field Hospital. There were no admissions. Staff is proactively planning for the next potential resurge of COVID-19 to ensure access, placement and specialized programs for individuals served by DWIHN if TCF is repurposed as a hospital step-down similar to sub-acute crisis/psychiatric hospital/residential program and diversion to inpatient hospitalization.
- 2. COVID-19 & Inpatient Psychiatric Hospitalization** – Showed an increase of 192 inpatient hospitalization for May.
- 3. COVID-19 Intensive Crisis Stabilization Services** – Due to the pandemic and a shortage of mental health resources, specifically crisis services, MDHHS granted provisional approval of Team Wellness Center and Community Outreach for Psychiatric Emergencies (COPE) to provide Intensive Crisis Stabilization services. Team Wellness serviced 193 clients and COPE service 35 clients in the month of May.
- 4. COVID-19 Pre-Placement Housing** – Pre-placement housing provides DWIHN clients with immediate and comprehensive housing and supportive services to individuals who meet the admission criteria and eligibility. Forever Care Home serviced two clients and Detroit Family Homes serviced five clients for the month of May. Due to the COVID emergency, DWIHN is provisionally impaneling the residential providers.
- 5. Residential Services Department report of COVID-19 Impact** – Total number of positives cases from March 30, 2020 to June 2, 2020 were 149 and 30 deaths were reported which is an overall total of 6% of the residential population.  
**COVID-19 Recovery Housing/Recovery Support Services** – Two additional recovery housing/support for individuals with substance use disorder were identified, Quality Behavioral Health (QBH) and Detroit Rescue Mission Ministries (DRMM). QBH serviced 25 clients and DRMM serviced 5 clients for the month of May.
- 6. COVID-19 Urgent Behavioral Health Urgent Care Sites** – Community Care Services, Northeast Integrated Health and The Children's Center offered Urgent Behavioral Health services during the pandemic. Community Care serviced 27 adults, Northeast serviced 10 adults and The Children's Center serviced six (6) youths for the month of May.

The Service Utilization Guidelines for Utilization Management and the Electronic Staff Planning Guide were implemented, effective June 1, 2020.

Staff is working on a testing plan with MDHHS to work with the National Guard to expand and enhance access to COVID testing for residential, SUD and individuals serviced by DWIHN, effective June 20, 2020.

### DISCUSSION/ CONCLUSIONS

	<p>Mrs. Lasenby recommends continuation with the programs and plan going forward for potential research for COVID-19 and as an extension of our crisis continuum.</p> <p>The Chair called for a motion to accept the Chief Clinical Officer’s report.  <b>Motion:</b> It was moved by Dr. Tauveg and supported by Chief Riley to accept the Chief Clinical Officer’s Report. Dr. Taylor opened the floor for further discussion. There was no discussion. <b>Motion carried.</b></p>
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**XI. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>B. <b>BA #17-56 (Revised)</b> – PHC of Michigan One d/b/a Wellplace Michigan Contract Extension – The Chair called for a motion on BA #17-56 (Revised).  <b>Motion:</b> It was moved by Dr. Tauveg and supported by Chief Riley to move BA #17-56 to Full Board for approval. Staff is requesting approval to modify this board action for PHC of Michigan d/b/a Wellplace Michigan. The purpose of this modification is to extend the Wellplace contract an additional three (3) months (July 1, 2020 through September 30, 2020) at an additional cost \$1,792,179.00. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>C. <b>BA #20-12 (Revised)</b> - DWIHN Provider Network System – <i>Listed of providers included in the board action</i> – The Chair called for a motion on BA #20-12 (Revised). <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Carter to move BA #20-12 to Full Board for approval. Staff recommends approval for GT Independence as a Fiscal Intermediary. Due to the current number of fiscal intermediaries and the number of self-determination individuals that DWIHN currently serves, it has been determined that the addition of this provider will assist in meeting the increasing capacity needs. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>D. <b>BA #20-49 (Revised)</b> – Neighborhood Service Organization (NSO) – Omnibus Budget Reconciliation Act (OBRA)/Pre-Admission Screening and Resident Review (PASRR) Contract – The Chair called for a motion on BA #20-49 (Revised). <b>Motion:</b> It was moved by Dr. Tauveg and supported by Mrs. Ruth to move BA #20-49 to Full Board for approval. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XII. New Business: Staff Recommendation(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><b>There was no New Business to review and approve.</b></p>
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**XIII. Good and Welfare/Public Comment**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. <b>TRAILS Program</b> – Provide a comprehensive report that include timeline and allocation of funds	Ebony Reynolds	60 days
2. <b>Children’s Initiatives Quarterly Report:</b> A. <b>MC3 Project</b> - U of M to provide the number of unduplicated numbers and indicate and which point families are dropping out of services.	Crystal Palmer	TBD

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:** 3:13 p.m.

**NEXT MEETING:** Wednesday, July 8, 2020 at 1:00 p.m. *(Virtual Meeting)*



**Detroit Wayne  
Integrated Health Network**

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**AGENDA  
Substance Use Disorder (SUD) Oversight Policy Board (OPB) Meeting  
July 15, 2020  
(10:00AM)  
DWHIH Virtual Meeting with the DWHIH Authority Board**

- I. Welcome
- II. Roll Call
- III. Moment of Silence
- IV. Approval of Agenda
- V. Approval of Board Notes: June 15, 2020
- VI. Public Comment
- VII. Board Reports
- VIII. Old Business
- IX. New Business

(Owens)  
Board Action (20-81)  
SUD Communication Plan

The Communications Department is requesting \$28,002.00 in PA 2 funding for an expanded SUD media campaign. The media campaign will be with the following: Comcast, Fox 2, IHeart Radio, Latino Press, MEAV-TV, and Michigan Chronicle. The media plan will utilize print, radio, television to bring awareness; provide information, education,

**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  
Dr. Cynthia Tauog

Dora Brown, Secretary  
Kevin McNamara





## **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

promote SUD prevention as well as recovery to the viewing audience, it will largely focus on the Opioid Epidemic and the COVID Pandemic. See SUD Communication Plan attachment.

(Owens)

Board Action (20-82)

Community Health Awareness Group (CHAG)

The SUD Department is requesting \$45,000. in PA 2 funds to Community Health Awareness Program (CHAG). CHAG would provide multidisciplinary Risk Reduction, Health Education, Counseling, Testing, Referral and Screening services, involving indirect and direct client care through community health and education for the DWMHA SUD Provider Network. CHAG currently has a contract providing these services for DWIHN, the contract allocation is \$204,282. which does not allow CHAG to meet the needs of our network. CHAG would visit with each treatment provider and their satellites on a routine basis and provide the services listed above to those clients at risk. This increased funding would be from August 2020 to September 30, 2020. The provider would not exceed \$249,282. for the remaining of this fiscal contract year. See attachment CHAG document.

X. Informational

SUD staff updates: Director, Prevention, Treatment and SOR Coordinator

XI. Adjournment

**NEXT MEETING:** Monday, August 17, 2020, 10:00 a.m. – 12:00 p.m.

### **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  
Dr. Cynthia Tauog

Dora Brown, Secretary  
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**Detroit Wayne Integrated Health Network (DWIHN)  
Substance Use Disorder (SUD)  
Oversight Policy Board (OPB) Meeting Notes  
June 15, 2020  
Via BlueJeans  
10:00 am**

**Attendees:** Angelo Glenn, Cynthia Arfken, Tom Fielder, Thomas Adams, Monique Stanton, Kevin McNamara, William Ventola, William Riley, Margo Martin, Jewel Ware and Jim Perry

**Absent:** None

**Authority Staff:** Darlene Owens, Karra Thomas, Judy Davis, Matthew Yascolt, Willie Brooks, Trent Sanford, Brooke Blackwell, Ebony Reynolds, Eric Doeh, Bernard Hooper and Nakia Payton

**Guests:** None

**Welcome**

Dr. Arfken, Vice Chair, called meeting the meeting to order.

**Roll Call**

Roll call was taken by Ms. Owens and a quorum was established.

**Approval of the Agenda**

The Agenda was reviewed with no modifications. A motion was made to approve by Mr. Adams and seconded by Chief Riley. The motion carried, with all SUD OPB members supporting.

**Approval of SUD Board Notes**

The meeting notes from May 18, 2020 were reviewed with no changes. A motion was made by Ms. Martin and seconded by Mr. Adams to approve the meeting notes. The motion carried, with all SUD OPB members supporting.

**Board of Directors**

Bernard Parker, Chairperson  
Dora Brown-Richards  
Kevin McNamara

Dr. Iris Taylor, Vice-Chairperson  
Dorothy Burrell  
William T. Riley, III

Timothy Killeen, Treasurer  
Lynne F. Carter, MD  
Kenya Ruth

Ghada Abdallah, RPh, Secretary  
Angelo Glenn  
Dr. Cynthia Tauog

**Page 23 of 23**

**Willie E. Brooks, Jr., President and CEO**



### **Board Report**

Ms. Stanton submitted her resignation from the SUD Oversight Policy Board. Mr. Glenn and Mr. Brooks thanked her for her hard work and dedication and wished her well on her endeavors.

### **Old Business**

None.

### **New Business**

#### **Board Action 20-80 Ask the Messenger**

The SUD Department requested \$15,400.00 in PA 2 funding for Ask the Messengers (ATM). ATM is a television show that brings awareness, provides information and education, and promotes prevention and recovery to the viewing audience. There will be two 60-second spots on Sundays for 52 weeks and two 28-minute episodes on Covid-19 and Substance Use Disorders to address the DWIHN catchment areas. There was a roll call vote to approve the action. Chief Riley, Ms. Martin, Ms. Ware, Mr. Ventola, Mr. McNamara, Ms. Stanton, Mr. Adams, Mr. Fielder, Ms. Arfken and Mr. Glenn voted to approve. Mr. Perry did not vote. The motion carried.

### **Informational**

Ms. Owens reported on the draft Strategic Plan. The SUD staff provided their monthly reports and answered corresponding questions. Dr. Arfken requested a copy of the Mental Health Strategic Plan, Ms. Owens, and Mr. Doeh will coordinate and provide a copy for the SUD Oversight Policy Board.

### **Public Comment**

No public comment.

### **Adjournment**

A motion was made by Mr. Adams and seconded by Ms. Stanton to adjourn. The motion carried, with all SUD OPB members supporting.

### **Submitted by:**

Nakia Payton



**DETROIT WAYNE INTEGRATED HEALTH NETWORK (DWHN)**  
**Substance Use Disorders – Director’s Report**

**Darlene D. Owens, Director of Substance Use Disorders Initiatives**  
**July 15, 2020**

Update	Status	Updates
<p align="center">Michigan Department of Health and Human Services (MDHHS) SUD FY 20</p>	<p>MDHHS wants DWHN to launch two Safe Syringe Programs (SSP) in Downriver and Western Wayne. These services are considered Harm Reduction services.</p> <p>The effectiveness of syringe service programs is backed by 30 years of evidence. These programs are estimated to be effective at reducing HIV and Hepatitis C incidence by 50% (two-thirds when combined with medication assisted treatment for opioids) SSPs also have demonstrated a benefit to the safety of the community in which people who use drugs reside. They have been associated with a two-thirds reduction in accidental needle stick injury to law enforcement and a 66% reduction in improperly discarded syringes.</p> <p>Syringe service programs have never been shown to be associated with an increase in crime or drug use. Rather, the evidence points to a decrease in drug use with the expansion of these programs. Participants of SSP programs are 5 times more likely to engage, and stay engaged, with substance use disorder treatment than people who inject but do not participate in SSP. Furthermore, participants are 3 times more likely to stop using substances when medication assisted treatment is made readily accessible in conjunction with SSP.</p> <p>Syringe service programs have the potential to significantly impact the overdose epidemic through reducing drug use.</p>	<p>MDHHS would like this implemented October 1, 2020.</p>



	<p>Funding would come from MDHHS, DWIHN would have to use PA2 Funding upon approval for syringes from the SUD Oversight Policy Board. No federal funds can be used for the purchase of syringes.</p> <p>Another Initiative MDHHS has asked DWIHN to provide along with the two health departments in Detroit and out-Wayne County. To use three of our provider mobile units to provide COVID testing in the first phase to Medication Assisted Treatment (MAT) 8 providers in our network and 3 outside of the DWIHN network in Wayne County. Then to provide testing in high risk areas. MDHHS would supply the COVID test, and PPEs. The health department would supply the training to provider medical staff, each provider medical director will monitor these projects and their staff.</p> <p>MDHHS believe they will receive 36.4 million for two years for the State Opioid Response 2 Grant, starting September 2020 ending September 2022.</p>	<p>MDHHS would like this implemented mid July 2020.</p>
<p>Detroit Wayne Integrated Health Network (DWIHN)</p>	<p>DWIHN’s three-year SUD Strategic Plan 2021-2023 was finalized Thursday, July 2, 2020. The plan addressed the following: An epidemiological profile. Data driven goals and objectives; how key decision-making processes and findings undertaken by the SUD Oversight Policy Board are conducted. It has logic models for selecting and implementing evidence-based programs. It describes DWIHNs allocation process derived from input of the SUD Oversight Policy Board for funding. It includes an implementation plan that describes how key prevention, treatment, and recovery services, will be implemented. It contains an evaluation plan and describes process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent manner.</p> <p>SUD RFPs for Treatment and Prevention are under the Procurement Administrators direction and are in the evaluation phase.</p>	<p>Fiscal Years 2021-2023</p> <p>July 2020</p>



	DWIHNs faith based steering committee established a prayer call once a week for 10 minutes on Tuesdays at 6:50 am in lieu of COVID-19.	On-going
MDOC	DWIHN begin accepting MDOC clients for outpatient and residential services April 1, 2020.	Currently DWIHN has 41 community based referred MDOC clients, 21 are enrolled in Outpatient Treatment, 1 enrolled in Medication Assisted Treatment (MAT), 1 in Residential Treatment
Heroin/Opioid Efforts	DWIHN Opioid Use Disorders (OUD) programs in a variety of areas continue to be suspended due to COVID-19: Emergency rooms, drug courts, schools, and jails/prisons, etc.	On-going
PA 2 Update	None	
Synar Update	Synar inspections have been delayed due to COVID-19, they are scheduled to take place July 2020.	On-going
Naloxone Update	DWMHA's Naloxone Initiative program has saved 630 lives since its inception that we are aware of. Again, the saved lives have been under reported. DWMHA only reports those saves that we have documentation to support this initiative. Some law enforcement agencies have been busy with COVID-19 and are unable to turn in their logs.	The SUD department continues to train via remote and bring awareness about this issue.
SUD Licenses	There have been no new licenses for 2020 to report due to working remote. New licenses come through US mail.	On-going
Licensing and Regulatory Affairs (LARA)	No new updates.	
GAIN Assessment Global Appraisal of Individual Needs (GAIN I-Core)  Or  ASAM Assessment American Society of Addiction Medicine (ASAM)	The 10 PIHPs are working on agreeing which uniform biopsychosocial assessment tool to be used. It appears that ASAM will be triple the cost for license per clinician per provider and DWIHN doesn't know if we will have to pay for these licenses or will MDHHS pay. ASAM has no time frame when they will have the adolescent assessment complete.	On-going





	<p>The PIHPs will identify and recommend to MDHHS an assessment tool(s) for use throughout the PIHP's region by August 31, 2020; and Finalize selection of an assessment tool(s) to be utilized and/or accepted by all 10 PIHPs by September 30, 2020. This is contingent upon MDHHS approval. The PIHP must ensure the assessment tool is fully operational by October 1, 2021.</p>	
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## DETROIT WAYNE INTEGRATED HEALTH NETWORK

### Substance Use Disorders Prevention, Treatment and Recovery Management Report for Prevention Services

*Prepared by: Karra W. Thomas, Prevention Services Manager*

### July 2020

Update	Status	Options/ Updates
<b>Prevention Calendar Update</b>	July Awareness Month-Minority Mental Health Awareness Month; Providers participate in Substance Abuse Mental Health Activities virtually. Prevention office shares weekly resources and events by email.	Ongoing support to activities with information is shared with the network
<b>Prevention Providers Meeting</b>	Prevention Providers meeting is being held bi-monthly virtually with updates from DWIHN representatives. The bimonthly meeting covers local, state and federal updates, contractual grant management requirements, and coordinate efforts to strengthen support for innovative and funded services throughout the region and community.	Ongoing
<b>Strategic Planning</b>	Reviewing the providers plans and monthly services for all prevention grant obligations. Wayne County, State & Federal information: SAMHSA is offering Training & Technical Assistance (TTA) Webinars.	
<b>Faith Based Initiatives</b>	<p>DWIHN Faith Based Initiatives is expanding and requests for attending the monthly meeting and the annual conference are increasing. Based on the requests, the faith-based initiative will have a presentation at each monthly meeting to address the needs of the community during this pandemic.</p> <p>DWIHN will meet internally to confirm and finalize the 6<sup>th</sup> annual Wellness Beyond the Walls conference scheduled virtually for August 20-21, 2020.</p> <p>DWIHN's initiative has been invited to regular faith-based webinars.</p> <p>DWIHN are participating in the National Faith Based Alliance and the Partnership Faith Center's Mental Health. DWIHN will have Min. Hodari leading this month's prayer call and are encouraging more faith leaders to join in the 5-minute weekly prayer call every Tuesday at 6:55 am. Here is the information to join the Zoom Meeting  <a href="https://us04web.zoom.us/j/257666001?pwd=NFBzRHhDZlVRb1hFWCtYYnIxNndLdz09">https://us04web.zoom.us/j/257666001?pwd=NFBzRHhDZlVRb1hFWCtYYnIxNndLdz09</a> or type in the following:            Meeting ID: 257 666 001 Password: 211311</p>	The next meeting is 4 <sup>th</sup> Monday of each month; Finalizing the schedule for the virtual conference with presenters

<b>TSC Prevention Workgroup and PFS 2015-2020 Update</b>	<p>TSC meetings are held bimonthly with the Michigan Department of Health &amp; Human Services (MDHHS) and the statewide Prevention Coordinators. PFS 2015-2020 is still expecting great outcomes from the site visit. Providers below presented and have been timely with all requests and the quarterly reports to be provided to MDHHS for reporting. Providers: Love Detroit Prevention Coalition, Taylor Teen Taskforce and Empowerment Zone Coalition, Inc. with Massie &amp; Associates as the evaluator have our region's Community-Level Evaluation Report templates and Quarterly reports are due July 2020.</p>	<p>This is the final year of PFS services, events and activities are ongoing</p>
<b>YATT/ Synar Updates and Meetings</b>	<p>Providers completed their vendor education calls and safe site visits as requested. Prevention office is compiling the Retailer calls/visits inclusive of distribution of Vendor instructions and mandatory signage for display. The Prevention office provides updates to the providers on the SYNAR plan for FY 2020.</p> <p>The Detroit Wayne Tobacco Free Coalition members met and are continuing to work on the objectives and goals for the DWTFC strategic plan. Planning a Wayne county webinar/conference to host by end of the FY 2020.</p> <p>Federal Tobacco 21: updates were discussed at the Youth Access To Tobacco Workgroup (YATTW) Michigan meeting along with details for the next steps for providers and retailers. Preparing certificates to retailers for not selling to minors by coalition and community.</p>	<p>Email and conference call meetings are ongoing</p> <p>Wayne county Synar providers have been updated. We must still comply with MDHHS 18 years and under. The FDA law is under 21.</p>
<b>Michigan Prevention Data System (MPDS)</b>	<p>We are reviewing the changes in the Michigan Prevention Data System (MPDS) to make sure the services are reported as requested by the OROSC virtual prevention services document provided by the Michigan Department of Health &amp; Human Services (MDHHS).</p> <p>The outcomes can be provided upon request from the system. We are in regular contact with each provider regarding system reporting and updating the activities, program and intervention in MPDS.</p>	<p>Ongoing. Next training scheduled virtually with providers this month July 2020</p>
<b>Gambling Disorder Prevention Initiative</b>	<p>Continuing to meet with MDHHS to compile the Gambling prevention curriculum via google docs. Region 7 providers are continuing services virtually to the community. All 3 providers were requested to write about the smoke free casinos. Preparing for quarterly reports and responding to all requests.</p>	<p>Regular meetings continue with MDHHS office</p>
<b>Michigan Coalition to Reduce Underage Drinking (MCRUD) Committee</b>	<p>MCRUD met to address alcohol policy issues. Providers and community coalitions are sending letters to Governor Whitmer, Legislature, Michigan Liquor License Commission and cocktails/spirits to address common drinking areas and expanding delivery. The committee is looking to form three messages.</p>	<p>Regular monthly meetings are ongoing with MCRUD</p>



**DETROIT WAYNE INTEGRATED HEALTH NETWORK**  
**Substance Use Disorders**  
**Prevention, Treatment and Recovery**  
**Management Report for Prevention Services**

	The committee had a discussion around organizing/mobilizing on the tax issue. So far \$1,200 was raised by stakeholder organizations and individuals for the alcohol tax survey.	
<b>Prevention Network - Parenting Awareness Michigan and Michigan Higher Education Network (MIHEN)</b>	Steering committee continues to meet to discuss the annual Parenting Awareness Michigan (PAM) Conference program for 28 <sup>th</sup> annual Parenting Awareness Michigan Conference. Prevention network is the lead on organizing and planning for the November 2021 conference.	Ongoing
	Mobilizing Michigan efforts shared resources and minutes from the last meeting which are available upon request – CARE of Southeastern Michigan, National Council on Alcohol and Drug Dependence (NCADD) and Empowerment Zone Coalition continue to participate.	Information is shared by the Prevention Coordinators & Providers
	<p>Statewide MIHEN Conference: The Intersection Between Alcohol and Other Drugs (AOD) and Mental Health on College Campuses            Friday, July 17, 2020 - 10am-3pm            *MCBAP, Social Work, and CHES Credit Pending*</p> <p><a href="https://www.preventionnetwork.org/preventionprograms">https://www.preventionnetwork.org/preventionprograms</a></p> <p>The DEA released a <u><a href="#">web series on the Prevention With Purpose toolkit</a></u>.</p>	Discussed collegiate prevention materials. For 2021, schools are either moving away from paper handouts or creating their own that is specific to their campus
Wayne Local Leadership	The Local Leadership Group meets bi-monthly and are provided support and information from Substance Use Disorders Initiatives as a partner.	Bi monthly meetings ongoing

**Save the dates:**

Thursday and Friday, August 20-21, 2020: 6th Annual Faith Based Substance Use Disorders Conference- Wellness Beyond the Walls: Wellness Continues

**Spotlight on provider:**

The Youth Connection is listed in the Iowa State Article as one of the only two sites working on the online version of Strengthening Families Program (SFP) 10-14 in the United States with Iowa State. Here is the article that Catheryn M. Hockaday wrote for the May 2020 APUCEN Bulletin #11 - an international science shop bulletin about what we are doing with SFP 10-14 during COVID 19. There are 12 countries featured and SFP 10-14. Here is the link to view the article (pg. 36) -

#SFP1014StrongerTogether

<https://drive.google.com/file/d/1v3mdTG5obysHoPimF4Wlt6BfkQh5815e/view>



## DETROIT WAYNE INTEGRATED HEALTH NETWORK

### Substance Use Disorders – Treatment Report

[www.dwihn.com](http://www.dwihn.com)

[1-800-241-4949](tel:1-800-241-4949)

**Date:** July 15, 2020    **Prepared by:** Judy Davis (Treatment Services Administrator)

*Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending”*

Project/Activity/Event	Status	Follow-up
<b>Gambling Disorder Residential Treatment Program(GDRTP)</b>	<p><b><i>Gambling Disorder in Region 7:</i></b></p> <p>Data presented indicated that the COVID-19 pandemic presented challenges in limiting the agency’s ability to complete Outreach Services for individuals with Gambling Disorders, especially in working with nearby Casinos.</p>	<p>Mariners Inn is searching new methods for obtaining clients for this fiscal year. The agency will begin to work with Parole/ Probation Officers and the Casinos.</p>
<b>SUD Recipient Rights (Received from the Office of Recipient Rights)</b>	<p><b><i>SUD Recipient Rights complaints for the month of January, 2020 are as follow:</i></b></p> <p>Number of Formal Complaints: <b><u>3</u></b>            Number of Substantiated Complaints: <b><u>0</u></b>            Number of Unsubstantiated Complaints: <b><u>2</u></b>            Number of Reprimands: <b><u>0</u></b>            Number of Suspensions: <b><u>0</u></b>            Number of Policy Revisions: <b><u>0</u></b>            Number of Complaints pending <b><u>1</u></b>            Investigations: <b><u>3</u></b></p>	<p>The following complaints were received via the Office of Recipient Rights (ORR) for SUD:</p> <p>Complaints by Provider</p> <p><b>Quality Behavioral Health</b></p> <p>Complaint Finding(s)            No available evidence that any rights were violated</p> <p><b>Jabez Recovery Community Services</b></p> <p>Complaint Finding (s)            Still pending review</p> <p>All SUD Complaints are reviewed with ORR on a quarterly basis: Quarterly Reports are due to ORR by July 15, 2020.</p>
<b>Sentinel Event Report</b>	<p>Per MDHHS, beginning October 1, 2020, Sentinel Event data must be submitted quarterly beginning with first quarter of FY21 (submitted January 15, 2021). The data submitted should include all reviewable incidents as required by MDHHS, including the date it was determined to be sentinel, and the date a root cause analysis commenced.</p>	<p>Ongoing</p>

**Michigan Department of Corrections (MDOC)**

We began servicing the MDOC population on April, 1, 2020 for offenders who meet medical necessity. On a monthly basis the SUD department will provide MDOC Parole Officers a report detailing the offender’s status.

MDOC has requested follow-up with all clients to ensure consistent messaging.

Quarterly reports are prepared and will follow the below date ranges:

- July report: April-June
- October report: July-September
- January report : Oct-December
- April report: Jan-March

**Wellplace Screenings and Number of Calls**

SUD department have reviewed 41 offenders since April, the number of clients enrolled in outpatient treatment totaled 21, 1 client is enrolled in Residential Services and 1 client is enrolled in Medication Assisted Treatment (MAT) Services. The number of offenders with no referral totaled 18.

Wellplace total volume of calls for the month of June, 2020 was 15,042, there was an increase of 808 (5%) from the month of May 2020. The number of individuals determined eligible for SUD services were 1,403, an increase of 166 screenings from the previous month.

Ongoing

**NEW and Expiring Michigan Certification Board of Addiction Professionals (MCBAP) Plans**

*Application process through Certemy*

There were 8 new MCBAP approved plans for the month of June and 0 expiring MCBAP plans for the month of December. The entire certification application and renewal application can now be completed online.

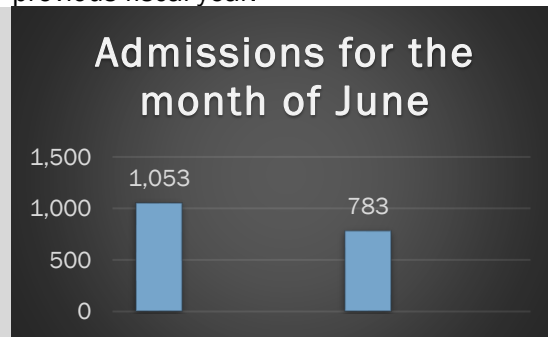
- TimeLine Reviews
- Development Plans 10-14 Business Days
- Renewal Certifications 14-21 Business Days
- Initial Requests 21-42 Business Days

**SUD Admissions**

*Admissions for the month of June 19/20*

Item #	Month/Year	# of Admits
1	June 2019	1,053
2	June 2020	783

Admissions are down by 26% from the previous fiscal year.



Ongoing



**DETROIT WAYNE INTEGRATED HEALTH NETWORK**  
**Substance Use Disorders – State Opioid Response and**  
**State Opioid Response Supplemental – Report**

Matthew Yascolt, State Opioid Response Coordinator  
 July 2020

Update	Status	Options/ Updates
<b>State Opioid Response Activities Update</b>	Additional funding allotted for individual placement and support programming in state opioid response No-Cost request Fiscal Year 2021 No Cost Extension - \$1,197,500 Fiscal Year 2021 State Opioid Response Grant 2 - \$1,585,316 Fiscal Year 2020 State Opioid Response Grant - \$1,312,500 Fiscal Year 2019 Carryforward - \$791,739 (Statewide 17.5M) State Opioid Response Supplemental 1M (6/1/19-9/29/20) – Will roll into no cost extension	Implemented
<b>State Opioid Response Overdose Education and Naloxone Distribution with Harm Reduction</b>	Providers are trained to go out to the community to administer naloxone trainings to our community leaders and members, currently these services are being provided on a web-based platform. Outside of grant requirements providers are creating pre- and post- tests for Naloxone trainings. 2,967 naloxone kits have been distributed with State Opioid Response funding by providers. (16 distributed last month) 20 saves have been reported by State Opioid Response Overdose Education and Naloxone Distribution providers. (1 reported last month) <u>Providers: Community Health Awareness Group, ACCESS, PIAST Institute, The Youth Connection</u>	Implemented
<b>State Opioid Response Youth/Family Oriented Prevention EBPs</b>	Providers have served 2,907 families and individuals using Botvin Lifeskills and Project Toward No Drug Abuse curriculum. Numbers may be duplicated. Currently providers are implementing web based curriculum due to COVID-19. <u>Providers: City of Westland Youth Assistance Program, Central Care Management- Center for Youth and Families, Hegira Health Programs, Mariners Inn</u>	Implemented
<b>State Opioid Response Peers in FQHCs, Urgent Care, and other Out-Patient Settings for Screening Brief Intervention and Referral to Treatment (SBIRT)</b>	Providers are in Henry Ford Wyandotte Hospital ED, Western Wayne Family Health Centers, Wayne County Healthy Communities, and Detroit Community Health Connection- Nolan Family Health Center, and the Osborn Center. Providers have had 550 (14 last month) initial contacts with 335 (8 last month) follow up contacts. Many providers are in a holding pattern – Hegira is fully implementing. <u>Providers: Detroit Recovery Project, Detroit Rescue Mission Ministries-Christian Guidance Center, Growth Works, HEGIRA, Quality Behavioral Health, The Guidance Center</u>	Implemented

<b>State Opioid Response Mobile Care Units</b>	<p>3,141 consumers served by the mobile unit.  947 referrals made to SUD treatment by mobile unit  388 counseling sessions by mobile unit  1,696 drug screens by mobile unit  1,960 peer support activities by mobile unit  419 basic primary care supports by mobile unit  1,098 Naloxone Kits Distributed with State Opioid Response funding by the mobile units  59 naloxone saves reported from naloxone distributed by the mobile units.</p> <p><u>Providers: Abundant Community, Quality Behavioral Health</u></p>	<p>Implemented</p>
<b>State Opioid Response Opioid Use Disorder Treatment</b>	<p>Standard Operating Procedure distributed to providers to begin implementation for SOR expansion funding. A total of 42 consumers with Opioid Use Disorder were served since implementation.</p> <p><u>Providers: Sobriety House, The Guidance Center</u></p>	<p>Implemented</p>
<b>State Opioid Response Jail Based Medicated Assisted Treatment expansion</b>	<p>111 inmates at William Dickerson Detention facility in Hamtramck were served by the jail-based program. Providing peer recovery coach services and Medicated Assisted Treatment and Narcan Training upon transition out of the jail. 35 inmates have been released and are receiving post-release follow up peer supports from provider. Vivatrol is now available for inmates pre-release/reentry. 5 consumers have enrolled in Medication Assisted Treatment.</p> <p><u>Provider: Hegira Programs</u></p>	<p>Implemented</p>
<b>State Opioid Response Government Performance and Results Act Incentives</b>	<p>Government Performance Results Act follow up rates statewide are at 20.2%</p> <p><u>Providers: Quality Behavioral Health, Abundant Community, Sobriety House, The Guidance Center, Hegira Programs, Mariners Inn, Elmhurst House, New Light Recovery, Detroit Rescue Mission Ministries- Christian Guidance Center</u></p>	<p>Implemented</p>
<b>State Opioid Response Recovery Housing</b>	<p>Providers are implementing services to Opioid Use Disorder clients, and updating recovery homes. All providers are in process of receiving Michigan Association of Recovery Residences certification.</p> <p>Providers may use State Opioid Response and State Opioid Response Supplemental funding to repair or upgrade homes.  2/3 providers are Michigan Association of Recovery Residences certified.</p> <p><u>Providers: Abundant, Mariners Inn, New Light</u></p>	<p>Implemented</p>
<b>State Opioid Response Opioid Use Disorder Recovery Services</b>	<p>301 consumers have been served since implementation</p> <p><u>Providers: Elmhurst, Detroit Rescue Mission Ministries- Christian Guidance Center</u></p>	<p>Implemented</p>





**Board of Director's Report**  
**Willie E. Brooks, Jr.**  
**July 2020**

**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 reappointment 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 Council discussed telehealth policies with the courts and how many of the court hearings are now being performed via video conference. It is expected that the process of video conference will continue in the extended future as many judges are adjusting to the process.

The Diversion Council addressed the impacts of COVID-19 to inmates throughout the state of Michigan. COVID-19 testing is increasing in the correction system with increases in positive test results.

The council agreed to provide recommendations to the State as it relates to police reform.

## **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, 36<sup>th</sup> District Court), 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) and Willie Brooks (CEO DWIHN).

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

WCDC is reviewing the impacts of prematurely releasing inmates as the threat of COVID-19 pressures correction systems to release inmates and lower the number of incarcerations.

WCDC is looking at methods of alternative settings for individuals with mental illness. Wayne County currently has 828 inmates, down from +1,400 pre-COVID-19. There are no new reported cases from the previous 83 confirmed cases. The number under quarantine is down to six (6) inmates. There are 1,023 inmates released on tether.

The Council discussed the merits of "Unfunding the Police", along with potential change recommendations in light of the "Black Lives Matter" (BLM) movement. The group agreed to collaborate on a position statement concerning BLM.

The guest speaker was Kevin Fisher of NAMI, who discussed the importance of mental health and suicide prevention.

## **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 announced a proposal, Specialty Integrated Plan (SIP), to promote integration of care within Behavioral Health and Health Care. The plans details are as follows:

- **Preserving the public safety net.** MDHHS announced that their goal is to preserve and strengthen the community benefit system through the current Community Mental Health Service Providers (CMH). Changes will occur to promote consistency of service and benefits throughout the state.
- **Specialty Integrated Plan (SIP).** MDHHS will move to a one payer and one accountable organization. The newly formed SIP will eliminate Prepaid Inpatient Health Plans (PIHP's) and will work directly with health care providers and CMH's on the delivery of integrated care. The newly formed SIP will function as a Managed Care Organization (MCO) system and will be a full risk-bearing entity, which includes the management of profits and losses.
- **Focus on the Specialty Population.** The new program will focus on individuals formerly managed by the PIHP's, but will now include both physical and behavioral care. Individuals outside of the PIHP system will continue service with the Health Plans.
- **Multiple SIP Options.** MDHHS is pursuing 3-5 statewide SIPs that would function simultaneously and provide choice to attract and retain members. The MDHHS plan is to have multiple organizations as SIP's, including public behavioral systems, providers, hospitals, and other care entities. SIP's must be a licensed MCO.
- **Statewide Program.** MDHHS is seeking statewide provider networks to assure consistency of care and choice. CMH's can participate as providers within the SIP structure.

#### **DWIHN Updates:**

- MDHHS currently is pursuing modified versions of the SIP plan
- MDHHS is pursuing options to partner with the PIHP's in building a future for Behavior Health in Michigan
- MDHHS requested a Provider Stabilization Plan, outlining DWIHN's plan for continued service through the COVID-19 pandemic. This assignment was completed June 4, 2020 as indicated by MDHHS and will also require monthly updates. The response included:
  - Members served pre and post COVID-19
  - Provider type totals for Wayne County
  - Funding and expenses trends
  - Funding Priorities
  - Operational Priorities
- MDHHS may select an alternative to SIP. MDHHS asked me to work with them as they evaluate the future structure of Behavior Health.

### **2020 Funding Updates**

#### **Medicaid:**

- Death Audit
  - Potential recovery of \$9 million pending. Currently pushed back another month as MDHHS analyzes the impacts on the audit to the PIHP system. This recoupment would effectively eliminate the \$10 million increase. I discussed

the death audit with MDHHS on Tuesday, June 2, 2020 and expressed DWIHN's concerns with this process of recouping dollars that occurred nearly six years ago which is uncontrollable by DWIHN. MDHHS is taking a serious look at the impacts this recoument has on the PIHP system.

- 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 Tuesday, June 2, 2020 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 pushed back the proposed 7% rate reduction previously scheduled for May 1, to the new fiscal year of October 2020.
- Direct Care Workers (DCW) Hazard Pay
  - MDHHS is passing through a \$2 DCW wage increase for the period of April 1 to June 30. DWIHN will pass those funds to providers once the funds are received. DWIHN is asking providers to promptly bill for eligible services by July 7, 2020.

### **COVID-19 Funding**

- MDHHS announced that \$5 million in additional dollars are designated for the entire PIHP system. DWIHN is receiving approximately \$500,000 of the \$5 million allocation. The one-time payment has a no carryover provision (must be spent this fiscal year or returned)
- Michigan received \$3.873 billion in Federal dollars for COVID-19
- Of the \$3.873 billion received, \$700 million was paid out as required by law. The remaining \$3.1 billion is being held by the legislature with hopes of reallocating funds from direct COVID-19 usage to filling budget gaps. This is the constant conflict between saving human lives and saving economic capabilities.

### **General Fund:**

The 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.

The first year of the reduction, DWIHN lobbied to have a supplemental payment in place to hold DWIHN harmless. That supplemental should carry over to FY 20, which will still create a **\$4.5 million General Fund deficit**.

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
- Providing on-site routine COVID-19 testing for staff
- Determining public access to the building
- A portion of staff are now working out of the Milwaukee location effective Monday, June 1st
- All staff and security working in the DWIHN buildings must receive COVID-19 testing prior to clearing entrance. To date, DWIHN has provided onsite testing for 80 staff members.

## **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:

- Furloughing 10% of the DWIHN staff in result to COVID-19 limitations and changes in work structure. All staff have returned from furlough with no plans for future furloughs at this time
- Currently establishing staff needs in result to COVID-19 changes and future DWIHN functional changes
- Increasing technical infrastructure for remote work requirements
- Review processes learned from offsite processing
  - We must prepare DWIHN for the future of the organization
  - Figure what worked and what didn't work
- Re-examine building requirements
  - New Center One (NCO) needs
  - New Central Building design with spacing and hoteling
  - Online video conference meetings here to stay
  - Preparing for second employee COVID-19 testing
- 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**

For the contract period of FY 2020, current contracts will be carried over. 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. FY 2021 contracting will be based on need and long-term goals of DWIHN. Providers will be provided early opportunities to qualify for FY 2021. This process will start with the SUD network.

### **Provider Issues/Assistance**

- Personal Protection Equipment (PPE)
  - DWIHN is delivering PPE to providers. Items include:
    - Gloves
    - Gowns
    - Mask Surgical N95
    - Sanitizer
    - Covers
    - Cleaning services
    - Thermometers
  - Reviewing the possibility of bulk pricing for providers and DWIHN
  - Shared purchasing of cleaning equipment for self-cleaning for providers and DWIHN
  - Pursue companies with bulk pricing for providers and DWIHN
  - DWIHN anticipates that the need for PPE will be long-term and that DWIHN is only assisting in emergency situations as providers adjust to provide PPE for staff as required by the state mandate
- No Medicaid Reserve build up during the crisis (reviewing monthly expenses and revenues to assure all dollars are used during the crisis)
- Establishing COVID-19 testing for staff at the DWIHN Milwaukee location
- Managing New Operational Guidelines
  - Telehealth guidelines in place
  - Decreased audit requirements
- Paying PMPM for several providers
- Reviewing authorization guidelines
- Accessing Provider Needs for Telehealth Equipment
  - Phones
  - Laptops
  - Internet Connection
  - Training
  - Hotspots
  - IT support
- Referrals: Providers are experiencing difficulty with referrals
  - Shelters
  - Transitional housing
  - Hospitals
  - Hotels

- Looking for ways to better advertise during the crisis to let the public know help is still available. Alcoholism is rising, domestic violence is rising, and the public need to know treatment (SUD) is available
  - Billboards
  - Social Media
  - Radio
  - TV
  - Focus on availability of SUD service
- Financial Provider Assistance
  - Advance Payroll for Government assistance
  - Push back the Provider 7% reduction to October 2020
  - Provide Lump Sum Assistance Payments

### **COVID-19 Impacts to Minorities**

- Issues for increased deaths among minorities:
  - Lack of Social Spacing in cities: #1 issue
  - Culture: Habits on congregating, slowly adapting to cultural changes
  - Economics:
    - Low income families must work in open settings to survive
    - High exposure to direct impact jobs (community workers)
    - Disparity in educational opportunities
  - Lack of access to optimal health insurance and care
  - Pre-existing conditions (diabetes, obesity, etc...)
  - Overcrowded treatment centers

## **Communications**

### **In the Media**

Detroit Free Press - DWIHN Chief Medical Officer Dr. Margaret Hudson-Collins and several Substance Use Disorder providers were interviewed by the Detroit Free Press. The discussion was related to COVID and the mental health services available to people in Detroit and Wayne County.

<https://www.freep.com/story/news/local/michigan/2020/07/06/covid-19-mental-health-clinics-unprecedented-need/3171562001/>

BLAC Magazine - DWIHN was featured in BLAC's article of 10 Mental Health Resources that are available to the community to help them engage in discussions about caring for their mental health.

<https://www.blac.media/health-beauty/10-mental-health-resources>

The Pulse Institute – Full Board and SUD Board Member Chief William Riley was featured in an article on his efforts as a veteran law enforcement official, who has been pushing for a new model in community policing and social transformation.

<https://thepulseinstitute.org/2020/07/02/inkster-police-chief-william-riley-joins-detroits-anti-poverty-think-tank/>



INKSTER POLICE CHIEF WILLIAM RILEY JOINS DETROIT'S ANTI-POVERTY THINK TANK

Community Newspapers - DWIHN partnerships continue with the Michigan Chronicle and the Arab American News. The latest Michigan Chronicle story focuses on the COVID Therapy line, ReachUsDetroit.org initiative.

Page A-4 • michiganchronicle.com • Mi

## COVID-19 Therapy Collaborative Offers Free Behavioral Health Help to Youth & Families

DETROIT, MI --May 20, 2020 – The Detroit Wayne Integrated Health Network (DWIHN) with support from the Ethel and James Flinn Foundation, Skillman Foundation, Community Foundation for Southeast Michigan, and Michigan Health Endowment Fund is launching the first of its kind, the Detroit COVID-19 Therapy Collaborative, which will provide free behavioral health supports and counseling to those who need help. This virtual platform provides access to a safe and private network of behavioral health resources and therapy supports by trained counselors for children and families ages 14 years and older.

"This is a remarkable partnership," said DWIHN President and CEO, Willie E. Brooks, Jr. "I am grateful that other organizations share our passion to reach out to young people and families during these unprecedented times as we try and get a handle on the impact COVID-19 is having on our young people."

The Detroit COVID-19 Therapy Collaborative will launch Thursday, May 21, 2020 and will be available to teens and adults ages 14 years and up through the rest of the year. Individuals will be able to receive up to 12 therapy sessions via phone, tablet or computer. These sessions are with professional counselors to provide screenings, brief interventions and treat-

"We've never experienced this before, we're facing so much uncertainty, and we shouldn't have to do it alone. African Americans have been hit particularly hard" said Executive Director & CEO of the James and Ethel Flinn Foundation Andrea Cole. "This is a trying time for all of us, but especially for young people who may already be struggling with mental health issues such as anxiety, depression, suicidal thoughts, hopelessness or substance use disorder."

An array of comprehensive, culturally responsive supports and counseling services will be available to individuals who live, work or worship in Detroit/ Wayne County. The Detroit COVID-19 Virtual Therapy Collaborative consists of partners within the DWIHN system of care, Development Centers, Inc., Hegira Health Inc., The Children's Center and Starfish Family Services.

To access services, call or text 855-966-3313 or visit [www.ReachUsDetroit.org](http://www.ReachUsDetroit.org)

The Detroit Wayne Integrated Health Network (DWIHN) is the largest and most diverse Community Mental Health system offering integrated health care in Michigan. Through programs and services that utilize promising best practices we promote a community that is supportive and embraces people with mental illness, intellectual and developmental disabilities and substance use disorder. We offer help with Infant Mental Health, Supportive Housing, and Recovery to support self-determination and improve the health, safety and quality of life for nearly 75, 000 people and their families.



Outfront Media – New billboards were created for the ReachUsDetroit.org campaign which can be seen throughout several locations in Wayne County. Several other billboards are up throughout the county including COVID and SUD messages.



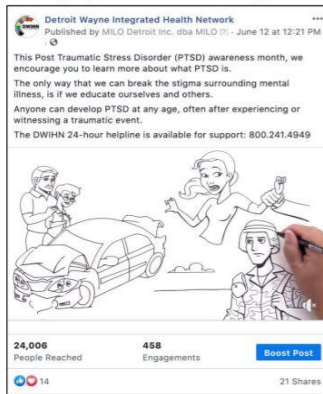




**Social Media**

The top performing posts for June were related to the COVID-19 Therapy Line, overall access to care, Men’s Health Month, and PTSD and depression. Content displaying information about mental health resources during the Coronavirus pandemic performed at average, with 6,658 engagements which is a decrease compared due to engagements returning to normal after a May post performed extremely well. Twitter engagement declined as well. There were also several graphics created that were shared with social media influencers who are trying to engage young people and educate them about the ReachUsDetroit.org campaign.

**Top performing Facebook posts**



**Top performing Twitter posts**



**Television**

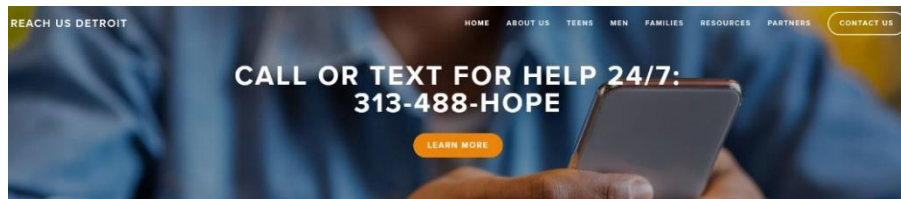
WDIV TV 4 aired a 30-minute “Fulfilling the Dream” special on the anniversary of Detroit’s *Walk To Freedom* 57 years ago, the largest civil rights demonstration in the nation’s history up to that date. The special program about racism in our society and how to make real changes included two DWIHN commercial and billboard placements. Also in June, our

message of teen drinking and driving aired on television and digital. A total of 2,193,599 impressions were recorded for this month.



**Radio**

Beasley, 96.3 WDVD, and iHeart Radio – DWIHN has sixty second ads running promoting the new COVID-19 Therapy Line, ReachUsDetroit.org campaign. Similar messages ran as bonus spots on WDRQ.



Detroit COVID-19 Virtual Therapy Collaborative

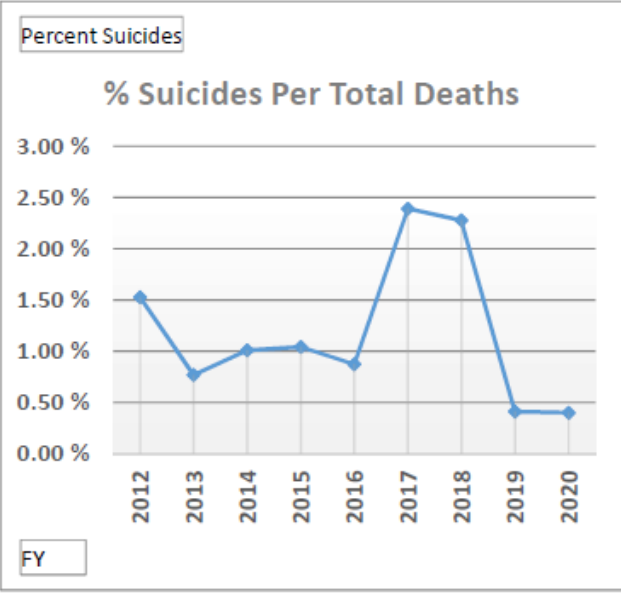
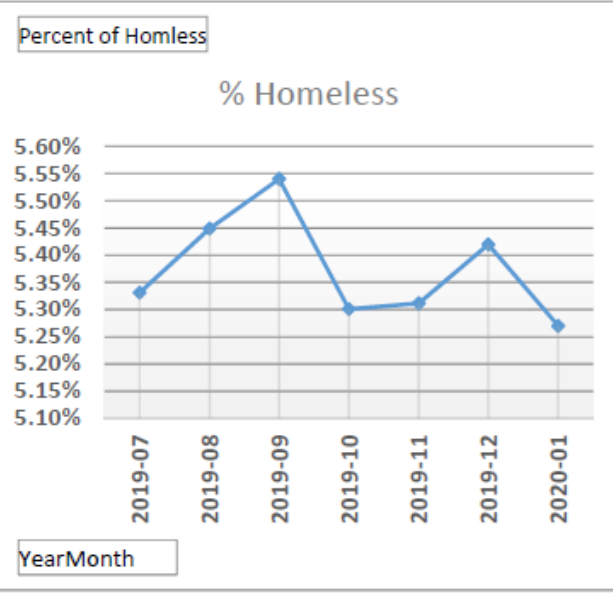
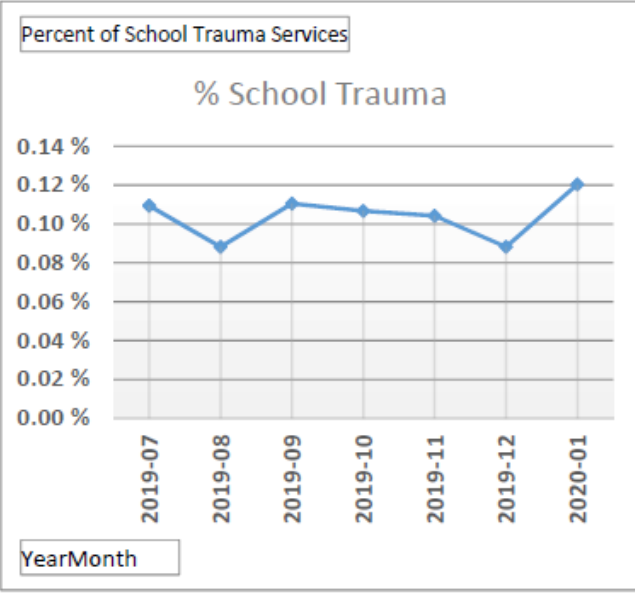
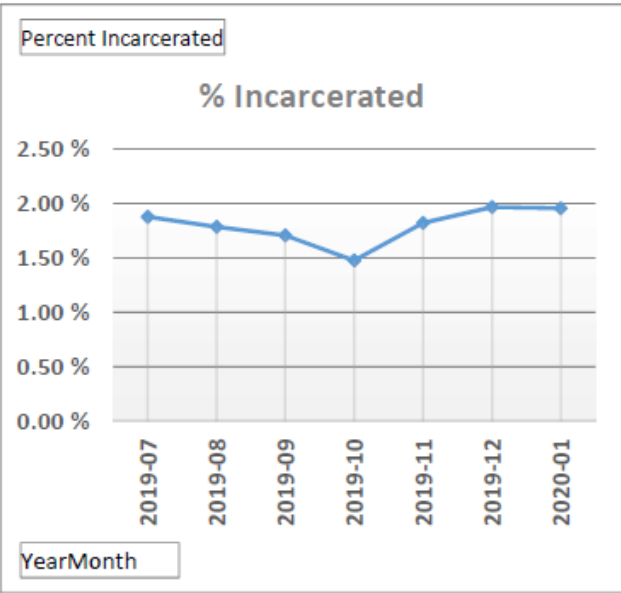
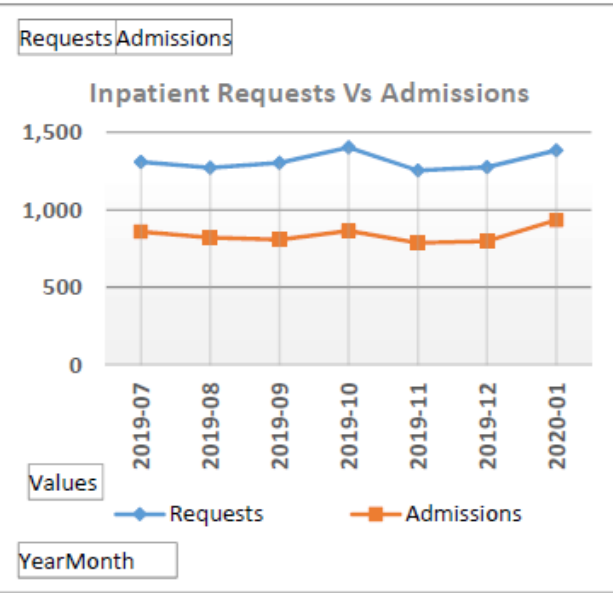
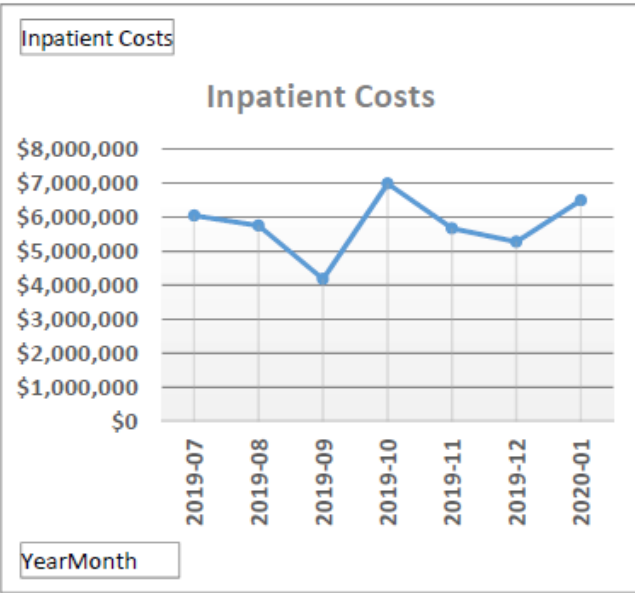
We are a 24/7 collaborative call center coming together to help our community. Our primary focus is to instill hope while focusing on identifying strengths and resiliency in individuals who are often overlooked and underrepresented.

**Community Outreach**

Veteran Navigator Chris Brown was a panelist for Brenda Jones’ Digital Spiritual and Mental Wellness event. He spoke on the effects of PTSD and how DWIHN can assist veterans with the resources they need. Director of Workforce Training and Program Development Andrea Smith was invited by Beasley Radio to be a panelist discussing bridging the gap between the police and citizens when it comes to transparency and accountability. The Customer Service department has also held several “S.O.U.L.S Chat” forums (Supportive, Outreach, Understanding Life Situations) where people we serve can call in and discuss concerns with a caring community.



# Key Mental Health Indicators



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 16-48R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/15/2020

Name of Provider: Services to Enhance Potential

Contract Title: Janitorial Services - S.T.E.P.S

Address where services are provided: 707 W. Milwaukee Detroit, MI

Presented to Program Compliance Committee at its meeting on: 7/8/2020

Proposed Contract Term: 7/31/2020 to 9/30/2020

Amount of Contract: \$ 138,600.00 Previous Fiscal Year: \$ 138,600.00

Program Type: Continuation

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

Date Contract First Initiated: 2/1/2016

Provider Impaneled (Y/N)? N

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

DWIHN Staff recommends contract **(Time Only)** extension for Services to Enhance Potential (STEP) to continue our janitorial services at 707 W. Milwaukee from July 31, 2020-September 30, 2020. Due to the Covid-19 pandemic many vendors were unable to participate in the Janitorial RFP process. With this extension it will allow Facilities and Procurement time to secure a contract that will meet all the CDC building sanitation guidelines and regulations as well our future building needs.

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

Source of Funds:

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
Various	\$ 138,600.00	\$ 138,600.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	<b>\$ 138,600.00</b>	<b>\$ 138,600.00</b>

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? Y

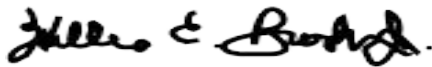
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, July 1, 2020

Signed: Wednesday, July 1, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 16-48R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

Name of Provider: Services to Enhance Potential

Contract Title: Services to Enhance Potential (STEP)

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 2/5/2020

Proposed Contract Term: 2/1/2020 to 6/30/2020

Amount of Contract: \$ 24,375.00 Previous Fiscal Year: \$ 138,600.00

Program Type: Continuation

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

Date Contract First Initiated: 2/1/2016

Provider Impaneled (Y/N)? N

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

DWIHN staff recommends contract extension for Services to Enhance Potential to continue our daily janitorial services at 707 W. Milwaukee from February 1, 2020-June 30, 2020. The contract expired on January 31, 2020 and there is approximately \$19,375.00 remaining on the current blanket order. To ensure for any unexpected costs, we are requesting an additional \$5,000 for the total extension to not exceed the amount of \$24,375.00. The requested time period will allow us to meet the procurement requirements in securing bids for building cleaning services.

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

**See Board Portal for additional information (Y/N)?** Y *(Indicate all that apply)*

Scope of Service and/or Statement of Work ; Program Information ; Outcome Data/Quality Concerns ; Procurement Information

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
All funding sources	\$ 24,375.00	\$ 24,375.00
	\$	\$
<b>Total Revenue</b>	\$ 24,375.00	\$ 24,375.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? Y

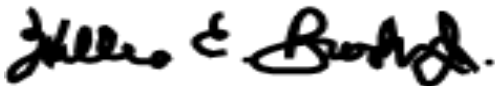
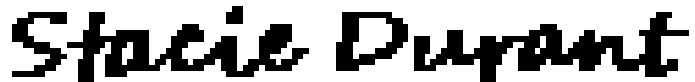
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Wednesday, February 5, 2020

Signed: Tuesday, February 4, 2020

**Board Action Taken**

The following Action was taken by the Full Board on the 15<sup>th</sup> day of July, 2020.

- Approved
- Rejected
- Modified as follows:

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

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: July 15, 2020

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 18-32R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/15/2020

Name of Provider: Milo Detroit Inc.

Contract Title: Milo Detroit

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 7/1/2020

Proposed Contract Term: 10/1/2017 to 9/30/2018

Amount of Contract: \$ 68,116.66 Previous Fiscal Year: \$ 57,800.00

Program Type: Modification

Projected Number Served- Year 1: 100,000 Persons Served (previous fiscal year): 80000

Date Contract First Initiated: 10/1/2017

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 is a modification to BA 18-32R to close out the 2018 contract on a previous PO. There is an outstanding balance of \$4,816.66.

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

**See Board Portal for additional information (Y/N)?** N *(Indicate all that apply)*

Scope of Service and/or Statement of Work ; Program Information ; Outcome Data/Quality Concerns ; Procurement Information

Source of Funds:

Fee for Service (Y/N): N

Revenue	FY 17/18	Annualized
Multiple	\$ 68,116.66	\$ 68,116.66
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 68,116.66	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.901000.00000

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: Wednesday, June 10, 2020

Signed: Wednesday, June 10, 2020

**Board Action Taken**

The following Action was taken by the Full Board on the 15<sup>th</sup> day of July, 2020.

- Approved
- Rejected
- Modified as follows:

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

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: July 15, 2020

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 20-24R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/15/2020

Name of Provider: Outfront Media Inc.

Contract Title: Outfront Media

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 7/1/2020

Proposed Contract Term: 10/15/2019 to 10/15/2020

Amount of Contract: \$ 201,200.00 Previous Fiscal Year: \$ 200,000.00

Program Type: Modification

Projected Number Served- Year 1: 2,000,000 Persons Served (previous fiscal year): yes

Date Contract First Initiated: 10/15/2019

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).

This is a modification to BA 20-24 to close out the contract on the previous PO. There is an outstanding balance on a 2019 invoice of \$1,200.

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

Source of Funds:

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
General Fund	\$ 201,200.00	\$ 201,200.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	<b>\$ 201,200.00</b>	<b>\$</b>

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

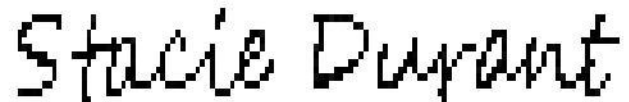
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, June 26, 2020

Signed: Wednesday, June 24, 2020

**Board Action Taken**

The following Action was taken by the Full Board on the 15<sup>th</sup> day of July, 2020.

- Approved
- Rejected
- Modified as follows:

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

- Tabled as follows:

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Signature: Lillian M. Blackshire  
Board Liaison

Date: July 15, 2020

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