



Detroit Wayne Integrated Health Network

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FULL BOARD
Wednesday, May 15, 2024
Detroit Wayne Integrated Health Network
Administration Building - 1st Floor Boardroom
8726 Woodward Ave.
Detroit, Michigan 48202
1:00 p.m.
AGENDA

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES – April 17, 2024**
- VI. RECEIVE AND FILE –** Approved Finance Committee Minutes – March 6, 2024 & April 3, 2024
Approved Program Compliance Committee Minutes – April 8, 2024
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. PLANTE MORAN PRESENTATION-FY23 AUDIT REPORTS**
- IX. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Full Board Meeting – Date Change – Thursday, June 20, 2024
 - 2) Update NATCON 24 Conference – April 15th-17th 2024 St. Louis, MO
 - 3) Regional Chamber of Commerce 2024 Mackinac Policy Conference – Mackinac Island, Michigan (May 28th- 31st, 2024)
 - 4) National Council on Wellbeing - Hill Day – June 5th & 6th 2024 – Washington, DC
 - 5) Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference – June 11th & 12th 2024 – Grand Traverse, Michigan (Elections)
 - 6) Community Mental Health Association of Michigan (CMHAM) Annual Fall Conference – October 21st & 22nd 2024 – Grand Traverse, Michigan

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Kevin McNamara, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

Eric W. Doeh, President and CEO



B) Executive Committee

- 1) Update Annual Meeting – July 17, 2024
- 2) Metro Region Meeting – Detroit Wayne Integrated Health Network - Hosts
- 3) Board Study Session – (July & October 2024)
- 4) Budget Hearing – Joint Finance and Program Compliance Committee Meeting – (August 7, 2024)

C) Finance Committee

D) Program Compliance Committee

E) Recipient Rights Advisory Committee

X. SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

XI. UNFINISHED BUSINESS

Staff Recommendations:

- A. BA#21-28 (Revision 2) Janitorial Services, Services to Enhance Potential (STEP) *(Executive)*
- B. BA#23-60 (Revision 3) Security Services, Sterling Security *(Executive)*
- C. BA#24-07 (Revision 5) – Detroit Wayne Integrated Health Network (DWIHN) FY2023-2024 Operating Budget *(Finance)*
- D. BA#24-18 (Revised) – PCE – MHWIN Additional Modules *(Finance)*

XII. NEW BUSINESS

Staff Recommendations: None

XIII. AD HOC COMMITTEE REPORTS

- a. Policy/Bylaw Committee
- B. Strategic Plan Committee
- C. Board Building Committee

XIV. PRESIDENT AND CEO MONTHLY REPORT

- A. Update Crisis Care Center
- B. Update Provider Stability Plan
- C. Update Integration Pilot
- D. Update Long Term Residential Care – Detroit Wayne Integrated Health Network Partnership Presentation

XV. PROVIDER PRESENTATION – Ruth Ellis Center

XVI. REVIEW OF ACTION ITEMS

XVII. 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).

XVIII. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD
Meeting Minutes
Wednesday, April 17, 2024
1:00 p.m.**

BOARD MEMBERS PRESENT

Dr. Cynthia Tauzeg, Chair
Kevin McNamara, Vice Chair
Eva Garza Dewaelsche, Secretary
Karima Bentounsi

Lynne F. Carter, M.D.
Commissioner Jonathan C. Kinloch
Bernard Parker
Kenya Ruth

BOARD MEMBERS ATTENDING VIRTUALLY: Ms. Angela Bullock

BOARD MEMBERS EXCUSED: Ms. Dora Brown, Mr. Angelo Glenn, and Mr. William Phillips

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD EXCUSED: Mr. Thomas Adams, Chair, Substance Use Disorder Oversight Policy Board

GUEST(S): Ms. Darcel Lawrence, President and CEO and Ms. Rotesa Baker, Chief Clinical Officer – Wayne Center

CALL TO ORDER

The Board Chair, Dr. Tauzeg, welcomed and thanked everyone for attending the meeting and called the meeting to order at 1:04 p.m.

PASSING OF THE GAVEL CEREMONY:

The Board Liaison, Ms. Blackshire noted that before the Full Board started the board would be performing their passing of the gavel ceremony which Mr. Parker would be officiating. The public was thanked for allowing the board this opportunity.

Mr. Parker noted that this was an honor as a past Chair to perform this ceremony and introduce our immediate past chair and our newly elected chairperson. This ceremony is one that is done at each meeting when we have a new chairperson and that it is an honor to not only perform the ceremony, but to perform the ceremony in our new facility. Ms. Ruth noted that it has been an honor to work with Dr. Tauzeg and that it would be an honor to serve as the immediate past chair and offered her congratulations. Dr. Tauzeg noted that it was an honor to have the support of Ms. Ruth and noted that without her support and the support of each and every board member she would not be here today. Dr. Tauzeg acknowledged the board, noted how proud she was of the board, the fact that she has been on the board for more than 10 years and that DWIHN is filling a lot of gaps with services and that we are becoming a premier and national leader in the country of behavioral healthcare. She also noted that there is a great need for services such as crisis care and that together as a board, our CEO, Mr. Doeh, each of us, and the entire team we can accomplish a lot. There is still more work to be done. She thanked everyone for their support.

ROLL CALL

Roll call was taken by the Board Secretary, Ms. Eva Garza Dewaelsche and a quorum was present. It was noted for the record that Ms. Bullock was joining the call virtually. .

APPROVAL OF THE AGENDA

The Board Chair called for a motion on the agenda. **It was moved by Commissioner Kinloch and supported by Ms. Ruth approval of the agenda with the following changes: item X. Utilization Management (UM) Program Evaluation FY23; item XI. Unfinished Business Staff Recommendations; and item XII. New Business Staff Recommendations be moved and taken after item VIII. Board Committee Reports.** There was no further discussion. **Motion carried, agenda adopted with changes.**

MOMENT OF SILENCE

The Board Chair, Dr. Taueg, called for a moment of silence. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes from the Full Board meeting of March 20, 2024. **It was moved by Ms. Ruth and supported by Commissioner Kinloch to approve the Full Board minutes of March 20, 2024.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Program Compliance Committee meeting of March 13, 2024 were received and filed.

ANNOUNCEMENTS

Network Announcements

Ms. T. Devon, Director of Communications reporting. It was reported that tomorrow the Children's Center will be holding their fatherhood conversation which includes male caregivers and fathers and getting them involved in mental health and substance use conversations. The event is scheduled from 4:00 p.m. to 6:00 p.m. There is also a Veterans Benefits affair which will be held on April 23rd from 10:00 am. to 2:00 p.m. There is also a conversation for parents of children who have Autism on April 25th from 10:00 a.m. to 11:30 a.m. This is a DWIHN sponsored event and will be held virtually. The board was encouraged to share the information with their colleagues and networks. It was noted that all the information could be found on the DWIHN application. Also, Mental Health Awareness Day and month is right around the corner and will be held on Saturday, May 11th from 11:00 a.m. to 3:00 p.m. at the City of Detroit Play facility located at 19320 Van Dyke, Detroit, Michigan. There will be a silent disco, horses, a DJ; food trucks; mobile video games, mobile bowling and will be a big bash. All were invited to attend.

Board Announcements

The Chair called for any board announcements. There were no board member announcements.

BOARD COMMITTEE REPORTS

Board Chair Report

Dr. Taueg, Chairperson gave a verbal report. It was reported that the Board Committee appointments are in the packet and are effective as of April 1st we maintain our current or previous assignments during the month of April as part of the transition. The Chair noted that if there were questions, they could be directed to her or the board liaison. The Regional Chamber of Commerce Policy Conference is coming up and will be held on Mackinac Island. There are a number of board members that will be attending, and the conference is scheduled from May 28th through 31st and we will be speaking to individuals about the good work we are doing as well as doing some advocacy work that is to come.

Hill Day is coming up and will be held June 5th and 6th in Washington, DC; currently there are two board members that are potentially planning to attend. We are looking forward to hearing back from them once the event has taken place.

The Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference is scheduled for June 11th and 12th in Grand Traverse, Michigan. There are some elections that will occur and there are currently five board members that have indicated their intent to attend. The Community Mental Health Association of Michigan (CMHAM) Annual Fall Conference is scheduled for October 21st and 22nd in Grand Traverse, Michigan and there is one board member, Ms. Bentounsi that has expressed interest in attending. The Chair noted that we will be represented at each event. There was no further discussion on the Board Chair report. The report of the Board Chair was received and filed.

Executive Committee

The Board Chair, Dr. Taueg reported the Annual Meeting has been scheduled for Wednesday, July 17th with the location to be determined. Board members were encouraged to mark the date on their calendars, as it should be a very good meeting. It was also mentioned that the Annual Meeting could be held here in our beautiful new facility. There was no further discussion. The Executive Committee Report was received and filed.

Finance Committee

Mr. McNamara, Vice Chair of the Finance Committee, provided a verbal report on behalf of Ms. Brown, Chair and Treasurer, who was excused from the Full Board meeting. It was reported the committee met on Wednesday, April 3, 2024. Cash flow is very stable at DWIHN and is projecting that way through the end of the year. The bank has begun its appraisal of the two buildings to convert the loan based on 75% of the appraised values. At such time, the \$21 million held in the cash collateral account will be released and deposited into the ICS account. Expenses that were incurred but not recorded were being carried at \$360 million; however actual payments were approximately \$298 million, the \$62 million will continue to be carried awaiting claims to come in. Autism, Children Services, Adults and Intellectually Developmentally Disabled Services have come in \$26 million above budget. This is partially due to timing of the budget and billing and partially due to increased expenses and needs in these areas as compared to budget and the good news is DWIHN will again be increasing rates by \$0.16 for overtime related to hazard pay which will be in addition to the \$1.00 given last year. There was no further discussion. The Finance Committee Report was received and filed.

Program Compliance Committee

Dr. Carter, Committee Vice Chair provided a verbal report. It was reported the committee met on Wednesday, April 10, 2024 and a quorum was present. Dr. Taueg thanked Dr. Carter for Chairing the committee meeting for the month of April. There were follow up items from a previous meeting regarding the Children's Initiative; the Customer Service quarterly report and the DWIHN population assessment was provided. It was noted that Children's Initiative had an annual event which was very successful and was at capacity; representatives from the State of Michigan were in attendance and it was also streamed live on Facebook, and they are actively working with the Communications team to keep that event first and foremost as a winning event. A report was received from Corporate Compliance, it was important to note that each department is stretched; the number of referrals is steady and increasing and everyone has to fully participate to meet the demand. The department has been approved for additional staff, which is not only necessary but will make a difference and they are using a third party, so all the audits are being met within the necessary timeframes. There were six board actions which were all recommended to move forward for approval by the Full Board and the quarterly reports from Adults Initiative, PIHP Crisis Services; Managed Care Operations; and Utilization Management were all comprehensive and responsive to questions and are all moving forward. There was no further discussion. The Program Compliance Committee report was received and filed.

Recipient Rights Advisory Committee

Dr. McCalister, Director of Recipient Rights reported on behalf of Mr. A. Glenn, Chair, Recipient Rights Advisory Committee (RRAC) who was attending the NATCON 24 Conference in St. Louis Missouri and reported the Recipient Rights Advisory Committee did not meet during the month of April and there was no report.

UTILIZATION MANAGEMENT (UM) PROGRAM EVALUATION FY23

The Utilization Management (UM) Program Evaluation FY 23 was presented at the Program Compliance Committee meeting held on Wednesday, April 10, 2024. A PowerPoint presentation was provided for the record and in the Board Agenda Packet. Ms. L. Wayna, Director, Utilization Management reporting. The presentation included the demographics of the unique members served for fiscal year 2022 and 2023 along with the percentages of those covered with General Medicaid, General Fund; MiHealth Link; Block Grant and State Disability Assistance. It was noted the members served for fiscal year 2023 was incorrect and the correct number should be 123,000. Discussion ensued regarding the corrected number and reporting in the past. The Board requested a listing by community of how many people are being served in each of those communities. The Utilization Management Goals for FY23 Strategic Plan Pillars was provided to the board. It was noted that the goals under the Customer Service Pillar were all met; and the goals under the Access Pillar were met; it was noted that much of the goal centered around the enrollments for the HSW waiver supports, and data was shared with the Board. It was reported that we had about 93% in the beginning of fiscal year 23 and at the end of fiscal year 23 we were at 97.2% enrollment and there has since been an increase and we are closer to the 100% mark now, however, our goal was 95% which we did meet. It was reported that the goals under the Finance Pillar were partially met; this looked at our over and underutilization data and while we did begin to look at that data during the fiscal year we had not finished planning for and implementing plans to monitor our CRSP's; more information and updates will be provided at the Program Compliance Committee. The goals under the Workforce Pillar were met through our use of our interrater reliability process; there were 118

participants tested which are all utilization management authorization decision makers, either as delegates through our screening entities or internally through our UM department and were tested annually during fiscal year 2023; all 118 folks did successfully pass the test that was utilized. The Quality Pillar goal was reported as partially met. This goal centered around our timeliness of compliance with regulations of authorization dispositions. There was some lack of timeliness during fiscal year of 2023 as previous data pulled was incorrect and our numbers were not showing and reflecting correctly; that error has been corrected. We did find we were lower in compliance than we wished, which is why the goal was partially met and we will continue to work on it. An internal departmental performance improvement plan has been implemented and since this slide and evaluation was prepared the number has come up quite a bit and we are looking forward to the number being much better in fiscal year 2024. An overview of the goals for fiscal year 2024 was provided which were to increase compliance of timeliness of authorizations; a goal has been set for 90% however, the State goal is 95% we are at 77% therefore 90% seems reasonable. A goal has been set to address the over and underutilization trends with the provider network; more concrete information will be provided at the Program Compliance Committee meeting in a couple of months. We will also participate in assisting the network and achieving the Michigan Mission Based Performance Indicator (MMBI) of 15 or less of hospital recidivism, and the quarterly standard for both our adults and children; the last goal is to maintain our habitation waiver services enrollment at or above 95%. There was no further discussion. The Chair, Dr. Taueg called for a motion. **It was moved by Commissioner Kinloch and supported by Ms. Garza Dewaelsche approval of the Utilization Management (UM) Program Evaluation FY23 with the correction made to the members served from 72,000 to 123,000.** There was no further discussion. **Motion carried.** The Board thanked the Utilization Management department for the report and the department will send a corrected PowerPoint to the Board Liaison for dissemination to the Board.

UNFINISHED BUSINESS

Staff Recommendations:

- A. BA#23-61 (Revision 2) – Hotel St. Regis Board Meeting Space. The Chair, Dr. Taueg called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Parker approval of BA#23-61 (Revision 2).** M. Maskey, VP of Facilities reporting. The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of BA#23-61 (Revision 2) to modify/extend the existing contract with the Hotel St. Regis to hold offsite DWIHN Board and Committee meetings through March 31, 2024. As we finalized construction at our Woodward Building, it became necessary to extend our contract for additional dates in March 2024. The total cost of the new agreement is \$5785.00 for the period 3/1/2024 through 3/31/2024. This is the final revision to the agreement as board meetings will be held at the new Administration Building effective April 1, 2024. There was no further discussion. **Motion carried.**
- B. BA#24-06 (Revision 5) Detroit Wayne Integrated Health Network (DWIHN) Provider Network System FY23/24 – Additional Providers. Ms. R. Williams, Director of Contract Management reporting. This board action is requesting the addition of the following three (3) Providers to the DWIHN provider network. The three residential providers are Genuine Home Care (credentialed 2/13/2024); Life Chore Services Limited Liability Company (credentialed 1/30/2024); Cita Angels (Staffing Agency-credentialed 3/12/2024). In addition, BA#24-06 (Revision 4) inadvertently omitted mobile crisis services from Hegira as part of the RFP award in the narrative section, however the dollar amount was included. BA#24-05 (Revision 5) requires no budget increase due to the reallocation of funds within the total budget. DWIHN is requesting approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2024. This will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness; Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders. The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are

estimated based on prior year's activity and are subject to change. Discussion ensued regarding the omission of mobile crisis from the prior board action which was noted as a clerical error; the difference between a service and provider, and that corrections should be a separate board action instead of being included on a board action which is adding new providers. There was no further discussion. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Dr. Carter approval of BA#24-06 (Revision 5) Detroit Wayne Integrated Health Network (DWIHN) Provider Network System FY23/24 – Additional Providers; BA#24-12 (Revision 2) Tobacco-Free Policy Pilot Project; CHESS Recovery Pilot Project; Sobriety House Pilot Project and Annual Interfaith Based SUD Conference and BA#24-14 (Revision 1) Multicultural Integration Programs and DWIHN Veteran Navigator as these board actions had been vetted by the Program Compliance Committee.**

C. BA24-12 (Revision 2) – Tobacco-Free Policy Pilot Project; CHESS Recovery Pilot Project; Sobriety House Pilot Project and Annual Interfaith-Based SUD Conference. This Board action is requesting the approval for four initiatives for a total amount of \$436,000 in PA2 and \$99,000 in block treatment funds, respectively for a total amount of \$535,000. The following details the requests: (1) \$50,000 in PA2 funds to support the 10th Annual Interfaith Based “Wellness Beyond the Walls” Conference. The conference provides faith-based leaders with an opportunity to connect with educators, researchers, and professionals to address real concerns related to substance use disorders and mental health. This initiative is in collaboration with Leaders Advancing Healthy Communities (LAHC). (2) \$350,000 in PA2 funds to allocate for the Sobriety House and Detroit Medical Center (DMC) Screening Brief Intervention to Treatment (SBIRT) initiative. This initiative has been a lifeline for members identified as at risk for SUD problems, and the peers providing support to the community and members served in the emergency department (ED) and Federally Qualified Health Centers (FQHCs) have been invaluable. (3) \$36,000 in PA2 funds for CHESS Health to pilot a program to improve recovery outcomes made available through the Connections app, backed by CHESS Health 24/7 peer engagement team. The allocation is for FY24 and FY25. (4) through block grant treatment funds, the Michigan Department of Health and Human Services (MDHHS) will be partnering with three sites, (Growth Works, National Council on Alcoholism and Drug Dependence and Hegira Health Inc.) to develop and implement a tobacco-free policy facility wide. The project will offer training, technical assistance, and best practices. The total amount for each pilot site will be \$30,000.00 (\$90,000.00 for all three sites; plus \$9,000 for indirect) starting May 1st for a total of \$99,000.00. Treatment services will be funded with Federal Block Grant dollars (\$5,726,383) and PA2 funds (1,764,100), together totaling \$7490,483 for the fiscal year ended September 30, 2024. DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to an amount not to exceed \$7490,483.00. There was no further discussion.

D. BA#24-14 (Revision 1) Multicultural Integration Programs and DWIHN Veteran Navigator. Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to amend the original board action for Comprehensive Services for Behavioral Health 2024 with the Michigan Department of Health and Human Services (MDHHS). This fiscal Year 2024, there is a one-time increase in the budget for the Multicultural Integration Programs in the amount of \$75,083.00. The additional funding is a result of dollars that were carried over in the previous fiscal year. The additional funds will be allocated to American Indian Health and Family Services (AIHFS), Community Health and Social Services Center (CHASS); Southwest Counseling Solutions (Hispanic and Veterans). This amendment does not include an increase for Association of Chinese Americans and DWIHN Veteran Navigator as there were no carryover funds from prior year. Revenue for these services are supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of the proposed term of this Memorandum of Understanding is October 1, 2023, through September 30, 2024 and will not exceed \$836,920.00. There was no further discussion. **Motion carried.**

NEW BUSINESS

Staff Recommendations:

- A. BA#24-60 Michigan Consortium for Healthcare Excellence (MCHE) The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Parker approval of BA#24-60 Michigan Consortium for Healthcare Excellence (MCHE); BA#24-61 – City of Detroit Co-Response Partnership Training and BA#24-63 Western Wayne Therapeutic Recreation as these board actions were vetted by the Program Compliance Committee.** This board action is requesting a renewal of a three year contract to the Michigan Consortium for Healthcare Excellence (MCHE) in the amount of \$130,000 per year, or \$390,000 for the full contract. This three year contract will cover FY's 2025, 2026 and 2027. The amount is estimated based on prior year costs and actuals may differ. In addition, an exigent memo was prepared to request \$1,900 for coverage of an outstanding balance to this vendor from the previous contract. The total amount being requested is not to exceed \$391,000.00. DWIHN is a member of MCHE, as are the other ten PIHPs. MCHE has a contract with MCG to provide the nine out of the ten PIHPs with a utilization management software tool called Indicia. This software is a clinically validated and evidence-based tool for clinical decision-making. The amount of the contract is allocated amongst all 9 PIHP's based on covered lives in each region. There was no further discussion.
- B. BA#24-61 City of Detroit Co-Response Partnership Training. This board action is requesting the approval to receive and expend funds from the City of Detroit for CIT training for an amount not to exceed \$488,000 for the period 2/6/24 through 6/30/25. The City of Detroit receive funds from the American Rescue Plan Act (ARPA) and has entered into agreement with DWIHN via a competitive bid process to satisfy specific training needs. We will enter into several comp source agreements for the period of 2/6/2024-6/30/2025 with vendors to execute the approved project. Mental Health First Aid for Public Safety which requires a special certification to instruct, and Crisis Intervention Team (CIT) Training are the models. DWIHN will provide training focusing on de-escalation and connecting individuals to care through education. The list of proposed instructors is attached. Although the funds are federal, DWIHN is considered a contractor and therefore is not required to report the expenses on our annual Schedule of Federal Awards (SEFA). Funds can be reallocated between providers up to an amount not to exceed \$488,000. 00. There was no further discussion.
- C. BA#24-63 Western Wayne Therapeutic Recreation DWIHN is requesting approval to enter into an agreement with the Charter Township of Canton through the Townships Department of Leisure Services – Therapeutic Recreation, in an amount not to exceed \$75,000 for the period of April 1, 2024 through September 30, 2024 to provide programs and opportunities for individuals with disabilities residing in Western Wayne County. The program is available for funding through 45CFR 158.150 health and wellness. The widely recognized benefits to people with disabilities, including those with intellectual and or developmental disabilities, involve participation in ongoing and regular skill-building and therapeutic recreational activities. The Therapeutic Recreation Program specifically provides positive and appropriate skill-building and leisure services to individuals with disabilities including intellectual and developmental disabilities (IDD), Serious Emotional Disturbance (SED), and Serious Mental Illness (SMI) within Wayne County. There was no further discussion. **Motion carried.**
- D. BA#24-65 – Purchase of Property -8642 Woodward Ave. Detroit (Catholic Charities of Detroit) The Chair called for a motion. **It was moved by Ms. Garza Dewaelsche and supported by Commissioner J. Kinloch approval of BA#24-65 Purchase of Property 8642 Woodward Ave. Detroit (Catholic Charities of Detroit).** This board action is requesting the approval to purchase the property located at 8642 Woodward, Detroit, Michigan 48202 (adjacent to DWIHN's Administrative Building), from Catholic Charities of Southeast Michigan for an amount not to exceed \$620,000.00 DWIHN is

awaiting the independent appraisal and will negotiate further (if necessary) based on the valuation. DWIHN will utilize local funds to purchase the building. As DWIHN is continuing to expand its presence and access to patient care by providing direct behavioral health care services. It should be noted that DWIHN is already the owner of the parking lot located behind this building. This location will serve as the main site for DWIHN's direct behavioral health services. Services will include but will not be limited to outpatient therapeutic behavioral health services, case management, psychiatry, medication management and peer support services. These services will cover gaps in care for community mental health eligible beneficiaries and will support DWIHN in satisfying its contractual obligation to meet performance indicator benchmarks established by MDHHS. The population served will be children and adults who meet eligibility for community mental health service and choose DWIHN as their behavioral health provider to deliver services. It was noted this board action had been reviewed by the Executive Committee. Discussion ensued regarding this item being discussed at the Building Committee and was moved forward for approval to the Executive Committee, however a legal opinion was requested in regards to zoning and there is one from our law group. It was noted that the research was done by Ms. N. Hunter of the Allen Law Group and was not present at the meeting. An explanation of the opinion was requested by the Board. Ms. Y. Turner, VP of Legal Affairs noted that privilege needed to be waived prior to the opinion being discussed in the public. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. McNamara to waive privilege as there was no classified information in the opinion.** There was no further discussion on waiving privilege. **Motion carried.** Ms. Turner noted that she did not do the research either on the opinion as well. Discussion ensued regarding the opinion with Ms. Turner providing information which noted that opinion indicates the business is zoned for what it is that we would like to do there. As with any facility in the city of Detroit a site plan must be submitted, and they do not see why we would have an issue once the site plan is submitted; however that particular authority rests with the city of Detroit. It was noted that the letter indicates that site is properly zoned for the various uses that we intend to use it for. Discussion ensued regarding the City's process after a site plan is submitted and the review that takes place. Discussion ensued regarding what may happen if the site plan is rejected or changed with modifications having to be made. There was also discussion regarding licensing and permits and having the proper protections in the purchase agreement which should always be done as well as this being the community that resisted the Care Center in their neighborhood. It was noted that the crisis services that were considered for this building are very different from the direct care services that will be provided in the Catholic Charities building. There was no further discussion. **Motion carried.**

- E. BA#24-66 Additional Fire Suppression Work – Milwaukee Building (Macomb Mechanical). The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. McNamara approval of BA#24-66 Additional Fire Suppression Work.** M. Maskey, VP of Facilities reporting. DWIHN Facilities is requesting board approval of BA#24-65 to issue a contract to Macomb Mechanical to address some additional construction violations related to fire protection in the existing floors of the 707 W. Milwaukee facility that were issued by the City of Detroit. These violations were discovered during our final life safety inspection review. The violations will require additional fire suppression coverage located on floors 3 and 4 of the facility. Facilities will allocate and transfer funds from the existing construction project contingency to cover the additional work. The total amount of the contract will not exceed \$205,778.00 with a contract term to 7/31/24. There was no further discussion. **Motion carried.**

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Ms. J. Davis, Director of Substance Use Disorder reported on behalf of Mr. Adams, Chair of the Substance Use Disorder Oversight Policy Board who was in attendance at the NATCON 24 Conference. A written report was provided for the record. It was reported that the Board met on March 15, 2024 and there was no quorum. There were no board actions approved; there a couple of presentations and informational reports. The next meeting is scheduled for May 20, 2024. There was no further discussion. The Substance Use Disorder Oversight Policy Board report was received and filed.

AD HOC COMMITTEE REPORTS

Policy/Bylaw Committee

The Chair, Dr. Taueg, requested the Policy/Bylaw Committee report. It was reported the Policy/Bylaw Committee did not meet during the month of April. There was no report.

Strategic Plan Committee

The Chair, Dr. Taueg requested the Strategic Plan Committee report. Lynne F. Carter, M.D. noted the Strategic Plan Committee did not meet during the month of April. There was no report.

Board Building Committee

Mr. Parker, Committee Chair provided a verbal report. It was reported that the Building Committee met on April 15, 2024. It was noted that the committee took up two items, the purchase of the building located at 8642 Woodward Ave. and the Fire Suppression System for the Milwaukee Building and both were moved to the Executive Committee and Full Board for approval. Both items had been previously voted on in the meeting. There was no further discussion. The report was received and filed.

PRESIDENT AND CEO MONTHLY REPORT

Mr. Doeh, CEO and President provided a written report for the record. The Board Chair, Dr. Taueg encouraged all board members to read the report and if there were questions, they could reach out to Mr. Doeh who was excused from the meeting as he was attending the NATCON 24 Conference in St. Louis, Missouri.

COMMUNICATIONS/MEDIA REPORT

Dr. Taueg, Board Chair, requested the Communication/Media Report. A PowerPoint presentation was provided to the Board in the agenda packet. Ms. Devon, Director of Communications provided slides from the Ribbon Cutting event and noted folks had the opportunity to tour the building; there were over 150 people in attendance despite the horrible weather. It was a wonderful event and we were proud to have Senator Stabenow in attendance and there was wonderful support from the community. Ms. Devon thanked the Board for their support and noted we are excited about the future as we are the first in the country to have a free-standing center. Congratulations were extended to Mr. Doeh and all of his staff.

Mr. M. McElrath, Public Affairs Manager provided the Media Roundup report. It was reported that during the Administration Building Grand Opening there was information in the Latino Press,

Hamtramck Review and El Central News; WWJ and Fox2. There was Media coverage on the Mobile Crisis Unit and the Mental Health Youth Council. Information was provided on when the spots were covered on each media outlet. There are also banner ads running on WXYZ.com throughout the month of March. The Board requested information on the number of slots that ran on each channel and to include the information in the next report.

Ms. J. Hearn, Visual Design and Outreach Manager provided the Youth United & Community Outreach report. It was reported that during community outreach DWIHN actively hosted a number of conversations including “Let’s Talk about Human Trafficking”, and “Community Inclusion and Housing Inequities” to support Developmental Disabilities month. Youth United participated in a variety of events including conversations titled “Love Shouldn’t Hurt” Promoting Safe and Healthy Relationships and supported substance use prevention outreach. The Mental Health Youth Council kicked off this month and is comprised of Wayne County high school students who are working to fill gaps in traditional mental health services in their communities. Youth United transformed an office in the Mental Health Room for the Detroit Youth Choir (DYC). The room was filled with bean bag chairs, aromatherapy, and mood-enhancing lighting. It was also reported that DWIHN is partnering with the Detroit Zoo to celebrate and bring awareness to Mental Health Awareness month in May. A Community Outreach calendar was provided with events in April and May as well as outreach dates for Autism Awareness month.

Mr. M. Tate, Social Media Strategist, provided the Social Media report for the month of January – March. It was reported there was a 4.8% increase in the total audience; a 3.4 engagement rate, total engagement are at 26,458 and total impression are at 785,129. Google analytics was provided for a three month period with 9,563 people viewing the business profile and 5,426 searches. It was noted that DWIHN is actively elevating mental health awareness on social media by sharing informative content, engaging narratives, and fostering a supportive online community. The rollout of our mobile crisis units has been a tremendous success with high levels of engagement and positive feedback from the community. Facebook is still the top social media platform driving the most users to the DWIHN website. The top pages on the DWIHN website excluding the home page are “For Providers” and “SUD Page”. A high level overview was provided on the Social Media Influencers. Discussion ensued regarding engagement rate and Providers using the pages. The Board inquired as to if there is a way to distinguish between Providers using the page versus those that are looking for services and the Directory. It was requested that the next quarterly report provide information on how many hits on the Directory page are identified as those looking for services; provide the data on how people are referred to us or how they obtained our number or information on DWIHN; provide information on how often the public service announcements are aired and also identify the TV media (channel). The board gave kudos on the billboards and PSA advertisements that were airing on television and radio. There was no further discussion. The Board thanked the Communications Department for the report. The Communications report was received and filed.

PROVIDER PRESENTATION – Ms. Darcel Lawrence, President and CEO and Ms. Rotesa Baker, Chief Clinical Officer – Wayne Center. A written PowerPoint was provided for the record. Ms. Lawrence provided an overview of the history of the Wayne Center which was founded in 1973 by parents of children and adults with developmental disabilities. They provided advocacy for programming in community and early on many consumers transitioned to residential programs and today more children and adults live in family homes and more independent settings. The Mission and Philosophy was shared with the Board as well as the demographics and services. It

was reported that Children which total approximately 615 members receive over 50% of services that are provided and include diagnoses such as Autism; Cognitive impairment and speech and other language disorders; approximately 530 adults are served and these members typically reside in unlicensed or licensed group homes, semi-independent living placements or independently and family situations. The services provided by Wayne Center include support coordination, behavior treatment and foster care. A high-level overview was provided on the supports coordination; foster care; and behavior treatment. Photos were shared with the board of members attending prom and participating in different activities. Discussion ensued regarding the service area and if their mission has evolved over the last 50 years. There was no further discussion. The Board thanked Ms. Lawrence and her colleague for the presentation and for their work in the community.

REVIEW OF ACTION ITEMS

1. Utilization Management Program Evaluation FY23 - The Board requested a listing by community of how many people are being served in each of the categories noted in the demographics (General Medicaid; General Fund; MIHealth Link; Block Grant and State Disability Assistance).
2. Provide in the next quarterly report information on how many hits on the Directory page are identified as those looking for services.
3. Provide data on how people are referred to us; how they obtained our number or information on DWIHN; and provide information on how often the public service announcements are aired along with the TV media (channel).

GOOD AND WELFARE/PUBLIC COMMENT

The Board Chair, Dr. Taueg read the Good and Welfare statement. There were no members of the public addressing the board for Good and Welfare.

Ms. Garza Dewaelsche, Board Secretary noted that accolades had been given to our CEO and President Mr. Doeh at the NAMI Gala held this past weekend and he had received an award, he and his staff were thanked for their hard work and Mr. Doeh thanked his board for all of their hard work during the award presentation.

Dr. Taueg, Chair read the DWIHN Vision which stated “It is our Vision to be recognized as a national leader that improves the behavioral and physical health status of those we serve through partnerships and direct service that provides programs promoting integrative holistic health and wellness” and noted that we are well on our way and have made great strides. The Chair thanked the staff, board and CEO for their dedication and hard work and noted that we are all in this together and it is our Vision that is guiding us.

Mr. Parker noted that the Policy/Bylaw Committee was going to review the ad hoc committee structure and process and if it needed to be formally stated here. The Chair noted the item was referred from the Executive Committee and if there is anything that comes from the Policy/Bylaw Committee it will be referred to Executive Committee and then to Full Board.

ADJOURNMENT

There being no further business, Dr. Taueg, Chair called for a motion to adjourn. **It was moved by Mr. Parker and supported by Ms. Garza Dewaelsche to adjourn. The motion carried unanimously.** The meeting was adjourned at 2:36 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

MARCH 6, 2024

1:00 P.M.

3071 W. GRAND BLVD.
DETROIT, MI 48202
(HYBRID/ZOOM)

MEETING CALLED BY Ms. Dora Brown, Chair called the meeting to order at 1:07 p.m.

TYPE OF MEETING Finance Committee Meeting

FACILITATOR Ms. Dora Brown, Chair

NOTE TAKER Ms. Nicole Smith, Finance Management Assistant

Finance Committee Members Present:

Ms. Dora Brown, Chair
Mr. Kevin McNamara, Vice Chair
Ms. Karima Bentounsi
Ms. Eva Garza Dewaelsche
Mr. Angelo Glenn

Committee Members Excused: None

Board Members Present:

Mr. Jonathan Kinloch

SUD Oversight Policy Board Members Attending Virtually:

Mr. Thomas Adams

ATTENDEES

Board Members Excused: None

Staff: Ms. Stacie Durant, VP of Finance; Mr. Eric Doeh, President; Mr. Manny Singla, Executive VP of Operations; Dr. Shama Faheem, Chief Medical Officer; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Sheree Jackson, VP of Corporate Compliance; Ms. Brooke Blackwell, VP of Governmental Affairs and Chief of Staff; Mr. Keith Frambro, Associate VP of IT Services; Mr. Jody Connally, VP of Human Resources, Mike Maskey, VP of Facilities, Monifa Grey, Assoc. VP of Legal Affairs; Tiffany Devon, Director of Communications

Staff Attending Virtually: Dhannetta Brown, Assoc. VP of Finance; Jean Mira, Procurement Administrator

Guests: None

AGENDA TOPICS

I. Roll Call Ms. Lillian Blackshire, Board Liaison

II. Roll Call

Roll Call was taken by Ms. Lillian M. Blackshire, Board Liaison and a quorum was present.

III. Committee Member Remarks

Ms. Brown, Chair called for Committee member remarks. There were no committee remarks.

IV. Approval of Agenda

The Chair, Ms. Brown called for a motion on the agenda. There were no changes or modifications requested to the agenda. **Motion:** It was moved by Mr. Glenn and supported by Ms. Bentounsi approval of the agenda. **Motion carried.**

V. Follow-up Items:

The Chair called for follow-up items; it was noted by the Board Liaison Ms. Blackshire that the follow-up items had been completed as the agreement outlining the use of the funds from the opioid settlement had been sent to the board.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown called for a motion on the Finance Committee minutes from the meeting on Wednesday, February 7, 2024. **Motion:** It was moved by Mr. Glenn and supported by Ms. Garza Dewaelsche approval of the Finance Committee minutes from the meeting of Wednesday, February 7, 2024. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

S. Durant, VP of Finance presented the Monthly Finance report. A written report for the twelve months ended January 31, 2024, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

DWIHN submitted the fiscal year ended September 30, 2023 Financial Status Report (FSR) due to MDHHS on February 29, 2024. The following is a summary of the fiscal year results:

Medicaid savings carried over to fiscal year 2024 - \$32,492,867; maximum allowed \$46.2 million; Deposit to Medicaid Internal Service Fund - \$8,200,000; total ISF balance \$69,301,008 (maximum allowed); General fund overspend - \$171,868; Reallocated \$1.2 million SUD block expenses between various SUD grants to expend all grants funds except Pregnant & Postpartum Women's (PPW) - \$143,000 out of \$271,500 remained unspent. PA2 balance \$9,330,007, an increase of \$1.5 million compared to prior year. Discussion ensued regarding the death benefit and the adjusted amounts that will be paid in March and June.

Cash and Investments – comprise of funds held by three (3) investment managers, First Independence CDARS, Comerica, Huntington Bank, and Flagstar accounts. This amount includes the \$21.9 million cash held in collateral for the two building loans.

Due from other governments – comprise various local, state, and federal amounts due to DWIHN. Approximately \$6.0 million in SUD and MH block grant due from MDHHS. Approximately \$10.5 million for 1st quarter and January 2024 pass- through HRA revenue. Finally, \$9.5 million due from MDHHS related to FY23 PBIP and CCBHC cost settlement.

Accounts receivable/Allowance - Accounts receivable consist of approximately \$3.8 million is due from ICO's for reimbursement of state facility costs paid by DWIHN. The remaining balance Wayne County 1st quarter PA2 for \$500,000; amounts due from various providers \$1.5 million.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through January 31, 2024, was approximately \$289.1 million however actual payments were approximately \$219.2 million. The difference represents claims incurred but not reported and paid of \$69.9 million.

Due to other governments – includes \$4.6 million due to MDHHS for death recoupment. In addition, there is approximately \$1.4 million payable to MDHHS for state hospitals and \$950,000 one-month IPA tax payment.

State grants and contracts– The variance relates primarily to Medicaid funding received in excess of budget (\$26.5mm) however refer to letter G as expenses are \$23.1 million higher than budget. The net amount of revenue/expenses are within budget.

SUD, Autism, Children, Adults and IDD services - \$23.1 million variance in excess of budget is due to timing.

Discussion ensued regarding the net investments in capital assets; the ISF; restricted cash collateral; unrestricted funds and bond uses. There was no further discussion. The Chair, Ms. Brown, noted the Finance Monthly Report was received and filed.

VIII. 1st Quarter FY24 Board Report for Procurement Non-Competitive under \$50,000K and all Cooperative Purchasing

The 1st Quarter FY24 Procurement Report was presented by Ms. J. Mira, Procurement Administrator. The written report was provided to the Finance Committee and was included in the agenda packet for informational purposes. Noteworthy information includes purchasing percentages: Contract Percentage for Wayne County is 6.2% and Out of County is 93.98%; Funding Percentage w/o IT for Wayne County is 27.98% and Out of County is 72.02%. Amounts include Total under 50K or Cooperative purchasing total is \$941,073.08 Wayne County is \$56,670.05; the IT total is \$738,500.13 There was no further discussion. The FY24 1st Quarter Procurement Report was received and filed.

IV. Unfinished Business – Staff Recommendations:

a. Board Action #21-29 (Revision 2) – Billboard Management Outreach – OutFront Media.

Ms. T. Devon, Director of Communications reported. DWIHN Communications is requesting a correction to previously approved BA #21-29R. The amount requested and approved was \$115,000 per year for two years, for a total of \$230,000. The correct amount is \$135,000 for two years, for a total of \$270,000. This correction will add an additional \$40,000 to the contract. The contract term will not change and is October 18, 2023 to September 30, 2025. The total contract amount is not to exceed \$1,020,000. The Chair called for a motion. **Motion:** It was moved by Ms. Bentounsi and supported by Ms. Garza Dewaelsche approval of BA #21-29 (Revision 2) to Full Board. There was no further discussion. **Motion carried.**

b. Board Action #24-07 (Revision 4) – FY 2023-2024 DWIHN Operating Budget.

Ms. S. Durant, Vice President of Finance reporting. Board approval is requested to certify additional revenues totaling \$2,874,361 and authorize expenditures of a like amount as noted below:

MDHHS FY 2023 carryover funding for Behavioral Health Services (BHS) totaling \$75,083: \$13,621 for Native Americans BHS; \$50,256 for Hispanic BHS, and \$11,206 for Vietnam Veterans BHS

Additional \$1,000,000 of funding added to our COVTD Treatment Project for provider stabilization in Opioid settlement funds totaling \$1,728,225 for fiscal years ended 2023 and 2024.

The board action also includes the use of \$71,053 of Medicaid Reserve funds to support the following changes to salaries and benefits: Salary/fringe increase for Mobile Crisis Director - \$20,659, Salary/fringe increase for Mobile Crisis Office Manager - \$11,557; Upgrade Director of Clinical Services to Vice President of Direct Clinical Services - \$38,837; Six

Direct Services clinical positions under-budgeted in error - \$143,561; New Direct Services Administrator position - \$165,41.00. There was no further discussion. **Motion carried.**

X. New Business – Staff Recommendations:

A. Board Action #24-58 – Accounting System Maintenance and Support (The TM Group) Mr. C. Harding, Financial Systems Administrator reporting. The board action is requesting the approval to exercise a two year extension of our contract with the TM Group to provide system support services for our Microsoft Dynamics GP enterprise resource planning system, handling our accounting, purchasing and payment responsibilities among other things. In addition to providing technical support services, the TM Group will also be responsible for making our annual maintenance payments. The 3 year contract consists of Licenses and software (pass through to Microsoft) \$66,857 and Consulting support \$44,650. The initial contract totaling \$43,639 was procured via a competitive purchase under \$50,000 for the period of April 1, 2023 through March 31, 2024. The two year contract extension runs from April 1, 2024 through March 31, 2026 with a cost of \$67,867. This brings the total contract amount not to exceed \$111,506.00 through March 31, 2026. The Chair called for a motion. **Motion:** It was moved by Ms. Garza Dewaelsche and supported by Ms. Bentounsi approval of BA #24-52 to Full Board. There was no further discussion. **Motion carried.**

XI. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public requesting to address the committee.

XII. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to adjourn the meeting. **Motion carried.** The meeting was adjourned at 1:45 p.m.

**FOLLOW-UP
ITEMS**

- A. Report on the number of SUD Prevention providers that will receive stability payments.
– S. Durant

FINANCE COMMITTEE

MINUTES

APRIL 3, 2024

1:10 P.M.

8726 WOODWARD AVE.
DETROIT, MI 48202
(HYBRID/ZOOM)

MEETING CALLED BY Ms. Dora Brown, Chair called the meeting to order at 1:03 p.m.

TYPE OF MEETING Finance Committee Meeting

FACILITATOR Ms. Dora Brown, Chair

NOTE TAKER Ms. Nicole Smith, Finance Management Assistant

Finance Committee Members Present:

Ms. Dora Brown, Chair
Mr. Kevin McNamara, Vice Chair

Committee Members Excused:

Ms. Karima Bentounsi
Ms. Eva Garza Dewaelsche
Mr. Angelo Glenn

Board Members Present:

Mr. Jonathan Kinloch joined the meeting at 1:20pm

SUD Oversight Policy Board Members Attending Virtually: None

ATTENDEES

Board Members Excused: None

Staff: Ms. Stacie Durant, VP of Finance; Mr. Eric Doeh, President and CEO; Mr. Manny Singla, Executive VP of Operations; Dr. Shama Faheem, Chief Medical Officer; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Sheree Jackson, VP of Corporate Compliance; Ms. Brooke Blackwell, VP of Governmental Affairs and Chief of Staff; Mr. Keith Frambro, Associate VP of IT Services; Mr. Jody Connally, VP of Human Resources, Mike Maskey, VP of Facilities; and Tiffany Devon, Director of Communications

Staff Attending Virtually: Dhannetta Brown, Assoc. VP of Finance

Guests: None

AGENDA TOPICS

I. Roll Call Ms. Lillian Blackshire, Board Liaison

II. Roll Call

Roll Call was taken by Ms. Lillian M. Blackshire, Board Liaison and a quorum was not present.

III. Committee Member Remarks

Ms. Brown, Chair called for Committee member remarks. There were no committee remarks.

IV. Approval of Agenda

The Chair, Ms. Brown noted that because there was no quorum the agenda could not be approved and the meeting would be held as informational and will follow the agenda.

Motion: There was no motion called for approval of the agenda.

V. Follow-up Items

The Chair called for any follow-up items, there were no follow-up items.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown deferred Finance Committee approval of the minutes from the meeting on Wednesday, March 6, 2024 to the next scheduled Finance Committee meeting as there was no quorum.

VII. Presentation of the Monthly Finance Report

S. Durant, VP of Finance presented the Monthly Finance report. A written report for the five months ended February 29, 2024, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

DWIHN opened a separate Flagstar checking account to facilitate the ItraFi Cash Service (ICS) agreement whereby the cash is sweep daily to a FDIC insured amount. The funds are 100% FDIC insured and allow protection of the large cash balance held at Flagstar. Approximately \$30 million will be held in the “normal” depository account to manage the monthly average operating inflows and outflows of cash due to timing of deposits. Discussion ensued regarding the ItraFi Service agreement; how it works and the interest rates.

In accordance with loan agreements, Flagstar has begun its appraisal of the two buildings to convert the loan based on 75% of the appraised value. At such time, the \$21 million held in the cash collateral account will be released and deposited into the ICS account.

MDHHS will be increasing rates threefold: (1) Overtime related to hazard pay included in the base wages for workers (\$.16/hr.); (2) Disenrollment assumptions were understated; and (3) DAB enrollment population declined. Total funds disbursed \$116 million; DWIHN estimates to receive 20% or \$23 million. Payment will be disbursed April – September 2024. It should be noted that in March 2023, DWIHN retroactively increased rates by \$1.00/hr. for overtime and other costs related to hazard pay.

Attached is the final spending of General Fund for fiscal year September 30, 2023. Discussion ensued regarding spenddown and continuing to advocate for General fund dollars. Commissioner Kinloch gave kudos to Administration on a fine job with the finances. Discussion ensued regarding the balance sheet and income statement.

DWIHN three financial audits are complete and Plante Moran will present the reports at the May Finance committee meeting.

Cash and Investments – comprise of funds held by three (3) investment managers, First Independence CDARS, Comerica, Huntington Bank, and Flagstar accounts. This amount includes the \$21.9 million cash held in collateral for the two building loans.

Due from other governments – comprise various local, state and federal amounts due to DWIHN. Approximately \$7.0 million in SUD and MH block grant due from MDHHS. Approximately \$13.3 million for 1st quarter and January and February 2024 pass- through HRA revenue. Finally, \$9.5 million due from MDHHS related to FY23 PBIP and CCBHC cost settlement.

Accounts receivable/Allowance - Accounts receivable consist of approximately \$3.8 million is due from ICO’s for reimbursement of state facility costs paid by DWIHN. Approximately \$1.4 million for estimated 2nd quarter PA2 and the remaining balance Wayne County 1st quarter actual PA2 for \$500,000; amounts due from various providers \$1.5 million.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through February 29, 2024, was approximately \$360.7 million however actual payments were approximately \$298.1 million. The difference represents claims incurred but not reported and paid of \$62.6 million.

Due to other governments – includes \$4.6 million due to MDHHS for death recoupment. In addition, there is approximately \$1.7 million payable to MDHHS for state hospitals and \$1.9 million two-month IPA tax payment. MDHHS will be reducing the March and June payment by \$4.6 million for the death audit recoupment.

State grants and contracts– The variance relates primarily to Medicaid funding received more than budget (\$30.8mm) however refer to letter “G” as expenses are \$26.0 million higher than budget. The net amount of revenue/expenses are within budget. MDHHS will be reducing the March and June payment by \$4.6 million for the death audit recoupment.

Autism, Children, Adults, and IDD services - \$26.0 million variance more than budget is due to timing and increased expenses as compared to budget.

The Chair, Ms. Brown, noted the Finance Monthly Report was received and filed.

VIII. Unfinished Business – Staff Recommendations: None

IX. New Business – Staff Recommendations: None

XI. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public requesting to address the committee.

XII. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion carried.** The meeting was adjourned at 1:35 p.m.

**FOLLOW-UP
ITEMS**

None

PROGRAM COMPLIANCE COMMITTEE

MINUTES

APRIL 10, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Lynne Carter, Program Compliance Vice-Chair and Acting Chair at 1:09 p.m.
.TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Lynne Carter, Vice-Chair and Acting Chair
NOTE TAKER	Sonya Davis
.TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock; Dr. Lynne Carter; Commissioner Jonathan Kinloch, Bernard Parker and William Phillips</p> <p>Board Members Present: Dr. Cynthia Taueg, Chair</p> <p>Committee Members Excused: None</p> <p>Staff: Brooke Blackwell; Yvonne Bostic; Judy Davis; Monifa Gray; Sheree Jackson; Margaret Keyes-Howard; Marianne Lyons; Cassandra Phipps; April Siebert; Manny Singla; Andrea Smith; Michele Vasconcellos; Leigh Wayne; Daniel West and Rai Williams</p>

AGENDA TOPICS

II. Moment of Silence

.DISCUSSION	Dr. Carter, Vice-Chair and Acting Chair called for a moment of silence.
.CONCLUSIONS	A moment of silence was taken.

III. Roll Call

.DISCUSSION	Dr. Carter, Vice-Chair and Acting Chair called for a roll call.
.CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

.DISCUSSION/ .CONCLUSIONS	Dr. Carter, Vice-Chair and Acting Chair called for a motion to approve the agenda. Motion: It was moved by Commissioner Kinloch and supported by Mr. Parker to approve the agenda. Dr. Carter asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Children’s Initiatives’ Quarterly Report – Provide information on how DWIHN’s accomplishments are publicized – Cassandra Phipps, Director of Children’s Initiatives reported that the Annual Report to the Community is to highlight accomplishments from the System of Care Block Grant with DWIHN and community partners. The event audience is comprised of representatives from Michigan Department of Health and Human Services (MDHHS) and higher executives from community partner agencies. In collaboration with DWIHN Communication’s for December 2024 the plan is to consider streaming the event on Facebook Live and posting photos of awardees on social media platforms and media magazines as well.</p> <p>B. Customer Service’s Quarterly Report – Provide details on the sample size of the ECHO surveys – Margaret Keyes Howard, Manager of Customer Service’s Member Engagement reported that in terms of our own population base, a baseline of 600 is considered scientifically a sample that would be appropriate for the surveys. It is conducted by Wayne State University (WSU), an A-1 research university and they do the recommendation as well. For FY 23, there were 1,143 families or parents that responded to the children’s survey and 797 for the adults’ survey. The FY24 survey is currently in progress.</p> <p>C. DW IHN Population Assessment – Provide a plan/strategy on monitoring children with Hypertension in the School Success Initiative program – Cassandra Phipps, Director of Children’s Initiatives reported that after reviewing the 2023 Wayne County health data population report hypertension was not among the top child related health conditions; however, this was in the top health conditions for the adult population. Thus, hypertension is not monitored for children currently. DWIHN is tracking their blood glucose and cholesterol which is connected to one of our performance improvement plans for children that are taking antipsychotic medication as a part of the metabolic testing.</p>
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VI. Approval of the Minutes

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Dr. Carter, Vice-Chair and Acting Chair called for a motion to approve the March 13, 2024, meeting minutes. Motion: It was moved by Mr. Parker and supported by Commissioner Kinloch to approve the March 13, 2024, meeting minutes. Dr. Carter asked if there were any changes/modifications to the March 13, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Chief Medical Officer – Deferred to May 8, 2024</p> <p>B. Corporate Compliance – Sheree Jackson, VP of Corporate Compliance submitted and gave an update on the Corporate Compliance report. It was reported:</p> <ol style="list-style-type: none"> 1. Activity 1 – Compliance Investigations – DWIHN has received an average of 29 investigations referrals during FY 23, Q1 and FY 2024, Q2. Six (6) originated from the Office of Inspector General (OIG) and 23 were sourced from provider self-reports and internal referrals. In 2023, provider training and education initiatives led to a 46% increase in provider self-reports. The VP and Sr. Lead of the department have assumed a complete case load to assist in managing the backlog; a request for proposal (RFP) is currently in progress to seek assistance with the auditing aspect of Compliance investigations; and a request for additional FTEs has been submitted to the HR committee. Compliance investigations are on the rise with an emphasis being placed on providers that are credentialed at multiple sites, SUD and
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Self-Determination providers. The OIG has hired additional staff so that they can look at more self-determination cases.

2. **Activity 2 – Program Integrity Activities Resulting in Overpayments –** FY 22, there was a total of \$392,155.73 in overpayment identified and \$337,780.32 has been recouped. Some providers have escalated this matter to the OIG’s office and when that happens, DWIHN is then required to stand down and the OIG will make the final determination. For FY 23, there was \$366,845.92 in overpayment identified and to date, only \$68,713.85 has been recouped. The department wants to give the providers an opportunity to make sure that they are able to pay us in a timely fashion without bankrupting their organization. As of March 2024, we are on schedule to have the full recoupment paid back to DWIHN.
 3. **Activity 3 – 2022 vs 2023 Validated Complaints –** Three major areas have been identified as to why complaints are received by the department – unethical business practices, billing services not rendered and workforce background check guideline violations. There was a decrease in complaints for unethical business practices from FY 2022 (12) to FY 2023 (2) and the department has worked with the Clinical Practice Improvement (CPI) department to conduct trainings with those providers to ensure what their responsibilities are. There was also a decrease in billing services not rendered complaints from FY 2022 (10) to FY 2023 (8) and those providers for the most part identified that themselves by conducting internal audits. There was an increase in workforce background check guideline violations complaints from FY 2022 (1) to FY 2023 (4) and the department has been working with our providers so that they know what they need to review before they hire an employee.
 4. **OIG Reporting Requirements –** The OIG has implemented new reporting requirements for the Compliance department. There are three reports that have to be submitted annually that are very labor intensive and identified. The department has to submit all of DWIHN’s policies to the OIG for review and to ensure they we are in alignment with our current contractual standards and have received a “met” score. The department was advised that we are the only region right now that has received a “met” score. The OIG also looked at the program integrity activities which looks at pre and post payments. Staff has been very helpful in assisting with pulling those reports so that the department is able to stay on top of that each quarter to see if there’s any non-compliance with overlapping, billing, etc. and to make sure that we are meeting the needs of our program integrity annual reports.
- Dr. Carter opened the floor for discussion. Discussion ensued. The committee suggested an update every other month instead of quarterly since the department has received additional responsibilities from the OIG’s office.

(Action)

The Vice-Chair noted that the Corporate Compliance’s report has been received and placed on file. The record reflects the Dr. Taueg joined the meeting.

VIII. Quarterly Reports

**DISCUSSION/
CONCLUSIONS**

- A. **Adults Initiatives –** Marianne Lyons, Director of Adults Initiatives submitted and gave highlights of the Adults Initiatives’ quarterly report. It was reported that:
 1. **Assertive Community Treatment (ACT) –** Currently there are eight (8) ACT provider service agencies in Wayne County; 524 members received ACT services this quarter; and 54 psychiatric hospitalizations (14.2% decrease from last quarter).

2. **Med Drop** – There are currently 74 members who participated in the program this quarter. There were 1,302 successful med drops completed for the month of January; 1,756 successful med drops completed for the month of February; 2,130 successful med drops are expected for the month of March; and 31 new referrals this quarter. Staff began collaboration with Michigan Department of Corrections – Returning Citizens Program to help identify members who would benefit from the program and two (2) members have been identified. The department has started a new initiative working with members that are Intellectually Developmentally Disabled and one referral has been received.
3. **Clubhouses** – The department just began to oversee the clubhouses and there are currently 535 members that are active participants. DWIHN has five (5) clubhouses (ACCESS-Hope House; DCI-New Direction; Goodwill-A Place of Our Own; Hegira-Turning Point; and Lincoln Behavioral-The Gathering Place) and they are all accredited. The accreditation takes place every three years. DWIHN is working with the State as well as with Clubhouse International to ensure that where numbers are lower, we try to help work with those clubhouses to get those numbers up and ensure that accreditation continues.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on the clubhouse that used to be under Northeast Guidance Center that is now merged with CNS Healthcare. **(Action)**

B. PIHP Crisis Services – Daniel West, Director of PIHP Crisis Services submitted and gave highlights of the PIHP Crisis Services’ quarterly report. It was also reported that:

1. **Activity 1 – Inpatient Discharge Planning for Members without an Assigned CRSP** – DWIHN’s Hospital Liaisons meet with members face-to-face at the inpatient hospitals; they work with the members to establish a CRSP of preference and coordinate with the preferred CRSP and the hospital treatment team to ensure hospital discharge appointments are kept. Staff intends to support improvement in PI#4a and PI#10 for members who are hospitalized without an assigned CRSP. In Q2, 63% of members seen by DWIHN kept their hospital discharge appointments compared to 20% of members that kept their hospital discharge appointments without a Liaison involvement. Liaisons have found it to be a challenge in reaching members post-discharge due to the accuracy of contact information. Staff worked with PCE to ensure screening agencies verify contact information upon completion of the pre-admission review and Liaisons will ensure contact information is accurate prior to discharge and include it on hospital discharge planning worksheet.
2. **Activity 2 – CRSP Training on Inpatient Discharge Planning Process** – Due to Team Wellness Center (38%) and Central City Integrated Health (14%) having higher cancellations/no-shows for scheduled hospital discharge appointments among other CRSPS, staff developed and trained them on a process to engage in the discharge planning and reinforced the importance of the CRSPs engaging in hospital discharge planning for their assigned members. Staff will continue training, tracking, and monitoring results to increase kept hospital discharge appointments for their assigned members.
3. **Activity 3 – Reduce Inpatient Hospitalizations** – The department works with CRSPs, inpatient hospitals, screening agencies, DWIHN’s UM, Adults Initiatives and Children’s Initiatives departments to reduce the number of inpatient hospitalizations. Inpatient hospitalizations for adults and children

decreased from January to March 2024. There is an ongoing need for information on the availability of crisis services. DWIHN and its' providers provide mobile crisis stabilization for adults and children in the community with a hope to see an increase in people contacting mobile crisis teams for de-escalation, instead of going to the Eds for crisis supports. Staff will create and execute training on lower levels of care to increase knowledge of members' options in crisis.

4. **Progress on Previous Improvement Plans** – Recidivism has decreased from Q1 (17.59%) to Q2 (15.4%) for adults and Q1 (8.62%) to Q2 (5.23%) for children. In Q2, 82% of evaluations for adults and 71% of children evaluations were conducted face-to-face. New Oakland indicated staffing issues have contributed to a percentage below the standard 80% and will be rectified by May 2024.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested that comparisons to prior years be included in future reports to help check for seasonality influences as having this information in the tables would help anchor their understanding of the performance. Discussion ensued regarding inpatient hospitalization and us following or analyzing the data with regards to their diagnoses. **(Action)** It was noted that there are certain diagnoses that are anticipated to lead to hospitalization; however, the real work would be seen in diagnoses that can go either way and whether we are making them go outpatient versus inpatient.

Managed Care Operations – Rai Williams, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations' quarterly report. It was reported:

5. **Activity 1 – Preliminary Employee Satisfaction Survey Results** – The first survey was completed on April 3, 2024 with 84% of available staff participating. The survey resulted that most employees are either very satisfied or somewhat satisfied with their current roles. Collaboration within the team is generally rated well with 16 out of 17 responses in the positive, but there are notes on the effectiveness of communication and a desire for more transparency. Supervisor effectiveness is rated highly in most cases with employees feeling supported and staff feeling comfortable discussing concerns with their supervisors, indicating a positive sign of open culture. MCO leadership has concluded several meetings to identify barriers, areas of improvement and strategize how to improve the employees' experience with the department. Several audit workgroups have been developed to ensure that the applicable policies and procedures are updated, evidence is collected, interventions are documented in addition to initiatives being measured and monitored. The leadership team met in person for teambuilding and strategic planning. The department is currently recruiting five open positions which will further enable us to properly address the needs of both the Contracting and Credentialing teams.
6. **Activity 2 – Credentialing** – For FY 24 (Q2), 316 practitioners were approved, and 63 providers were approved. The team has successfully complied with ICOs and NCQA for auditing and accreditation reviews. Credentialing has collaborated with HR on developing a new process to ensure DWIHN Direct Staff are credentialed appropriately. Staff continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion and look to hire more staff to meet the needs of the network.

7. **Activity 3 - New Provider Changes to the Network/Provider Challenges** – DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means for recruiting new providers, particularly in areas of shortages. For FY 24 (Q2), there was a total of 31 new location/service additions and nine (9) providers added to the DWIHN network. The staff is currently working to improve the onboarding process for existing providers. A meeting was held with internal stakeholders to expand the Provider Inquiry Form to include Provider Expansions – 427 fully executed contracts.
8. **Activity 4 - Procedure Code Work Group** – The workgroup resolved 169 tickets; 1,740 MDHHS rate updates; 60 new codes; 162 additional codes/rate changes to existing programs/contracts; and 64 provider requested changes for FY 24 (Q2). The department created the new COB Secondary claims contract program and deployed it to all the hospitals and set up Intensive Crisis Stabilization Contract programs for children and adults. The department will track turnaround time for the workgroup tickets; ensure new programs and services are added and available for use; and run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.

Dr. Carter opened the floor for discussion. There was no discussion.

- C. **Utilization Management** – Leigh Wayna, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. It was reported:

1. **Activity 1 – Length of Stay Monitoring in Acute Inpatient Hospitals** – There was not a significant change in many of the populations served from FY 24, Q1 and Q2; however, the I/DD youth population saw a significant decrease from 23.1 days to 9 days. This can be attributed to outlier cases that were discharged and no longer included in the data. To impact and decrease lengths of stay for members of other populations, staff continue to explore alternatives such as Intensive Community Transition Services (ICTS) and Psychiatric Residential Treatment Facilities (PRTF) programs operated by MDHHS, that can provide safe, secure discharge arrangements for individuals who continue to need a high level of intense services but no longer meet medical necessity to remain in an acute psychiatric hospital setting. DWIHN is currently working with MDHHS to obtain clear eligibility requirements for referral to both the ICTS and PRTF programs.
2. **Activity 2 – General Fund Authorization Requests** – For the month of February, there were 823 approvals; 116 administrative denials; 47% of which were for members with active Medicaid and 53% for other reasons. There is ongoing monitoring of trends for revision of the General Fund Benefit Grid and discussion of CCBHC authorizations that show as “General Fund”. Staff collaborated with MDHHS Specialist Team to examine the barriers to members meeting their spenddowns on a monthly basis. Staff plans continued collaboration with CRSP providers regarding reinstatement of member insurance plans and continued education and support for CRSP providers regarding processing spenddowns.
3. **Activity 3 – Timeliness of Disposition of Authorization Requests** – There is continued improvement in timeliness of authorization dispositions. The department has researched the volumes of authorization requests that require extended time to manage and found that approximately 15-20% of all authorization requests being received are having to be returned for corrections and an additional 20-25% are needing to be returned due to

	<p>being received post-service rather than pre-service. To address this, staff has requested performance improvement plans from three CRSPs and currently evaluating the data trends of the remaining CRSPs.</p> <p>Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>The Vice-Chair noted that the Adults Initiatives, PIHP Crisis Services, Managed Care Operations and Utilization Management’s quarterly reports have been received and placed on file.</p>
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IX. Utilization Management (UM) Program Evaluation FY 23

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Leigh Wayna, Director of Utilization Management submitted and gave highlights of the Utilization Management’s (UM) Program Evaluation FY 23. The presentation included the demographics of the unique members served for FY 2022 and 2023 along with the percentages of those covered with General Medicaid, General Fund; MiHealth Link; Block Grant and State Disability Assistance. The Utilization Management Goals for FY23 Strategic Plan Pillars was provided to the committee. It was noted that the goals under the Customer Service Pillar were all met; and the goals under the Access Pillar were met; it was noted that much of the goal centered around the enrollments for the HSW waiver supports, and data was shared with the committee. It was reported that we had about 93% in the beginning of FY 23 and at the end of FY 23 we were at 97.2% enrollment and there has since been an increase and we are closer to the 100% mark now, however, our goal was 95% which we did meet. It was reported that the goals under the Finance Pillar were partially met; this looked at our over- and under-utilization data and while we did begin to look at that data during the fiscal year, we had not finished planning for and implementing plans to monitor our CRSPs. The goals under the Workforce Pillar were met through our use of our inter-reliability process; there were 118 participants tested which are all utilization management authorization decision makers, either as delegates through our screening entities or internally through our UM department and were tested annually during FY 23; all 118 folks did successfully pass the test that was utilized. The Quality Pillar goal was reported as partially met. This goal centered around our timeliness of compliance with regulations of authorization dispositions. There was some lack of timeliness during FY 23 as previous data pulled was incorrect and our numbers were not showing and reflecting correctly; that error has been corrected. We did find we were lower in compliance than we wished, which is why the goal was partially met and we will continue to work on it. An internal departmental performance improvement plan has been implemented and since this slide and evaluation was prepared the number has come up quite a bit; and we are looking forward to the number being much better in FY 24. An overview of the goals for FY 24 was provided which were to increase compliance of timeliness of authorizations; a goal has been set for 90%; however, the State goal is 95%, we are at 77% therefore 90% seems reasonable. We will also participate in assisting the network and achieving the Michigan Mission Based Performance Indicator (MMBI) of 15 or less of hospital recidivism, and the quarterly standard for both our adults and children; the last goal is to maintain our habilitation waiver services enrollment at or above 95%. The Vice-Chair opened the floor for discussion. Discussion ensued. The committee requested a more comprehensive detailed plan to tackle the over-and under-utilization issues with the Provider Network and bring back to the committee in 60 days. (Action) Dr. Carter called for</p>
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	a motion to approve the UM's Program Evaluation FY 23. Motion: It was moved by Mrs. Bullock and supported by Commissioner Kinloch to move the UM's Program Evaluation FY 23 to Full Board for approval. Dr. Carter opened the floor for further discussion. There was no further discussion. Motion carried.
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X. Strategic Plan Pillar

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan Pillar to review this month.</i>
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XI. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<p>A. QAPIP Work Plan Update FY 24 – April Siebert, Director of Quality Improvement submitted and gave updates on the QAPIP Work Plan FY 24. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1 – Michigan Mission Based Performance Indicators – DWIHN has performed exceptionally well, achieving scores of 90% or higher in five out of six state performance indicators. We have successfully reduced Indicator 10 (Recidivism) for adults from 17.58% in Q1 to 14.87% in Q2 (preliminary), a 2.71% improvement. Our consistent performance with PI#10 (children) is also noteworthy. However, there is a need for improvement in PI#2a, which currently stands at 51.0% for Q2 against the standard of 57%. The root cause of this issue is the shortage of staff, which has affected providers' ability to complete the Integrated Biopsychosocial assessment within the required 14 days of the request for PI#2. To address this shortage, DWIHN has implemented financial incentives and will closely monitor outcomes through providers meetings and data outcomes to determine the effectiveness of the incentive model. DWIHN will continue to monitor and focus its efforts on the identified interventions. 2. Activity 2 – MDHHS Annual Full Site Review Update – MDHHS is currently conducting a Full Site Review of Detroit Wayne Integrated Health Network (DWIHN). DWIHN has received positive feedback during the review of their clinical case records and staff qualifications files. MDHHS has identified a need for improvement in the documentation required to demonstrate compliance with the Home and Community-Based Services (HCBS) Final Rule. 3. Activity 3 – HSAG Annual Site Review Update – In March 2024, DWIHN received notification from HSAG stating that the Performance Measurement Validation (PMV) Review for FY 24 will be scheduled between July 22, 2024 to August 2, 2024. The Performance Improvement Project submission for initial validation is due on July 15, 2024 and the Compliance Review is scheduled for September 6, 2024. HSAG will conduct a technical assistance webinar on May 21, 2024 to provide instructions for the Compliance Review and discuss its' scope. DWIHN received Full Compliance of 100% in all reportable areas for FY 23 PMV Review and Compliance Review. The goal of the PIP is to achieve significant improvement sustained over time through ongoing measurements and interventions. <p>Dr. Carter opened the floor for discussion. There was no discussion. The Chair noted that the QAPIP Work Plan FY 24 Update has been received and placed on file.</p>
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XII. VP of Clinical Operations' Executive Summary

<p>.DISCUSSION/ .CONCLUSIONS</p>	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations' report. It was reported that:</p> <p>A. Health Homes – The Opioid Health Home currently has 8 providers and 617 enrollees and 5 providers and 708 enrollees currently in the Behavioral Health Home. DWIHN will offer the provider network the opportunity to apply and join the Health Homes programs for FY 24/25 through an RFI process that will expand the health home network and increase the number of people we can reach with these programs.</p> <p>B. CCBHC Demonstration Expansion – There are currently six (6) of our providers that are in the CCBHC State Expansion and 8, 609 members, which is an increase of 20% from February 2024. In October 2024, the State will be adding seven (7) more providers from our region as long as they pass certification and DWIHN is one of those providers seeking certification for that service.</p> <p>C. Residential Services – The department has been working diligently to ensure residential assessments are done on an annual basis for people living in residential settings. The assessments look at their level of care needs, what they need help with hands on and what they need help with in directing, guiding, and providing assistance from staff as well as helping us figure out how much in-home staffing people need. An internal Performance Improvement Plan was initiated to complete all outstanding licensed residential member's assessments and 1,045 assessments were completed. DWIHN has a plan to ensure that those assessments are done annually at their IPOS time. Ryan Morgan, the new Residential Services' Director was introduced to the committee. Mr. Morgan worked with Easterseals MORC for 19 years with adults with behavioral health concerns, 13 of those years as the Program Manager of Specialized Residential, oversaw the Assertive Community Treatment program for about 4 years and the Case Management department for about 7 years.</p> <p>Dr. Carter opened the floor for discussion. The committee welcomed the new Residential Director, Ryan Morgan to DWIHN. The Vice-Chair noted that the VP of Clinical Operations' Report has been received and placed on file.</p>
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XIII. Unfinished Business

<p>.DISCUSSION/ .CONCLUSIONS</p>	<p><i>Dr. Lynne Carter, Vice-Chair and Acting Chair noted that all board actions listed under Unfinished Business – Staff recommendations would be bundled.</i></p> <p>A. BA #24-06 (Revised 5) – DWIHN's Provider Network FY 24 – Staff requesting board approval to add three (3) additional providers to the DWIHN Provider Network. In addition, BA 24-06 (Revised 4) inadvertently omitted mobile crisis services from Hegira as part of the RFP award in the narrative section; however, the dollar amount was included. This board action requires no budget increase due to the allocation of funds within the total budget. Dr. Carter called for a motion on BA #24-06 (Revised 5). Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>B. BA #24-12 (Revised 2) – Substance Use Disorder Treatment Provider Network FY 24 – MDHHS Tobacco-Free Policy Pilot Project; CHES Recovery Pilot Project; Sobriety House Pilot Project and Annual Interfaith-Based SUD Conference – Staff requesting board approval for four (4) initiatives for a total</p>
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amount of \$436,000.00 in PA2 and \$99,000.00 in block treatment funds, respectively for a total amount of \$535,000.00. The following details the request: 1) \$50,000.00 in PA2 funds to support the 10th Annual Interfaith-Based “Wellness Beyond the Walls” Conference; 2) \$350,000.00 in PA2 funds to allocate for the Sobriety House and Detroit Medical Center (DMC) Screening Brief Intervention to Treatment (SBIRT) Initiative; 3) \$36,000.00 in PA2 funds for CHES Health to pilot a program to improve recovery outcomes made available through the Connections App, backed by CHES Health 24/7 peer engagement team for FY 25; and 4) MDHHS will be partnering with three sites (Growth Works, National Council on Alcoholism and Drug Dependence and Hegira Health, Inc.) to develop and implement a tobacco-free policy facility-wide. The project will offer training, technical assistance, and best practices. The total amount for each pilot site will be \$30,000.00 (\$90,000.00 for all three sites plus \$9,000.00 for indirect) starting May 1, 2024 for a total of \$99,000.00 through the block grant treatment funds. Dr. Carter opened the floor for discussion. There was no discussion.

- C. **BA #24-14 (Revised 1)** – Multicultural Integration Programs and DWIHN Veteran Navigator – Staff requesting board approval to amend the original board action for Comprehensive Services for Behavioral Health 2024 with the Michigan Department of Health and Human Services (MDHHS). This fiscal Year 2024, there is a one-time increase in the budget for the Multicultural Integration Programs in the amount of \$75,083.00. The additional funding is a result of dollars that were carried over in the previous fiscal year. The additional funds will be allocated to American Indian Health and Family Services (AIHFS), Community Health and Social Services Center (CHASS); Southwest Counseling Solutions (Hispanic and Veterans). This amendment does not include an increase for Association of Chinese Americans and DWIHN Veteran Navigator as there were no carryover funds from prior year. Revenue for these services is supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of the proposed term of this Memorandum of Understanding is October 1, 2023, through September 30, 2024 and will not exceed \$836,920.00. Dr. Carter opened the floor for discussion. Discussion ensued.

The Vice-Chair and Acting Chair called for a motion on BA #24-06 (Revised 5), BA #24-12 (Revised 2) and BA #24-14 (Revised 1). **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Parker to move BA #24-06 (Revised 5), BA #24-12 (Revised 2) and BA #24-14 (Revised 1) to Full Board for approval. Dr. Carter opened the floor for further discussion. There was no further discussion. **Motion carried.**

XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS

Dr. Lynne Carter, Vice-Chair and Acting Chair noted that board actions listed under New Business – Staff Recommendations would be bundled.

- A. **BA #24-60** – Michigan Consortium for Healthcare Excellence (MCHE) – Staff requesting board approval for a renewal of a three-year contract to the Michigan Consortium for Healthcare Excellence (MCHE) in the amount of \$130,000.00 per

year, or \$390,000.00 for the full contract. This three-year contract will cover FY's 2025, 2026 and 2027. The amount is estimated based on prior year costs and actuals may differ. In addition, an exigent memo was prepared to request \$1,900.00 for coverage of an outstanding balance to this vendor from the previous contract. The total amount being requested is not to exceed \$391,000.00. DWIHN is a member of MCHE, as are the other ten PIHPs. MCHE has a contract with MCG to provide nine out of the ten PIHPs with a utilization management software tool called Indicia. This software is a clinically validated and evidence-based tool for clinical decision-making. The amount of the contract is allocated amongst all 9 PIHPs based on covered lives in each region. Dr. Carter opened the floor for discussion. There was no discussion.

- B. **BA #24-61 – City of Detroit Co-Response Partnership Training** – Staff requesting board approval to receive and expend funds from the City of Detroit for CIT training for an amount not to exceed \$488,000 for the period 2/6/24 through 6/30/25. The City of Detroit receive funds from the American Rescue Plan Act (ARPA) and has entered into agreement with DWIHN via a competitive bid process to satisfy specific training needs. We will enter into several comp source agreements for the period of 2/6/2024-6/30/2025 with vendors to execute the approved project. Mental Health First Aid for Public Safety which requires a special certification to instruct, and Crisis Intervention Team (CIT) Training are the models. DWIHN will provide training focusing on de-escalation and connecting individuals to care through education. The list of proposed instructors is attached. Although the funds are federal, DWIHN is considered a contractor and therefore is not required to report the expenses on our annual Schedule of Federal Awards (SEFA). Funds can be reallocated between providers up to an amount not to exceed \$488,000. 00. Dr. Carter opened the floor for discussion. There was no discussion.
- C. **BA #24-63 – Western Wayne Therapeutic Recreation** – Staff requesting board approval to enter into an agreement with the Charter Township of Canton through the Townships Department of Leisure Services – Therapeutic Recreation, in an amount not to exceed \$75,000 for the period of April 1, 2024 through September 30, 2024 to provide programs and opportunities for individuals with disabilities residing in Western Wayne County. The program is available for funding through 45CFR 158.150 health and wellness. The widely recognized benefits to people with disabilities, including those with intellectual and or developmental disabilities, involve participation in ongoing and regular skill-building and therapeutic recreational activities. Dr. Carter opened the floor for discussion. There was no discussion.

The Vice-Chair and Acting Chair called for a motion on BA #24-60, BA #24-61 and BA #24-63. **Motion:** It was moved by Mr. Parker and supported by Commissioner Kinloch to move BA #24-60, BA #24-61 and BA #24-63 to Full Board for approval. Dr. Carter opened the floor for further discussion. There was no further discussion. **Motion carried.**

XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to report at this meeting.</i>
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ACTION ITEMS	Responsible Person	Due Date
1. Corporate Compliance Report - The committee suggested an update every other month instead of quarterly since the department has received additional responsibilities from the OIG's office.	Sheree Jackson	<i>TBD</i>
2. Adults Initiatives' Quarterly Report - Provide information on the clubhouse that used to be under Northeast Guidance Center that is now merged with CNS Healthcare.	Marianne Lyons	<i>May 8, 2024</i>
3. PIHP Crisis Services' Quarterly Report - Include comparisons to prior years in future reports to help anchor understanding of the performance. Inpatient hospitalization - provide information that follows or analyzes the data with regards to their diagnosis.	Dan West	
4. Utilization Management Program Evaluation - Provide a more comprehensive detailed plan to tackle the over-and under-utilization issues with the Provider Network and bring back to the committee in 60 days	Leigh Wayna	<i>June 12, 2024</i>

The Vice-Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mrs. Bullock and supported by Commissioner Kinloch to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:53 p.m.

NEXT MEETING: Wednesday, May 8, 2024 at 1:00 p.m.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-28R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/15/2024

Name of Provider: Services to Enhance Potential

Contract Title: Janitorial Services

Address where services are provided: None

Presented to Executive Committee at its meeting on: 5/13/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 297,715.00 Previous Fiscal Year: \$ 250,785.00

Program Type: Modification

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

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

This revised board action is requesting approval to increase the contracted amount by \$46,930 to a total contracted amount not to exceed \$297,715 with Services to Enhance Potential (STEP).

DWIHN is requesting board approval to expand janitorial scope of services to the Woodward and Milwaukee buildings now that both buildings are occupied.

STEP is currently under contract with DWIHN until September 30, 2024; there is no change in the contract terms.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
Multiple	\$ 297,715.00	\$ 297,715.00

Board Action #: 21-28R2

	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, May 9, 2024

Signed: Thursday, May 9, 2024

Board Action Taken

The following Action was taken by the Full Board on the 15th day of May, 2024.

- Approved
- Rejected
- Modified as follows:

Tabled as follows:

Executive Director -initial here: _____

Signature: Lillian M. Blackshere
Board Liaison

Date : 5/15/2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-60R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/15/2024

Name of Provider: Sterling Security LLC

Contract Title: Security Services

Address where services are provided: None

Presented to Executive Committee at its meeting on: 5/13/2024

Proposed Contract Term: 5/1/2024 to 7/31/2024

Amount of Contract: \$ 338,789.40 Previous Fiscal Year: \$ 148,022.00

Program Type: Modification

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

Date Contract First Initiated: 2/1/2023

Provider Impaneled (Y/N)?

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

This revised board action is requesting board approval to modify a previously approved contract with Sterling Security, LLC to continue to provide security services on a 24-hr/7-day basis for both the Milwaukee and Woodward facilities.

Facilities is currently working through the RFP process for security services and is requesting an additional \$190,767.40 to continue these services until July 31st, 2024 while the procurement process is finalized for both facilities.

This contract total is not to exceed \$338,789.40.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
Multiple	\$ 338,789.40	\$ 338,789.40

Board Action #: 23-60R3

	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817040.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, May 9, 2024

Signed: Thursday, May 9, 2024

Board Action Taken

The following Action was taken by the Full Board on the 15th day of May, 2024.

- Approved
- Rejected
- Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Signature:

Lillian M. Blackshire
Board Liaison

Date:

5/15/2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-07R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/15/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2023-2024 Operating Budget

Address where services are provided: None

Presented to Finance Committee at its meeting on: 5/1/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 1,019,283,378.00 Previous Fiscal Year: \$ 1,056,528,326.69

Program Type: Modification

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

Date Contract First Initiated: 10/1/2023

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).

Board approval is requested to certify additional revenues totaling \$1,267,540 and authorize expenditures of a like amount as noted below:

1. Additional Block Grant Treatment funding of \$99,000 for the Tobacco-Free Policy Pilot Project
2. Additional funding from MDHHS totaling \$680,540:
 - \$86,540 for the Infant and Early Childhood Mental Health Consultation and Home Visiting programs
 - \$594,000 allocation for the Assisted Outpatient Treatment Foundation Strengthening Initiative
3. \$488,000 City of Detroit ARPA funds to provide CIT training to DPD employees not current in Mental Health First Aid certification.

The board action also includes the use of \$1,504,880 of Medicaid Reserve funds to support the following changes to salaries and benefits:

1. Direct Services: Reclassification of four (4) vacant part-time positions to fund three (3) full time positions: (1) FTE Psychiatrist, (1) FTE Case Manager and (1) FTE Office Manager - \$478,136 including fringes.
2. Pay grade and rate adjustments for Clinical Specialists, SUD Call Center Technicians, Mobile Crisis Managers, and Care Center Behavioral Health Technicians to align with similar positions across DWIHN departments – \$404,182, including fringes.
3. New positions totaling \$548,029, including fringes:
 - \$107,881 – Quality Management Clinical Specialist to assist with reviews of behavior treatment plans to meet State requirements.
 - \$81,988 – Autism Services ASD Support Specialist to address the growing need of managing the administrative and clinical support of members seeking and/or receiving ABA services with Wayne County.
 - \$293,432 – Two (2) new compliance positions (Compliance Administrator and Compliance Specialist) to assist in meeting investigative deadlines, as well as increase the efficiency of fraud, waste and abuse investigations and recoupment of impacted payments,
 - \$64,728 – Communications Administrative Assistant to assist with coordination of community outreach events, sponsorships, and management of media contracts.
4. Position reclasses, promotions, and salary increases for existing employees totaling \$74,533, including fringes.
 - \$27,412 – Reclass Financial Informatics Administrator to Director of Fiscal Informatics
 - \$16,515 – Reclass four (4) Administrative Support staff to Administrative Assistants
 - \$14,384 – Adult Initiatives Clinical Officer salary increase
 - \$16,222 – Director of Grants & Community Engagement salary increase

The revised FY 2024 Operating Budget of \$1,019,283,378 consists of the following revenue:

- \$749,472,681 (Medicaid, DHS Incentive, Medicaid-Autism, Children's/ SED Waiver, HAB, CCBHC Supplemental);
- \$154,399,894 (HMP);
- \$12,289,936 (MI Health Link);
- \$21,629,681 (State General Funds, CCBHC General Funds);
- \$23,486,447 (Wayne County Local Match Funds);
- \$4,723,521 (County PA2 Funds);
- \$13,720,684 (State Grant Portion of OBRA, SUD);
- \$31,927,509 (Federal Grants/ Federal Block Grants/ SUD);
- \$2,593,025 (Local Grants);
- \$5,000,000 (Interest Income); and
- \$40,000 (Miscellaneous Revenue).

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
MULTIPLE	\$ 1,019,283,378.00	\$ 1,019,283,378.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, April 25, 2024

Signed: Thursday, April 25, 2024

Board Action #: 24-07R5

Board Action Taken

The following Action was taken by the Full Board on the 15th day of May, 2024.

- Approved
- Rejected
- Modified as follows:

Tabled as follows:

Executive Director -initial here: _____

Signature

Lillian M. Cardshore
Board Liaison

Date:

5/15/2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-18R Revised: Y Requisition Number: 14,378

Presented to Full Board at its Meeting on: 5/15/2024

Name of Provider: Peter Chang Enterprises

Contract Title: PCE for MHWIN Additional Modules

Address where services are provided: None

Presented to Finance Committee at its meeting on: 5/1/2024

Proposed Contract Term: 10/1/2023 to 9/30/2026

Amount of Contract: \$ 4,214,019.00 Previous Fiscal Year: \$ 2,939,943.00

Program Type: Modification

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

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)?

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

This board approval is requested the approval for an additional \$562,200 for the Peter Chang Enterprises contract ending September 30, 2026. The revision will allow for the creation of several new modules in MHWIN that will allow DWIHN to conduct direct services, CCBHC, monitor member spenddown, AOT and the self service portal for the DWIHN mobile app.

The contract amount approved on the original Board Action (BA24-18) totaled \$3,651,819

Add funds: \$562,200 includes:

- one-time implementation costs of \$249,000
- monthly payments of \$10,800 for 29 months (\$313,200)

The new contract total through September 30, 2026 shall not exceed \$4,214,019.

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

Board Action #: 24-18R

The contract with PCE is for hosting and maintenance of the MHWIN, DWIHN Electronic Medical Record system, which serves Substance Use Disorder Module and Twilio Text Message system, Crisis Center Module and the Mobile Crisis Module.

Currently, all PIHP's and the entire DWIHN Provider network utilizes the PCE system and MDHHS has developed most of its requirements and processes around the use of the PCE system. Although there are other Providers of an Electronic Medical Records system, changing the vendor would result in significant disruption to the network.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
Multiple	\$ 3,651,819.00	\$ 3,651,819.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 3,651,819.00	\$ 3,651,819.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Board Action #: 24-18

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
Multiple	\$ 4,214,019.00	\$ 4,214,019.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, April 26, 2024

Signed: Friday, April 26, 2024

Board Action Taken

The following Action was taken by the Full Board on the 15th day of May, 2024.

- Approved
- Rejected
- Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Signature:

Lillian M. Blackhue
Board Liaison

Date:

May 15, 2024



President and CEO Report to the Board Eric Doeh May 2024

FINANCE

The annual audit reports for Detroit Wayne Integrated Health Network (DWIHN) were presented by Plante & Moran, PLLC on May 1, 2024 for the fiscal year ended September 30, 2023. There were no findings reported for the fiscal year ended September 30, 2023.

LEGISLATIVE EFFORTS

Detroit Wayne Integrated Network (DWIHN) is working with the Michigan Department of Health and Human Service (MDHHS) to apply for federal grant funding being made available to CMH/PIHP organizations. Assistance was requested to provide behavioral health supports and services related to the Presidential declaration from August 2023. DWIHN and its provider partners would offer access to behavioral health resources through community outreach in specified areas of Wayne County.

Budget Next Steps:

March–May Subcommittees adopt initial legislative budget recommendations for each state department.

June Budget adopted by the Legislature and presented to the Governor for signature.

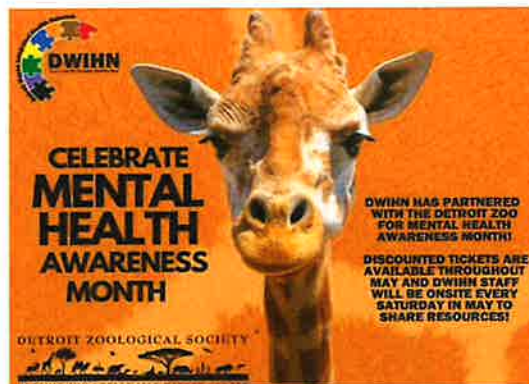
July Governor signs appropriations bill (if Governor issues vetoes, veto overrides are considered); adjustments to the current-year budget are considered.

Governor’s Budget Recommendation outlined funding priorities including:

- *\$193.3 million to establish new CCBHC sites across the state*
- *\$7.3 million to ensure individuals experiencing behavioral health crises have access to the Michigan Crisis and Access Line 24/7*
- *\$5 million for smoking cessation and tobacco prevention programs*
- *\$1.5 million to increase the clothing and holiday allowances for children in foster care.*
- *\$35 million to implement recommendations of the Racial Disparities Taskforce, including neighborhood health grants, mobile health units, sickle cell support and more.*
- *\$1.5 million to fund grants to nonprofit organizations to reduce veteran homelessness.*

ADVOCACY AND ENGAGEMENT

May 2024: DWIHN unveiled its partnership with the Detroit Zoo recognizing May as Mental Health Awareness Month.



This wonderful partnership includes offering discounted tickets to all who attend. Take a minute to check out the video as I enjoy my trip to the Zoo and then go to the link below to grab your discounted tickets.

DWIHN teams will be at the Zoo every Saturday in May (10:00 a.m.-2:00 p.m.) sharing resources and information.

Eric Doeh and Friends at the Zoo: <https://youtu.be/s2xdZqe-LcA>

Discounted Zoo Tickets Website: <https://tickets.detroitzoo.org> – Store Name: DWIHN24

DWIHN had a major presence during the 2024 NFL Draft festivities, from providing crisis care and raising awareness of critical mental health services to honoring NFL legends throughout the weekend. DWIHN co-response teams were stationed downtown with DPD to provide crisis intervention support and behavioral health treatment to individuals in emergency situations in and around NFL Draft activities. DWIHN-trained DPD officers, along with DWIHN's own mobile crisis units, were stationed in hot spots like Ford Field, Hart Plaza and various hotels, restaurants and bars.

On May 8, Dr. Dalia Mammo joining the Wayne County Women's Commission as a panelist Maternal Mental Health Panel hosted by the Wayne County Women's Commission, addressing key issues surrounding pre and postpartum mental health, including breaking the social stigma, identifying signs of at-risk mental health, recognizing available resources and support systems.

On April 30: I, along with Bianca Miles, and members of Youth United, spoke at the National Youth Council Roundtable at Northwestern High School, helping to inspire over 120 9th and 10th grade students at Northwestern High School about breaking down behavioral health stigmas and learning how to be the best advocate for yourself and use the community resource and supports available.

On April 29, DWIHN kicked off its Mental Health Youth Council with twelve (12) Wayne County high schoolers from Detroit, Hamtramck, Romulus and more who are being brought together and are all eager to share their voices, ideas and passion for mental health advocacy and make difference in their communities.

For the 10th year, DWIHN and Grow Detroit's Youth Talent (GDYT) kicked off their city-wide summer jobs program that employs young adults between the ages of 16 and 24 to enable participants to gain occupational skills, exposure to the working world and develop a network of professional contacts and develop working relationships with potential mentors. In addition, DWIHN offers MHFA and QPR training to its attendees.

As a result of DWIHNs work over the last year, I was invited to join the Tri-County Summit Behavioral Health Task Force along with Commissioner Alisha Bell. The goal of the task force is to collaborate on behavioral health and social justice solutions and to help divert individuals with mental help and substance use disorders from correctional institutions and toward more appropriate and culturally competent, community-based behavioral healthcare (see attached resolution below).

RESOLUTION

No. 2024-254

By Commissioner Bell

WHEREAS, on September 8, 2023, Macomb, Oakland and Wayne County legislators met during the 15th Tri-County Summit to receive an update on the progress toward regional goals to collaborate on behavioral health and social justice solutions; and

WHEREAS, the increasing number of individuals with mental health and substance-use disorders in the criminal justice system has an enormous impact on our communities; and

WHEREAS, diverting individuals with mental health and substance-use disorders from correctional institutions and toward more appropriate and culturally competent, community-based behavioral health care and treatment is an essential component of national, state and local strategies to provide people with the support they need and to eliminate unnecessary involvement in the juvenile and criminal justice systems; and

WHEREAS, individuals and their health care providers share information with each other to diagnose health issues, make decisions about treatments and coordinate care. Sharing of health information is an essential tool for delivering quality health care and should be examined for continuum of care through the justice systems; and

WHEREAS, county commissioners from Macomb, Oakland, and Wayne can work together to explore this issue through a joint task force; and

WHEREAS, this task force, to be called the Tri-County Behavioral Health Task Force, will examine methods to share behavioral health information through existing health information networks and solicit additional ideas for addressing behavioral health within justice systems; and

WHEREAS, this partnership is a substantive outcome of the 2023 Tri-County Summit, highlighting how government, corporations and institutions within the region can work together to craft desired goals which result in sound solutions for a successful future.

Now therefore be it

RESOLVED that the Wayne County Commission on this 23rd day of April, 2024 joins its colleagues from Macomb and Oakland counties in creating and supporting the Tri-County Behavioral Health Task Force; and be it further

RESOLVED that the task force shall consist of two representatives, as appointed by the respective commissioners, from each county to provide direction and oversight. The task force may also include nonvoting members representing county departments and subject matter experts; and be it further

RESOLVED that the task force shall submit their regional update at the 2024 Tri-County Summit and to each of the respective Tri-County commissions.

(2024-66-018)

INTEGRATED HEALTH PILOT UPDATE

DWIHN continues to make progress with integrating with Medicaid Health Plans. Below is a list of updates of the collaborations with Medicaid Health Plan Partners One, Two, and Three:

Health Plan Partner One

DWIHN and IHC meet monthly for care coordination. Twenty-two members (22) were discussed, thirteen (13) members had gaps in care successfully closed. Six (6) members will be carried over to May.

Health Plan Partner Two

Care Coordination with Health Plan 2 was initiated in September 2020. These meetings occur monthly. Health Plan 2 had twenty (20) members identified as having gaps in care. Sixteen (16) members needed assistance with gaps in care and they were successfully met. Four (4) cases will be carried over to May. The Michigan Department of Health and Human Services' (MDHHS) has required health plans to follow children in the foster care system.

Health Plan Partner Three

DWIHN staff are working with Health Plan 3 on a new project of monitoring individuals who utilized the emergency room department or inpatient psychiatric unit and how to perform data sharing.

There are four (4) CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral Services, Hegira and The Guidance Center. This started on June 16, 2022.

During the month of April, DWIHN and Health Partner 3 met with the CRSP's and discussed any referral problems. Lincoln Behavioral Services stated they are not getting referrals. Health Plan 3 will investigate this. Health Plan 3 went over procedures for the new process for CRSP/DWIHN staff to follow for entrance to the ED.

Shared Platform and HEDIS Scorecard

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important areas of care. DWIHN has developed a HEDIS scorecard based on claims from our CRSP's and claims pulled from the MDHHS claims warehouse CC360. DWIHN is following the guidelines set from the National Committee for Quality Assurance (NCQA) as to the behavioral health HEDIS measures to monitor and report on. These measures are a combination of medical interventions and behavioral health interventions that affect one's recovery and independence in the community.

Vitals Data continued to work on several upgrades that will roll out in May. Vital Data staff and DWIHN met on April 11th and reviewed the upgrades to the platform that will be rolled out in May. Vital Data and DWIHN met with two CRSP providers and discussed their flow process for managing HEDIS Data and if the new upgrades will be helpful. Vital Data presented new products that are AI and that can assist with predictive measures.

During the month of April, the HEDIS scorecard was reviewed at 14 CRSP monthly meetings and FUH data was shared.

CLINICAL OPERATIONS

Health Home Initiatives:

Behavioral Health Home (BHH) -723 members (March- 708, 2.1% increase)

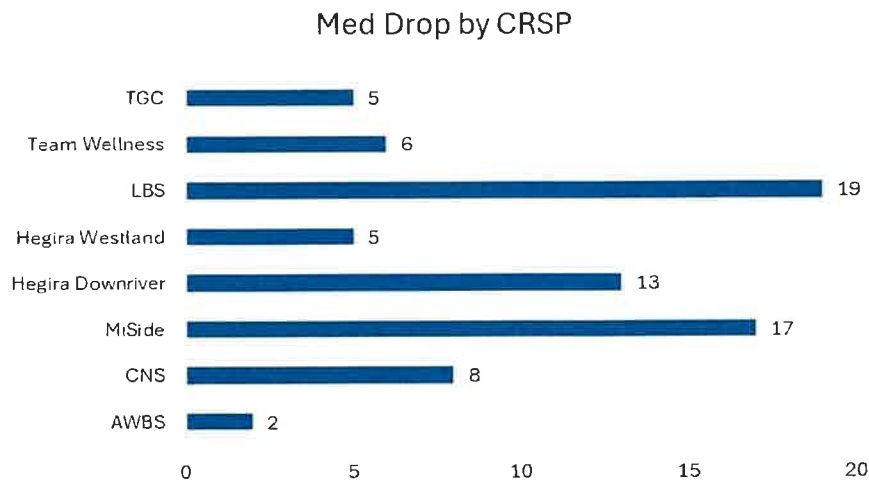
Opioid Health Home (OHH) - 622 members (March- 617, .8% increase)

- Both Health Home programs will expand to all regions in FY2025
- DWIHN's Opioid Health Home met two (2) of the three (3) FY2023 pay for performance measures. DWIHN did not meet the emergency department (ED) utilization measure. The statewide challenge is that it counts negatively when individuals return to the ED for their medications after starting Medication Assisted Treatment (MAT). DWIHN will receive a \$60,532.08 P4P payment in June, which will be distributed to OHH providers scaled to utilization.
- Behavioral Health Home FY2023 Pay for Performance results are expected in the next few weeks.

Adult Services:

Med Drop Program: Med Drop is a community-based intervention that focuses on improving medication adherence for adults. The Med Drop Program has shown an increase in medication adherence and decrease in psychiatric hospitalizations over time.

- Current Enrollment- 75 members (March- 69 members) S
- Successful deliveries- 1988 (March 1562 deliveries)
- New Intakes scheduled (May)- 13
- Zero (0) case closures this month



As of May 31, 2024, Hegira will no longer be contracted with Genoa to provide Med Drop services. KIPA, a company that currently provides Med Drop services for Genoa's Saginaw location, will take over this contract on June 1, 2024. Adult Initiatives has begun discussions with Henry Ford Kingswood to provide education and training on the benefits of Med Drop so the program can be utilized as part of hospital discharge planning.

Utilization Management (UM):

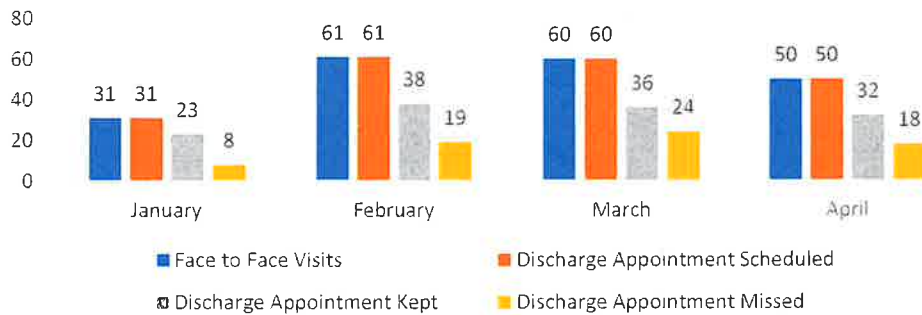
The Utilization Management Department is currently evaluating over/under utilization data for each provider, and for the network overall, to determine specific trends. A plan will be developed to address this provider network-wide in the next 30 days. Utilization Management is also undergoing a change in leadership.

Crisis Services:

Inpatient Hospital Discharge Planning - Liaisons continue to meet face-to-face with members that do not have an assigned provider to do discharge planning (Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest). Liaisons follow up with members in the community upon discharge to ensure hospital discharge appointments are kept.

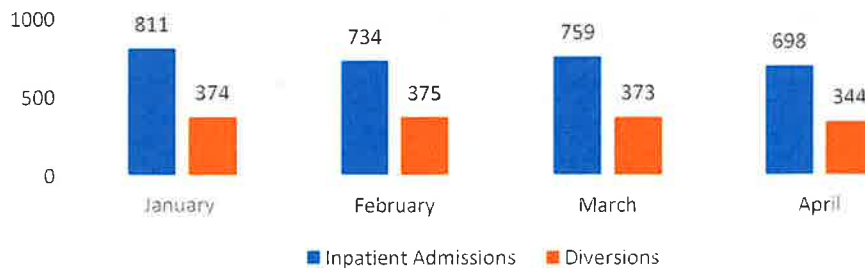
The Crisis Services Department saw 50 members in-person on inpatient units in April. All members had an aftercare appointment scheduled per their CRSP preference; 32 members kept their aftercare appointment (64%). Of those members that did not keep their appointments, liaisons continue outreach efforts. Providers have been notified on the expectation in relation to hospital discharge planning along with the associated billing codes.

Liaison Discharge Planning



Inpatient Hospitalizations - The Crisis Services Department monitors the rate of inpatient admissions from a crisis encounter. The team works with the screening agencies to identify opportunities for diversion to lower levels of care to decrease inpatient hospitalizations. The team audits the pre-admission reviews for members waiting 23+ hours in the emergency departments and meets with the screening agencies to determine if a lower level of care is appropriate.

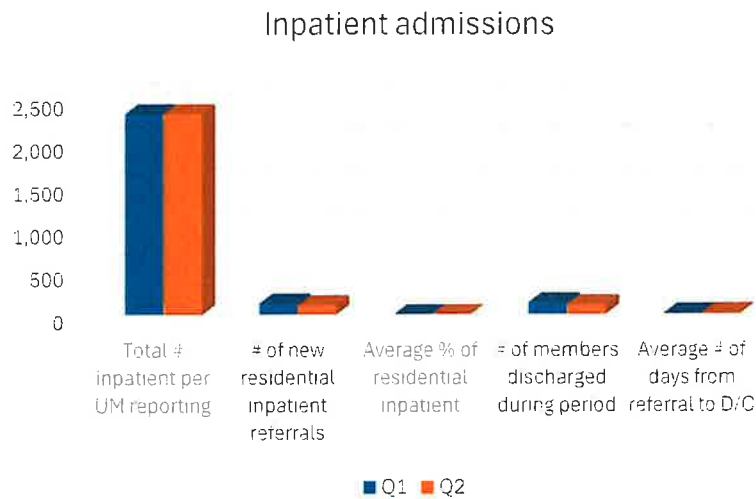
Overall Inpatient Hospitalizations and Diversions



There was a reported decrease in inpatient hospitalizations in April from March. The team identifies clinical opportunities within the screening agency documentation and discusses diversion to lower levels of care when appropriate per medical necessity. The team has found a need to train screening agencies on lower levels of care. The team has also met with three (3) partial day hospitalization providers (PHP) and discussed referrals to their programs as options for members who meet criteria for PHP.

Residential Services:

Residential Inpatient and Referral - The Residential Department works with individuals who need assistance with personal care and community living supports in various residential settings. Residential settings may be difficult to secure due to the complex needs of some individuals. A newly established goal within the department is to improve the time it takes to find an appropriate home for persons being discharged from inpatient settings.



	Q1	Q2
Residential Referrals	130	110
Average % Residential Inpatient	5.5%	4.6%
Average No. Days Referral to Discharge	10	13.7

Based on the data indicating the length of time to discharge, the Residential Department adjusted the process of assigning cases. Staff are immediately assigned upon referral to start brokering a placement immediately. Staff are contacting the referral source the same day to schedule the residential assessment. Department managers are reviewing hospitalization numbers weekly.

Children’s Initiatives:

MichiCANS - MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. Wayne County was selected as a pilot site in which DWIHN and The Children’s Center (TCC) are currently participating in the Soft Launch Project. The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School and Early Childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with serious emotional disturbances (SED) and intellectual developmental disabilities (IDD).

The Soft Launch started January 8, 2024, with DWIHN and TCC as the identified sites for Wayne County and ended March 31, 2024. Below is the chart of total MichiCANS screenings completed by DWIHN Access Department and TCC.

Jan 2024	Feb 2024	Mar 2024	Total
4 screenings	43 screenings	285 screenings	332 screenings

A collaborative decision was made for both DWIHN Access Department and TCC to continue to administer the MichiCANS screenings and comprehensive assessments until the hard launch starts 10/1/2024. In preparation for the October 2024 MichiCANS hard launch, there is a need to update policies and utilization management guidelines in accordance with the upcoming changes. In addition, all SED and IDD children providers need to have appropriate staff trained in MichiCANS screener and assessment tools.

Post Partum Depression Initiative - DWIHN, in partnership with the Southeast Michigan Perinatal Quality Improvement Coalition (SMPQIC), received grant funds for providing education and resources pertaining to post-partum depression. It also included eight (8) vouchers to be used by clinical staff for specialized training in post-partum depression.

CCHBC DEMONSTRATION EXPANSION

Certified Community Behavioral Health Clinic- 9,099 members (March- 8,609, 5.7% increase)

- The CCBHC Demonstration will be expanding in Michigan for FY2025. Seven (7) sites are seeking MDHHS certification to join the Demonstration in our region: Judson Center, Neighborhood Services Organization, Hegira, DWIHN, Central City Health, Detroit Recovery Project, Inc., and Team Wellness.
- MDHHS will certify sites by September 1, 2024, for launch on October 1, 2024.
- If all sites receive State certification, and funding is available, there will be a total of 13 CCBHCs in Region 7.
- DWIHN is currently establishing direct clinical outpatient services to provide additional access to Wayne County individuals and will be applying for CCBHC certification. DWIHN is currently developing a co-located clinic in partnership with a Primary Care Provider office in Southgate which will serve adults with behavioral health and co-occurring issues. This will be considered our satellite office with DWIHN’s future site on Woodward as the main outpatient behavioral health clinic.

CHIEF MEDICAL OFFICER

Behavioral Health Education, Outreach and Updates:

Dr. Mammo did Ask the Doc video on Autism Awareness Month in April

<https://youtu.be/zz9qmb613BY>

Teaching Collaborative:

- The Legal Department has been working on some of our collaborative teaching agreements.
 - Teaching Agreement with Nurse Practitioner (NP) Program, Physician Assistant (PA) program and Child and Adolescent Psychiatry (CAP) fellowship have been reviewed by our legal team.
 - The NP and CAP have been signed and finalized; PA agreement is going through final signatures.
- We sent letters to all Psychiatry Residency Programs providing resources on DWIHN Crisis Services and the job opportunities for graduating residents and moonlighting opportunities for Residents who have full license but are still in training.
- Dr. Faheem met with St. Mary Mercy Hospital Program Director regarding Crisis Services, rotation opportunities and job opportunities.

State Medical Director Meeting:

State Medical Director meeting with Dr. Pinals discussed several current topics and challenges such as Crisis Stabilization Units, MichiCANs and use of other screening tools on State's recommendations (pros and cons), Conflict Free Case Management Policy and ongoing discussion on pros and cons of using AI including lack of State and Federal guidelines. DWIHN was appreciated for its Crisis Center ribbon cutting and progress.

Crisis Center and Mobile Crisis Updates:

707 Crisis Center: DWIHN had our Ribbon cutting on April 12, 2024. It was well attended and appreciated. We had several staff from MDHHS attend. We also had some of our Psychiatry Program Directors join, who were excited to have their residents/fellows rotate there.

<https://www.youtube.com/watch?v= I-TLluTesc>

Hiring: We have most of Crisis Center staff hired. There are some contingent positions available along with RN position. Regarding psychiatrist and Advanced Practice professional (APP: NP, PA) hiring.

State Certification: The State has started the Adult CSU certification with two pilot sites, DWIHN being one. We completed our initial submission. MDHHS had an additional request that will be completed over the next 2 weeks. MDHHS will be doing a site visit next week.

Mobile Crisis: Mobile Crisis launched in December. Children mobile certification received end of Feb and services started in March. Currently developing data points and reports to start reviewing and presenting them.

**From 1/1/24 – 3/3/24*

Mobile Crisis operated Adult Only services, Monday – Friday 7am-3p

**Starting 3/4/24 – 3/31/24*

Mobile Crisis operated Adult & Children Services, Monday – Sunday 7am-3p
 Timeframe: 1/1/24 – 3/31/24

Data	Result
Total Mobile Crisis Contacts	54
<i>Demographics by Age</i>	
Ages 0 – 7	0
Ages 8 – 12	2
Ages 13 – 17	4
Ages 18 -24	8
Ages 25 -34	13
Ages 35 – 44	8
Ages 45 – 54	11
Ages 55 – 64	6
Ages 65 +	2
<i>Demographics by Race</i>	
Black or African American	79%
White	20%
Other	1%
<i>Demographics by Gender Identity</i>	
Identifies as Female	48%
Identifies as Male	46%
Bigender	1%
Not Collected	5%
<i>Disposition</i>	
Stabilized in the community with follow-up services	19%
Stabilized in the community and individual refused follow-up services	22%
Referred to DWIHN Intensive Crisis Stabilization Team	35%
Mobile Crisis transported to CSU	8%
Transported to ER	11%
Not Collected	5%
<i>Average Response Time</i>	
Time between dispatch to arrival on scene	31 minutes
<i>Average Time on Scene</i>	
Time between arrival and disposition	75 minutes
<i>Percentage of LEO Requests</i>	
Number of times Mobile Crisis requested Law Enforcement backup on scene	0%

QUALITY DEPARTMENT

External Quality Review by HSAG

The upcoming SFY 2024 HSAG Compliance review will be a review of five 5 of the 13 Compliance review standards. The following standard will be reviewed during FY2024:

Standard I—Member Rights and Member Information (Customer Service)

Standard III—Availability of Services (Access Call Center)

Standard IV—Assurances of Adequate Capacity and Services (Managed Care Operations)

Standard V—Coordination and Continuity of Care (Quality Improvement, CPI)

Standard VI—Coverage and Authorization of Services (Utilization Management)

HSAG will host a technical assistance webinar on May 21, 2024, to discuss the scope of the compliance review activity and instructions for the review. DWIHN's HSAG Compliance review will be conducted on September 6th, 2024. The invitation has been forwarded to the required staff and management team. DWIHN's project plan is in the process of development for review and sharing with the assigned units. QI has begun to meet with assigned staff.

Previous year performance:

DWIHN demonstrated that we successfully remediated 33 of 35 elements, indicating the necessary policies, procedures, and initiatives were implemented and demonstrated compliance with the requirements under review. The two elements that were not compliant were Standard XII. (Element 7 and 8). A technical assistance call was not required as the PIHPs are in discussions with MDHHS regarding the applicability of the API requirements; however, DWIHN must proceed with fully implementing the Patient Access API to comply with all requirements of 42 CFR §431.60 and the CMS Interoperability and Patient Access Final Rule (CMS-9115-F). Quality has begun to meet with IT to work with PCE to make this deliverable as required.

Strengths: DWIHN successfully addressed all citations except for 2 elements as noted above.

Performance Monitoring Activities

MDHHS 1915(c) Waiver and 1915(i) SPA Review Summary

Administrative - Fully compliant

Clinical Records

MDHHS reviewed:

- 118 case records from 21 CRSP Providers
 - 10 Children's Waiver Program CWP
 - 25 Habilitation Supports Waiver HSW
 - 10 Serious Emotional Disturbances Waiver SEDW
 - 73 iSPA
- 111 sets of Progress Notes for CLS & vocational services.

Trends

- Improvements seen in 11 HSW performance measures and 7 SEDW measures. **Strengths**
- Full compliance in the CWP!
- Maintained full compliance with administrative portion of the review!

- DWIHN’s standardized Integrated Biopsychosocial Assessment. When completed fully, the IBPS meets the health care appraisal standard.
- Most records were well documented, thorough assessments, good documentation of member satisfaction, and evidence of coordination of care.

Areas for improvement

- HCBS documentation in the IPOS
- Documenting member choice of providers
- Remediation Plan being completed
- Staff Qualifications - MDHHS reviewed the qualifications of 620 staff from 21 CRSP providers and 62 Service providers
 - 180 Professional
 - 440 Aide

Trends

Improvements in performance measures for professional staff.
Full compliance with Professional and non-professional CWP staff

Areas for improvement

Direct Support Professionals receiving training on the IPOS

HUMAN RESOURCES

During the past month, DWIHN has hired the following staff:

Behavioral Health Technician - Contingent		Crisis Services
Behavioral Health Technician Supervisor - Contingent		Crisis Services
Call Center Manager		Call Center
Call Center Representative - (Contingent)	3	Call Center
		Mobile Crisis
Dispatch Coordinator (Contingent)	2	Operations
		Mobile Crisis
Mobile Crisis Clinician	2	Operations
		Mobile Crisis
Mobile Crisis Clinician (Contingent)		Operations
OBRA Evaluator		OBRA
Peer Support Specialist - Crisis Services	3	Crisis Services
Peer Support Specialist - Crisis Services (Contingent)	3	Crisis Services
Peer Support Specialist - Mobile Crisis Services	3	Crisis Services
Registered Nurse - Crisis Services	3	Crisis Services
Registered Nurse - Crisis Services (Contingent)	3	Crisis Services

DWIHN HR has continued its Supervisory Institute for management staff. Group D began on their sessions April 16, 2024. The next cohort for the Harvard Business School Online is scheduled to

this month. DWIHN HR has continued contract negotiations with the GAA and AFSCME unions. (As part of those negotiations, both unions agreed to an extension of their collective bargaining agreement.)

DIVERSITY, EQUITY & INCLUSION

- **2024 WSU Community-Engaged Research (CEnR) Summit**
 - Day 1: April 11 – A Career as a Community Health Worker: Starting Out & Staying in (Panel Discussion)
 - Day 2: April 12 – Building Bridges, Sharing Solutions: Community-Academic Partnerships for Equity
 - Check-UP updates & Research Network Updates
 - Presentation by Dr. Kenyatta Dotson (Rx Kids)
 - Panel Discussion
 - Break Out Sessions
- **2024 CLC Summit Planning Meeting (collaboration with Children’s Initiative)**
 - Secure Venue (Westland City Hall)
 - Set Date (Friday August 29th, 2024)
 - Theme: ‘Accountability is Our Responsibility’
 - Speakers
- **Detroit Community Health Equity Alliance Monthly Meeting (D-CHEA)**
 - D-CHEA will work to inform and develop initiatives to advance health equity with emphasis on Detroit’s persistent poverty areas, where a substantial proportion of the neighborhood has lived in poverty for decades. The committee plans to collaborate to bring about community-level change towards health-promoting opportunities and behaviors. Funded through CVS Health.

IT SERVICES

Business Processes:

- **Crisis Care Center**
 - Staff setup continues to occur in MHWIN related to the prescribers and inclusive of hard token setup for MFA authentication.
- **Electronic Visit Verification (EVV)**
 - The State has moved the target implementation date to 9/1/2024 for Behavioral Health EVV.
 - Discussions taking place with Fiscal Intermediaries & MDHHS report request for local modifiers.
- **SUD Risk Matrix**
 - SUD Risk Matrix reviewed with SUD Department
 - Security setup for SUD CRSPs taking place which will allow start of setting up applicable SUD CRSP staff within the next couple of weeks.

- **Outpatient Care Clinic**
 - Staff setup continues to occur in MHWIN.
 - Contract and fee schedule complete in MHWIN.
- **Provider Contracting**
 - MCO Provider credentialing quarterly reports forms are complete. Full unit testing will commence after e-mail testing.
 - Working with MCO on continued development of annual provider contracting forms.
- **Document Management**
 - UniFlow hybrid setup completed, Copiers in Milwaukee and Woodward have Therefore client access.
- **Questica**
 - This is on hold waiting for Finance / HR review. The last IT step was “Finance and HR with API integration between Dynamics GP, ADP, and the Questica budgeting app. Integration configuration is continuing”.
- **Henry Ford Joint Project**
 - Delivering final numbers for the Governor’s award submission
- **Provider Network Adequacy Dashboard**
 - Preparing to send additional columns of data for the accuracy portion of the Quest contract.
- **EQI reporting**
 - Preparing FY2024 P1 submission
- **Eligibility data load process assessment**
 - Review the data load logic for eligibility data to improve the warehouse's reporting capability.
- **Building Desk Hoteling**
 - Set up for Envoy hoteling desk reservation completed. System deployed at Woodward Building. Starting deployment at Milwaukee building.
 - Setting up Conference room phones with Genesys system.

Infrastructure / Security / IT Compliance

- **Building Construction**
 - Woodward/Milwaukee still pending blueprint and diagram from vendor (Bluestone).
 - Milwaukee ISP: Waiting on Secondary BGP configuration.
 - Continue configuring the building security and video camera systems to meet the needs of the Crisis Center.
 - Woodward office open and available.

- **Security**
 - Configuration of Graylog SIEM/SEM (Security Incident and Event Monitoring/Security Event Management) continues.
 - We are reviewing vendors and systems for SOC (Security Operations Center) functionality.
 - All ICO security audits are complete. Molina has accepted our response to their CAP and the Audit is closed.
 - The vCISO project is continuing and working on SOC selection and SEIM configuration. It is currently working on internal scans and addressing findings.
 - Continuing working with business units on the DWIHN BCP/DR plan, transitioning from information gathering to action planning.
 - Vetting and removing Azure SSO applications found added by users.
 - Working with facilities on setting up infinias door access system and programming the key zone mapping for staff access.
 - Four SIRs (Security Incident Report) were created and under investigation.

- **Onboarding/Offboarding**
 - Ongoing and continuous development process with HR to finalize a new automated onboarding/offboarding process in Therefore to meet Access Control standards in compliance frameworks.

- **SQL Server upgrade**
 - Post migration performance tuning of server and query job analysis is underway.

- **Genesys Phone System**
 - The DWIHN team completed the setup of Speech and Text analytics within the system to improve call management and prioritization. We are analyzing initial data to optimize practices.
 - Starting the process of converting the Reach Us Detroit communications process over to the Genesys system.

COMMUNICATIONS

Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	2 Posts, 4 Story Posts	Over 28.3K total views
Kathleen Springer	6 Posts	815 Likes/275 Shares

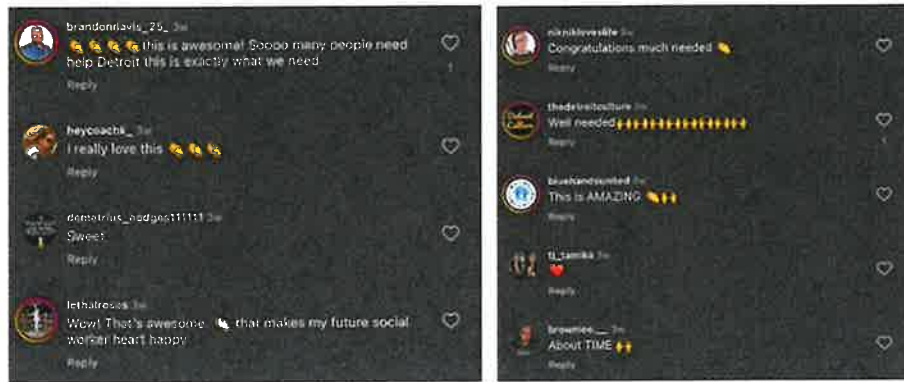
In April, our influencers focused on promoting Children's Mental Health Awareness Day in May. Highlighting our commitment to raising awareness and promoting positive mental health initiatives among younger audiences.

We increased our visibility for the opening of our Crisis Care Center ribbon cutting throughout all areas of Detroit and Wayne County.

Influencer Kathleen Anne Springer played a key role in raising awareness of our mobile crisis units within the Downriver community, while also spotlighting the assessment and services offered through our 'MyDWIHN' app.

Social Media Outreach:

DWIHN is actively elevating mental health awareness on social media by sharing informative content, engaging narratives, and fostering a supportive online community. DWIHN is creating a digital space that encourages dialogue, educates the public, and helps reduce the stigma associated with mental health challenges.



Social Media Performance Report Summary:

- Impressions: 163,249 down 43.6%
- Engagements: 9,549 down 31.6%
- Post Click Links: 4,072 down 33.5%
- Engagement Rate: 5.8% up 21.5%
- Total Audience Growth over the last month was 17,733.

Google Analytics:

- 1,988 Business Profile interactions
- 3,107 People viewed the DWIHN Business Profile
 - 2,140 (69% Google search - desktop)
 - 785 (25% Google search - mobile)
 - 147 (5% Google Maps - mobile)
 - 35 (1% Google Maps - desktop)
 - 1,705 Searches DWIHN was shown in users search results
- DWIHN – 790
- dwhin - 85
- dwihn training – 82
- dwctraining – 79
- Wayne County CMH - 77

Earned Media Report:

(Hyperlinks connect to story and interviews)

707 Crisis Care Center Building Grand Opening:



- Day Of Coverage
 - [WXYZ Channel 7](#) covered all aspects of the day on multiple platforms with **reporter Sarah Michals** giving viewers a walkthrough of the facility, a “look live” and interviews with Grace Wolf along with persons served touring the facility.
 - **Fox 2** was on scene to capture the ribbon cutting program, with a walkthrough.
 - **WDIV** covered the event with a shared camera feed from Fox 2.
 - **WWJ’s Luke Sloan** interviewed Eric Doeh prior to the ribbon cutting.
 - **Detroit News’ Sarah Rahal** interviewed Eric Doeh to discuss the new facilities and services.
 - **105.1 The Bounce** shared the story in the “*Shannon’s Scoop*” segment of their **Morning Bounce** program.
- Post Event Coverage
 - [Hamtramck Review](#) attended the grand opening to capture moments to share with its community. The story is on the front page of the April 19 edition.
 - Online news source [Hoodline.com](#) shared a summary perspective of 707 Crisis Care Center referencing several DWIHN crisis care stories, from Detroit News, Fox 2, and WXYZ.
 - Grace Wolf joined [WDET The Metro](#) on April 25 again to share more about the 707 Crisis Care Center - [Ask the Messengers](#) TV show was on scene to cover the ribbon cutting and aired their coverage on Sunday, April 28 on Channel 20.
 - [Open Minds Weekly](#) News Wire picked up the story and published on April 24.

2024 NFL Draft Support and Outreach:

- The [Hamtramck Review](#) highlighted DWIHN’s presence at the 2024 NFL Draft in its **Odds and Ends** Section on page 3 of the online paper that was released April 26.

Mobile Crisis Units:

- On April 4, [Fox 2's Hilary Golston](#) interviewed Manager Virginia Harrell and Peer Recovery Coach Karen Hopes on their roles with the expanded Mobile Crisis Unit team and the impactful work DWIHN does for Crisis Care.

Mental Health Youth Council:

- WDET's Tia Graham of [The Metro](#) podcast spoke with me on April 2 about the new initiative to elevate youth voice in steering mental health services with the creation of the Mental Health Youth Council.
- An appeal for Mental Health Youth Council applicants ran in the [April 5th Hamtramck Review](#).

Mobile Outreach:

The DWIHN Mobile Outreach Clinician added new events to the calendar and continued partnerships with Wayne Metro and Black Family Development. The clinician has a collaborative working relationship with ICNA Muslim Family Services and will continue to work with them once a month. ICNA Muslim Family Services had a large food drive with 300 people.

DWIHN attended a few significant events in April including an event with Emagine Health Service in Dearborn with 150 individuals, and the DPD Criminal Victim's Rights Walk with 120 people. The final event of the month was working with the Detroit Police Department's Co-Response team during the NFL Draft.

Category	
Number of mobile events attended	10
Number of meaningful engagements	1117
Number of screenings in the system	0
Number of follow-up calls made	15
Number of referrals made as a result of follow up	4
Benefit assistance referral	1
Bill payment referral	0
Complex Case Management referral	0
Connection to Access Center	3
Housing referral	0

Community Outreach: DWIHN/Youth United/ Youth Move Detroit:

In April, DWIHN took a prominent role in providing resources and supporting the mental health needs of visitors at the 2024 NFL Draft in Detroit. Over the three-day event, which drew as many as 700,000 attendees, DWIHN was present every day.

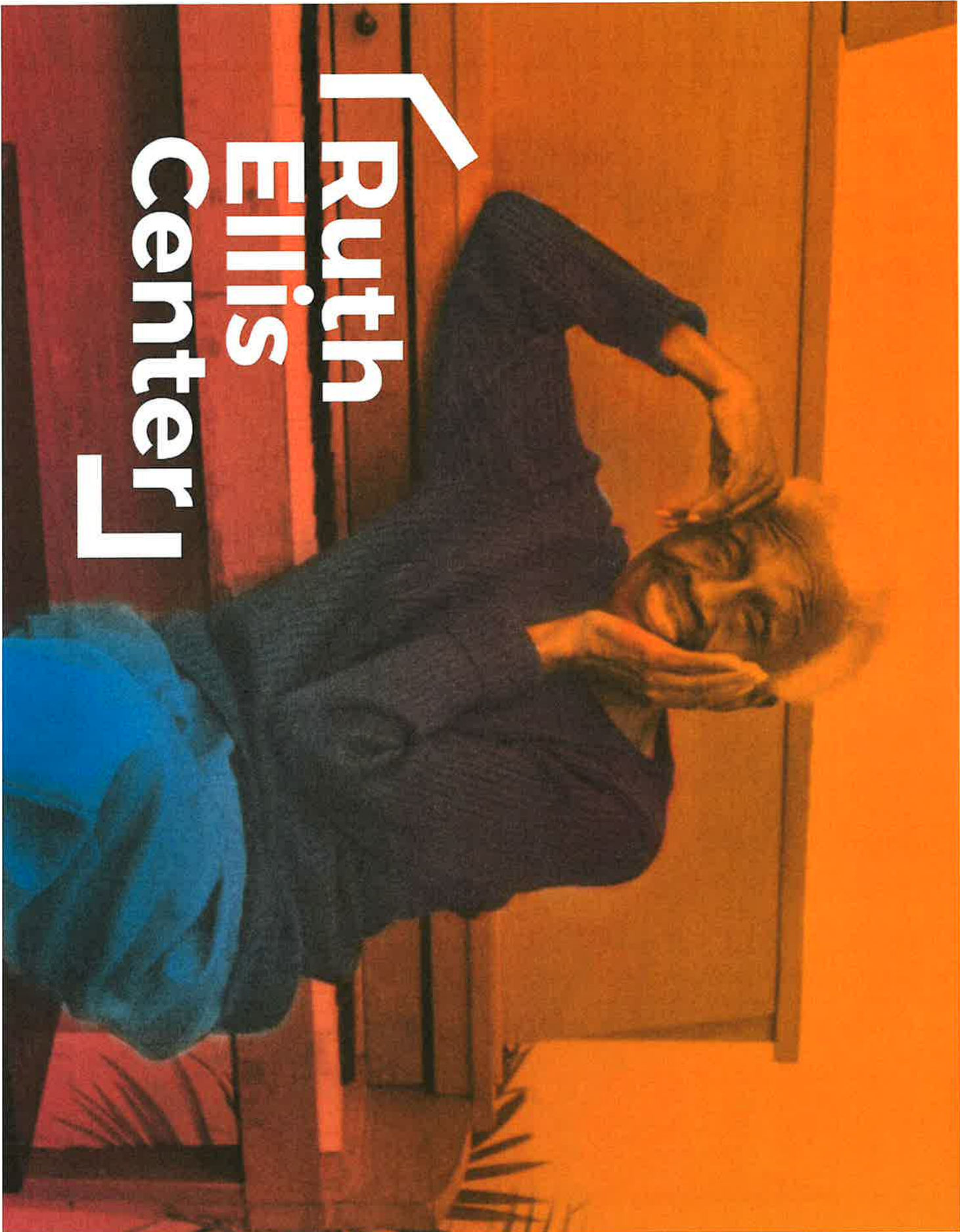
DWIHN also actively engaged in various outreach activities, including participation in the 2024 National Youth Leadership Regional Council Roundtable at Northwestern High School in Detroit, the P-CCS 3rd Annual Mental Health and Wellness Fair in Plymouth, and the 2nd Annual Autism Awareness Fun Day in Dearborn Heights.

Additionally, DWIHN hosted a virtual "Building Community," discussion aimed at providing resources and fostering a sense of community among parents with children on the autism spectrum.

Upcoming Events:

May 22nd: S.O.U.L.S. Chat: Faith Talk Mondays, 6:30-7:30 pm

Every Saturday in May, DWIHN staff will be handing out resource information at the Detroit Zoo in recognition of May as Mental Health Awareness.



「Ruth Ellis Center」

Who We Are

Founded in 1999, Ruth Ellis Center (REC) has established a national reputation for quality and innovation in providing trauma-informed services for lesbian, gay, bisexual, transgender and questioning (LGBTQ+) youth, and young adults, with an emphasis on young people of color, experiencing homelessness, involved in the child welfare system, and/or experiencing barriers to health and wellbeing.





Integrated Health

- Individual, family, and group psychotherapy provided by therapists who have specific training and experience working with LGBTQ+ youth and young adults, and their families
- Outpatient therapy, home-based therapy, parent support services, and Art Therapy in a studio setting
- Psychiatric services including evaluations and medication management
- Primary Care including Gender Affirming Care through REC's partnership with Henry Ford Health

Ruth Ellis Center Services and Programs



Housing

- Scattered Site Permanent Supportive Housing
 - Housing search assistance
 - Access to all of REC's supportive services
 - Case Management
- Clairmount Center
 - 42 Total Units
 - 34 PSH Units
 - 4 units reserved for individuals living with or at high risk of HIV
 - 4 units reserved for 50% AMI (Area Median Income)
 - Case Management services
 - Supportive Services Onsite



Health Equity & Outreach

- Drop-in Programming
- Ruth's Pantry
 - In-person pick up or delivery for Wayne county residents, Wednesday afternoon pick up and Friday deliveries by appointment
- Ruth's Closet
 - Clothing closet for youth
 - Wednesday afternoon pick up or by appointment
 - Laundry service
- Social events
- Low –barrier access to resources
- Center for Lesbian and Queer Women and Girls (CLQ)

Thriving Futures

- Education and employment pathway program with LGBTQ+ youth ages 18-30 living in metro Detroit.
- This program is also a Ruth Ellis Center diversity, equity, and inclusion initiative to train various workforce partners on ways to better support the unique identities and experiences of LGBTQ+ employees.



Ruth Ellis Center, Service

└ Ruth Ellis Institute

- Education, training, and evaluation services for clinicians, youth serving agencies, community partners, and systems of care
- The Institute trains and equips practitioners to implement evidence-informed interventions from REC's research and evaluation work under the Federal Children's Bureau.
- Training facilitated through grants, contracts and fee for service

2,705 child welfare professionals trained in 2023