

# Detroit Wayne Integrated Health Network

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

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

### **FULL BOARD**

Thursday, June 20, 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 May 15, 2024
- VI. RECEIVE AND FILE Approved Finance Committee Minutes May 1, 2024
  Approved Program Compliance Committee Minutes May 8, 2024

### VII. ANNOUNCEMENTS

- A) Network Announcements
- B) Board Member Announcements

### VIII. BOARD COMMITTEE REPORTS

- A) Board Chair Report
  - 1) Update Regional Chamber of Commerce 2024 Mackinac Policy Conference Mackinac Island, Michigan
  - 2) Update National Council on Wellbeing Hill Day June 5th & 6th 2024 Washington, DC
  - 3) Update Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference June 10<sup>th</sup> 12<sup>th</sup> 2024 Grand Traverse, Michigan
  - 4) Community Mental Health Association of Michigan (CMHAM) Annual Fall Conference October 21st & 22nd 2024 Grand Traverse, Michigan
  - 5) National Council on Mental Wellbeing NatCon25 Philadelphia, PA (May 5th-7th 2025)
  - 6) Regional Chamber of Commerce Mackinac Policy Conference 2025 Mackinac Island, Michigan (May 27<sup>th</sup> May 30, 2025)

### **Board of Directors**

- B) Executive Committee
  - 1) Update Annual Meeting July 17, 2024 11:00 a.m. (Crystal Garden, Southgate, MI.)
  - 2) Metro Region Meeting Detroit Wayne Integrated Health Network Hosts (September/October)
  - 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

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

### X. DETROIT WAYNE INTEGRATED HEALTH NETWORK UPDATED CREDIT CARD POLICY

### XI. UNFINISHED BUSINESS

### **Staff Recommendations:**

- A. BA#21-73 (Revised) 123.Net Fiber Internet Services (Finance)
- B. BA#22-50 (Revised) Rehmann Robson CPAs & Consultants (Finance)
- C. BA#24-06 (Revision 6) Detroit Wayne Integrated Health Network (DWIHN) Provider Network System (FY23/24) (Program Compliance)
- D. BA#24-07(Revision 6) Detroit Wayne Integrated Health Network (DWIHN) FY2023-2024 Operating Budget (Finance)
- E. BA#24-12 (Revision 3) Substance Use Disorder (SUD) Treatment (*Program Compliance*)
- F. BA#24-13 (Revision 1) Substance Use Disorder (SUD) FY24 Prevention Synar Program Strategies to Overcome Obstacles (*Program Compliance*)

### XII. NEW BUSINESS

### **Staff Recommendations:**

- A. BA#24-62 Summer Youth Employment Program (SYEP) (Program Compliance)
- B. BA#24-67 Substance Use Disorder (SUD) Opioid Settlement Chance for Life Organization (*Program Compliance*)
- C. BA#24-68 HUD Permanent Supportive Housing Coalition on Temporary Shelter (*Program Compliance*)

### 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

### **XV. PROVIDER PRESENTATION - Easter Seals**

### 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, May 15, 2024 1:00 p.m.

### **BOARD MEMBERS PRESENT**

Dr. Cynthia Taueg, Chair Kevin McNamara, Vice Chair Dora Brown, Treasurer Angelo Glenn Commissioner Jonathan C. Kinloch Bernard Parker William Phillips

### **BOARD MEMBERS ATTENDING VIRTUALLY: None**

**BOARD MEMBERS EXCUSED:** Ms. Karima Bentounsi; Ms. Angela Bullock; Lynne F. Carter, M.D.; Ms. Eva Garza Dewaelsche; and Ms. Kenya Ruth

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

GUEST(S): Plante Moran - Ms. Alisha Watkins, Partner and Mr. Tyler Luce, Manager Ruth Ellis Center - Mr. Mark Ervin, Executive Director, and Ms. Kristin Wunderlin, Director of Integrated Health

### CALL TO ORDER

The Board Chair, Dr. Taueg, welcomed and thanked everyone for attending the meeting and called the meeting to order at 1:07 p.m.

### **ROLL CALL**

Roll call was taken by Board Member Mr. Angleo Glenn and a quorum was not initially present; however, Ms. Brown joined the meeting by the end of the roll call. A quorum was present and noted for the record.

### APPROVAL OF THE AGENDA

The Board Chair called for a motion on the agenda. It was moved by Commissioner Kinloch and supported by Mr. McNamara approval of the agenda with the following changes: item XI. Unfinished Business – Staff Recommendations and Item XIV. President and CEO Monthly Report will be moved and taken after item VII. Announcements and item VIII. Plante Moran Presentation -FY23 Audit Reports will be taken after the President and CEO Monthly 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 April 17, 2024. It was moved by Ms. Brown and supported by Mr. Parker to approve the Full Board minutes of April 17, 2024. There was no further discussion. Motion carried.

### RECEIVE AND FILE

The approved minutes from the Finance Committee meetings of March 6, 2024 and April 3, 2024 and the Program Compliance Committee meeting of April 8, 2024 were received and filed.

### **ANNOUNCEMENTS**

### **Network Announcements**

Ms. T. Devon, Director of Communications reporting. It was reported that May is Mental Health Awareness month and Detroit Wayne Integrated Health Network (DWIHN) has a fantastic partnership with the Detroit Zoo. There are discounted tickets available for use. Additional information can be found of upcoming events on the DWIHN website. All were invited to participate with DWIHN and visit the Detroit Zoo.

### **Board Announcements**

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

The Chair, Dr. Taueg noted the agenda had been amended and called for Unfinished Business-Staff Recommendations.

### UNFINISHED BUSINESS

### **Staff Recommendations:**

- A. BA#21-28 (Revision 2) Janitorial Services, Services to Enhance Potential (STEP) The Chair, Dr. Taueg called for a motion. It was moved by Mr. McNamara and supported by Mr. Glenn approval of BA#21-28 (Revision 2). M. Maskey, VP of Facilities reporting. The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of BA#21-28 (Revision 2) 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. There was no further discussion. Motion carried.
- B. BA#24-60 (Revision 3) Security Services, Sterling Security The Chair, Dr. Taueg called for a motion. It was moved by Mr. Glenn and supported by Ms. Brown approval of BA#24-60 (Revision 3). M. Maskey, VP of Facilities reporting. This 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 31,2024 while the procurement process is finalized for both facilities. This contract total is not to exceed \$338,789.40. Discussion ensued regarding the timeline for awarding the new contract. There was no further discussion. Motion carried.
- C. BA#24-07 (Revision 5) Detroit Wayne Integrated Health Network (DWIHN) FY2023-2024 Operating Budget. The Chair called for a motion. It was moved by Ms. Brown and supported by Mr. Glenn approval of BA#24-07 (Revision 5). S. Durant, VP of Finance reporting. This board action was presented to the Finance Committee, vetted, and recommended and moved for approval by the Full Board. This 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 \$99,00 for a Tobacco-Free Policy Pilot Project; 2. Additional funding from MDHHS totaling \$680,540 - \$86,549 for the Infant and Early Childhood Mental Health Consultation and Home Visiting programs; and \$594,000 allocation for the Assisted Outpatient Treatment Foundation Strengthening Initiative and 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 changes in salaries and benefits as listed in the board action. There was no further discussion, **Motion carried.** 

BA#24-18 (Revised) PCE – MHWIN Additional Modules - The Chair, Dr. Taueg called for a motion. It was moved by Mr. Parker and supported by Mr. Glenn approval of BA#24-18 (Revised). M. Singla, Sr. VP of Operations reporting. This board action is requesting 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, Assisted Out-Patient Treatment (AOT) and the self-service portal for the DWIHN mobile app. The contract amount approved on the original Board action #24-18 totaled \$3,651,819 and added funds \$562,200 includes one-time implementation costs of \$249,000 and monthly payment of \$10,800 for 29 months (\$313,200). The new contract total through September 30, 2026 shall not exceed \$4,214,019.00. Discussion ensued regarding the funds being pass through dollars from a grant program; the interoperability as it pertains to the AOT program to ensure there is coordination between the court systems and our provider network. It was also noted that once developed this is being looked at as a program for the whole State. There was no further discussion. Motion carried.

There were no New Business – Staff Recommendations for the May Full Board meeting.

### PRESIDENT AND CEO MONTHLY REPORT

Mr. Doeh, CEO and President provided a written report for the record. It was reported that the Care Center should be opened by the first week of June. The Trillium Presentation was provided to the Board. It was reported that the presentation had been provided to the Program Compliance Committee and this was in regard to long term care not only from DWIHN, but also from the City of Detroit as well as the county. An overview of the request from the State was provided which noted that last year DWIHN had requested some \$227 million dollars and we were unsuccessful with the endeavor. This is a recommendation for a public private partnership and this partnership would give us an opportunity to tackle some of the things that need to be solved with long term care. It was reported that the study showed there were roughly 180 beds needed in Wayne County, with the Care Center having 32 beds; Downriver community will have 25 beds and 52 beds at the 7 Mile Center; there will be 109 beds; this will add an additional 52 beds which put us at 161 beds. The private partner and trillium is putting forth a significant amount of dollars to start up the facility and staff it as well. This will give us an opportunity to have those beds there which will be reserved for our members within the county. It will call for a one-time investment from our organization of \$3.5 million dollars to help with start-up. We cannot build crisis centers throughout Wayne County. We would be locking in a rate with those beds for a significant period of years and with the current hospitalization cost of somewhere around \$80 million dollars this will put us in a much better position. It was noted that construction would start in June and the facility would be completed by September of 2025 with the facility fully operational with over 80% occupancy. Discussion ensued regarding locking in the rate for 5 years; there being a cap; or some type of language embedded in the agreement to limit or note that it would not go over more than a certain percentage or value in the future or their ability to open the rate for negotiations after the five years. Discussion ensued regarding providers inquiring about the issuance of an RFP for these types of services; sole source and investment; making sure that we are legally prepared for anything that may come forward; and the partner having obtained the necessary certificates that are required by the State. Ms. Durant noted that the \$3.5 million dollars is an investment in the long term, short term, residential portion of this particular facility and we are also requesting a certain number of beds so it is not a procurement. It was also noted that there was an RFP for a Crisis Stabilization Unit. Discussion ensued regarding this not being a sole source because Riverside has the same services and a hospital on the Westside that would have wanted to apply. Discussion ensued regarding DWIHN having a say in the operations; how the beds are used and us not precluding anyone from establishing such a business; a provider having taken steps to open a particular business and DWIHN setting policies so that folks cannot say that we are not treating them fairly. There was also discussion regarding staff drafting an unsolicited proposal policy that would go through the appropriate committee and then to Full board. Board members noted that it was stated during the Program Compliance meeting that this is an outstanding idea. Discussion ensued regarding the process. There was no further discussion. The report of CEO and President was received and filed.

The Chair, Dr. Taueg called for a motion. It was moved by Mr. Phillips and supported by Mr. Parker approval of the DWIHN – Trillium Transformative Collaborative Public Private Partnership Value Proposition. There was no further discussion. Motion carried.

### PLANTE MORAN PRESENTATION – FY23 AUDIT REPORTS

Ms. Alisha Watkins and Tyler Luce reporting. Ms. Durant, VP of Finance provided an overview of the three audit reports that would be presented by Plante Moran. It was noted that Detroit Wayne is subject to three different audit reports annually; one is the financial statement which is a review of our books and records and internal controls and is subject to the State of Michigan Department of Treasury; the second is the Single Audit, the Federal Award Supplemental Information which is the audit of our Federal expenditures and the third audit is the Compliance Examination which is required by the Michigan Department of Health and Human Services. Plante Moran will give a brief overview of the three audit reports and the outcome of each report.

Ms. Alisha Watkins, Partner, Plante Moran noted that she was pleased to report to the Board that they would be issuing an unmodified opinion on all three financial statements or reports or examinations and what this means is that their audit opinion in each of those instances is without exception; they can be relied upon; they are materially correct and follow all the rules and regulations. A presentation was made at the Finance Committee meeting where the results of the audit, the numbers and a little bit more of the information was presented; this presentation will be a high-level overview. In addition to issuing an unmodified opinion for both audits and examination they did not identify any findings. We did not have any internal control issues that we felt were of concern that warranted the attention of the board; nor did we candidly have any best practice recommendations this year, so this is an entirely clean audit with no findings or unfavorable outcomes across the board which is a tough outcome to achieve and one that DWIHN should certainly be proud of. A letter on Plante's letterhead that is a required communication that is issued to the governing body for each and every audit that they conduct which closes the loop on the communication that we have sent to the board at the front end of our audit and lets you know that we did fulfill our responsibilities was included in the Board packet. The audits were done in accordance with the plan that was previously communicated to the board and there were no disagreements or other concerns with management during the course of the audit and certainly if there were it is a responsibility to bring that to the attention of the board. The last item is the financial statements, which is a large part of audit; a brief overview of the financial highlights from the most recent fiscal year ended 2023 was presented.

Mr. T. Luce, Manager Plante Moran provided the highlights of the Financial Report with supplemental information. A hard copy of all three reports and or audits had been provided to the board and sent electronically. The board reviewed the condensed version of the statement of Net position as of September 30, 2023 and noted the full set of financial statements was in the book. It was noted that DWIHN has a strong balance sheet in terms of working capital and the organization is able to use monies to pay off the current liabilities as they become due. A high level overview was provided of the current assets, cash and investments; receivable balances; current liabilities; restricted cash; non-current assets, capital projects; monies set aside in accordance with the bank loan requirements for the debt related to the construction of the Administration Building and the new Care Center; notes payable and net position which is comprised of the net investment; capital assets, restricted net position and unrestricted net position.

A high-level overview was provided on the statement of revenue expenses and changes in net position and it was noted that the total net position increased by almost \$41 million dollars which was fantastic for the organization and was quite a bit higher than what the increase in position was as of the end of fiscal year 2022. Discussion ensued regarding the reason for the increase in net position; when the monies will be claimed; spending the dollars in future years and the amount and use of local funds.

The income statement and changes in position was also highlighted. It was noted that the total operating revenue was almost \$1.1 billion dollars and the most significant portion of that was made up by State grants and contracts and the operating expenses came in at slightly less at \$1.06 billion dollars which is roughly \$737 million dollars made up between adult services and costs associated with services for the intellectually disabled which means that the organization continues to expand resources at a rate close to and slightly less than the corresponding income.

The Chair called for a motion. It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of the Financial Report with Supplemental Information September 30, 2023; the Federal Awards Supplemental Information, September 30, 2023; the Compliance Examination September 30, 2023 and the AU260 letter. There was discussion regarding the audit reports; the Finance Committee having received the entire report of the Audit, going through all of the details of the audits and recommending approval to the Full Board. Mr. Parker noted for the record that he was satisfied with the verbal presentation that was provided by the Plante Moran staff. Discussion ensued regarding the Compliance Examination and the Federal Audit which had unmodified opinions issued and no findings and whether or not the auditors reviewed any of our IT to which Plante noted that it is required that they do an IT audit as part of each and every financial statement audit that they have issued for the last 10 to 15 years and there is an assessment of controls over the IT infrastructure supporting the financial reporting system cybersecurity. It was noted that they did not get into cyber security as that would be a broader scope, but they do look at the foundational security matters such as access to the system. Discussion ensued regarding DWIHN and cybersecurity audits. It was noted by Mr. Singla that we are leveraging this facility in terms of doing a cybersecurity audit and there were some recommendations that were being implemented over the last year and this process is in a continuation phase. It was recommended that at the end of this meeting there be a conversation about cybersecurity. It was also noted that every time an audit is performed, we usually have a test audit of certain procedures and part of the testing is internal controls which would be for the new business segments. There was no further discussion. **Motion carried.** 

For the record, the board members commended and thanked Ms. Durant and the entire fiscal team for having an audit without any exceptions or findings and receiving an unmodified opinion for all three audits. Ms. Durant noted that it takes the entire organization to have these results and she thanked Mr. Doeh and the entire DWIHN team for their efforts. Mr. Parker noted for the record that he has been here ten years, and he was happy that there were no findings which is outstanding, especially after we went over a billion dollars and we still have a positive audit. Mr. Doeh was also thanked by the board for all of his hard work.

Due to time constraints of Commissioner Kinloch, the Board Chair called for the report of the Program Compliance Committee.

### **BOARD COMMITTEE REPORTS**

### Program Compliance Committee

Commissioner Kinloch, Committee Chair provided a verbal report. It was reported that the committee met on Wednesday, May 8<sup>th</sup>, 2024. There were no board actions to recommend to Full Board. The committee received a follow-up report from Adults Initiatives on the status of a club house that was formally under Northeast Guidance Center. The Northeast Guidance Center has since merged with CNS. It was reported that all members were referred to other clubhouses and CNS intends to reopen the clubhouse but there is no set date.

The monthly report was received from the Chief Medical Officer and updates were provided on the collaborative teaching agreements with the Nurse Practitioner Program, the Physician Assistant Program and the Child and Adolescent Psychiatry fellowship. The Nurse Practitioner and Physician Assistance programs have been signed and finalized and the Physician Assistant agreement is going through final signatures.

It was also reported that Mobile Crisis which launched in December had 54 Crisis Contacts between January 1<sup>st</sup> through March 3, 2024. The highest number of contacts was with those individuals between the ages of 25-34 and it was reported that at no time was law enforcement requested as backup on the scene.

Quarterly reports were received from the Access Call Center; Innovation and Community Engagement; Residential Services and Substance Use Disorder.

The Residential Services department reported that from January through March the department completed 429 total residential assessments in licensed homes over the past quarter and 219 in unlicensed settings. There are 42 remaining assessments. There have been 1,235 residential assessments completed this fiscal year.

The SUD department reported that there has been a positive development in the fight against the overdose crisis in Wayne County as the number of overdoses has decreased from 206 in the second quarter fiscal year 2023 to 200 in the second Quarter fiscal year 2024.

The department conducted a year-end audit to ensure accuracy and compliance with regulations. There has been a significant increase in Overdose Education and Naloxone Distribution services as well as Mobile Unit Services provided over the last two fiscal years.

The monthly report from Clinical Operations was also received. Highlights included an update on the Behavioral Health homes which has 723 members which is an increase of 2.1%. The Med drop Program has shown an increase in medication adherence and a decrease in psychiatric hospitalizations.

Mr. Doeh and Mr. Singla provided a presentation on the Trillium Transformative Collaborative, which is a Public Private Partnership. Mr. Doeh provided the presentation that was given at the Program Compliance Committee as a part of his report. The Program Compliance Committee unanimously supported the proposal and moved this item to Full Board for approval which was the one action item from the Program Compliance Committee meeting. There was no further discussion. The Program Compliance Committee report was received and filed.

### Finance Committee

Ms. Brown, Chair of the Finance Committee, provided a verbal report. It was reported that the Finance Committee met on Wednesday, May 1, 2024. The Board has voted on the audit which was a clean audit and again there were no findings. Congratulations were given to Staci and her team and it was noted that this definitely speaks positive volumes to your organizational skills, your support team, staff, talent, efficiency and the dedication to policy, procedures and practices. There were two board actions that were considered and moved to Full Board for approval which were taken up earlier in the meeting. The liquidity remains strong and cash flow is sufficient to support the operations. There was no further discussion. The Finance Committee report was received and filed.

### Recipient Rights Advisory Committee

Mr. Glenn, Chair, Recipient Rights Advisory Committee (RRAC) noted the Recipient Rights Advisory Committee did not meet during the month of May. The next meeting is scheduled for Wednesday, June 3, 2024 and there was no report.

### **Board Chair Report**

Dr. Taueg, Chairperson gave a verbal report. It was reported that the Full Board meeting for the month of June would be held on June 20<sup>th</sup> which is a Thursday due to June 19<sup>th</sup> being recognized as Juneteenth and will be a holiday for Detroit Wayne Integrated Health Network and the offices will be closed. The NatCon 2024 Conference was held April 15<sup>th</sup> -17<sup>th</sup> 2024 in St. Louis Missouri and board members and staff were in attendance. 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 28<sup>th</sup> through 31st 2024.

Hill Day will be held June 5<sup>th</sup> and 6<sup>th</sup> in Washington, DC; currently there are two board members scheduled 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 11<sup>th</sup> and 12<sup>th</sup> in Grand Traverse, Michigan. There are some elections that will occur and there are currently four board members that have been registered to attend.

The Community Mental Health Association of Michigan (CMHAM) Annual Fall Conference is scheduled for October 21<sup>st</sup> and 22<sup>nd</sup> in Grand Traverse, Michigan and there are now two board members that have 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 17<sup>th</sup> 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. The Metro Region that will be hosted by Detroit Wayne Integrated Health Network is being scheduled and the board will be polled for dates. The Board Study Session will be scheduled for the months of July and October and dates will be provided to the board.

The Budget Hearing, which is the joint meeting of the Finance Committee and the Program Compliance Committee will be held on Wednesday, August 7, 2024 to look at our budge for fiscal year 2024/2025.

Also, the Metro Region Meeting that Macomb will host will be held in June or July. We are awaiting confirmation of the dates. There was no further discussion. The Executive Committee Report was received and filed.

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

Ms. J. Davis, Director of Substance Use Disorder provided a verbal report on behalf of Mr. Adams, Chair of the Substance Use Disorder Oversight Policy Board. It was reported the Board met on April 15, 2024. There was a presentation from Mr. Dwight Walter, CEO Shar House. He presented information about their services including residential, fraud management services and other community activities. There was a report from the Finance Department regarding PA2 funds which are stable and growing. There were no board actions to approve and there were information reports from the treatment and prevention managers with an emphasis on our COVID numbers. The next meeting is scheduled on 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 May. The Chair, Mr. Phillips has scheduled a meeting for Tuesday, June 25, 2024. The committee members are being polled for availability. There was no report.

### Strategic Plan Committee

The Chair, Dr. Taueg requested the Strategic Plan Committee report. It was noted that the Strategic Plan Committee did not meet during the month of May. There was no report.

### **Board Building Committee**

Mr. Parker, Committee Chair reported the Building Committee did not meet during the month of May. The next meeting is scheduled for Wednesday, June 5<sup>th</sup> following the Finance Committee meeting. There was no report.

Mr. Mark Ervin, Executive Director, and Ms. Kristin PROVIDER PRESENTATION – Wunderlin, Director of Integrated Health - Ruth Ellis Center (REC). A written PowerPoint was provided for the record. Mr. Ervin provided an overview of the history of the Ruth Ellis Center which was founded in 1999 and 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. An overview was provided on the services available to individuals which included outpatient therapy, home-based therapy, parent support services and Art Therapy in a studio setting. Primary care including Gender Affirming Care through REC's partnership with Henry Ford Health; provided services include individual, family and group psychotherapy which is provided by therapists with specific training and experience working with LGBTQ+. Housing search assistance and case management is available as there are 42 total units and 34 PSH Units; there are four units reserved for individuals living with or at a high risk of HIV and four units reserved for 50% Area Median income folks; there are also supportive services onsite. The Health Equity & Outreach consists of drop-in Programming; Ruth's Pantry that has pickup and delivery services; Ruth's Closet that provides clothing for youth and laundry services; social events and the Center for Lesbian and Queer Women and Girls (CLQ). There is an education and employment pathway program for youth ages 18-30 living in metro Detroit and there is a component for diversity, equity, and inclusion initiative to train various workforce partners on ways to better support the unique identities and experiences of LGBTQ+ employees. The Ruth Ellis Institute focuses on 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 and the training has been facilitated through grants, contracts and fee for service. In 2023 there were 2.705 child welfare professionals trained. Discussion ensued regarding programming. There was no further discussion. The Board thanked Mr. Ervin and Ms. Wunderlin for their work in the community.

### **REVIEW OF ACTION ITEMS**

- 1. It was requested that at the Full Board scheduled on June 20th that a Juneteenth presentation be provided.
- 2. Encourage Providers to have or do an activity on Juneteenth.
- 3. Request to IT on Cybersecurity; what are we doing; are we properly audited; are we auditing ourselves; are we able to mitigate any attacks and are the Providers being audited. In the next two months, provide a formal presentation to the Program Compliance Committee on Cybersecurity.

### 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.

### **ADJOURNMENT**

There being no further business, Dr. Taueg, Chair called for a motion to adjourn. It was moved by Mr. Parker and supported by Mr. Phillips to adjourn. The motion carried unanimously. The meeting was adjourned at 2:23 p.m.

Submitted by: Lillian M. Blackshire Board Liaison

### FINANCE COMMITTEE

**MINUTES** 

MAY 1, 2024

1:05 P.M.

8726 WOODWARD DETROIT, MI 48202 (HYBRID/ZOOM)

MEETING CALLED BY Ms. Dora Brown, Chair called the meeting to order at 1:15 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 Ms. Kenya Ruth

Committee Members Excused: None

**Board Members Present:** 

Commissioner Jonathan C. Kinloch

**Board Members Attending Virtually:** 

Dr. Cynthia Taueg, Board Chair

**ATTENDEES** 

**SUD Oversight Policy Board Members Attending Virtually:** 

Ms. Thomas Adams

**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; Ms. Tiffany Devon, Director of Communications; Ms. Toni Jones, Supervisor of Auditing, and Ms. Dhannetta Brown, Associate VP of Finance

Staff Attending Virtually: Ms. Jean Mira, Procurement Administrator

Guests: Ms. Alisha Watkins, Partner and Mr. Tyler Luce, Manager

### **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

The Chair, Ms. Brown 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. Motion: It was moved by Ms. Ruth and supported by Ms. Bentounsi approval of the agenda. There were no changes or modifications requested to the agenda. **Motion carried.** 

### V. Follow-up Items

The Chair called for any follow-up item. There were no follow-up items.

### VI. Approval of the Meeting Minutes

The Chair, Ms. Brown called for a motion on the Finance Committee minutes from the meeting of Wednesday, March 6, 2024 & April 3, 2024. **Motion:** It was moved by Ms. Ruth and supported by Ms. Garza Dewaelsche to approve the minutes of March 6, 2024 and April 3, 2024. There was no further discussion. **Motion carried.** 

# VII. Presentation of FY23 Financial Statement, Single Audit and Compliance Examination Reports - Plante Moran

The Chair called for the Report of the Auditors. A hard copy of the Compliance Examination; the Financial Report with Supplemental Information, the Federal Awards Supplemental Information and the AU260 Letter was provided to the Board and in the Finance Committee agenda packet. Ms. S. Durant, VP of Finance thanked Ms. Toni Jones, Supervisor of Auditing and Ms. Dhannetta Brown, Associate VP of Finance for their hard work. An overview was provided of the Single Audit which is an audit of our Federal Funds that are received either directly or indirectly from the Federal Government. Oftentimes the State is usually a pass through of Federal funds and this is the audit of the Federal awards.

The financial statement audit is dictated by the Department of Treasury which requires organizations to submit an audit within six months after their fiscal year and our fiscal year end is September thirtieth. Therefore, the audit is due to the Treasury by March 31st.

The final audit is the Compliance Examination which is dictated by our CM and with the State of Michigan's Department of Health and Human Services. The Auditors that will be presenting today are from Plante Moran and will be Ms. Alicia Watkins and Mr. Tyler Luce.

The Auditors thanked the DWIHN Finance Team for their work in assisting, collaboration, and professionalism with the Audit. Ms. Watkins explained the responsibilities of the audit, their communication with governance and noted that they would provide highlights of the financial results for the year ended September 30, 2023. It was reported that there were no findings to the internal controls, deficiencies, compliance, and regulatory requirements and that it was very difficult to achieve that result with one audit let alone three audits.

Mr. Luce reported on the Financial Report with Supplemental Information. Mr. Luce highlighted the Independent Auditor's Report and noted the report was given an unmodified or a clean opinion which is the highest level of assurance that they can issue on a set of financial statements. He also noted that the letter highlighted the responsibilities of both management and the auditors. The Statement of net position as of September 30, 2023 was covered and it was noted that this

was a very strong financial result in terms of working capital. The organization has \$263 million dollars in current assets to cover its \$177 million dollars of current liabilities. The amounts in the cash and investments receivables balances were covered. Discussion ensued regarding the current year and prior year financials and trends. The liabilities were discussed along with him noting that in their testing, the liabilities continue to be liquid and are paid off in a timely manner. The non-current asset balances were highlighted along with the restricted cash and it was noted that this cash was required to be set aside by the bank in accordance with the loan requirements that is related to the construction loans for the administrative building as well as the new Care Center. Depreciation, capital assets, notes payable, amortized debt, capital assets, net investment, and the significant improvement in net position were all covered as well as the revenue received from the Michigan Department of Health and Human Services. It was noted that total operating revenue for the year was almost \$1.1 billion dollars, most of this was made up of State grants and contracts. Discussion ensued regarding the liquidity ratio and what makes up a positive ratio. There was no further discussion on the Financial Statements.

The Federal Awards Supplemental Information audit was reported on by Mr. Luce. The Schedule of Expenditures of Federal Awards was highlighted, and it was noted that this was all of the dollars that were expended that came from a federal source for fiscal 2023. The Schedule of Findings and Questioned Costs was covered, and it was noted that this gives an overview of the results for both the financial statement audit and the single audit. Discussion ensued regarding DWIHN being a low-risk audit.

The Summary of the Accountant's results was covered in the Compliance Audit which provided an overview. It was reported that there were no concerns, there were no exceptions, and it is the responsibility of the Auditors to report that there were no disagreements or difficulties in conducting the audit.

The board thanked Plante Moran for their good work and continuing to work with Detroit Wayne Integrated Health Network as it got through some difficult times and that they are pleased with the results. Ms. Durant thanked the entire organization for their hard work and the Auditors and the Board congratulated Ms. Durant and her team on a job well done.

The Chair called for a motion. **Motion:** It was moved by Ms. Ruth and supported by Mr. Glenn to move the FY23 Financial Statement, the Single Audit and the Compliance Examination Reports to Full Board for approval. There was no further discussion. **Motion carried.** 

### VIII. Presentation of the Monthly Finance Report

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

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 \$10.0 million in SUD and MH block grant due from MDHHS. Approximately \$22.9 million for 1<sup>st</sup> and 2<sup>nd</sup> quarter 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 \$2.6 million for estimated 2<sup>nd</sup> quarter PA2 and the remaining balance Wayne County 1st

quarter actual PA2 for \$500,000 in addition to \$1.5 million for the WC match payment for March 2024; amounts due from various providers \$1.3 million.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through March 31, 2024, was approximately \$429.9 million however actual payments were approximately \$370.5 million. The difference represents claims incurred but not reported and paid of \$59.4 million.

Due to other governments – includes \$1.1 million due to MDHHS for death recoupment. In addition, there is approximately \$2.0 million payable to MDHHS for state hospitals and \$2.9 million 2<sup>nd</sup> quarter IPA tax payment. MDHHS reduced the March payment by \$3.5 million and will reduce the June payment for the remaining balance for the death audit recoupment.

State grants and contracts—The variance relates primarily to Medicaid funding received more than budget (\$39 mm) however refer to letter "G" as expenses are \$42.9 million higher than budget. The net amount of revenue/expenses are within budget.

Autism, Children, Adults, and IDD services - \$42.9 million variance more than budget is due to timing and increased expenses as compared to budget.

There was no further discussion. The Finance Monthly Report was received and filed.

# IX. FY24 2nd Quarter Board Purchasing Report for Non-Competitive under \$50,000 and all Cooperative Purchasing

The 2nd Quarter 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 14.48% and Out of County is 85.52%; Funding Percentage w/o IT for Wayne County is 55.11% and Out of County is 44.89%. The 2<sup>nd</sup> Quarter total for under 50K or Cooperative purchasing is \$1,215,860.28. The Wayne County total is \$139,583.30 and the IT total is \$935,462.42 There was no further discussion. The FY24 2nd Quarter Procurement Report was received and filed.

### X. Unfinished Business - Staff Recommendations:

a. Board Action #24-07 (Revision 5) – FY 2023-2024 DWIHN Operating Budget. S. Durant, VP of Finance Department reporting. Board approval is requested to certify additional revenues totaling \$1,267,540 and authorize expenditures of a like amount as noted below: Additional Block Grant Treatment funding of \$99,000 for the Tobacco-Free Policy Pilot Project. 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; \$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: 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. 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. New positions totaling \$548,029, Position reclasses, promotions, and salary increases for existing employees totaling \$74,533, including fringes. The Chair called for a motion. Motion: It was moved by Mr. Glenn and

supported by Ms. Ruth approval of BA #24-07 (Revision 5) to Full Board. There was no further discussion. **Motion carried.** 

b. Board Action #24-18 (Revised) – PCE – MHWIN Additional Modules. Mr. K. Frambo, Associate VP of IT reporting. This board action is requesting the approval for an additional 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. Additional funds: \$562,200 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. The Chair called for a motion. Motion: It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA #24-18 (Revised) to Full Board. There was no further discussion. Motion carried.

### XII. New Business - Staff Recommendations: None

XIII. 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 1:56 p.m.

FOLLOW-UP ITEMS

None

# PROGRAM COMPLIANCE COMMITTEE

MINUTES	MAY 8, 2024	1:00 P.M.	IN-PERSON MEETING	
MEETING CALLED BY	I. Commissioner Kinloch, Program Compliance Chair at 1:05 p.m.			
TYPE OF MEETING	Program Compliance Committee			
FACILITATOR	Commissioner Jonathan C. Kinloch, Chair			
NOTE TAKER Sonya Davis				
TIMEKEEPER				
Committee Members: Jonathan C. Kinloch; Bernard F.  Board Members Present: Dr. Cynthia Taueg, Chair  Board Members Attending Virtually: Angela Bullock  ATTENDEES  Committee Members Excused: Lynne F. Carter, M.D.  SUD Oversight Policy Board Members Attending Vichair  Staff: Eric Doeh; Brooke Blackwell; Yvonne Bostic; Jud Shama Faheem; Monifa Gray; Sheree Jackson; Trent S		eg, Chair rela Bullock arter, M.D. <b>tending Virtually:</b> Thomas Adams, Bostic; Judy Davis; Melissa Moody; Dr.		
AGENDA TOPICS				

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DISCUSSION	Commissioner Kinloch, Chair called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.
III. Roll Call	
DISCUSSION	Commissioner Kinloch, Chair called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum

### DISCUSSION/ **CONCLUSIONS**

Commissioner Kinloch, Chair called for a motion to approve the agenda. Motion: It was moved by Mr. Phillips and supported by Mr. Parker to approve the agenda. Commissioner Kinloch noted that this was a revised agenda and there were two changes; the DWIHN Network Partnership was added to the agenda and Board action #24-67 SUD Opioid Settlement was removed from the agenda. There was no further discussion. Motion carried. The agenda was adopted with the modifications and changes.

### V. Follow-Up Items from Previous Meetings

# DISCUSSION/ CONCLUSIONS

Adults Initiatives' Quarterly Report- Provide information on the clubhouse that was previously under Northeast Guidance Center and is now merged with CNS Healthcare. M. Moody, VP of Clinical Operations reported. It was noted that the clubhouse that closed was the Motor City Clubhouse and was formerly with Northeast Guidance Center which has merged with Community Network Services (CNS). The Clubhouse closed due to the pandemic; all of the members were referred to other clubhouses and the clubhouses all came together to make sure that members that were previously attending had options to attend other clubhouses. CNS does intend to reopen the clubhouse; however, no timeframe has been given at this time. Discussion ensued regarding other clubhouses on the Eastside or near the Motor City Clubhouse. It was noted that there are six clubhouses on the Eastside. Discussion ensued regarding access to clubhouse services and what caused the Motor City Clubhouse to close. An overview of the services at the clubhouse was provided and it was noted the because services are in person, there was difficulty maintaining social distancing during the pandemic. A number of clubhouses closed temporarily during that time; however this particular clubhouse and provider chose to close due to attendance. Committee requested a map of the current locations of the Eastside clubhouses; how individuals are getting to the clubhouses; and more information on the reopening timeline. (Action)

### VI. Approval of the Minutes

### DISCUSSION/ CONCLUSIONS

Commissioner Kinloch, Chair called for a motion to approve the April 10, 2024 meeting minutes. **Motion:** It was moved by Mr. Parker and supported by Mr. Phillips to approve the April 10, 2024 meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the April 10, 2024 minutes. There were no changes/modifications to the meeting minutes. **Motion carried.** 

### VII. Reports

### DISCUSSION/ CONCLUSIONS

Chief Medical Officer - Dr. Shama Faheem, submitted a written report and gave highlights of the monthly report. It was reported that April was Autism month. An "Ask the Doctor" video for raising awareness about autism symptoms, signs, treatment and available services was given by Dr. Mammo, Medical Director of Crisis Services. We are continuing to finalize our teaching collaborative and legal has completed reviewing all of the collaborative agreements. The teaching agreements with the nurse practitioner program have been completed. An overview and update were provided on the Physician Assistant program and the Child and Adolescent Psychiatry Fellowship. It was noted that we attempted to do a wider outreach to all psychiatry residency programs because we are not only opening the Crisis Center but we are in the process of expanding services in the next few years. Updates on the Crisis Center and Mobile Crisis was provided. It was noted that the Ribbon Cutting was held last month and was well attended; the link for the virtual tour was included in the report. It was also reported we are close to finalizing staff and that out of the eight positions, six have been accepted; three have started and three are in the process of starting soon with interviews taking place for the remaining two positions. The State Medical Director meeting continues to be a

forum where panelist discuss important topics at the state level; some of the topics discussed have been crisis stabilization units; the new screening tools that are coming into play for children and the use of AI. An update was provided on the contingent psychiatrists which will cover night shifts, weekends and other shifts and the full-time psychiatrist positions. The State has started our certification process with two pilot sites and DWIHN was one of them. We have completed our initial submission of all the policies and documentation; there will be a full day site visit and we will receive a provisional certification. An update was provided on Mobile Crisis which it was noted has only worked one shift.

Commissioner Kinloch opened the floor for discussion. Discussion ensued regarding the opening of the Crisis Center which should be sometime in June; how the public and those who need to use the services and police will be notified of the opening of the Center; local radio doing a great job with the services we offer; contingent workers; part-time work; and the locations and schools the psychiatrist are coming from. There was no further discussion. The report of the Chief Medical Officer was received and filed.

B. **Corporate Compliance –** Sheree Jackson, VP of Corporate Compliance – No report.

### VIII. Quarterly Reports

A. Access Call Center - Yvonne Bostic, Director of Access submitted and gave highlights of the second quarterly report for the Access Call Center Fiscal year 23/2 4. An overview of the number of incoming calls, handled calls, abandoned percent; average speed to answer; length of average call and percentage of calls answered by the access call center representatives was provided. The goals for this quarter were met for the percentage of abandonment calls; average speed; and calls answered. It was reported that the total number of calls handled were 46,463 and of that 10,646 calls were related to SUD services. 5,751 were related to mental health and the remaining 33,774 calls were for infant mental health enrollments, foster care, hospital inpatient enrollments; calls transferred to crisis or protocol concerns for recipient rights, grievances and customer service. There were also calls for provider inquiries and referrals for services within our community not related to mental health or SUD. It was noted there was a correction to the graph that shows the annual comparison for the second quarter for the abandonment rate, it was reported as 4.7% and should be 4.0%. It was noted that there is a review of staff recordings and calls to determine ways to improve upon the abandonment rates; time spent on hold and triaging calls so that the flow is more concise. An overview was provided on the appointment availability which included ensuring individuals get to their appointment and the transportation pilot. There have also been increased efforts to have hospital liaisons go into the hospital to meet with individuals to help coordinate their appointment and there has been some improvement. There was an increase of appointment availability for the second quarter from the first quarter and there was a decrease in the number of no shows. There was also an update provided on improving the communication between the members and the access center. Hold times for SUD and Clinical were provided. The Committee thanked Ms. Bostic for presenting date that showed last year versus this year

### DISCUSSION/ CONCLUSIONS

which made it easier to see trends. Commissioner Kinloch, Chair opened the floor for discussion. Discussion ensued regarding the new call systems; its benefits and impact; the abandonment rate; AI options that may be helpful; the chat system; what a person hears while on hold and if there could be surveys, quizzes or music that may keep them engaged longer while on hold. There was no further discussion. The Access Call Center Report was received and filed.

- **Innovation and Community Engagement** Trent Sanford, Manager, Workforce Development submitted and gave highlights of the Innovation and Community Engagement quarterly report. It was reported that with the Justice involved initiatives during the period there were 75 jail releases compared to 90 during quarter one; staff processed 325 AOT orders this quarter compared to 393 in Quarter one; the AOT orders do tend to fluctuate while jail reporting releases have declined which could be due in part to a computer issue that arose at the county regarding reporting. The City of Detroit partnerships major accomplishments during this period included 1,294 encounters from all justice involved teams compared to 1,263 in the first quarter and 222 individuals were connected to resources compared to 366 in the first quarter which may be due to changes in the weather and the immediate needs being different because of the climate. DWIHN hosted two Crisis Intervention (CIT) training courses this quarter and trained 27 individuals; there were two courses for dispatchers; one advanced CIT course and two curses in crisis response training for the Detroit Police Department Academy Cadets. DWIHN received board approval to accept a training award from the City of Detroit via ARPA from the opioid settlement dollars totaling \$488,000 and the schedule is currently being developed in collaboration with DPD and the Mayor's office. The Zero Suicide projects targets individuals across socioeconomic, racial and other groups with special emphasis given to African American and Hispanic Latino males which have been determined to be high-risk populations for suicide within Wayne County and both have lower access to treatment and available data indicates that the two target groups face high rates of depression, anxiety and substance abuse and also have poor health outcomes compared to the general population. DWIHN developed a disparities impact statement that will ensure policies, training, and monitoring systems are in place to enable the sustainability of efforts to reduce disparities. Staff have created a plan to develop and disseminate a workforce survey to internal staff with an April launch date. The goal is to obtain a general understanding of our organization's ability to address issues related to suicide and will be used to assist in determining training needs across the system. The Annual Trauma Conference was held in February; there was an increase in attendance as there were 163 attendees on day one compared to 144 attendees last year; and there were 131 attendees on day two with a total of 294 participants for the conference which indicates a growing recognition of trauma as a critical health concern and the importance of effective interventions in the behavioral health sector. Commissioner Kinloch opened the floor for discussion. There was no further discussion. The Innovation and Community Engagement Report was received and filed.
- C. Residential Services M. Moody, VP of Clinical Operations submitted and gave highlights of the second quarter Residential Services report on behalf of Ryan Morgan, the new Residential Director. It was reported that the residential assessment project has been completed. This is important to note as all our persons in a residential specialized placement have to have an

annual assessment because this looks at their goals and needs on a daily basis so that they can receive the personal care; community living supports and in home staffing. There were issues last year regarding having these done on a timely basis, there was an internal plan put in place, and we are happy to report we are back on track. The assessments are performed for both licensed and unlicensed settings and in Quarter 2 compared to Quarter 1 there was an increase of 22% in getting the assessments done and as of this fiscal year to date we have over 1,235 assessments that have been completed and that puts us on track to ensure all assessments are completed for this fiscal year as of September 30th. A brief overview was provided on the inpatient hospitalization. It was reported that 4% to 5% of our total inpatient hospitalization population have residential services or live in a residential setting which is a small percentage of total persons that are hospitalized on a monthly basis, but have the most challenges of the discharge planning process because of complex needs in regards to medical and psychiatric needs therefore finding placement for them is sometimes as an issue; the average time was 10 days last quarter and for this quarter it is 13 days. A brief overview was provided of the authorizations for service in the last quarter. It was reported that it took an average of 5.5 days to authorize services for those authorizations that come through from residential and CRSP providers compared to just under six days last quarter; however, last year at this quarter we were at 7.5 days, so we are seeing improvement. Commissioner Kinloch opened the floor for discussion. There was no further discussion. The Residential Services Department Report was received and filed.

D. Substance Use Disorder - Judy Davis, Director of Substance Use Disorder submitted and gave highlights on the Substance Use Disorder second quarter Report. An overview was provided on SUD, residential treatment services, overdose death report and the State Opioid Response (SOAR) programming activities. It was reported that a number of evidence-based programming in residential services has been taking place and has been instrumental in helping members move toward recovery. An overview on the guidelines was provided which is 29 days of residential services for even those with complex needs and they feel this duration is sufficient with the emphasis on providing personalized care that meets the unique needs of the individual based on their condition and substance use. There was a decrease in the recidivism rate for Quarter 2 FY24 compared to Quarter 2 FY23 for residential treatment services. It was noted that they would like to contribute those efforts to identifying the top ten individuals who receive frequent residential services and offer them additional complex services. There have also been some trainings rolled out to the Provider Network to ensure that they are identifying these members and providing appropriate levels of care when reviewing them or providing assessment. There was an increase in the number of admissions and the majority of our members that we serve were between the ages of 26 to 39; these findings suggest that we maintain an adequate number of providers to provide services for treatment on demand. It was also reported for FY24 there were additional funding to meet these demands which included COVID and SOAR funding. There are also additional providers being added to our network, there have been three prevention providers added, and we are in the process of adding five treatment providers. Currently, our treatment network consists of 31 treatment providers and our prevention network consists of 29 providers. A brief overview was provided on the number of overdoses that were encountered for the second quarter FY23 and second

quarter FY24; there was a slight decrease in the number of overdoses for FY23 to FY24 as there were six less overdoses for FY24; the majority of the overdoses were among African American males ages 35 to 44. We have collaborated with the Detroit Public Schools to provide training to all their staff as well as students; we have expanded our partnerships with our healthcare providers, and we have improved our data collection service to ensure that our data is more accurate by using their smart sheet. It was noted that SUD has educated over 8,000 individuals about the consequences of substance use during FY23 and FY24. Our providers are going through training, and we have made some revisions to our policies especially our women specialty policies as well as the early intervention policies. They have also begun to implement the tobacco free policy program which involves three providers. The Chair thanked her and her team for the report and their work with the community. The Chair opened the floor for discussion. Discussion ensued regarding vaping in the schools, and for the record it was noted that we are working in the forefront arm and arm with the residents and citizens. There was also discussion regarding the educational activities that are taking place in the schools such as the mental health education and the dangers of opioid drugs; and us working with the Providers that specifically provide prevention services in the schools. The committee requested the percentage of folks that are certified to provide the substance use prevention services in the schools. (Action) Discussion ensued regarding the issues related to the increase of kids eating gummies in the Detroit Public Schools and the efforts that we and our Providers are providing after we receive reports of these types of incidents taking place; it was noted that we recently provided information to a school in Romulus as a number of kids received edibles and a number of them were ill. Discussion also ensued regarding the parents using edibles and not protecting the kids or securing the edibles properly and that opportunities are being taken during the Narcan training to provide education around substance abuse. It was also noted that we are not only in the schools, but also in the hospitals and community centers. There was also discussion around strongly advocating for tighter regulations surrounding edibles and opportunities to partner with the community and using some of the opioid settlement funds in programs geared toward prevention in the schools. There was no further discussion. The Chair noted that the Substance Use Disorder report was received and filed.

### IX. Detroit Wayne Integrated Health Network Partnership

Mr. Eric Doeh, CEO and Mr. Manny Singla, Sr. VP of Operations provided a written PowerPoint Presentation for the record and gave highlights of the DWIHN -Trillium Transformative Collaborative. It was noted that there had been conversations with the Mayor, the Mayor's office and the County Executive as to seeing how we can explore providing access to long-term care. A request was made to the State some time ago regarding additional monies for long-term care. This specific entity, Trillium Health has a 52 bed Certificate of Need (CON) to establish a psychiatric unit along with long term care beds anywhere in Michigan. This was originally planned for somewhere in Plymouth, but through our conversations we have indicated that this is something we would like to venture into as a private public partnership, provided it gets moved to and be in more proximity to our members, which is in in Detroit. They have submitted the information to move, and approval is expected by the end of the month. The proposed site which has already been leased is on Jefferson in Detroit. The Partnership will be the first in Michigan where services are developed by a provider entity based on input from the payor entity for unmet needs. The facility

will house and start of with a 52 bed psychiatric unit, and then, in phase, 2 will have both an outpatient side to it as well as a Crisis Stabilization Unit (CSU) to ensure that there is a proper continuum of care for members receiving all types of care and requiring psychiatric needs in excess of 45 days, as we do not have that level of stay either available through hospitals or our psychiatric hospital partners. This will have two facets to it, and we have flexibility in terms of how many long-term beds versus geriatric beds that will be available. The initial configuration based on best practices is a 31 bed long term and 21 bed geriatric unit to ensure that all population, adults of all ages are being provided with dedicated services.

The partner is investing over \$20 million dollars as part of setting up this facility and another \$15 million over the next 5 years. DWIHN is looking towards a 3-5 year commitment to ensure fixed rates. An overview was provided on the timeline with a starting date from June 2024 to September 2025 and on the individuals eligible to receive services. It was noted that in the last fiscal year we spent close to \$53 million dollars for individuals who had 15 plus day stay in the hospital and we spent close to \$27 million dollars for folks who had recidivism which means a number of these individuals returned to the hospital and did not have proper continuity of care in terms of their discharge planning and connecting them to services which is one of the key areas of this partnership; we will have clinical oversight as part of a leadership committee; the providers are having a hard time in getting into the hospitals for effective discharge planning and this will give us a lot more control and say in ensuring their people are connected to proper services as they are discharged. The partner has the licensing and bears more of the risk and the ask is \$3.5 million dollars from DWIHN. There is a negotiated rate which we can extend over a certain period which is two years from the start. We are also thinking about setting up a rotation for both our staff and folks graduating from our partner universities. It was also noted that a study was done a couple of years ago to determine how many beds were needed in Wayne County, the number needed was 180 beds; we will have a 32-bed facility at 707 Milwaukee, Downriver will have 25 beds; and 7 Mile will have 52 bed which will give us 109 beds and with this facility we will have 162 beds. We are trying to lock the rate in for a longer term, which would be somewhere between 3 to 5 years. The Chair, Commissioner Kinlock opened the floor for discussion. Discussion ensued regarding how the \$3.5 million dollars investment would be utilized; other providers having the license and the same business; how this relationship developed; reducing hospitalization costs; the study on the number of beds needed and where the monies would come from to support this effort; Medicaid funds being able to pay for the services that people will receive; construction of the facility; local funds being decreased by a significant amount; Riverview hospital; negotiating terms to ensure savings as it relates to the fees; future fee reductions; how much we are saving as it relates to liability costs for insurance and other internal savings; and setting up criteria for other public private opportunities There was also discussion on having a cap on our rates over a certain period and if there was currently a policy in place that spoke to unsolicited bids or initiatives. (Action). It was noted that there were parameters on sole source. The Board Chair noted that she was very pleased with this presentation and this direction, that it is a positive step for DWIHN and this is great for initial investment of the \$3.5 million dollars and really puts a solution to this issue of people with multiple and complex needs; she applauded Mr. Doeh and his team. It was noted that the partners can come and discuss the partnership at our discretion. There was no further discussion.

The Chair, Commissioner Kinloch called for a motion on the recommendation. It was moved by Mr. Phillips and supported by Mr. Parker that the Detroit Wayne Integrated Health Network Partnership Plan move to Full Board for approval. The Chair called for a roll call vote. The motion carried unanimously with Dr. Taueg; Commissioner Kinloch; Mr. Parker; and Mr. Phillips voting Yea. **Motion carried.** The committee thanked Mr. Doeh and his team on their hard work and dedication to the people we serve.

### X. Strategic Plan Pillar

### DISCUSSION/ CONCLUSIONS

There was no Strategic Plan Pillar to review this month.

### XI. Quality Review(s)

### DISCUSSION/ CONCLUSIONS

There was no Quality Review to review this month.

### XII. VP of Clinical Operations' Executive Summary

Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations' report. It was reported that:

A. Health Homes – There are both behavioral health homes and opioid health models of service for our Medicaid eligible members. There has been a very slight increase in enrollments in those programs over the last month. We are hoping to increase those numbers and add more providers to this initiative over the rest of the year. The program will be expanding statewide; currently it is not a statewide program. The Behavioral health home is having good outcomes. We are currently undergoing evaluation of the pay for performance measures.

### DISCUSSION/ CONCLUSIONS

B. Certified Community Behavioral Health Clinic – There was almost a 6% increase in members over the last month. We now have over 9,000 individuals that are involved in the State demonstration for CCBHC. The State is looking to expand to seven more locations or agencies in the fall this year as long as there is funding to do so and that will have an impact on how many agencies are brought in for the CCBHC State demonstration; DWIHN is applying for the CCBHC as a State demonstration as well. It was reported that the Annex will be our hub for our outpatient clinical services and that is going to be worked on moving forward to get it up and running. It was also noted that we wanted to have other locations throughout the county so that we can meet the community where they are; there were five different locations that we were reviewing, there is a location in Southgate with a primary healthcare provider that has invited us in to provide behavioral

health services. We looked at the locations throughout the county; we looked at demographics and the geographics of the areas to come up with the area that was selected; this provider is excited that we could come in and get on board and start outpatient services.

- C. Med Drop Program The program currently has 75 members which is a slight increase from the 69 in March. There are also 13 new intakes scheduled for this month; we are trying to target some specific populations such as those with hospital recidivism and those on assisted outpatient treatment orders because those are really high-risk individuals and could really benefit from the treatment adherence program.
- **D. Crisis Services** The Crisis Service Liaison has been going to hospitals where we have members that are not yet linked to a provider and we are doing intensive hospital discharge planning with them and we continue to see really good results. We are keeping in the 60% mark for those people following up with their CRSP for their first appointment and that is something new. A communication has been sent to all providers that they can go into a hospital and do hospital discharge planning and be able to bill for that service.
- E. Children's Initiatives The Child and Adolescent Functional Assessment Scale (CAFAS) which is a tool that assess daily functioning for youth and where they are with their level of care is now being called Mich screening and assessment tool. There has been a soft launch with the Children Center. It will be required for all Providers starting in October. Our Access department has been trained in how to do the screening for those calling in for the service, in January there were four screenings and in March there were 285 screenings.
- **F. Postpartum Depression Initiative** This initiative is in partnership with the Southeast Michigan Perinatal Quality Improvement Coalition receiving grant funds to provide education and resources pertaining to postpartum depression and also includes training for some of our provider network staff so they can get more training and get the word out that these services are available.

Commissioner Kinloch, Chair opened the floor for discussion. There was no further discussion. The Chair noted that the VP of Clinical Operations' Report has been received and placed on file.

### XIII. Unfinished Business

### DISCUSSION/ CONCLUSIONS

Commissioner Kinloch, Committee Chair noted there were no board actions under Unfinished Business.

XIV. New Business: Staff Recommendation(s)

Commissioner Kinloch, Committee Chair noted there were no board actions under New Business

### DISCUSSION/ CONCLUSIONS

### XV. Good and Welfare/Public Comment

### DISCUSSION/ CONCLUSIONS

There was no Good and Welfare/Public Comment to report at this meeting.

	ACTION ITEMS	<b>Responsible Person</b>	<b>Due Date</b>
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	TBD
	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	
r c	Adult Initiatives' Quarterly Report – Provide a map of the current locations of the Eastside clubhouses; how individuals are getting to the clubhouses; and more information on the reopening imeline.	M. Moody/M. Lyons	June 12, 2024
C	<b>Substance Use Disorder</b> – Provide the percentage of folks that are certified to provide the substance use prevention services in the schools.	Judy Davis	June 12, 2024
ŗ	<b>DWIHN Public Private Partnership</b> – Provide a policy that speaks to how unsolicited bids or nitiatives would be handled.	Eric Doeh/Manny Singla	

The Vice-Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Dr. Taueg to adjourn the meeting. **Motion carried.** 

ADJOURNED: 2:36 p.m.

NEXT MEETING: Wednesday, June 12, 2024 at 1:00 p.m.



# Detroit Wayne Integrated Health Network

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

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

May 2024 SUD OSPB Report

Meeting Conducted on May 20, 2024, at 10:05 a.m.

### • SUD OSPB Board Members in Attendance

Thomas Adams, Thomas Fielder, Commissioner Jonathan Kinloch, Darryl Woods, Antoine Jackson, Maria Avila, Commissioner Kevin McNamara, Angelo Glenn and James Perry.

### CEO Presentation

For mental health awareness month in May, they partnered with the Detroit Zoo. The 707 Crisis Care Center is slated to open the second week of June 2024. On May 20<sup>th</sup> they launched a new crisis awareness line 1-844-IN CRISIS throughout the region. In December 2023 they launched their mobile crisis services throughout the county with Law Enforcement and the Fire department. They placed a couple of mobile crisis service vans in Westland MI. They launched for the 10th year, the "Detroit Grow Detroit Youth Talent" (GDYT) assisting over 8,000 youth, with summer jobs.

### New Business

Ms. Katherine Blakely, COO of New Light Recovery Services gave an overview, and the Annual board meeting will be held on July 17.

### Old Business

SUD requested approval for BA 24-21S Chance for Life to provide oversight and fiduciary responsibility for a new program DWIHN developed utilizing opioid settlement funds total amount \$1,080,000.00; BA 24-22S W. Buchanan Group \$25,000.00 in PA2 funds allocated to implement Yoga services for members throughout the network; BA 24-23S NCADD and MPHI \$65,000.00 in PA2 funds to continue their Annual Opioid Summit and conferences; BA 24-24S CareFirst Community Health Services to add CareFirst community health services to the Network for treatment services. All the board actions were passed.

### Board Action

BA 24-25S Naloxone vending machine SUD requested \$27,000 in PA2 funds to cover the leasing operational cost of the Go-Testing vending machine, which costs \$1,750 monthly; BA-24-26S SUD Promotional Items SUD requested approval for \$48,000.00 in PA2 funds to purchase Naloxone boxing units; BA-24-27S SYNAR SUD requested an additional \$9,000.00 for the SYNAR initiative three providers will receive \$3,000.00. All the board actions were passed.

### Informational Reports

The meeting ended with updates from the SUD Director and SOR Coordinator discussing statistics on screenings and the mobile care unit, and the Grant manager gave some highlights on the FSRs process.

### **Board of Directors**



### Good and Welfare/Public Comment

Mr. Michael Thompson, Director of MTC Consultants LLC, is a personal long-term recovery coach on a private level and has 30 years of experience in financial services. He wants to promote financial wellness and recovery. Financial literacy skill decreases from the cognitive process that arises from SUD.

Adjournment
The meeting was adjourned.

Next Oversight Policy Board Meeting June 17, 2024, via Zoom Link Platform

### **POLICY**

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to account for the proper usage of corporate credit cards for purposes of conducting DWIHN business. The Vice-President of Finance or his/her designee shall be responsible for the issuance, accounting, monitoring, and retrieval of all credit cards issued to the DWIHN, and in general for overseeing compliance with this policy.

### **PURPOSE**

The purpose of this policy is to set guidelines for the use of a corporate credit card issued to Detroit Wayne Integrated Health Network (DWIHN). In addition, the relevant cardholders responsibility statement issued by the financial institution and the cardholders agreement govern the use of the corporate credit card.

### APPLICATION

- The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff
- 2. This policy serves the following populations: Adults, Children, I/DD, SMI, SED, SUD, Autism
- 3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

### KEYWORDS

None

### **STANDARDS**

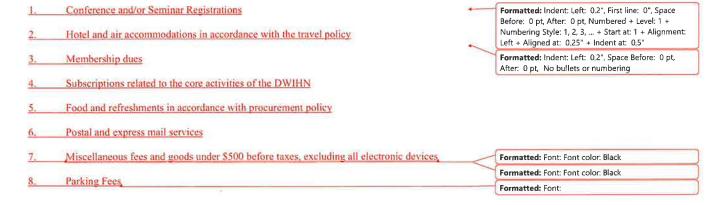
### Background

Michigan Public Act 266 of 1995 became effective January 8, 1995 (Act). The Act authorizes the use of credit cards by local governments for appropriate expenses. The Act also sets specific criteria, which must be followed by local governments in order to remain in compliance with the Act's provision.

### Conditions of Employee Use

The DWIHN currently utilizes both an American Express Corporate Card and a MasterCard. The American Express Corporate Card is available for issuance to Executive Leadership, the CEO, and Board Liaison and any other employee as directed by the CEO and the one (1) MasterCard is issued solely to the VP of Finance. The MasterCard is registered under the personal credit profile of the VP of Finance, and therefore may only be used in the event that the vendor does not accept American Express. The MasterCard will remain in possession of the VP of Finance at all times.

Credit cards are to be used exclusively for official DWIHN business and shall include, including the following type of purchases; but not limited to, travel expenses such as airfare and lodging. No credit eards shall be issued to other DWIHN employees without the authorization of the Chief Executive Officer (CEO), made in consultation with the CFO.



At the direction of the CEO, certain staff may require special provisions on purchases outside of the aforementioned. Cardholders are responsible for ensuring that they adhere to this Credit Card Policy, thereby ensuring adequate controls are exercised to minimize the risk that corporate credit cards may be used for fraudulent or corrupt purposes.

The conditions of use are as follows:

- Any expenses other than those specifically authorized in the Disbursement, Procurement and
  Travel Policies are not permitted to be paid for using the credit cards. In the event that a specific
  expense is not addressed in the aforementioned policies, the DWHIN shall refer to the Act and 2
  CFR 225 Cost Principles for State, Local and Indian Tribal Governments for additional
  allowable expenses eligible for credit card use. Charging personal transactions to corporate cards
  is not acceptable. The Office of Fiscal Management (Finance), in order to ensure compliance with
  this policy, will scrutinize all cardholder transactions.
- Any employee using DWIHN credit cards shall be responsible for submitting to the Office of Fiscal Management (Finance) documentation, including, but not limited to, receipts, detailing the goods and services purchased, the cost of goods or services, the date of the purchase, and the official business for which such goods were purchased. An acceptable receipt is an original receipt. Failure by authorized employees to provide receipts or creditable explanation for the unsupported expenditure will result in disciplinary action and may result in the employee personally reimbursing the charges.
- Cardholders may not use their card to obtain cash advances from banks, credit unions or automatic
  teller machines. This prohibition similarly extends to cash equivalents such as bank checks,
  traveler's checks and electronic cash transfers.
- Each employee issued a credit card and/or authorized to use an DWIHN credit card is responsible
  for its physical protection and custody, and shall immediately notify the Office of Fiscal
  Management (Finance) if the credit card is lost or stolen. Employees shall return any issued credit
  card, upon the termination of his or her employment or services, to the Office of Fiscal
  Management (Finance).

Infractions of the conditions of this policy will result in cancellation of the card and withdrawal of an employee's corporate credit privileges. Breach of this policy can lead to disciplinary action up through and including termination against the staff member concerned. In all cases of misuse, the DWIHN reserves the right to recover any monies improperly expended from the cardholder and/or employee. Cardholders and/or employees will be required to sign a declaration authorizing the DWIHN to recover, from their salary, any amount incorrectly claimed.

Office of Fiscal Management (Finance) Responsibilities

The following are the responsibilities of the Office of Fiscal Management (Finance) with regard to DWIHN credit cards:

- Issue and update the Credit Card, Disbursement, Procurement and Travel Policies as necessary.
- Enforce and audit credit card policies and procedures, including revocation of cards as necessary.
- Ensure that, at no time, does the combined authorized limit of all credit cards issued by the DWIHN exceed \$100,000.
- Establish proper controls, including the development of internal procedures with DWIHN guidelines identified herein, to ensure all purchases comply with this policy.
- Maintain budgetary controls over credit card usage. In this regard, the Office of Fiscal Management (Finance) shall develop a procedure whereby credit card invoices are reviewed and scrutinized in advance of payment.
- Monitor the use of the credit card by Division and/or employee in accordance with official
  policies.
- Report abuse of credit card usage and corrective action taken to the Chief Executive Officer and/or Chairperson of the Board of Directors.
- Promptly reconcile expenditures within 2010 business days of the statement date so that invoices, inclusive of balance and any interest, are paid within 30 days of the initial statement date.
- Work directly with the Division and credit card companies to resolve billing disputes.
- Maintain documentation of transaction evidence to support all charges.
- · Report cards lost or stolen immediately to the credit card company.
- The VP of Finance shall include all expenses related to the credit card activity in the monthly and quarterly financial statements presented to the Finance Committee and to the Full Board, respectively.

### **Card Termination**

The financial institution, the CEO and/or the Michigan Department of Treasury for reasons, including the following, may terminate the DWIHN's credit cards:

- Failure to comply with the Act.
- · Failure to comply with this policy.
- In the event the account has not been reconciled for 60 days.
- In the event the cardholder is no longer on the DWIHN's payroll; including resignation, extended leave of absence without pay, termination or retirement.
- In the event there is no account activity in greater than 22 months.

If an account is terminated for delinquency or use of the card for personal charges, the account cannot be reinstated.

### **Public Records**

All documents related to the corporate credit cards may be fully disclosed as a public record to the extent provided for by the open records laws.

### QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall engage an independent auditor to provide reasonable assurance that the financial reporting controls of the DWIHN are reliable and prepared in accordance with Generally Accepted Accounting Principles along with the DWIHN's adherence to this policy.

## **COMPLIANCE WITH ALL APPLICABLE**

### **LAWS**

DWIHN staff are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

# **LEGAL AUTHORITY**

- 1. 2 CFR 225 Cost Principles for State, Local and Indian Tribal Governments
- 2. Generally Accepted Accounting Principles (GAAP)
- 3. Governmental Accounting Standards Board (GASB)
- 4. Michigan Public Act 266 of 1995

### **RELATED POLICIES**

- 1. Disbursement Policy
- 2. Fiscal Control & Accountability Procedure
- 3. Procurement Policy
- 4. Travel Policy

# **CLINICAL POLICY**

NO

# INTERNAL/EXTERNAL POLICY

INTERNAL

### **Board Action Taken**

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

Х	Approved				
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	Executive Director -initial here:	Executive Director -initial here:			
Signatu	Date: U/20/2024  Board Liaison	/			

# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 21-73R Revised: Y Requisition Number: 13,180 Presented to Full Board at its Meeting on: 6/20/2024 Name of Provider: 123.Net Contract Title: 123.Net Fiber Internet Services - Modification Address where services are provided: None Presented to Finance Committee at its meeting on: 6/5/2024 Proposed Contract Term: <u>8/1/2021</u> to <u>7/31/2024</u> Amount of Contract: \$12.894.00 Previous Fiscal Year: \$77,364.00 Program Type: Modification Projected Number Served- Year 1: Persons Served (previous fiscal year): Date Contract First Initiated: 6/1/2021 Provider Impaneled (Y/N)? Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative). Request a BO modification to (BO022190062), additional funding to provide payment for the remainder of the contractual agreement through Yr3. Request the funds, in the amount of \$12,894.00 be added. Justification for the cost is due to the increase and addition of bandwidth between Milwaukee and Woodward Request to add funding to cover the remainder of the contract. \$77,364.00 + **\$12,894.00** New total not to exceed = \$90,258.00Outstanding Quality Issues (Y/N)? \_ If yes, please describe: Source of Funds: Multiple

Fee for Service (Y/N):

Board Action #: 21-73R

Revenue	FY 23/24	Annualized
Multiple	\$ 90,258.00	\$ 90,258.00
***************************************	\$	\$
Total Revenue	S	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

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

Signed: Thursday, May 30, 2024

Stacie Durant

Signed: Thursday, May 30, 2024

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

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# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 22-50R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Rehmann Robson CPAs & Consultants

Contract Title: Standard Cost Allocation Consulting Services

Address where services are provided: None\_\_\_

Presented to Finance Committee at its meeting on: 6/5/2024

Proposed Contract Term: 1/19/2023 to 9/30/2026

Amount of Contract: \$129,000.00 Previous Fiscal Year: \$10,300.00

Program Type: Continuation

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

Date Contract First Initiated: 1/19/2023

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 the approval for the Finance Department to extend the contract term to September 30, 2026. There are no additional funds requested.

The initial board action was approved for \$139,300 through September 30, 2024 to enter into a comparable source contract with Rehman Robson Inc. for the accounting and consulting services related to assisting DWIHN with the implementation of the Standard Cost Allocation (SCA) Model required by the Michigan Department of Health and Human Services (MDHHS) which will be included in the upcoming years compliance examination. The accounting and consulting services relate to, but not limited to the internally provided and direct services at the newly constructed care center, the anticipated 7-mile integrated care center and Downriver Care Center.

A contract is budgeted and funded primarily with the care centers budget. To date, the contractor has incurred approximately \$10,300 in costs.

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

Source of Funds: Multiple

Board Action #: 22-50R

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
Multiple	\$ 129,000.00	\$ 129,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 129,000.00	\$ 129,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64950.813000.00000

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: Friday, May 24, 2024 Signed: Friday, May 24, 2024

The following Action was taken by the Full Board on the 20th day of June, 2024.

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#### DETROIT WAYNE INTEGRATED HEALTH NETWORK **BOARD ACTION**

Board Action Number: 24-06R6 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 23/24

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 5/1/2024 to 9/30/2024

Amount of Contract: \$805,847,768.00 Previous Fiscal Year: \$804,448,924.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75.943

Date Contract First Initiated: 6/1/2024

Provider Impaneled (Y/N)? Y

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

BA # 24-06 R6 is requesting the addition of the following 5 providers to the DWIHN provider network:

#### Residential Providers:

1. Lionessden Homes, LLC

(Credentialed 5/16/2024 for Personal Care in Licensed Residential Setting; Community Living Support)

2. Paris Safe Keeping

(Credentialed 5/15/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

#### 3 SUD Providers:

The following providers were placed on the SUD RFQ Qualified List:

1. Spectrum Human Services

(Credentialed 11/16/2023 for Outpatient; Intensive Outpatient (IOP); Case Management)

2. Positive Images

(Credentialed 4/15/2024 for Outpatient; Intensive Outpatient; IOPD; Case Management; Residential;

Recovery Support Services; Recovery Housing; Day; WSS; PPW)

Board Action #: 24-06R6

3. CareFirst Community Health Services, (Credentialed 3/12/2024 for Outpatient; Intensive Outpatient (Level I and II); Intensive Outpatient with Domicile; Recovery Support Service; Recovery Housing; Case Management) MDHHS/LARA SA0820604

#### BA # 24-06 R6 requires no budget increase due to the reallocation of funds within the total budget.

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ended 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 activity and are subject to change.

Note 1. The board action amounts include: Mental health treatment services, Autism, Children's Waiver, SED Waiver, children crisis services and SUD Medicaid, HMP and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

In addition, it should be noted that the hospitals listed under HRA change based on consumers stay. As such, hospitals may be added and amounts reallocated without board approval to avoid delay of payment; the funds are a pass through from MDHHS.

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

Source of Funds: Multiple

Fee for Service (Y/N):  $\underline{Y}$ 

Revenue	FY 23/24	Annualized
Multiple	\$ 805,847,768.00	\$ 805,847,768.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 805,847,768.00	\$ 805,847,768.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

### In Budget (Y/N)?Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, June 5, 2024

Signed: Wednesday, June 5, 2024

The following Action was taken by the Full Board on the 20th day of June, 2024.

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	Board Liaison		į ė

# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-07 R6 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

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: 6/5/2024

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

Amount of Contract: \$1,141,565,532.00 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).

This board action is requesting board approval to certify additional Medicaid and HMP revenues totaling \$122,282,154 as compared to the initial budgeted revenues. The FY24 Medicaid revenue were budgeted at approximately \$60 million less as compared to FY23. The additional revenues are anticipated based on FY 2024 projection analyses performed and include the revised Milliman rates adjustments that were effective April 1, 2024.

It should noted the additional \$62 million (\$122mm less \$60mm) received in excess of FY23 revenue include approximately \$46 million or 76% in HRA pass through funds to the hospitals as the per diem increased from \$308 per day to \$622 per day. In addition, approximately \$15 million or 24%, relate to an increase in Autism revenue. Further noted, the expenses for Autism, adult and IDD services are projected to increase by the same amount.

The revised FY 2024 Operating Budget of \$1,141,565,532 consists of the following revenue:

- \$881,145,860 (Medicaid, DHS Incentive, Medicaid-Autism, Children's/ SED Waiver, HAB, CCBHC Supplemental);
- \$145,008,869 (HMP);
- \$12,289,936 (MI Health Link);

Board Action #: 24-07 R6

- \$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: Medicaid

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
MULTIPLE	\$ 1,141,565,532.00	\$ 1,141,565,532.00
	\$	\$
Total Revenue	S	\$

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:

Eric Doeh

Signature/Date:

Signed: Thursday, May 30, 2024

Signed: Thursday, May 30, 2024

Stacie Durant

Board Action #: 24-07 R6

The following Action was taken by the Full Board on the 20th day of June, 2024.

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# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-12R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder-Treatment

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: <u>6/24/2024</u> to <u>9/30/2025</u>

Amount of Contract: \$7,646,481.00 Previous Fiscal Year: \$6,765,483.00

Program Type: Continuation

Projected Number Served-Year 1: 1,500 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 5/1/2024

Provider Impaneled (Y/N)? Y

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

This revised board action is requesting the support of five initiatives for a total amount of \$165,000 in PA2 funds.

The following details the plan to support the various initiatives:

- (1) \$25,000.00 in PA2 funds to allocate to W Buchanan Group to implement yoga services for members in substance use disorder (SUD) treatment at DWIHN. Yoga is a proven tool to help individuals cope with stress and anxiety, improve physical and mental well-being, and promote relaxation and mindfulness. The primary objective of introducing yoga services for members in SUD treatment is to provide them with a healthy and positive activity to replace substance use. The allocation is for July 2024- December 2024
- (2) \$35,000.00 in PA2 funds for the annual statewide Celebrate Recovery Walk and Rally in collaboration with the National Council on Alcoholism and Drug Dependence (NCADD). The event will be held on Saturday at Belle Isle, September 13, 2024. This event is where people in recovery, their family and friends, addiction professionals and others can fellowship and speak out about the reality of recovery.
- (3) The 2024 8th Annual Opioid Summit will receive \$30,000.00 in PA2 funds. The summit is a joint effort with Michigan Public Health Institute (MPHI) and Southeast Michigan Alliance for Addiction-free Communities (SEMAAC). It aims to educate participants on current programs addressing substance use disorder in SE Michigan, including prevention, treatment, harm reduction, and recovery. The event will also focus on equity,

Board Action #: 24-12R3

racial disparities, lessons learned from the pandemic, and their application to addressing the substance use crisis. The conference is scheduled for August 21st, 2024.

- (4) \$48,000.00 in PA2 funds will be used to purchase NaloxBox units with Novaceuticals. These units will be strategically located in high-traffic areas and identified hotspots within the community, such as schools, community centers, and areas with high incidences of opioid-related emergencies. The NaloxBox units will house emergency naloxone kits, equipped with clear instructions for immediate use by bystanders or first responders in the event of an opioid overdose.
- (5) \$27,000.00 in PA2 funds to cover the leasing and operational costs of a Test and GO kiosk machine with Longview International Testing Technology Solutions (LTS), amounting to \$1750.00 per month. The proposal entails leasing the machine for the remainder of fiscal year 2024 and fiscal year 2025. This strategic investment aims to drive utilization of testandgo kiosks and significantly expand the availability of comprehensive, wholehealth solutions within Wayne County, with a specific emphasis on access to Narcan and other vital harm reduction tools

Treatment services will be funded with Federal Block Grant dollars (\$5,717,381) and PA2 funds (\$1,929,100), together totaling \$7,646,481 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 \$7,646,481.

Outstanding Quality Issues (Y/N)?  $\boxed{N}$  If yes, please describe:

Source of Funds: Medicaid, Block Grant, PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Block Grant	\$ 5,717,381.00	\$ 5,717,381.00
PA2	\$ 1,929,100.00	\$ 1,929,100.00
Total Revenue	\$ 7,646,481.00	\$ 7,646,481.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? $\underline{Y}$ 

Approved for Submittal to Board:

Eric Doeh, President/CEO

Signature/Date:

Stacie Durant, Vice President of Finance

Signature/Date:

Eric Doeh

Signed: Friday, May 31, 2024

Stacie Durant

Signed: Friday, May 31, 2024

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

X	Approved	
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# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: <u>24-13R1</u> Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Strategies to Overcome Obstacles
Contract Title: SUD FY 24 Prevention Synar Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/12/2024

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

Amount of Contract: \$6,501,847.00 Previous Fiscal Year: \$9,667,125.00

Program Type: Continuation

Projected Number Served- Year 1: 200 Persons Served (previous fiscal year): 22

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)? Y

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

The SUD Department is requesting board approval for additional funding to support the implementation of Synar requirements in the amount of 9,000.00 in PA2 funds, specifically for monitoring the purchase of tobacco products including electronic nicotine device systems (ENDS).

The funding will be used to enhance education, research, and enforcement efforts, with a focus on reducing underage access to tobacco products. Additionally, the funding will cover the purchase of a variety of ENDS as props for educating merchants, the revision of protocols to include ENDS (vaping), training for youth, merchants, and law enforcement officers, as well as the use of off-duty officers on inspections and when accompanying youth under age 21 attempting to purchase tobacco products from vendors.

The allocation of the requested funds for the three Designated Youth Tobacco Use Representatives (DYTUR) is as follows:

- The Youth Connection(TYC): \$3,000.00
- Leaders Advancing and Helping Communities (LAHC): \$3,000.00
- Strategies to Overcome Obstacles and Avoid Recidivism (SOOAR): \$3,000.00

Board Action #: 24-13R1

Prevention services will be funded with \$4,142,827 of Federal Block Grant dollars and \$2,359,020 of PA2 funding totaling in \$6,501,847.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,501,847.

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

Source of Funds: Block Grant.PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Block Grant	\$ 4,142,827.00	\$ 4,142,827.00
PA 2	\$ 2,359,020.00	\$ 2,359,020.00
Total Revenue	\$ 6,501,847.00	\$ 6,501,847,00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?<u>Y</u>

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Signed: Friday, May 31, 2024

Stacie Durant

Signed: Friday, May 31, 2024

Board Action #: 24-13R1

The following Action was taken by the Full Board on the 20th day of June, 2024.

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# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: <u>24-62</u> Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 6/1/2024 to 9/30/2024

Amount of Contract: \$1,900,000.00 Previous Fiscal Year: \$1,900,000.00

Program Type: Continuation

Projected Number Served- Year 1: 900 Persons Served (previous fiscal year): 900

Date Contract First Initiated: 6/2/2014

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 for \$1.9 million to fund the continuation of the DWIHN Summer Youth Employment Program ("SYEP") from June 1, 2024, to September 30, 2024.

The FY24 SYEP Program has been funded for the last five fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents -- focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

The engagement is beneficial to DWIHN as it promotes workforce development and continued growth in Detroit and Wayne County. Research has shown that healthy youth foster into healthy adults when given appropriate coping mechanisms and protective factors.

Funds can be reallocated between the providers without board approval up to the total approved allocation.

The total allocation is not to exceed \$1,900,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

**Total Revenue** 

Annualized FY 23/24 Revenue \$ 1,900,000.00 \$ 1,900,000.00 General Fund \$ \$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06300

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 Doen

Signed: Monday, June 10, 2024

Stacie Durant

Signed: Saturday, June 8, 2024

The following Action was taken by the Full Board on the 20th day of June, 2024.

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# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-67 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Chance for Life Organization

Contract Title: SUD Opioid Settlement

Address where services are provided: 660 Wooddward, Detroit Michigan

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: <u>7/1/2024</u> to <u>6/30/2026</u>

Amount of Contract: \$1,080,000.00 Previous Fiscal Year: \$0.00

Program Type: New

Projected Number Served-Year 1: 85 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 7/1/2024

Provider Impancled (Y/N)? Y

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

This board action is requesting approval of Chance for Life to provide oversight and fiduciary responsibility for a new program developed by Detroit Wayne Integrated Health Network (DWIHN) that utilizes Opioid settlement funds. The proposed contract is for an amount not to exceed \$1,080,000 for the two-year period from July 1, 2024, through June 30, 2026. The SUD Oversight Board has reviewed and approved the program.

The "A Leg Up" program is designed to provide evidence-based wraparound services to individuals transitioning out of the criminal justice system with Opioid Use Disorder (or a history) and any co-occurring Substance Use Disorder (SUD) or Mental Health condition. DWIHN will invest in the staffing at Chance for Life to support collaboration and cross-system coordination with other prevention and treatment providers in the DWIHN network to reduce the likelihood of recidivism. In addition, the program is designed to provide participating members with resources to reduce barriers to care and employment including but not limited to clothing, transportation and permanent housing.

Chance for Life will receive a total amount of approximately \$220,000 to hire one case manager and for accounting/clerical services for the 2-year period. The remaining amount of \$860,000 is allocated directly to the programming expenses incurred by the returning citizens as described above.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized		
SUD Opioid Settlement	\$ 1,080,000.00	\$ 1,080,000.00		
•	S	\$		
Total Revenue	S	\$		

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.827102.00000

In Budget (Y/N)?<u>Y</u>

Approved for Submittal to Board:

Eric Doeh, President/CEO Stacie Durant, Vice President of Finance

Signature/Date: Signature/Date:

Eric Doeh Stacie Durant

Signed: Tuesday, June 4, 2024 Signed: Tuesday, June 4, 2024

The following Action was taken by the Full Board on the 20th day of June, 2024.

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# DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-68 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Detroit Central City C.M.H., Inc., Development Centers Inc., Southwest Counseling Solutions, Wayne

Metropolitan Community Action Agen, Coalition on Temporary Shelter

Contract Title: HUD Permanent Supportive Housing (PSH)

Address where services are provided: Various locations throughout Wayne County\_

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: <u>5/1/2024</u> to <u>4/30/2025</u>

Amount of Contract: \$2,495,149.00 Previous Fiscal Year: \$2,266,426.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)?

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

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

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

Approval of this Board Action will allow for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,372,015 and

# the Detroit Wayne Integrated Health Network general fund match of \$123,134 for an amount not to exceed \$2,495,149.

The Providers listed in this Board Action submitted applications for renewal to the local Continuum of Care and were awarded for renewal for the HUD FY 2023. Note that grants for the CCIH RAP grant and the CCIH PH grant were extended for an additional 3 months in 2023. The CCIH RAP grant was extended from 2-28-23 thru 5-31-23. The CCIH PH grant was extended from to 1-31-23 thru 4-30-23.

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

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

Source of Funds: General Fund, HUD

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized		
HUD	\$ 2,372,015.00	\$ 2,372,015.00		
General Funds	\$ 123,134.00	\$ 123,134.00		
Total Revenue	\$ 2,495.149.00	\$ 2,495,149.00		

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Signature/Date:

Stacie Durant, Vice President of Finance

Signature/Date:

Eric Doeh

Signed: Wednesday, June 12, 2024

Stacie Durant

Signed: Wednesday, June 12, 2024

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

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### President and CEO Report to the Board Eric Doeh June 2024

#### **FINANCE**

In accordance with Michigan law, Detroit Wayne Integrated Health Network (DWIHN) requested revisions to the Credit Card Policy at the Finance Committee meeting on June 5, 2024. The primary change was the inclusion of miscellaneous fees and goods under \$500 before taxes, which excludes electronic devices.

#### **LEGISLATIVE EFFORTS**

May 27 – May 30: DWIHN leadership and board members attended the Mackinac Policy Conference to discuss issues and opportunities with local legislators. We were also able to provide updates on our Crisis Care Centers and had individual meetings with Speaker Joe Tate and Representatives Witwer and Brabec.

June 5 – June 6: National Council, Hill Day: For staff and board members in attendance we had the opportunity to hear about funding priorities for behavioral health care and how we can be better advocates with our legislators. We learned more about Certified Behavioral Health Clinics (CCBHCs) and how they are expanding nationwide to help remove barriers for people needing services, address workforce crisis and getting more.

In addition to our sit-down with Sen. Debbie Stabenow, DWIHN attendees toured the only CCBHC site in D.C., Hillcrest Children and Family Center. Hillcrest has been in existence for over 200 years and has its CCBHC designation for 2 years, they have seen tremendous gains in the types of services (staffing, care coordination, case management and engagement to name a few) that their members have been able to benefit from.

On June 10, 2024, the 707 Crisis Care Center opens to the public.

On June 14, 2024, DWIHN will host the Groundbreaking Ceremony for 7 Mile Behavioral Health Wellness Campus. DWIHN marks another milestone with the groundbreaking of our integrated behavioral healthcare site. Construction of the 70,000 square foot building will take approximately 18 to 24 months and was made possible thanks to \$60 million in State-budgeted grant funding that received bipartisan support. This new structure will have 52 crisis beds, and will help to address disparities in health and access to care with designated suites for physical health, dental, and vision care services.

#### **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.

#### ADVOCACY AND ENGAGEMENT

- May 21–23, NAMI Michigan Annual Conference: I offered a keynote speech and panel discussion on DWIHN's transformative crisis center and mobile approach.
- June 10-12, CMHA Summer Conference: DWIHN staff and board members were in attendance. DWIHN nominated Amy Andrews, Fox 2 Anchor/Reporter, for the Jim Neubacher Media Award. She is a passionate advocate and has been instrumental in improving awareness and perception about community-based public mental health services in our region. At the conference, our very own SUD Board Member, Darryl Woods, received the Partners in Excellence Award. This award recognizes

- those who have enhanced the perception of community mental health services and their recipients within the community through their own lived experience, compassion, and dedication to making a difference in the lives of others.
- June 12, Men's Wellness Matters: I joined Chief James White and others at this annual event highlighting the importance of men's mental health, reducing stigma in the community, addressing the pressures on leaders in the community and advising youth in our community.
- Community Electronic Health Record expanded with the input of the people we serve.



### INTEGRATED HEALTH PILOT UPDATE

The Detroit Wayne Integrated Health Network (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 members (20) were discussed, and ten (10) members had gaps in care successfully closed. Five (5) members will be carried over to June.

#### Health Plan Partner Two

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had thirty-one (31) members identified as having gaps in care. Twelve (12) members needed assistance with gaps in care and they were successfully met. Eight (8) cases will be carried over to June.

#### 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 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 May DWIHN and Health Partner 3 met with the 4 CRSP's and discussed any referral problems. CRSP reported that they have not received any referrals. DWIHN has asked Health Plan 3 to send writer names so DWIHN can track the referral to see where there are problems. PCE has tracked how many releases of information have been signed for Health Plan 3 and CRSP. All CRSP are over a 75% rate of releases signed.

#### 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 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 rolled out several upgrades in May. All additional measures were added for OHH/BHH/CCBHC. HEDIS Measures can be searched by name dropdowns and filters for race and ethnicity and any score less than zero. During the month of May, the HEDIS scorecard was reviewed at eight CRSP monthly meetings and FUH data was shared.

#### **NCOA**

DWIHN received full accreditation from NCQA. It took a lot of effort from all departments and there were several lessons learned throughout the process.

NCQA highlighted our strengths as:

- Dedicated and knowledgeable staff
- Strong UM denial process and documentation
- Strong Case Management program and documentation
- File review and preparations of staff.
- Annual population assessment done by Integrated health Department.
- Documentation of all clinical Quality Improvement Projects that were defined as well organized, with strong study design, analysis, and actions.
- Comprehensive Quality Program

Opportunities for Improvement were discussed in areas of Utilization management policies and annual plans, provider network adequacy, credentialing, and delegation agreements. Workplans have been drafted for those items and in process of implementation.

#### **CLINICAL OPERATIONS**

#### **Health Home Initiatives:**

Behavioral Health Home (BHH) - Behavioral Health Homes met all three (3) FY2023 Pay for Performance measures, which will result in \$123,071 for our Health Home Providers. The Pay for Performance outcomes achieved include:

- Increase in controlling High Blood Pressure (based on if last BP check was in range for people with Diagnosis of Hypertension.
- Reduction in Ambulatory Care: Emergency Department (ED) Visits
- Access to Preventive/Ambulatory Health Services (based on a preventive care visit/service in the last year.

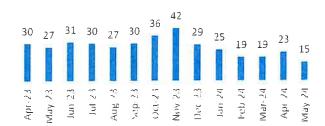
#### **Adult Services:**

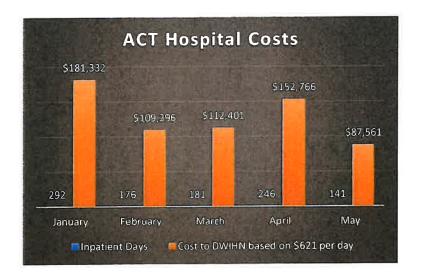
Assertive Community Treatment (ACT): ACT is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental

illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff are available for members 24 hours, 7 days per week, 365 days a year. There are eight (8) ACT providers in Wayne County. For May 2024, the ACT program experienced a total of fifteen (15) psychiatric hospitalizations which totaled 141 inpatient days; almost a 35% reduction in hospitalizations compared to the previous month (April experienced 23 psychiatric hospitalizations and 246 inpatient days). This equates to an inpatient savings of \$65,205 for DWIHN for the month of May.

A total of three (3) ACT providers completed their 2024 Fidelity Reviews. Scores are being tabulated and will be made available during the next reporting period. Adult Initiatives continues to work with providers to increase face-to-face contact with their members' post after business hours as well as on weekends, as expected by the model of 24 hours per day/7 days per week. During the month of May, there were a total of 37 encounters that took place after 5:00 pm among all the providers.

ACT Hospitalizations 'April 2023-May 2024





#### SUBSTANCE USE DISORDERS

#### SUD Prevention Services

Prevention Services reduce the risk factors associated with substance use disorder by providing education, outreach, and support to individuals and communities. These services may include awareness campaigns, and resources to promote healthy decision-making and prevent the onset of substance abuse. By offering early intervention and evidence-based strategies, SUD Prevention services empower individuals to make informed choices and lead healthier lives.

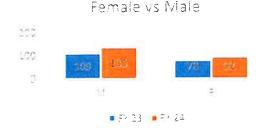
During the month of May, DWIHN Prevention Providers made a significant impact by providing 1,238 instances of information dissemination, ensuring that vital knowledge reached a wide audience. Additionally, they conducted 3,058 reached services, tailoring support to the specific needs of each participant, and organized 16,295 community sessions, fostering a sense of unity and shared responsibility within the community. These efforts demonstrate the dedication of DWIHN Prevention in effectively promoting health and well-being.

Throughout the month of May, providers had the opportunity to provide details about their prevention-focused events by utilizing the SUD Prevention Smartsheet tool. This data collection effort allowed providers to showcase the various ways in which they actively engaged youth, distributed vital information about prevention, involved peer leaders, and implemented other impactful initiatives aimed at promoting wellness and preventing substance abuse. The wealth of information shared through these submissions highlighted the diverse and innovative approaches taken by providers to address prevention within their respective communities. DWIHN is implementing an approach to create a dedicated committee focused on prevention efforts will be a key initiative. Additionally, the committee will emphasize drug prevention efforts through targeted awareness campaigns, aiming to establish a strong foundation and foster supportive engagement within the field.

#### Medication Assisted Treatment (MAT) Mobile Unit

The MAT Unit is a specialized medical facility on wheels designed to provide MAT treatment services to underserved communities. This state-of-the-art vehicle is equipped with medical staff, examination rooms, and the necessary supplies to administer medication and therapy to individuals struggling with opioid substance use disorders. The mobile unit travels to different locations to reach individuals who may not have easy access to traditional healthcare facilities, offering a convenient and confidential way to receive critical MAT treatment and support.

In FY23, there were 78 females who received services via mobile unit. This number increased to 92 in FY24. The number of males who received services also increased from 109 in FY23 to 135 in FY24. Most individuals served achieved a high school diploma (n=132), and most of the members identify as African American (n=145). The most widely used substance reported by individuals served was heroin, with 79 self-reports. Marijuana use was self-reported by 32 individuals, and 18 individuals self-reported cocaine use. The percentage of employed individuals increased from 1% in the previous year to 24% this year. Fortunately, no individuals tested positive for HIV; however, there were eight (8) reported overdoses. All individuals received free Narcan as part of the services provided.





The SUD Department provided technical assistance training to the OTP providers about the updates to the rules 42CFR pt 8. This update is important as it emphasizes creating a treatment environment that offers flexibility in crafting individualized plans of care based on specific aims and health needs. The new rules remove obstacles to treatment that made it difficult for some people to enter or remain in treatment in the past. Practitioners are no longer required to follow rigid criteria to determine the number of take-home methadone doses for a member. Instead, they are now guided by harm reduction approaches, shared decision making, and considerations of your safety and unique circumstances. This helps balance the benefits and risks of methadone take-home doses.

#### UTILIZATION MANAGEMENT

#### Habilitation Support Waiver (HSW):

HSW is an intensive home and community-based treatment program designed to assist persons with severe developmental disabilities to live independently with support in the community. It is designed as a community-based alternative to residing in a group home.

MDHHS has currently provided 1,084 total HSW slots to DWIHN to utilize. A total of 1,084 slots are filled and 0 are open, for a utilization rate of 100%. There are currently 27 members with completed packets on DWHIN's HSW waitlist. The UM Department is working with the network to ensure disenrollments are submitted the same month as the disenrollment date so that DWHIN's utilization is a true reflection of the need for HSW slots and so members can come off the waitlist as quickly as possible.

	Oct	Nov	Dec	Jan	Feb	March	April	May
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084
Available	22	4	0	0	1	1	1	0
New Enrollments	12	27	10	4	6	8	4	4
Disenrollments	2	4	2	2	5	3	1	9
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%

The UM Department's latest HSW related project is beginning to identify, monitor, and follow-up on members who have not received the required one HSW service per month. The UM Department reached out to the CRSPs for their feedback about these members. Of 28 members with no identified HSW service, the trends were related to staffing issues, members being out of town, and members being in the hospital

for extended stays. The UM department will be working with the network providers to address staffing issues and to ensure that the network understands when to make members inactive in the MDHHS Waiver Support Application system (WSA).

#### Utilization Data

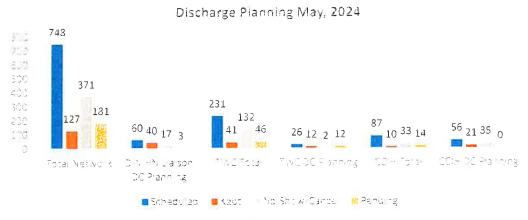
The Utilization Management Department has been analyzing service utilization trends and has noted underutilization in multiple service areas including Case Management/Support Coordination, Psychiatric Medication Reviews, and Individual Therapy. This data was obtained by looking at current services requested (amount/scope/duration) compared to services provided (claim data). DWIHN has taken a multifaceted approach to address this issue:

- The VP of Clinical Operations met with each individual provider's Executive Leadership to review this information and discuss what is expected in relation to the provision of services.
- Provider Leadership is comparing DWIHN's data to their internal data and will report back if there are any potential discrepancies.
- Provider Leadership is reviewing this data with their staff and providing additional training and outlining expectations of service provision. This includes requesting the amount of services that are medically necessary and person-centered.
- DWIHN will be providing training to provider staff on person-centered planning and the appropriate request and utilization of services, including completing treatment plan addendums when necessary.
- DWIHN is updating the Service Utilization Guidelines to ensure alignment with Best Practices and utilization trends.
- DWIHN's UM Department will analyze trends post-training to assess overall effectiveness.

#### **CRISIS SERVICES**

#### Inpatient Hospital Discharge Planning

DWIHN Liaisons continue to meet with members at selected inpatient hospitals (BCA, Kingswood, Beaumont Behavioral) to engage the members in discharge planning when admitted without an assigned provider. Liaisons meet with members to discuss barriers to ongoing service connection and support the selection of a preferred provider prior to discharge. Liaisons complete a discharge planning worksheet, coordinate with inpatient treatment teams, and work to ensure the member attends their hospital discharge planning appointment.



\*\*No-show includes canceled by member/staff at CRSP, remainder are rescheduled by member/staff

Across all CRSP providers in May 2024, 17% of hospital discharge appointments were kept, whereas with DWIHN Liaison involvement, 66% of hospital discharge appointments were kept with member-selected

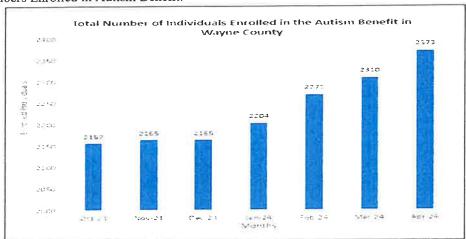
providers. Overall, TWC members kept 18% of their hospital discharge appointments, but with targeted TWC discharge planning involvement, 46% of their appointments were kept. Similarly, with CCIH, 11% of their members kept their hospital discharge appointments overall, but with targeted CCIH discharge planning involvement, 37% kept their appointments.

#### **CHILDREN'S INITIATIVES**

#### Autism Benefit Enrollment:

Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of Autism Spectrum Disorder (ASD). This benefit serves youth up to age 21. There was an average of 2,261 members assigned to DWIHN's ABA provider network for Fiscal Year (FY) 2024. Data indicates an increase of approximately 99 additional members enrolled in autism services from Q1 to Q2.





To continue to support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID will continue until 5/1/2028. In FY 24, Q2 the Request for Qualification (RFQ) resulted in two (2) ABA Providers to be added to the provider network. As a result of the RFQ, there are now 19 contracted ABA Providers within the DWIHN network. This is an increase of 3 new ABA Providers from FY 23 to FY 24. In addition, as of FY 24, Q2 Michigan Department of Health and Human Services (MDHHS) confirmed youth with serious emotional disturbances (SED) receiving autism services can also receive speech therapy, occupational therapy, and physical therapy when the services are needed to address behavioral needs. To support the increase of requests for these ancillary services, DWIHN approved one (1) ABA Provider to deliver these ancillary services for youth with SED.

### SCHOOL SUCCESS INITIATIVE (SSI)

The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training, and are being helped with reducing the stigma related to receiving behavioral health supports and services.

The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

During FY 24, Q2 there were a total of 47 intakes for the SSI Program. Overall, there is a noted increase with intakes completed from Q1 (39 intakes) to Q2. In addition, during FY 24, Q2 there were a total of 83 successful discharges from the SSI program; in which there were 0 expulsions from school). This is an increase from Q1 of 18 successful discharges.

During FY Q2 there were a total of 437 SSI services rendered.

- Tier 1 Classroom Observation, Conflict Resolution, Consultation, Crisis Intervention
- Tier 2 Group Prevention, Individual Prevention, Michigan Model for Health, Psychoeducation
- Tier 3 Enrolled in Community Mental Health Services

SSI Tier Services FY 2024	Total # of Students Received SDQ Screenings	Tier 1 Services	Tier 2 Services	Tier 3 Services	Total # of Students Received SSI Services
10/1/24 - 3/31/24	1,469	18	2,432	608	4,527

<sup>\*\*\*</sup>Note: Total Tier 1 services completed does not include the total # of presentations completed (243 presentations for FY 24).

	# of Education Professional at the Event	TO	# of Students at the Event	Total # of Attendees
Risk Factors	1,072	3,785	4,838	9,695
Outreach Events	1,269	3,940	5,496	10,705

### CCHBC DEMONSTRATION EXPANSION

Certified Community Behavioral Health Clinic - 9,442 members (April- 9,099, 3.75% 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.
- DWIHN is currently establishing direct clinical outpatient services to provide additional access to Wayne County individuals and will be applying for CCBHC certification.

### CHIEF MEDICAL OFFICER

### Behavioral Health Education, Outreach and Updates:

Dr. Mammo was a panelist on the maternal mental health panel held by Wayne County Women's Commission. An interview was published in News Herald on the importance of Mental Health Awareness Month and the dangers of adolescents self-diagnosing via social media.

### Teaching Collaborative:

- Have been doing a 4-week teaching course for Wayne State University Psychiatry Residents on Community Mental Health Services.
- Participated as an examiner for Wayne State University Child and Adolescent Psychiatry Annual Clinical Skill Exam followed by panelist discussion on Transition to Practice. Discussed job opportunities and perks within CMH system.
- Teaching Agreement with Nurse Practitioner (NP) Program, Physician Assistant (PA) program and Child and Adolescent Psychiatry (CAP) fellowship have been completed.
- Starting planning rotations at the Crisis center next month. The first group will be CAP.

### State Medical Director AOT Workgroup:

On Dr. Pinal's recommendation, the Michigan Diversion Council has created a workgroup with some PIHP Medical Directors and Chief Medical Officers to discuss the current process, gaps and improvement steps for the State. First meeting happended in May, will be recurring monthly. Focus will be on assuring that the AOT procedures are as evidence-based and clinically focused as possible with some State level uniformity on protocols.

### Crisis Center Updates:

DWIHN identified our opening date as June 10, 2024. The Crisis Center had facilitated numerous tours during the month of May, which included hospitals, other CMHs, governmental officials, and students and residents. We served 10 individuals in the first 2 days.

### Hiring:

Finding full-time psychiatrist(s) to work for the Crisis Center has been a continued challenge. One of our Part-time Psychiatrists, who will be graduating on June 30, 2024, has accepted a full-time position and will be starting in July. One position is still open. We have been able to find contingent psychiatrists and have hired seven (7) who will be covering 1-2 shifts per week. We will continue to expand our contingent pool, not only to avoid coverage issues, but also to help the in-training residents get a positive experience at our facility which would help with subsequent workforce and recruitment.

We have hired seven (7) out of eight (8) full-time APP positions and one is under negotiation. We have 4 contingent NP positions. One contingent NP has accepted the offer. Others are going through interviews. We are looking into telepsychiatry coverage as our second level backup when full-time or part-time psychiatrists are not available for shift coverage.

Nurse Practitioners went through extensive orientation for the last some weeks and an intensive 2-day educational orientation with me and Dr. Mammo on May 21<sup>st</sup> and 31<sup>st</sup>. Psychiatrist orientation was on 6/5/23 and we received a lot of positive feedback on our EMR, protocols and educational orientation content.

### State Certification:

DWIHN had State of Michigan onsite review on May 9. The facility, our Electronic Medical Records and our protocols were greatly appreciated. There were minor revisions requested that are being resubmitted. We anticipate provisional certification after that.

### DWIHN Clinic:

DWIHN Clinic is the new project that is currently underway. Our VP of Clinic Services is currently working Policies, procedures, staffing plans, trainings and hiring. We posted Psychiatrist positions that include an adult psychiatrist/Outpatient Medical Director, offered a position that was accepted with start on June 30th. The part-time child psychiatrist has accepted the offer and will start in August.

### **OUALITY DEPARTMENT**

MDHHS HSW, CWP, SEDW and iSPA - DWIHN has recently completed its annual MDHHS 1915(c) HCBS Waivers and the 1915(i) State Plan Amendment Site Review. The purpose of this review was to ensure compliance with Home and Community-Based Services agreements with the Centers for Medicare & Medicaid Services. This review reflects DWIHN's commitment to delivering high-quality services and programs and is considered one of the best in terms of compliance. It also served as a training tool and provided technical assistance in the provision of Home and Community-Based services. DWIHN received high marks across the board, achieving full compliance with the Children's Waiver Program and the Administrative portion of the review, including the newest performance measures. However, there were

some citations related to specific cases involving HSW, SEDW, and iSPA. All matters will be adequately remediated through the corrective action plan, which is due to MDHHS on June 21, 2024.

### **HSAG Reviews**:

DWIHN is scheduled for multiple upcoming External Quality Reviews with HSAG. The purpose of these reviews is to ensure the quality and effectiveness of the organization:

- The Encounter Data Validation Review is a new requirement and is due to the state on July 6, 2024. This review is essential for ensuring the accuracy and completeness of our electronic encounter data, highlighting our commitment to data integrity and quality care delivery.
- The Performance Improvement Project (PIP) has been a three-year initiative for us. In FY 2023, DWIHN achieved 100% compliance with the submission of barriers, interventions, and data analysis. This year, HSAG will assess our progress in improving our rates through the implementation of barrier analysis, interventions, and evaluation of results. Remeasurement 1 (01/01/023-12/31/203) submission of the racial disparity is due on July 15, 2024.
- The Performance Measure Validation (PMV) is scheduled to take place between July 22, 2024, and August 2, 2024. In FY 2023, DWIHN achieved 100% compliance with the designation of "Reportable" for all indicators. The only recommendation noted was that DWIHN should continue its improvement efforts (e.g., provider outreach and monitoring) related to indicator #2 to further ensure timely and accessible treatments and supports for individuals.
- The Compliance Monitoring review is scheduled for September 6, 2024. In FY2023, DWIHN received a full Compliance score of 94.2% (33 out of 35 standards).

### Performance Indicators Data for Quarter 2

In Quarter 2 of 2024, DWIHN has met the standards for PI#1 (Children and Adult), PI#4a (Children and Adults), 4b (SUD), and PI#10 (Children). For indicator 2a (Biopsychosocial Completed within 14 days of request), our completion rates for MI/Adults (59.92%) and DD/Adults (62.50%) have improved compared to Q1, surpassing the 57% standard. Although we did not meet the standard for the children's population, we did make progress in enhancing completion rates for MI/Child Q2 (51.79%) compared to Q1 (30.32%). The average score for the state in Q1 2024 was noted at 51.57%. The Q2 data will not be finalized until June 30th, 2024, so the rates are still subject to change. The chart below presents a comparative analysis between Q1 and Q2.

Indicators	Definition	Quarter 1	2nd Quarter Preliminary	Standard
1 (Children)	Crisis Prescreening within 3 Hours of Request	99.30%	98.34%	
1 (Aduit)		96.44%	96.99%	95% or higher
Za (MI/Adult)	Intake (IBPS) within 14 days	57.34%	59.92%	
(DD/Adult		58.93%	62.50%	57% or higher
Za (MI/Children)		30.32%	51.79%	3770 OF HIGHE
(DD/Children)		28.07%	28.07%	
3 (Combined)	Ongoing service within 14 days	85.22%	88.06%	83.80% or higher

4a (Children)	7-day follow-up after discharge	97.78%	95.17%	95% or higher
4a (Adult)		98.67%	95.74%	
10 (Children)	Inpatient psychiatric Recidivism	8.62%	8.93%	15% or less
18 (Adult)		17.68%	16.64%	

While the Children compliance score with the 14-day Indicator (2a) has shown > 30-point improvement, Quality Department did a more detailed analysis of 2<sup>nd</sup> quarter data to assure the members were eventually receiving services. The data shows that a total of 2,620 members sought services and received a completed Integrated Biopsychosocial Assessment (IBPS), resulting in an overall compliance rate of 76.68% though the compliance within 14 days is 53.59%. The Children's intake completion percentage (both MI and DD) significantly improved when the 14-day filter was removed.

This underscores the continuous need for concentrated efforts and advancements in these noted areas.

The Quality Team will request struggling children's providers to submit capacity plans. The Quality Team will also focus on those providers who have been deficient for consecutive quarters without improvements.

### 2nd Quarter 2024 Performance Indicator #2a (Preliminary)

21100 6	uu					31
	IBPS Within 14 Days	Total	Rate	IBPS Completed	Total	Rate
MI/Child	362	699	51.79%	544	699	77.83%
MI/Adult	1235	2061	59.92%	1579	2061	76.61%
DD/Child	144	513	28.07%	377	513	73.49%
DD/Adult	90	144	62.50%	120	144	83.33%
Total	1831	3417	53.59%	2620	3417	76.68%

(The first column breaks down the data into four major subpopulations: MI/Child, MI/Adult, DD/Child, and DD/Adult, with the total being found in the last row. Columns 2-4 contain the data for Integrated Biopsychosocial assessments that were completed within 14 days of the date of request, while columns 6-8 contain the data for assessments completed during the 2nd quarter between the dates of 1/1/24-5/21/24)

### **HUMAN RESOURCES**

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

Administrative Assistant	5
Administrative Support	2
Behavioral Health Technician - Crisis Services	
Behavioral Health Technician Supervisor	
Call Center - Representative (Contingent)	
Call Center - SUD Contingent	2
Call Center Clinical Specialist - Part-Time	
Clerical Support	
Dispatch Coordinator (Part-Time)	
Food Service Worker	
Medical Records Specialist	
Mobile Crisis Clinician	4

Mobile Crisis Clinician - Part-Time	
Peer Support Specialist - Crisis Services	2
Peer Support Specialist - Mobile Crisis	
Peer Support Specialist - Mobile Crisis (Contingent)	2
Peer Support Specialist - Mobile Crisis (Part-Time)	
Psychiatrist (Part-Time)	3
Registered Nurse - Crisis Services	5
Registered Nurse - Crisis Services (Contingent)	
Residential Unit Manager	
Student Intern	2

### Promotions:

Administrative Assistant 4

Clinical Officer

Facilities Service Technician

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**

- DEI Committee Meeting (May 16, 2024)
  - ➤ Policies and Expectations for 2024-2026 DEI Committee Members
  - Policies and Expectations for Mid-Level Management Training

### Training: Driving Employee Engagement from C-Suite to Deskless employees

Driving employee engagement across all levels of an organization, from the C-Suite to deskless employees, is crucial for fostering a motivated and productive workforce.

- Clear Communication: Ensure transparent and consistent communication channels are
  established to keep all employees informed about company goals, successes, and
  challenges. Encourage two-way communication to solicit feedback, address concerns, and
  foster a culture of open dialogue.
- Leadership Engagement: The C-Suite and top management should actively engage with employees at all levels to create a sense of connection and shared purpose. Leaders should demonstrate support for employee well-being, professional growth, and recognition of contributions.
- Recognition and Rewards: Implement formal and informal recognition programs to acknowledge employees' contributions and achievements. Ensure that deskless employees receive equal opportunities for recognition and rewards as their office-based counterparts.
- Professional Development: Offer training and development opportunities to empower deskless employees and help them grow in their roles. Provide pathways for career progression and skills enhancement to boost employee engagement and retention.
- Empowerment and Autonomy: Delegate decision-making authority and autonomy to deskless employees, enabling them to take ownership of their work and contribute meaningfully to the organization's success. Encourage innovation and initiative by fostering a culture that values diverse perspectives and ideas.

- Well-being and Work-Life Balance: Prioritize employee well-being by offering support programs, flexible work arrangements, and resources to help maintain a healthy work-life balance. Ensure that deskless employees have access to resources that promote physical and mental health
- Feedback and Performance Management: Implement regular feedback mechanisms to provide constructive input and recognize achievements. Set clear performance goals, hold regular performance discussions, and provide opportunities for growth and development.
- Inclusive Culture: Foster a diverse and inclusive workplace where all employees feel respected, valued, and included. Promote diversity and equality initiatives to ensure that all employees have equal opportunities for growth and advancement.
- Technology and Connectivity: Provide deskless employees with the necessary tools, resources, and technology to stay connected, collaborate effectively, and access information. Leverage digital platforms for communication, training, and engagement initiatives tailored to deskless workers.
- Continuous Improvement: Regularly assess employee engagement levels through surveys, feedback mechanisms, and performance evaluations. Use insights gathered to refine engagement strategies and initiatives, ensuring alignment with employees' evolving needs and expectations.

### IT SERVICES

### **Business Processes:**

### Crisis Care Center

- Staff setup continues to occur in MHWIN & inclusive of hard token setup for MFA authentication
- > Awaiting DEA# verification to set up prescribers

### • Electronic Visit Verification (EVV)

- > The State has moved the target implementation date to 9/1/2024 for Behavioral Health EVV
- ➤ Continued discussions taking place with Fiscal Intermediaries with a presentation/demonstration taking place in early June on this area.

### SUD Risk Matrix

- > SUD Risk Matrix is live and was released end of May to the SUD CRSPs
- Will review any feedback from SUD CRSPs in the next couple of weeks to determine if any changes are warranted.

### Outpatient Care Clinic

> Staff setup continues to occur in MHWIN

### • Analytics Project with AgreeYa

Provided an overview of the MHWIN system and setting up access for AgreeYa to allow for independent navigation throughout the system.

### myDWIHN

➤ Version 1.3.50 has been published to both the Apple app store and the Google Play store. New features include member access to the CEHR (Community Electronic Health Record) and improvements to the "Help Around Me" search feature.

### • Provider Contracting

- MCO Provider credentialing e-mailing notification are now completed, next step is to obtain the provider users/signatories to grant access to the quarterly form system.
- Working with MCO on the continued development of annual provider contracting forms

### Document Management

UniFlow hybrid setup compléted, Copiers in Milwaukee and Woodward have Therefore client access. Continuing to set up copiers as they are deployed throughout Woodward and Milwaukee.

### Questica

Deployment of the budgeting system is continuing without HR position management; IT will be creating a scheduled nightly process to update Questica with financial GL Actuals by mid-June.

### • 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.

### Infrastructure / Security / IT Compliance

### Building Construction

- > Woodward / Milwaukee still pending blueprint and diagram from vendor (Bluestone)
- > Cisco Firmware was updated at Milwaukee successfully.
- > Continue configuring the building security and video camera systems to meet the needs of the Crisis Center.
- > Crisis Center Nurse stations approved. IT Staff configuring 19 stations in accordance with approved config.
- Patient Phones configured in Genesys and approved by Crisis and Facilities.

### Security

- ➤ Configuration of Graylog SIEM/SEM (Security Incident and Event Monitoring/Security Event Management) is on Hold as the team is focusing on a new SOC that will most likely include SIEM functionality.
- ➤ We are continuing to review vendors and systems for SOC (Security Operations Center) functionality
- > CVS Health / Aetna issues an Audit survey for 2024 due mid-June, Evidence gathering is underway
- ➤ The vCISO project is continuing. Currently working on RBAC (Role Based Access Controls) and internal Audit of existing ACL/Permissions.
- > Continuing working with business units on the DWIHN BCP/DR plan, transitioning from information gathering to action planning.
- ➤ Vetting and removing Azure SSO applications
- infinias door access system and programming the key zone mapping for staff access has been set up, The Badging printer and templets are completed, Crisis staff will be the first to receive new badges. Rebadging of Staff will start in early June

### Onboarding/Offboarding

Ongoing and continuous development process with HR to finalize a new automated onboarding/offboarding process meet Access Control standards in compliance frameworks. Working with HR on integration of Onboarding/Offboarding process into NeoGov system.

### • SQL Server upgrade

Post-migration performance tuning of the server is still being monitored; changes made last month show good improvement.

### 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 179.5K total views
Kathleen Springer	6 Posts	945 Likes/285 Shares

In May, our influencers focused on promoting our Children's Mental Health Awareness Day. Showcasing 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.

### 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. Through strategic and compassionate messaging, 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: 127,581 down 21.8%
Engagements: 7,890 down 17.5%
Post Click Links: 2,317 down 43.1%
Engagement Rate: 6.2% up 5.7%%

> Total Audience Growth over the last month was 18,786.

### Google Analytics:

> 1,819 Business Profile interactions

- > 2,860 People viewed the DWIHN Business Profile
  - 2,048 (72% Google search desktop)
  - 664 (23% Google search mobile)
  - 125 (4% Google Maps mobile)
  - 23 (1% Google Maps desktop)
- > 1,388 Searches DWIHN was shown in users search results:
  - DWIHN 688
  - dwhin 88
  - dwctraining 78
  - wayne county cmh 78
  - dwihn training 47



### **Mackinac Policy Conference**

On May 29, I took a break from making deals on the Grand Hotel porch to talk with WWJ's Jackie Page about all things DWIHN, from the Mobile Crisis Unit expansion and NARCAN trainings to the 707 Crisis Care Center opening and our upcoming 7-Mile Behavioral Health Wellness Campus.

### Children's Mental Health Awareness Day

WDIV-TV 4 shared the information about CMHAD on its "Live in the D" segment which informed viewers about all the festivities that will happen the day of the event.



Fox 2 News shared the festive occasion held at Say Detroit Play on May 11. The segment was a recorded interview with Bianca Miles, Youth United Coordinator, explaining the party with a purpose. It also, surprisingly, picked up on its Houston TX affiliate.

### Mobile Crisis Service Expansion:

- Fox 2 News shared the news of the MCU expansion and the new 844-IN-CRISIS number with readers on their website.
- On page three of the <u>Hamtramck Review</u>, our column shares details of the MCU expansion, along with the new crisis number with their readers.
- The <u>Arab American News</u> shares the service expansion in its print and online editions on Friday, May 8<sup>th</sup>. Before the new crisis number was unveiled.

### Post Partum Depression:

• In observance of Maternal Mental Health Month, the <u>El Central Newspaper</u> provides a bi-lingual story on Post Partum Depression along with a supplemental advertisement on page A-6 of their newspaper.

### Mobile Outreach:

The DWIHN Mobile Outreach Clinician was able to add new events to the calendar and continued the partnership with Wayne Metro and Black Family Development. The DWIHN Mobile Outreach Clinician has a collaborative working relationship with Wayne Metro customer assistance day with 200 people in attendance and will continue to work with them once a month. Wayne State Ameri Corp at Clark Park held an event with 250 people.

Category	
Number of mobile events attended	15
Number of meaningful engagements	810
Number of screenings in the system	0
Number of follow-up calls made	15
Number of referrals made from follow up	11
Benefit assistance referral	0
Bill payment referral	0
Complex Case Management referral	0
Connection to Access Center	11
Housing referral	0

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

Notably, in May DWIHN partnered with the Detroit Zoo and hosted resource tables throughout the month and Youth United hosted its annual Children's Mental Health Awareness Day event at Say Detroit Play. DWIHN also launched its Mental Health Youth Council. The purpose is to assist in planning, helping, advising, and working to fill gaps in traditional mental health services in their communities and address mental healthcare disparities that they have experienced firsthand.

Additionally, DWIHN actively engaged in various outreach activities, including participation in the Wayne County Women's Commission Panel Discussion in Detroit, The Old Redford HS Career Fair in Redford, and the Mental Health Awareness Impact Day event in Detroit.

### Upcoming Events:

June 19th: Holiday S.O.U.L.S. Chat: Juneteenth **6:30pm-7:30 pm** June 20th: 12th Annual FATHERHOOD Forum **9:00am - 4:30 pm** 

June 25th: 1 Courageous Conversations: Life After College 2:00pm-4:00pm



## Presentation for DWIHN

Overview 6/20/2024

### Agenda

- Easterseals MORC Overview
- Easterseals MORC in Wayne County
- Scope of I/DD Service:
- Who We Currently Serve
- Team Member Information
- Questions & Answers

### Lori Roskam

Director, IDD Care Coordination 586-719-3124

lroskam@eastersealsmorc.org

### Kristina Huerta

Program Manager, IDD Care Coordination 586-292-9781

Khuerta@eastersealsmorc.org

### Tricia Tate

Chief Program Officer, IDD and LTO 248-410-2598

ttate@eastersealsmorc.org



# Easterseals MORC Overview

- communities Purpose Statement: To lead the way to 100% equity, inclusion, and access for people with disabilities, families, and
- for over 100 years 501(c)(3) non-profit organization serving the State of Michigan
- Comprehensive provider of behavioral health, autism, IDD and long term care services along with other specialized programs for individuals with disabilities and their families.
- Certified Community Behavioral Health Clinic for Oakland Region
- Service locations in Macomb, Oakland, and Wayne as well as Genesee and Kent Counties (including 30 school co-location sites, two Miracle League Fields)
- Over 900 staff serving over 25,000 individuals and families each year.

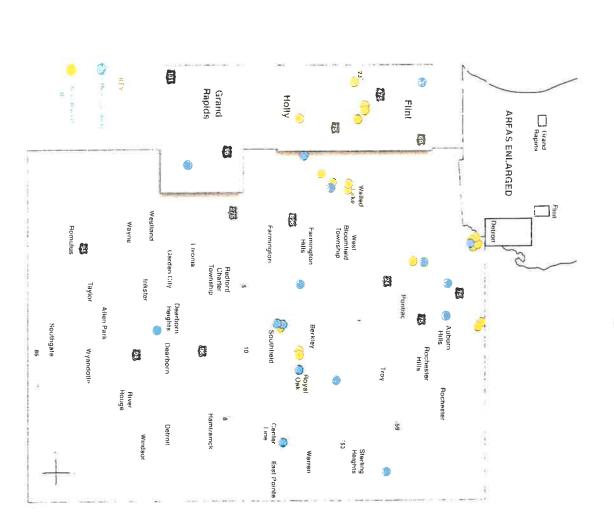






## Easterseals

### Locations



# Easterseals MORC Merger

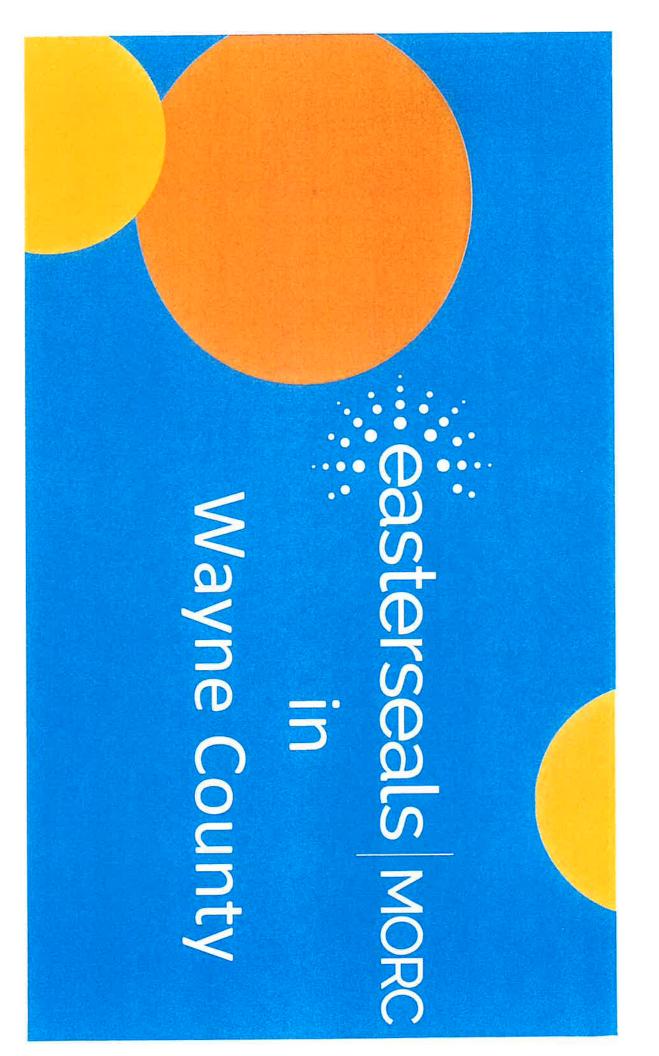
Oakland Regional Center) and officially formed Easterseals MORC On October 1, 2022, Easterseals Michigan merged with MORC (Macomb

### Why Merge?

- Increase access to services 'No Wrong Door
- Provide more integrated services to people and communities
- Expand the continuum of care to those we serve







## Direct Services

Provider (CRSP) and currently provides: In Wayne County, Easterseals MORC is a Clinically Responsible Service

- Intake Services
- Care Coordination Team Approach
- Behavior Assessment and Supports
- Individual and Group Therapy
- PSychiatry

Easterseals MORC currently serves Individuals with Developmental Disabilities in Wayne County.



## Indirect Services

# \*Services are based upon eligibility and medical necessity

- Respite Care Services
- Community Living Services
- Speech and Language Therapy
- Occupational Therapy
- Physical Therapy
- Family Support and Training
- Crisis Intervention
- Complex Case Management
- Mental Health Therapy / Counseling
- Targeted Case Management / Care Coordination
- Psychiatry
- **Autism Services**

- Specialized Residential Services
- Vocational Programming
- Skill Building
- Job Coaching
- Transportation
- Swallow Evaluation
- Nursing
- Nutrition
- Durable Medical Equipment
- Home Modifications
- Home Based Services

Supports and services are individualized to each person based on medical necessity and supported through their Individual Plan of Service (IPOS). Our Team utilizes the DWIHN provider network.



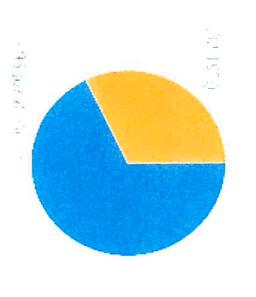
## Who We



# Individuals Served in FY24

Easterseals MORC has served 730 unique Wayne County individuals this fiscal year





0-6 years: 115

7-17 years: 127

18-35 years: 393

36-64 years: 104

Supplies

65+ years: 10



### Locations

- Easterseals MORC serves individuals and families across Wayne County
- The majority of services take place in the individual's home
- Wayne County Office located in Dearborn

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## Wayne County Team



## Team Members

and resources comfortable and working to gain trust, build relationships and connect people to individualized services Our team members provide choice in service delivery meeting individuals and families where they are

## Who is on our Team?

Coordination Assistants, Mental Health Clinicans, Parchiatoirts, Clinic Support Specialists, and Office Team Members. Our team at Easterseals WORC is comprised of recircited India Coerdinators, IDD Care Coordinators, IDD Care

- 14 IDD Care Coordinators (full time and part time)
- 2 IDD Care Coordination Assistants
- 6 Mental Health Clinicians, IDD Behavioral Health (full time and part time)

meet capacity demands in Wayng Conney, we often a rative solutions to support recruiment and staff retention We are committed to providing services that need the need of an communities. We are currently hiring in order to These include tuition reimbursement, college scholarships, paid internships, and clinical supervision.



# How to Refer for Services

# You can refer someone for services in any of the following ways:

- Call DWIHN at 800.241.4949 and ask for Easterseals MORC
- Call Easterseals MORC Contact Center at 800.757.3257
- I/DD Intake at 866.807.6940 Lori Roskam, Director IDD Care Coordination

easterseals MORC





## Questions?

