



## **Detroit Wayne Integrated Health Network**

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**FULL BOARD**  
**Wednesday, March 20, 2024**  
**Hotel St. Regis 3071 W. Grand Blvd.**  
**Detroit, MI 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** – February 21, 2024
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – February 7, 2024  
Approved Program Compliance Committee Minutes – February 14, 2024
- VII. ANNOUNCEMENTS**
  - A) Network Announcements
  - B) Board Member Announcements
- VIII. CEO ANNUAL INCENTIVE COMPENSATION OBJECTIVES FY2023/2024**
- IX. BOARD COMMITTEE REPORTS**
  - A) Board Chair Report
    - 1) City of Detroit Reappointments
    - 2) Board Committee Appointments
    - 3) Board Action #24-59 – Purchase of 2013 Cummins Generator (*Exigent*)
    - 4) National Council for Mental Wellbeing – NatCon24 – April 15-17, 2024, St. Louis, Missouri
    - 5) Regional Chamber of Commerce 2024 Mackinac Policy Conference – Mackinac Island, Michigan (May 28th– 31st, 2024)
    - 6) Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference – June 11<sup>th</sup> & 12<sup>th</sup> 2024 – Grand Traverse, Michigan (Elections)
    - 7) Community Mental Health Association of Michigan (CMHAM) Annual Fall Conference – October 21<sup>st</sup> & 22<sup>nd</sup> 2024 – Grand Traverse, Michigan
  - B) Executive Committee
    - 1) Annual Meeting
  - C) Finance Committee
  - D) Program Compliance Committee
  - E) Recipient Rights Advisory Committee
- X. SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT**

**Board of Directors**

Kenya Ruth, Chairperson  
Karima Bentounsi  
Angelo Glenn

Dr. Cynthia Tauog, Vice Chairperson  
Angela Bullock  
Jonathan C. Kinloch

Dora Brown, Treasurer  
Lynne F. Carter, M.D.  
Kevin McNamara

William Phillips, Secretary  
Eva Garza Dewaelsche  
Bernard Parker

**Eric W. Doeh, President and CEO**



**XI. FY2023/2024 RESOLUTION #1- RESOLUTION APPOINTING BOARD MEMBERS TO THE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD**

**XII. UNFINISHED BUSINESS**

**Staff Recommendations:**

- A. BA#21-29 (Revision 2) – Billboard Management Outreach-OutFront Media *(Finance)*
- B. BA#23-57 (Revision 3) – Claims, Audit & Utilization Review Systems -BizAnalytix *(Program Compliance)*
- C. BA#24-01 (Revised) – Michigan Department of Health and Human Services (MDHHS) Children’s Initiatives Grants *(Program Compliance)*
- D. BA#24-06 (Revision 4) – Detroit Wayne Integrated Health Network (DWIHN) Provider Network System FY 23/24 *(Program Compliance)*
- E. BA#24-07 (Revision 4) – Detroit Wayne Integrated Health Network (DWIHN) Operating Budget FY2023/2024 *(Finance)*
- F. BA#24-12 (Revised) – Substance Use Disorder Treatment Network FY24- Brochures and Promotional Items *(Program Compliance)*
- G. BA#24-13 (Revised) – Substance Use Disorder Prevention Network FY24 – Additional Prevention Providers *(Program Compliance)*

**XIII. NEW BUSINESS**

**Staff Recommendations:**

- A. BA#24-47 – FY23/24 MI Health Link Demonstration Project *(Program Compliance)*
- B. BA#24-58 – Accounting System Maintenance Support *(Finance)*

**XIV. AD HOC COMMITTEE REPORTS**

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

**XV. 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
- E. Update Student Athlete Campaign

**XVI. COMMUNICATIONS/MEDIA REPORT**

**XVII. PROVIDER PRESENTATION – Goodwill of Greater Detroit**

**XVIII. REVIEW OF ACTION ITEMS**

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

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

**XX. ADJOURNMENT**



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
FULL BOARD  
Meeting Minutes  
Wednesday, February 21, 2024  
1:00 p.m.**

**BOARD MEMBERS PRESENT**

Kenya Ruth, Chair	Eva Garza Dewaelsche
Dr. Cynthia Taueg, Vice Chair	Commissioner Jonathan C. Kinloch
Dora Brown, Treasurer	Angelo Glenn
William Phillips, Secretary	Kevin McNamara

**BOARD MEMBERS ATTENDING VIRTUALLY:** None

**BOARD MEMBERS EXCUSED:** Ms. Angela Bullock and Ms. Karmina Bentounsi

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

**GUEST(S):** – Ms. Lillie Sorrell, VP of Vocational Services, Mr. Paul Black, CEO and Mr. James Willis, COO, Geshel Human Services (formerly JVS).

**CALL TO ORDER**

The Board Chair, Ms. Ruth, welcomed and thanked everyone for attending the meeting and called the meeting to order at 1:03 p.m.

**ROLL CALL**

Roll call was taken by the Board Secretary, Mr. William Phillips, and a quorum was present.

**APPROVAL OF THE AGENDA**

The Board Chair called for a motion on the agenda. **It was moved by Mr. McNamara and supported by Mr. Glenn approval of the agenda.** There was no further discussion. **Motion carried.**

**MOMENT OF SILENCE**

The Board Chair, Ms. Ruth, 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 January 17, 2024 and the closed session minutes of October 18, 2023. **It was moved by Mr. Glenn and supported by Mr. McNamara to approve the Full Board minutes of January 17, 2024 and the closed session minutes of October 18, 2023.** There was no further discussion. **Motion carried.**

## RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of January 16, 2024 and the approved minutes from the Program Compliance Committee meeting of January 10, 2024 were received and filed.

## ANNOUNCEMENTS

### Network Announcements

Ms. T. Devon, Director of Communications, reported on two events. It was reported that Mr. Darryl Woods, a Substance Use Disorder Oversight Policy Board member reached out yesterday and noted that there is a protest this evening regarding the practice of local retailers selling tobacco and marijuana to Detroit youth. The protest will be held at the Detroit Hookah on Seven Mile Road in Detroit. This organization sold tobacco products to a 15-year-old. Detroit Wayne Integrated Health Network will have representation at this event at 6:00 p.m.

Detroit Wayne Integrated Health Network (DWIHN) is launching a Mental Health Youth Council. Anyone that has relationships with high schoolers in the 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grades please advise them of this opportunity. This is a paid advocacy position that DWIHN is leading and is an opportunity for Wayne County residents to be able to be a part of advancing the conversation about mental health and substance use in Wayne County. The information is on our website and has been sent out; there is a selection process that the students will need to go through and our Youth United Team has been out there working with the youth. We want this to be a very robust council and support young people in every way. There were no further announcements.

### Board Announcements

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

## NOMINATING COMMITTEE – Election of Officers

The Board Chair Ms. Ruth requested the report of the Nominating Committee. Mr. Parker, Committee Chair reported. It was reported that the Nominating Committee met today, February 21<sup>st</sup> 2024. There were several slates discussed at the meeting. The Committee is presenting the following slate for consideration: Ms. Dora Brown, Chair; Dr. Lynne Carter, Vice Chair; Mr. Bernard Parker, Treasurer and Mr. William Phillips, Secretary.

The Chair called for a motion. **It was moved by Mr. Phillips and supported by Mr. Parker approval of the slate of officers recommended from the Nominating Committee as Ms. Dora Brown, Chair; Dr. Lynne Carter, Vice Chair; Mr. Bernard Parker, Treasurer and Mr. William Phillips, Secretary.** Discussion ensued. Commissioner Kinloch called on the body to vote down this list of nominations and allow for an alternative slate to be brought forward at this time and at this meeting and requested legal counsel for point of clarity to explain the process. Ms. Y. Turner, VP of Legal Affairs, noted the nominating committee will be presenting the slate that came out of that committee to this Board to vote up or down. Once the board votes on it, if it is approved, then those are the officers selected for this year, if it is voted down, the Board can either take nominations from the floor or direct the nominating committee to reconvene to present another slate at the next Full Board meeting. The slate of Officers from the Nominating Committee was restated as Ms. Brown, Chair; Dr. Lynne Carter, Vice Chair; Mr. Bernard Parker, Treasurer; and Mr. William Phillips, Secretary. A roll call vote was taken. **Ms. Brown; Mr. Parker; Mr. Phillips; and Ms. Ruth voted Yea; and Dr. Carter; Ms. Garza Dewaelsche; Mr.**

**Glenn; Commissioner Kinloch; Mr. McNamara and Dr. Tauveg voted Nay. The motion failed.**

**It was moved by Commissioner Kinloch and supported by Mr. Glenn that the following slate of board members Dr. Cynthia Tauveg, Chair; Mr. Kevin McNamara, Vice Chair; Dr. Lynne Carter, Treasurer and Ms. Eva Garza Dewaelsche, Secretary be nominated.** Discussion ensued regarding the upcoming reappointments; the process taken if someone was elected as an officer and not reappointed and the composition of the Executive Committee as represented by the recommended slate, which has three appointees from the City and one appointee from Wayne County. Discussion ensued with having an equal number of members represented from each appointing body on the Executive Committee. Additional discussion ensued with Dr. Carter declining the nomination as Treasurer. Commissioner Kinloch modified the nomination for Treasurer and recommended Ms. Dora Brown for Treasurer. **It was moved by Commissioner Kinloch and supported by Mr. Glenn the following recommended slate of Officers Dr. Tauveg, Chair; Mr. McNamara, Vice Chair; Ms. Brown, Treasurer; and Ms. Garza Dewaelsche, Secretary.** Discussion ensued regarding taking nominations from the floor. Commissioner Kinloch called for the question. Discussion ensued regarding the motion on the floor. The Call for the question was withdrawn by Commissioner Kinloch and a roll call vote was requested. A roll call vote was taken. **Ms. Ruth; Dr. Tauveg; Ms. Brown; Mr. Phillips; Mr. Glenn; Mr. McNamara; Mr. Parker; Commissioner Kinloch; Dr. Carter and Ms. Garza Dewaelsche all voted Yea. The motion carried.**

The Board Chair, Ms. Ruth announced the motion carried with Dr. Cynthia Tauveg, Chair; Mr. Kevin McNamara, Vice Chair; Ms. Dora Brown, Treasurer; and Ms. Eva Garza Dewaelsche, Secretary as the incoming officers for 2024-2025. The Board congratulated the newly elected officers.

The Board Chair, Ms. Ruth reported the CEO Annual Incentive Compensation Objectives for FY2023/2024 was the next item on the agenda and called for a motion. **It was moved by Ms. Brown approval of the CEO Annual Incentive Objectives for FY2023/2024.** Discussion ensued regarding the incentives, and it was noted that the Executive Committee had not seen the document with the modifications and corrections that had been recommended at the Executive Committee meeting held on Monday. It was noted that the set of goals has been approved by Mr. Doeh and the current board chair and has been shared with the Executive Committee. Discussion ensued regarding the timeframe of the goals which are for 2023 and part of 2024 and that the Executive Committee had not had an opportunity to review the document with the requested changes incorporated and for the record the document had not been approved by the Executive Committee. The Chair asked Counsel for direction. It was noted by Attorney Turner that the Executive Committee is part of this body and the Board could make a decision to bring the document out of committee; the options available to the board are to either vote to bring it out of committee or vote to table it and allow the Executive Committee to meet and make a recommendation. **There was no second. It was moved by Commissioner Kinloch and supported by Mr. Phillips to table the CEO Annual Incentive Compensation Objectives for FY23/24.** Discussion ensued regarding a roll call vote; the need to table the document and if tabled when would the document be brought before the Board. **Commissioner Kinloch withdrew his motion to table. It was moved by Commissioner Kinloch and supported by Mr. Phillips to table the CEO Annual Incentive Compensation Objective for FY23/24 to**

**the next Executive Committee meeting in March to allow the Executive Committee to have a conversation if deemed necessary to review. The document would be presented at the Full Board meeting in March with a recommendation from the Executive Committee.** Discussion ensued which included Mr. Doeh's comments on the process to which he noted that he had an opportunity to review the document with the Chair and they are in agreement; however, the language in the contract states the document has to be brought before the Executive Committee for a vote for their recommendation to the Full board. There was no further discussion. **Motion carried unanimously.**

The Board Liaison noted the closed session minutes of October 18, 2023 were not before the board, were numbered; needed to be reviewed and returned and if necessary any corrections could be made later in the meeting. It was noted that Dr. Carter needed to abstain from the vote on the closed session minutes. Discussion ensued regarding approving the minutes in public and the minutes becoming a public document. Ms. Y. Turner, VP of Legal Affairs instructed the Chair, Ms. Ruth that a Motion to Reconsider was going to be necessary so that the minutes of January 17, 2024 could be voted on separately and individuals that were not present at the closed session meeting should abstain from approving those minutes. Discussion ensued regarding the minutes being bundled and approved. The Chair called for a motion. **It was moved by Mr. Parker and supported by Mr. McNamara to Reconsider the Previous Vote on the Full Board minutes of January 17, 2024 and the closed session minutes of October 18, 2023.** There was no further discussion. **Motion carried.**

**It was moved by Commissioner Kinloch and supported by Mr. McNamara to approve the Full board minutes of January 17, 2024, with any necessary corrections.** There was no further discussion. **Motion carried.**

**It was moved by Mr. Parker and supported by Commissioner Kinloch approval of the closed session minutes of October 18, 2023.** Discussion ensued regarding approval of the minutes and what was being approved; it was noted by Legal that the approval would be for occurred in the closed session meeting. There was no further discussion. **The motion carried with Mr. Phillips voting Nay and Dr. Carter abstaining.**

**It was moved by Mr. Phillips and supported by Commissioner Kinloch to Reconsider the approval of the agenda and that item XVI. Unfinished Business – Staff Recommendations and item XVII. New Business – Staff Recommendations be moved and taken after item IX. CEO Annual Incentive Compensation Objectives FY2023/2024.** Discussion ensued regarding the items that needed to be moved up on the agenda. There was no further discussion. **Motion carried.**

**It was moved by Mr. Phillips and supported by Commissioner Kinloch that the agenda be amended as follows that item XVI. Unfinished Business – Staff Recommendations and item XVII. New Business – Staff Recommendations be moved and taken after item IX. CEO Annual Incentive Compensation Objectives FY2023/2024.** There was no further discussion. **Motion carried agenda approved as amended.**

**UNFINISHED BUSINESS**

**Staff Recommendations:**

- A. BA#22-57 (Revision 2) – Professional & Strategy Development for Clinical Leadership. DWIHN Administration is requesting approval to extend the agreement with Purposeful Consulting, LLC for a \$10,000 flat monthly fee not to exceed \$120,000 effective March 1, 2024 through February 28, 2025. The cumulative contracted amount since inception is \$328,700.00. Under the revised contract, Purposeful Consulting will continue to provide a series of professional coaching and development sessions for DWIHN clinical leadership. The revised contract will also include the development and implementation of a new Middle Management Leadership Development curriculum in conjunction with the Human Resources Team, as well as Strategic advising to provide guidance with developing/executing the strategic plan efforts, new initiatives, organizational processes, and clinical and operational services as requested by the CEO and coaching clients. There was no further discussion.
  
- B. BA#22-66 (Revision 4) HPS Consultant, LLC Amendment for NCQA. M. Stanfield reporting. The Detroit Wayne Integrated Health Network (DWIHN) is requesting a contract extension for services provided by HPS Consultants under Diana Hallifield, RN to provide clinical care consultative supports as DWIHN prepares for National Committee for Quality Assurance (NCQA) Reaccreditation. Approval of this request will extend the contract for two months through April 30, 2024, for Phase 5 and add funds of \$12,125 (97 hours @\$125/hour). The current contract is scheduled to end on February 29, 2024. A RFP is in process and the additional time will allow the services to continue until such time an award is determined. The revised not to exceed contract totals \$231,500 through April 30, 2024. There was no further discussion.
  
- C. BA#24-06 (Revision 2) – Detroit Wayne Integrated Health Network (DWIHN) Provider Network System FY23/24. Detroit Wayne Integrated Health Network is requesting the addition of the following 4 providers to the DWIHN provider network: two outpatient providers: 1. Care Connect Plus (Credentialed 1/15/2024); 2. Northend Village Nonprofit (Credentialed 1/30/2024); two residential providers: 1. Faithful Helpers (Credentialed 1/30/2024); 2. Jackson Homes, LLC (Credentialed 1/30/2024). BA#24-06 (Revision 3) requires no budget increase due to the reallocation of funds within the total budget. DWIHN is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2024. This will allow for continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders. There was no further discussion.
  
- D. BA#24-07 (Revision 3) Detroit Wayne Integrated Health Network (DWIHN) Operating Budget FY2023/2024. Board approval is requested to certify additional Federal Block Grant revenues totaling \$1,064,622 and authorize expenditures of a like amount as noted below: \$458,340 of Mental Health COVID-19 Supplemental Carryover funds; \$68,000 for Behavioral Health Workforce Stabilization Support; and \$538,282 for ACT and DUAL ACT/IDDT Team Financial Incentive. The board action also includes the use of \$1,354,406 of Medicaid Reserve funds to support the following: 1. Twenty-two (22) new Mobile Crisis Dispatch Coordinator positions totaling \$1,262,909 in salaries and fringes. These positions are necessary to bring the crisis call center in-house. The Contract is currently with Protocol; Upgrades to three (3) positions in Facilities Management totaling 93,497 including salaries and fringes. There was no further discussion.

**It was moved by Commissioner Kinloch and supported by Mr. Phillips that Board actions BA#22-57 (Revision 2) – Professional & Strategy Development for Clinical Leadership; BA#22-66 (Revision 4) – HPS Consulting, LLC Amendment for NCQA; BA#24-06 (Revision 3) Detroit Wayne Integrated Health Network (DWIHN) Provider Network System FY23/24 and BA#24-07 (Revision 3) Detroit Wayne Integrated Health Network (DWIHN) Operating Budget FY2023/2024 under Unfinished Business-Staff Recommendations be bundled and approved as the board actions had all gone through the committee process and had been thoroughly vetted. There was no further discussion. Motion carried.**

## **NEW BUSINESS**

### **Staff Recommendations:**

- A. BA#24-49 Medical Laboratory Testing Services. The Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract with OSP Health, LLC (selected under RFP #2004-005) to provide laboratory testing to individuals served at the Care Center. The contract term is from March 1, 2024 through February 28, 2027. There was no further discussion.
- B. BA#24-50 Care Center Pharmacy Services. The Detroit Wayne Integrated Health Network (DWIHN) is requesting a three year contract with Warriors Pharmacy (selected under RFP #2024-08) to provide medications and medical supplies to individuals served at the Care Center. The contract term is from March 1, 2024 through February 28, 2027. The contract amount shall not exceed \$360,000 for the duration of three (3) years. There was no further discussion.
- C. BA#24-52- LAZ Karp Parking. This board action is requesting board approval to expand employee parking for the 707 Milwaukee Care Center facility to utilize 100 parking spaces at the 645 W. Baltimore Parking Deck. The deck is located at the rear of our Milwaukee Building on Baltimore St. and 3<sup>rd</sup> Ave and will provide gated 24 hours access to staff. MDHHS code guidelines require at a minimum 70 additional spaces. The current parking lots will be used for the mobile crisis vans, member/family crisis parking and a small number of employee spots. Rate structure: March 1, 2024 -January 31, 2025 - \$145.00 per space per month. February 1, 2025-February 28, 2026 -\$150.00 per space per month. Facilities is requesting a not-to-exceed amount of \$354,740, for term beginning March 1, 2024 and ending February 28, 2026. There was no further discussion.
- D. BA#24-53 – Temporary Office Furniture New Center One Building -Efficient Office Solutions. The Detroit Wayne Integrated Health Network (DWIHN) Administration is requesting Board approval to extend the timeframe and add additional funds in the amount of \$16,694.28 (\$2,782.38 monthly rate x 6 months) to the existing contract with Efficient Office Solutions (EOS). EOS is providing the temporary office furniture needed for our leased space at the New Center One Building. The original contract was paid under expired Blanket Orders BO22300144 and B022390022). Approval of this Board Action will increase the existing contract by \$16,694.28 for a new total contract amount not to exceed \$63,112.84; and extend the contract end date by five (5) months, through April 30, 2024. There was no further discussion.
- E. BA#24-54- Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant. This board action is requesting the approval of a one-year contract for an amount not to exceed \$96,636.00. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well connect with other regional Behavioral Health Consultants. \*\*\*Note the State of Michigan identified the agency to provide the Behavioral Health Consultant. Services include Regional Outreach to eligible providers to ensure utilization of MC3 program; Linkage between Primary Care Providers and MC# Psychiatrists; Coordination of care for children, adolescents, and perinatal women; Behavioral Health Consultant provides consultation services in designated primary care site; and Collection of required data and local utilization to facilitate the project evaluation. There was no further discussion.
- F. BA#24-55 – Linen Services. The Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract (with up to two 1-year renewal options) with Maurer’s Textile Rental Services Inc. (Selected under IFB #2024-007) in order to provide clean linen supply and patient laundry services to individuals served at the Care Center. The contract term is from March 1, 2024 through February 28,



2027. The amount shall not exceed \$136,584.00 for the duration of three (3) years. There was no further discussion.

- G. BA#24-56 - IMPROve Health (formerly MPRO). The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board Action approval to award a service contract (selected under RFP #2024-003) with iMPROve Health (formerly, Michigan Peer Review Organization-MPRO) beginning April 1, 2024 through March 31, 2027. Current funding for this budget item is \$100,000 per year and we are requesting a three (3) year contract in the total not to exceed amount of \$300,000.00. This service contract will allow the Utilization Management (UM) Department the ability to collaborate on utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication. Note: The current contract approved via Board Action #23-41R2 expires March 31, 2024. There was no further discussion.
- H. BA#24-57 Professional Liability Insurance – Direct Services. The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of a Comparable Source Contract between DWIHN and Long Insurance Services for Professional Liability Insurance Policy. Long Insurance Services is the Broker, and will bind an excess insurance policy through Landmark American Insurance Company (RSUI Group, Inc. parent company) solely for the Mobile Crisis Unit and Inpatient Treatment. The policy will provide excess professional liability coverage of \$2,000,000 per occurrence and \$2,000,000 in the aggregate for direct services that will bring our direct service limits to \$3,000,000 per occurrence and \$5,000,000 aggregate. The cost of the premium inclusive of taxes and fees is \$93,980.00. the contract if approved will not exceed \$93,980.00 and will have a term of December 15, 2023 through August 26, 2024. There was no further discussion.

**It was moved by Commissioner Kinloch and supported by Mr. Glenn that Board actions BA#24-49 – Medical Laboratory Testing Services; BA#24-50 Care Center Pharmacy Services; BA#24-52 LAZ Karp Parking; BA#24-53 Temporary Office Furniture New Center One Building – Efficient Office Solutions; BA#24-54 Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant; BA#24-55 Linen Services; BA#54-56 iMPROve Health (formerly MPRO); and BA#24-57 Professional Liability Insurance-Direct Services under New Business-Staff Recommendations be bundled and approved as the board actions had all been vetted either through the Executive; Finance; and Program Compliance Committees and were properly and thoroughly discussed. There was no further discussion. Motion carried.**

BA#23-38 (Revised) Workers' Compensation Insurance. The Detroit Wayne Integrated Health Network (DWIHN) is requesting exigent approval to pay an audit invoice for our Workers' Compensation coverage with Accident Fund for the period of 10/1/2022 through 10/1/2023. The premium is adjusted to commensurate with the yearly Workers' Compensation Audit. As a result, DWIHN must pay an additional premium of \$19,044.00 for the aforementioned period. The initial premium was \$66,430.00 which brings the contract total amount to \$85,474.00. DWIHN is required by State law to maintain Worker's Compensation coverage. **This Board action was given exigent approval by the Board Chair on January 23, 2024.**

## **BOARD COMMITTEE REPORTS**

### Board Chair Report

Ms. Ruth, Chairperson gave a verbal report. It was reported that the Board Study Session was held on Wednesday, January 31, 2024 beginning at 9:00 am. at the Corner Ball Park located in Detroit, Michigan. Board Governance Training took place during the morning and the Board Study Session was held in the afternoon; a majority of the board members were present and there

was a robust discussion on the topics covered during the Board Study Session and it was a very informative study session. The Board Chair noted that Exigent approval had been provided for Board action #23-38 (Revised) Workers' Compensation Insurance on January 23, 2024.

The Chair noted the Community Mental Health Association of Michigan (CMHAM) Annual Winter Conference was held on February 6<sup>th</sup> and 7<sup>th</sup> 2024 at the Radisson Plaza, in Kalamazoo, Michigan. The Chair requested an update from Ms. Brown who attended the Conference. It was reported that the conference was well attended. Representative Felecia Brabec was presented with the "Go to Battle" Award for her work with supporting mental health within the State Legislature. Senator Stabenow received the Lifetime Achievement Award for her undying support of behavioral health and our own T. Devon presented the Partners and Excellent Award to Ms. Lauren Glover. It was noted that Board members were encouraged to consider donating one meeting to CMHAM as they are involved in a number of efforts basically to address the State's behavioral health workforce shortage by sponsoring virtual job fairs; working on a practice-based alternative to searching for work and they are working to support assistant outpatient treatment (AOT) to ensure persons with mental illness receive high quality care in their home communities and avoid incarceration, homelessness and unnecessary psychiatric and patient care and they have been actively lobbying to increase our dollars. The State is moving forward with the Medicaid Redetermination process, the concern is the number of people that will be dropped off Medicaid and without the real time adjustments there will be some dramatic decreases in revenues over a short period of time. It was also noted that most general fund budgets are not sufficient to support non-medical underinsured and non-insured; CMHAM is asking the Michigan Department of Health and Human Services to make real time adjustments to the Medicaid rates. There was no further discussion.

The Chair noted the National Council for Mental Wellbeing – NatCon 24 will be held April 15<sup>th</sup> -17<sup>th</sup> 2024 in St. Louis, Missouri and at this time Mr. Glenn and Ms. Bullock are scheduled to attend; the Chamber of Commerce 2024 Mackinac Policy Conference will be held on Mackinac Island May 28<sup>th</sup> – May 31<sup>st</sup> 2024 and there are several board members and staff members scheduled to attend.

The Chair noted the Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference will be held in Grand Traverse, Michigan June 11<sup>th</sup> and 12<sup>th</sup> 2024. Elections will take place at the conference; individuals must be present to be elected and voting delegates will be needed. Mr. Phillips has noted his intentions to attend and Dr. Tauieg is considering attending.

The Chair noted the Community Mental Health Association of Michigan Annual Fall Conference will be held October 21<sup>st</sup> and 22<sup>nd</sup> 2024 in Grand Traverse, Michigan and at this time Ms. Bentounsi has noted her interest in attending. Board members that are interested in attending any of the conferences were directed to contact the Board Liaison. There was no further discussion on the Board Chair report. The report of the Board Chair was received and filed.

#### Executive Committee

The CEO Annual Incentive Compensation Objectives FY23/24 was tabled to the next Executive Committee meeting in March to provide an opportunity for a review to take place by the Executive Committee.

The Chair, Ms. Ruth requested a report on the results of the Board Self-Assessment. Dr. Tauieg provided a verbal report and noted there was 100% participation by the Board and she thanked everyone for completing the assessment. A report of the data has been submitted by Mr. Connally

and there were a number of positive comments made. A more detailed report will be provided at a later date. The Chair requested an update on the Annual Report to the Commission. Mr. Doeh, CEO gave a verbal report. It was reported that the Annual Report was presented to the Commission on Thursday, February 15<sup>th</sup> 2024. A number of items were covered including the Mobile Crisis; the establishment of our Care Center and the things we are doing to serve the 123,000 individuals that receive services; last year alone we served over 200,000 folks. The Commission was very welcoming of fact that we are providing resources withing the community and with the additional opioid dollars that have come into the county there has been discussions as to how we can work together with the county to make sure we use the dollars and not duplicate efforts around prevention on the substance use disorder side. Chair Bell has been very supportive of our work as well as our law enforcement and judiciary partners. There was no further discussion. The Executive Committee report was received and filed.

#### Finance Committee

Ms. Brown, Committee Chair provided a verbal report. It was reported the committee met on Wednesday, February 7, 2024. There were three (3) board actions that were considered by the committee and have been previously approved; liquidity remains strong and cash flow remains sufficient to support the operations. It was also reported that DWIHN earned \$6.4 million dollars out of \$6.8 million from the State on the annual Pay for Performance Measures; there was also one million dollars for stability payments that will be allocated to SUD prevention providers and we will receive \$5 million dollars from the special opioid settlement fund that will be distributed between 2023 and 2030 less attorney fees. There was no further discussion. The report of the Finance Committee was received and filed.

#### Program Compliance Committee

Dr. Taueg, Committee Chair provided a verbal report. It was reported the committee met on Wednesday, February 14, 2024. There were a number of good reports. She was especially pleased with the Pipeline to Success Program which is under the leadership of Dr. Faheem. This program is working with psychiatrists, psychologists, students, and nurse practitioners to expose students to the work in behavioral health and will hopefully help with the workforce shortage. It was also reported that the Zero Suicide Council is up and running and there is some very important work that is being done with this initiative. The committee also considered several board actions that were moved to Full Board and approved earlier. Dr. Taueg congratulated Ms. Ebony Reynolds on her promotion to VP of Direct Clinical Services. There was no further discussion. The report of the Program Compliance Committee was received and filed.

#### Recipient Rights Advisory Committee

Mr. Glenn, Chair, Recipient Rights Advisory Committee (RRAC) gave a verbal report. It was reported that the Recipient Rights Advisory Committee did not meet during the month of February. However, the Office of Recipient Rights, the director and staff passed a three-year assessment with substantial compliance. Congratulations were extended to Dr. Polly McCalister, the department and to the committee members of the Office of Recipient Rights.

Mr. Glenn also took a moment to wish Ms. Ruth, Board Chair, a happy birthday. It was also noted that Mr. Glenn celebrated a birthday as well on February 20<sup>th</sup> and birthday greetings were extended to him. Mr. Doeh noted that the Auditors were very complimentary, not only on how the staff conducted themselves, but also the hospitality that was provided to them by Dr. McCalister. They

also noted the leadership displayed during the entire process was exemplary. There was no further discussion. The Recipient Rights Advisory Committee report was received and filed.

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

Mr. Adams, Chair of the Substance Use Disorder Oversight Policy Board, noted the board was scheduled to meet on Monday, February 19, 2024 however they did not have a quorum and thus a meeting was scheduled on Tuesday, January 20<sup>th</sup> and there was a quorum. There was one item that needed to be voted on and it was approved. He also extended birthday wishes to the Board Chair, Ms. Ruth and Mr. Glenn. There was no further discussion. The report of the Substance Use Disorder Oversight Policy Board was received and filed.

#### **Quality Assurance Performance Improvement Plan (QAPIP) Executive Summary**

The Chair requested the Quality Assurance Improvement Plan (QAPIP) Executive Summary. Ms. April Seibert, Director of Quality Improvement reported. It was reported that the Executive Summary had been provided to give a synopsis of the QAPIP Plan Description FY2023/2025; the QAPIP Annual Evaluation and Workplan FY2022/2023 and the QAPIP Work Plan FY2023/2024 as the documents are voluminous. A brief description and overview were provided.

#### **Quality Assurance Performance Improvement Plan (QAPIP) Plan Description FY2023/2025**

A brief overview of the QAPIP description for FY2023/2025 was provided and it was noted that this plan is a two-year plan that covers FY2023 through FY2025 is reviewed annually and reviews compliance; The Plan description follows a structured format that aligns with the Michigan Department of Health and Human Services (MDHHS) contract; NCQA standards and 42 CFR Federal Regulations. Updates and outcomes to the QAPIP Plan include the following Sentinel Events Committee/Peer Review Committee; Behavioral Treatment Advisory Committee; Customer Service Committee; Access Committee; Constituent's Voice and the Workplan for FY2024. It was noted that the changes that were made were minor changes with some of the committees that are highlighted in the Executive Summary.

The Chair called for a motion on the Quality Assurance Performance Improvement Plan (QAPIP) Plan Description FY2023/2025. **It was moved by Mr. Phillips and supported by Mr. Glenn approval of the Quality Assurance Performance Improvement Plan (QAPIP) Plan Description FY2023/2025.** There was no further discussion. **Motion carried.**

#### **Quality Assurance Performance Improvement Plan (QAPIP) Annual Evaluation and Work Plan FY2022/2023.**

Ms. Seibert reported that this is an annual document that is completed at the end of each fiscal year that assesses the evaluation of our effectiveness, barriers, and opportunities for improvement. The Work Plan is also created annually that directs the activities that are the focus of Quality Improvements efforts for the coming year and evaluates how well we performed during the year. We fared very well with our goals and the objectives that we set. There were some areas of improvement and there are some improvement projects that we are working towards meeting those goals. It was noted that the goals set by DWIHN were very competitive and the goal is set at the highest level of quality; we were close to meeting the goal however there are still some areas that we need to monitor and target. It was noted that some of our strengths include our external quality reviews, which is an annual State Review; there are three reviews and we did extremely well on all three of the reviews; we also did well with our performance indicator data that is submitted to

the State on a quarterly basis. It was noted that the area that requires continuous quality improvement is our recidivism. It was highlighted that over the last three years our average was seventeen; however, we are a little over fifteen and the threshold is fifteen, so we are getting there. Our numbers are up with member experience and services, we are identifying that our members are accessing services timely, and their services are being provided to them in a timely manner. The Medicaid claims verification is at 100%, we validate that the services that were provided are being received by our members and there were only a few providers because of documentation that were on a corrective action plan. We are working with them on improving documentation and making sure the progress notes reflect the services that were provided. The Critical and Sentinel Event reporting was highlighted which DWIHN met those standards with the State at 100%. Ms. Stanfield, Director of Strategic Operations provided an overview of the NCQA process and noted that DWIHN has a full Medicaid behavioral health organization compliance rating with NCQA; next week we will complete our upload for the last two years which will take us into the next three-year cycle. It was noted that the changes in standards are provided to us annually and we changed some of our strategies to ensure that we continue to meet the NCQA standards. Discussion ensued regarding the point accumulation and must pass areas. There was no further discussion.

The Chair called for a motion on the Quality Assurance Performance Improvement Plan (QAPIP) Annual Evaluation and Work Plan FY2022/2023. **It was moved by Mr. Phillips and supported by Mr. Glenn approval of the Quality Assurance Performance Improvement Plan (QAPIP) Annual Evaluation and Work Plan FY2022/2023.** There was no further discussion. **Motion carried.**

#### **Quality Assurance Performance Improvement Plan (QAPIP) Work Plan FY2023/2024**

The Chair called for a motion on the Quality Assurance Performance Improvement (QAPIP) Work Plan FY2023/2024. **It was moved by Mr. Phillips and supported by Mr. Glenn approval of the Quality Assurance Performance Improvement (QAPIP) Work Plan FY2023/2024.** There was no further discussion. **Motion carried.**

The board thanked the department for the presentation and encouraged DWIHN to keep up the good work.

### **AD HOC COMMITTEE REPORTS**

#### Policy/Bylaw Committee

The Chair, Ms. Ruth, requested the Policy/Bylaw Committee report. Dr. Tauzeg, Committee Chair noted the Policy/Bylaw Committee did not meet during the month of February. There was no report.

#### Strategic Plan Committee

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

#### Board Building Committee

Mr. Parker Committee Chair reported the Building Committee did not meet during the month of February. However, he requested that an update be provided on the Woodward and Milwaukee buildings. M. Maskey, VP of Facilities reported. It was reported that we are in the home stretch for the Woodward building. It was noted that there are two inspections remaining on the

Woodward Building; all the safety inspections have been passed and we are waiting on the compliance for the furniture; there will be a general contractor cleaning to ready the building for occupancy. We will apply for the certificate of occupancy next week which will take 3-5 days to receive the certificate.

We are also in the home stretch for the Milwaukee Building, we are going through the final inspections for the Milwaukee Building. Discussion ensued on the Building Tour and a Ribbon Cutting Ceremony, both will be scheduled once the certificate of occupancy is received; the Woodward building will probably be toured first and then the Milwaukee building. The tentative date is March 8, 2024; it will be a quick turnaround once the certificate is received, and the tour scheduled. Discussion ensued regarding some of the spaces in the Administration building, including the boardroom, board table and the security services that will be on the premises. There was no further discussion. The report was received and filed.

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

Mr. Doeh, CEO and President provided a written report for the record and gave a verbal report. An overview was provided on the \$6.4 million dollars that was received in terms of incentive payment from working with the health plans, monies received for the Opioid Special Circumstance fund and the Assistant Outpatient Treatment (AOT) Grant. An overview was provided on the Death Audit and that the amount was reduced from \$8 million dollars to \$4.6 million dollars. DWIHN continues to assist the Provider Network not only with stability payments, but also other resources. Mr. Doeh also mentioned the NCQA which had been covered earlier in the meeting and that we are continuing to put forth every effort so that we are prepared for the three-year accreditation which will put us on the same platform as the health plans. He also noted that Ms. Reynolds had been promoted to VP of Direct Clinical Services, which will focus on the CCBHC. Discussion ensued regarding the use of the monies from the opioid settlement; it was noted there was a document that details the different uses of the monies. There was also discussion regarding recommendations from Administration, the board, the timeframe in which the monies had to be used by which is 2030 and the amount of money that would be received each year. There was no further discussion. The Board Chair thanked Mr. Doeh for the report. The report of the President and CEO was received and filed.

#### **COMMUNICATIONS/MEDIA REPORT**

Ms. Ruth, Board Chair noted the Communications Media Report was provided to the Board in the agenda packets. There was no further discussion. The Board thanked the Communications Department for their report.

**PROVIDER PRESENTATION** – Ms. Lillie Sorrell, VP of Vocational Services, Mr. Paul Black, CEO and Mr. James Willis, COO, Geshser Human Services (formerly JVS). A written PowerPoint was provided for the record. Ms. Sorrell, VP of Vocational Services provided an overview of the Mission which is a bridge to hope and opportunity for people at work, at home, and in the community. Geshser's workforce development, behavioral health, and inclusion programming serves all Metro Detroiters while meeting the needs of the Jewish community. The Vision of Geshser is a world where each person will have the tools to cross life's bridges and realize their potential and their Values are People First, Integrity, Kindness and Forward Thinking. There are several locations throughout the community to serve people. Their Career Centers have job placement assistance; PATH; Job Training Scholarships; paid internships; employment

workshops; unemployment registration and financial education. There is also a vocational rehabilitation component to their program that has Work Assessment Internships; Job Readiness Workshops, Job Shadowing; Job Placement and Coaching and Custom Training. There are also Vocational Services that include Supported Employment which is group paid employment with ongoing job coaching supports for individuals with disabilities working at community work sites including the Detroit Arsenal, IRS, Cadillac Place and apartments performing janitorial and other duties; the Skill Building component consists of group job skill development at volunteer sites to prepare for employment. Ms. Sorrell also provided an overview on the Clinical Integration which includes Clinical Therapy that provides one-on-one and group therapy to residential, clubhouse and vocational services clients; Case Management/Supports Coordination which coordinates medical, emotional, social, employment, educational, legal, transportation and respite care allowing individuals with disabilities to live in the least restrictive setting and Case Conceptualization that provides staff with an interdisciplinary team to talk through challenging behaviors and situations to identify person-centered solutions. It was also noted that a career fair was scheduled at the Durfee Center on Wednesday, February 28, 2024. Discussion ensued regarding the topics taught in the skill building classes; the name change of the organization and the meaning of the new name. There was no further discussion. The Board thanked Ms. Sorrell for the presentation and for their work in the community.

#### **REVIEW OF ACTION ITEMS**

- A. The CEO Annual Incentive Compensation Objectives FY2023/2024 will come before the Executive Committee and Full Board in March.
- B. Legal will provide a document on the uses of funds from the Opioid Special Circumstance settlement.

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

The Board Chair, Ms. Ruth read the Good and Welfare statement. There were no members of the public to address the board for Good and Welfare.

#### **ADJOURNMENT**

There being no further business, Ms. Ruth, Chair called for a motion to adjourn. **It was moved by Mr. Glenn and supported by Mr. Phillips to adjourn. The motion carried unanimously.** The meeting adjourned at 2:34 p.m.

Submitted by:  
Lillian M. Blackshire  
Board Liaison

# FINANCE COMMITTEE

MINUTES

FEBRUARY 6, 2024

1:00 P.M.

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

<b>MEETING CALLED BY</b>	Ms. Dora Brown, Chair called the meeting to order at 1:03 p.m.
<b>TYPE OF MEETING</b>	Finance Committee Meeting
<b>FACILITATOR</b>	Ms. Dora Brown, Chair
<b>NOTE TAKER</b>	Ms. Nicole Smith, Finance Management Assistant
<b>ATTENDEES</b>	<p><b>Finance Committee Members Present:</b> Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Ms. Eva Garza Dewaelsche Ms. Karima Bentounsi Mr. Angelo Glenn</p> <p><b>Committee Members Excused: None</b></p> <p><b>Board Members Present:</b> Ms. Kenya Ruth, Board Chair Dr. Cynthia Taueg, Board Vice Chair Mr. Jonathan Kinloch</p> <p><b>Substance Use Disorder Oversight Policy Board Members:</b> Mr. Thomas Adams, Chair, SUD Oversight Policy Board</p> <p><b>Board Members Excused: None</b></p> <p><b>Staff:</b> Ms. Stacie Durant, VP of Finance; Mr. Eric Doeh, President and CEO; Mr. Manny Singla, Executive VP of Operations; Dr. Shama Faheem, Chief Medical Officer; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Sheree Jackson, VP of Corporate Compliance; Ms. Brooke Blackwell, VP of Governmental Affairs and Chief of Staff; Mr. Keith Frambro, VP of IT Services; Mr. Jody Connally, VP of Human Resources, Mr. Mike Maskey, VP of Facilities, and Ms. Monifa Gray, Assoc. VP of Legal Affairs and Ms. Jacquelyn Davis, Clinical Officer</p> <p><b>Staff Attending Virtually:</b> Ms. Dhannetta Brown, Assoc. VP of Finance</p> <p><b>Guests: None</b></p>

## AGENDA TOPICS

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



## **II. Roll Call**

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

## **III. Committee Member Remarks**

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

## **IV. Approval of Agenda**

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

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

The Chair called for follow-up items, and it was noted by the Board Liaison Ms. Blackshire that there were no items to report.

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

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

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

S. Durant, VP of Finance presented the Monthly Finance report. A written report for the twelve months ended December 31, 2023, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

Ms. Durant noted there was no noteworthy information to report regarding the financial report. However, she deferred to Mr. Doeh to share information regarding the health plans.

Mr. Doeh, President reported on the performance bonus DWIHN receives from the State of Michigan, for working with the health plans in hospitalization. DWIHN was eligible to receive \$6.8 million, and of that amount DWIHN will receive \$6.4 million dollars. These are dollars that if each PIHP meets certain matrices we are able to receive monies that the State withheld as a percentage of the capitation amounts. Discussion ensued regarding the budgeted amount which was based on past performance.

Ms. Durant reported the State of Michigan awarded DWIHN one million dollars toward Provider Stability payments, specifically for SUD Prevention Providers. Ms. Durant will provide a report next month of the prevention providers that will receive the funds, along with the amounts. (Action). Discussion ensued regarding the number of providers that may have applied.

Ms. Turner, VP of Legal Affairs reported on the Opioid Special Fund account and noted that DWIHN will receive an allocation from the Opioid Settlement in the amount of \$4.3 million dollars, after the 15% attorney fee deduction; to be disbursed over the next seven years. Discussion ensued regarding the Board receiving information on how the money will be used. It was noted there is a document that spells out how the money can be used. It was noted that we will use money for opioid remediation.

Ms. Durant, VP of Finance provided an update on the Death recoupment and noted the numbers in the presented statements are subject to change as we close the books for FY23.

Discussion ensued regarding the impact of the stability payments and if it is stabilizing the workforce.

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 \$21.3 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 \$4.0 million in SUD and MH block grant due from MDHHS. Approximately \$7.9 million for 1<sup>st</sup> quarter pass-through HRA revenue.

Accounts receivable/Allowance - Accounts receivable consist of approximately \$3.6 million in year end 2023 cost settlements with the fiscal intermediators. In addition, approximately \$3.8 million is due from ICO's for reimbursement of state facility costs paid by DWIHN. The remaining balance represents various amounts owed by providers for year-end PMPM cost settlements (\$1.3mm), Wayne County 4<sup>th</sup> quarter PA2 and 1<sup>st</sup> quarter estimate (\$1.7mm),

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through December 31, 2023, was approximately \$218.6 million however actual payments were approximately \$134.9 million. The difference represents claims incurred but not reported and paid of \$83.7 million.

Due to other governments – includes \$8 million due to MDHHS for death recoupment; \$1.8 million due to MDHHS for FY20 general fund carryover in excess of 5%. In addition, there is approximately \$4.0 million payable to MDHHS for state hospitals and 1<sup>st</sup> quarter 2023 IPA tax payment.

Federal grants and contracts– The combined \$16.7 million variance relate primarily to Medicaid funding received in excess of budget (\$21mm) however refer to letter G as expenses are \$19 million higher than budget. The overall expenses are within budget. CFO will review in a few months to determine the necessary budget adjustments needed.

SUD, Autism, Children, Adults and IDD services - \$19 million variance in excess of budget is due to timing. CFO will review in a few months to determine the necessary budget adjustments needed.

Note – the fiscal year September 30, 2023 account balances will affect the amounts reported in the balance sheet and income statements; amounts will change based on the continued closing of the books.

There was no further discussion. The Chair, Ms. Brown noted the Finance Monthly Report ending December 31, 2023, was received, and filed by the committee.

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

**a. Board Action #24-07 (Revision 3) – FY 2023-2024 DWIHN Operating Budget.** Presented by S. Durant, VP of Finance. Board approval is requested to certify additional Federal Block Grant revenues totaling \$1,064,622. The board action also includes the use of \$1,354,406 of Medicaid Reserve funds to support Twenty-two (22) new Mobile Crisis Dispatch Coordinator positions totaling \$1,262,909 in salaries and fringes. These positions are necessary to bring the crisis call center in-house. The contract is currently with ProtoCall. Upgrades to three (3) positions in Facilities Management totaling \$93,497 including salaries and fringes. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Ms. Garza Dewaelsche approval of BA #24-07 (Revision 3) to Full Board. J. Davis, Clinical Officer gave an overview of the requirements needed for the full-time

positions. The Committee requested to be kept apprised of the Protocall contract transition to DWIHN. Discussion ensued regarding the quality measures of services. Discussion ensued regarding the upgrade of the three Facilities positions. Mr. Doeh noted that Mike Maskey had been promoted to VP of Facilities and that will be a Facility Manager that will assist in the day-to-day operations. There was no further discussion. **Motion carried.**

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

**a. Board Action #24-52 – LAZ Karp Parking.** Presented by M. Maskey, VP of Facilities. This board action is requesting board approval to expand employee parking for the 707 Milwaukee care center facility to utilize 100 parking spaces at the 645 W. Baltimore Parking Deck. The deck is located at the rear of our Milwaukee building on Baltimore St. and 3rd Ave. and will provide gated 24 hours access to staff. MDHHS code guidelines require at a minimum 70 additional spaces. The current parking lots will be used for the mobile crisis vans, member/family crisis center parking and a small number of employee spots. Rate structure will be March 1, 2024 - January 31, 2025 - \$145.00 per space per month. February 1, 2025 - February 28, 2026 - \$150.00 per space per month. The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Ms. Garza Dewaelsche approval of BA #24-52 to Full Board. There was no further discussion. **Motion carried.**

**b. Board Action #24-53 – Efficient Office Solutions.** Presented by M. Maskey, VP of Facilities. The DWIHN Administration is requesting Board approval to extend the timeframe and add additional funds in the amount of \$16,694.28 (\$2,782.38 monthly rate x 6 months) to the existing contract with Efficient Office Solutions (EOS). EOS is providing the temporary office furniture needed for our leased space at the New Center One Building. The original contract was paid under expired Blanket Orders BO22300144 and B022390022. Approval of this Board Action will increase the existing contract by \$16,694.28, for a new total contract amount not to exceed \$63,112.84; and extend the contract end date by five (5) months, through April 30, 2024. The Chair called for a motion. **Motion:** It was moved by Ms. Bentounsi and supported by Ms. Garza Dewaelsche approval of BA #24-53 to Full Board. There was no further discussion. **Motion carried.**

**X. 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.

**XI. 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 1:51 p.m.

<b>FOLLOW-UP ITEMS</b>	A. Report on the number of SUD Prevention Providers, that will receive stability payments. – S. Durant
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# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**FEBRUARY 14, 2024**

**1:00 P.M.**

***IN-PERSON MEETING***

<b>MEETING CALLED BY</b>	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:09 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Cynthia Taueg, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<b>Committee Members:</b> Angela Bullock, Dr. Lynne Carter; Commissioner Jonathan Kinloch; Bernard Parker; and Dr. Cynthia Taueg
	<b>Committee Members Excused:</b> William Phillips
	<b>Staff:</b> Brooke Blackwell; Yvonne Bostic; Judy Davis; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Ebony Reynolds; April Siebert; Andrea Smith; Maria Stanfield; Rai Williams; and Grace Wolf  <b>Staff Virtual:</b> Cassandra Phipps; Yolanda Turner; and Leigh Wayna

**AGENDA TOPICS**

**II. Moment of Silence**

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

**III. Roll Call**

<b>DISCUSSION</b>	Dr. Taueg, Chair called for a roll call.
<b>CONCLUSIONS</b>	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

**IV. Approval of the Agenda**

<b>DISCUSSION/ CONCLUSIONS</b>	Dr. Taueg, Chair called for a motion to approve the agenda. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Parker to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried.</b>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There were no follow-Up items from previous meetings to review this month.</i>
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**VI. Approval of the Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	Dr. Tauег, Chair called for a motion to approve the January 10, 2024, meeting minutes. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Parker to approve the January 10, 2024 meeting minutes. Dr. Tauег asked if there were any changes/modifications to the January 10, 2024 meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b>
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**VII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update of the Chief Medical Officer’s report. It was reported:</p> <ol style="list-style-type: none"><li>1. <b>Behavioral Health Education, Outreach and Updates</b> – Awareness on respiratory illness in the fall and winter and Xylazine were presented in the Ask the Doc Newsletter in February. DWIHN continues its’ teaching collaborative with Wayne State University’s Child and Adolescent Psychiatry and focused on CMH history and services as well as Crisis Continuum Services during January and February. A meeting is being scheduled with St. Mary Mercy Psychiatry teaching program to learn more about the Crisis Center and possibilities of Psychiatry resident rotation and moonlighting.</li><li>2. <b>Zero Suicide Update</b> – DWIHN has launched a Zero Suicide Council with internal and external members; an internal advisory board that will be doing a comprehensive review of DWIHN’s policies, procedures, and practices to help complete baseline Organizational Self-Study; trained staff on the Zero Suicide Model; and has completed the components of SAMHSA requirements.</li><li>3. <b>Integrated Health Department</b> – DWIHN’s Pay for Performance Measures’ percentage withhold incentive earned increased from 74.4% (\$4,160,433.51) in 2020 to 93% (\$6,411,432.34) in 2023. DWIHN’s annual population assessment shows that 71% of our members had an identified Primary Care Physician in 2023, which is an increase from 66% (2022) and 69% (2021). ADHD remains the highest diagnosis in children served followed by Autism. Asthma is the highest physical condition in children followed by obesity. Hypertension is the most common diagnosis for adults followed by diabetes. Diabetic screening has increased from 64% (2021) to 73% (2022) and 2023 data is preliminary (68%). Major depression is consistently the most common diagnosis for Behavioral Health Analysis and being monitored by PHQ screening and adherence but also adherence to antidepressants, 26.94% (2020) to 40.36% (2023).</li><li>4. <b>Crisis Center and Mobile Crisis Updates</b> – More than 60% of staff have been hired; DWIHN is currently interviewing for Psychiatrists and APP positions; and the Mobile Crisis has been launched.</li></ol> <p>Dr. Tauег opened the floor for discussion. Discussion ensued. The committee requested that the NCQA assessment be made available to the board members as well as include it in the Integrated Health Department’s next quarterly report. <b>(Action)</b></p> <p>B. <b>Corporate Compliance</b> – <i>There was no Corporate Compliance report to review this month.</i></p>
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The Chair noted that the Chief Medical Officer's report has been received and placed on file.

### VIII. Quarterly Reports

**DISCUSSION/  
CONCLUSIONS**

- A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center's quarterly report. It was reported that:
1. **Activity 1: Call Center Performance – Call Detail Report** – FY 23, 1<sup>st</sup> Q, there were 49,975 calls handled compared to FY 24, 1<sup>st</sup> quarter, there were 49,850 calls handled. There were 125 less calls handled, and the abandonment rate comparison was 3.7% to 5.16%, reflecting an increase of 1.39%.
  2. **Activity 2: Appointment Availability – Hospital Discharge Follow-up** – There was an average of 51% of appointment availability within the 7-day timeframe in October 2023 and an average of 80% in December 2023. There was a total of 2,495 hospital discharge follow-up appointments scheduled during the first quarter and 1,772 (71.02%) of them were scheduled in a timely manner. The rate of No Show decreased during the 1<sup>st</sup> quarter from 52% to 35%.
  3. **Accomplishments and Updates** – The department received trainings and overviews on DWIHN's Mobile Crisis Unit, CCBHC Services, Genesys Cloud Phone System, SUD Recipient Rights and Communicable Diseases, Customer Service Skills and the MichiCANS Soft Launch. The department completed and passed the HSAG Corrective Action Plan Review and DWIHN Internal QI Review. Five positions in the department have been filled as well as identified opportunities for improvement.
- Dr. Taueg opened the floor for discussion. Discussion ensued.
- B. **Innovation and Community Engagement** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement's quarterly report. It was reported that:
1. **Activity 1: Justice Involved Initiatives – DWIHN/DPD Mental Health Co-Response Partnership** is to improve the law enforcement response to individuals experiencing mental health crises and to prevent future crises by connecting them early on to supportive services. *Co-Response Teams* had a total of 780 encounters; 284 individuals were connected to a service, which included 92 suicide calls (appropriate interventions to prevent harm were provided to the consumers); and 62 overdose calls (various resources were provided). *Communications Behavioral Health Specialist* referred 98 individuals for follow-up; six (6) received support; nine (9) denied services/or unable to be reached by phone. *Mental Health Jail Navigator* interviewed/referred 21 individuals to be placed in the program for this quarter; seven (7) did not meet the criteria or was released from jail prior to the formal administrative jail release process; and 17 were monitored and connected to Team Wellness and/or Detroit Rescue Mission Ministries for outpatient and/or substance use inpatient services. The Detroit Homeless Outreach Team provided outreach services to 364 individuals during this quarter and connected 59 individuals to various services/resources/supports. DWIHN hosted a one CIT 40-hour block during this quarter training 17 officers, one course for dispatchers and call-takers and two courses for Crisis Response Training for the Detroit Police Academy Cadets. DWIHN has received a van for the Homeless Outreach

Team and will be presented at next week's Full Board meeting. DWIHN was notified of a funding award from the City of Detroit via their ARPA Opioid Settlement Dollars.

2. **Activity 2: Workforce Development/Compliance Training** – All required courses and 12 supplemental courses were finalized in the Rise 360 software and three course are pending approval from internal departments; and 10 new Autism-specific courses were added to the supplemental category of the DWC learning management system. All courses will be uploaded to the compliance site once pending courses are approved. The target date to go live is March 1, 2024.
3. **Activity 3: Student Learning Program** – Students engaged with the University of Michigan School of Social Work (UMSSW) specialty training program will receive a tuition stipend from UMSSW for committing to complete their field placement within the provider network and employment in a health professional shortage area for two years post-graduation. There are 52 students that are placed within the provider network this quarter. DWIHN's 707 W. Milwaukee site has been updated and approved as a National Health Services Corp (NHSC) site. Student loan repayment and forgiveness program-application approved for DWIHN to receive Health Professional Shortage Area (HPSA) designation from the Health Resources and Services Administration.

Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested an update on the large number of students that are in the Juvenile Restorative program at the Juvenile Facility. **(Action)**

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

1. **Activity 1: New Provider Changes to the Network/Provider Challenges** – DWIHN continues to monitor and notice changes in the network. Additional providers are being added to the network based on need. Request for Proposals (RFP) are also utilized as a means to recruiting new providers, particularly in areas of shortages (e.g., Autism). In the first quarter of FY 24, there was a total of 18 new location/service additions and 17 new providers added to the DWIHN network. Staff are currently working to improve the onboarding process for existing providers. Additional licensure has been requested to leverage technology to automate the process and pre-screen inquiries to the network. A contingency plan has been created to monitor/track expansion requests. The department plans are to complete a needs assessment, train internal/external stakeholders on onboarding process, train additional staff on HCBS Review Tool.
2. **Activity 2: Credentialing** – FY 24, Q1, 229 practitioners were approved and 27 providers were approved. The team has prepared hundreds of files for the ICO Audits/Reviews and NCQA readiness and met with the State regarding Universal Credentialing Customer Relationship Management System. Policies to ensure compliance with the accrediting body and Federal and State regulations have been revised. The department will publish a RFP to procure a Credentialing Verification Organization in 2024 and develop a transition plan for Medversant Technologies, LLC.
3. **Activity 3: Procedure Code Workgroup (PCWG)** – In Q1, FY 24, the PCWG resolved 185 tickets; 822 MDHHS rate updates; 157 new codes, 748 additional codes/rate changes to existing programs/contracts and 92 providers requested changes. Staff successfully used the Batch Fee Schedule Adjuster to adjust rates for all of the FY 22 codes in the SUD contract

program effective 10/1/22; and set the Batch Fee Schedule Adjuster to adjust the rates for all of the FY 23 codes in the SUD contract program with the effective date of 10/1/23. All necessary rate updates and clean up projects in accordance with timelines were resolved. The department plans to track turnaround times for PCWG tickets and ensure new rates and communications are sent to the provider network and post it on the DWIHN website.

Dr. Taueg opened the floor for discussion. Discussion ensued. Ms. Williams informed the committee that she will be implementing mini surveys for her team to ensure that there is a work-life balance and that they are satisfied with the work that they do and will share with the committee the results from the surveys. **(Action)**

D. **Substance Use Disorder** – Judy Davis, Director of Substance Use Disorder submitted and gave highlights of the Substance Use Disorder’s quarterly report. It was reported:

1. **Analyzing the services provided by SUD for Quarter 1**- There was an increase in admissions from FY 23, Q1 (3436) compared to FY 24, Q1 (3508). The majority of the members served was males, the majority of level of care that they received was residential services followed by detox and the age group was 26 years old to 39 followed by the age group of 50 years old to 64 years old. DWIHN will continue to provide education through our media efforts to ensure everyone is aware of the SUD services we provide.
2. **Reviewed Synar Data and Compliance for Wayne County** – DWIHN has partnered with MDHHS to enforce the Synar Program in Michigan. The program is designed to prevent the illegal sale of tobacco products to individuals under the age of 21 years old. We are required to have a rate of 20% or less in sales in Wayne County and for FY 23, DWIHN did meet the sales rate of 16.8%.
3. **Evaluated the State Opioid Response Program** – For the last two fiscal years, the Overdose Education and Naloxone distribution (OEND) with Harm Reduction programming showed an 108% increase in OEND services and an 85.3% increase in Mobile Unit services provided by Wayne County. These services also include the Narcan and Fentanyl distribution in Detera bags. There was an 83% increase over the last two fiscal years in the Mobile Care Unit, which provides various SUD services to Wayne County. The Government Performance Resolve Act (GPRA) data survey is a current issue for providers as well as providers facing staffing issues to complete the survey in a timely manner. This survey is part of the grant and DWIHN is expected to have a compliance rate of 80% and we are currently at 19%. Staff has provided additional technical assistance to the providers and meeting with Wayne State University, the overseer of the GPRA data collection in efforts to increase the compliance rate.

Dr. Taueg opened the floor for discussion. Discussion ensued.

The Chair noted that the Access Call Center, Innovation and Community Engagement, Managed Care Operations and Substance Use Disorder’s quarterly reports have been received and placed on file.

## IX. Strategic Plan Pillar

### DISCUSSION/

***There was no Strategic Plan Pillar to review this month.***



**CONCLUSIONS**

**X. Quality Review(s)**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>April Sieber, Director of Quality Improvement submitted and gave an update on the Quality Assurance Performance Improvement Plan (QAPIP) Plan Description FY 2023-205, QAPIP Annual Evaluation and Workplan FY 2022-2023 and the QAPIP Workplan FY 2023-2024 for board approval. It was reported:</p> <ul style="list-style-type: none"><li>A. <b>QAPIP Executive Summary</b> – Provides an overview of the QAPIP Plan Description FY 2023-2025; Evaluation FY 2023 and the Workplan FY 2024.</li><li>B. <b>QAPIP Plan Description FY 2023-2025</b> – This two-year plan is reviewed annually at a minimum to ensure compliance; follows a structured format that aligns with the MDHHS contract, NCQA Standards and 42 CFR Federal Regulations. Updates and outcomes to the QAPIP Plan will include Sentinel Events Committee/Peer Review Committee; Behavioral Treatment Advisory Committee; Customer Service Committee; Access Committee; Constituent’s Voice and the Workplan FY 2024.</li><li>C. <b>QAPIP Annual Evaluation and Workplan FY 2022-2023</b> – There was a total of 35 objectives with goals that are aligned with the six pillars (Customer, Access, Quality, Workforce, Finance and Advocacy) that are identified in DWIHN’s Strategic Plan. Of the 35 objectives, 28 met the evaluation outcomes identified in the Workplan; two (2) objectives were partially met and six (6) objectives did not meet the established quality compass benchmark.</li><li>D. <b>QAPIP Workplan FY 2023-2024</b> – Objectives that were partially met or not met will be included in the Workplan FY 2024.</li></ul> <p>Performance standards that exceeded expectations for FY 23, External Quality Reviews (HSAG); Performance Indicators; Member Experience with Services; Performance Monitoring of provider network; Verification of Services; Critical and Sentinel Events Reporting and Behavioral Treatment Review Reporting. Performance Improvement Projects and Recidivism or Readmission within 30 days for adults remain as an opportunity for improvement. Once the approval process is completed, the information will be on DWIHN’s website for Stakeholders, members and providers to review.</p> <p>Dr. Tauog called for a motion on the QAPIP Plan Description FY 2023-205, QAPIP Annual Evaluation and Workplan FY 2022-2023 and the QAPIP Workplan FY 2023-2024. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move the QAPIP Plan Description FY 2023-205, QAPIP Annual Evaluation and Workplan FY 2022-2023 and the QAPIP Workplan FY 2023-2024 to Full Board for approval. Dr. Tauog opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p>
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**XI. VP of Clinical Operations’ Report**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>On behalf of Melissa Moody, VP of Clinical Operations, Dr. Shama Faheem, Chief Medical Director reported that DWIHN is looking at four locations for the Direct Clinical Services program, a Hub location and leasing options for a location at Canfield and Woodward as well as identifying the data and eligible population for that clinic. Ebony Reynolds was introduced to the committee as the new VP of the Direct Clinical Services program.</p>
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**XII. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA #22-66 (Revised 4)</b> – HPS Consulting, LLC Amendment for NCQA – Staff requesting board approval to extend the contract with HPS Consulting, LLC for two (2) months through April 30, 2024 for Phase 5 and add funds of \$12,125 (97 hours @ \$125/hr.) for the NCQA Accreditation. An RFP is in process and the additional time will allow the services to continue until such a time an award is determined. The revised contract is not to exceed \$231,500.00 through April 30, 2024. Dr. Tauег called for a motion on BA #22-66 (Revised 4). <b>Motion:</b> It was moved by Mrs. Bullock and supported by Commissioner Kinloch to move BA #22-66 (Revised 4) to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>B. <b>BA #24-06 (Revised 3)</b> – DWIHN Provider Network System FY 24 – Staff requesting board approval to add four (4) additional providers (two outpatient providers and two residential providers) to the DWIHN provider network. This board action requires no budget increase due to reallocation of funds within the total budget. Dr. Tauег called for a motion on BA #24-06 (Revised 3). <b>Motion:</b> It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #24-06 (Revised 3) to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XIII. New Business: Staff Recommendation(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA #24-49</b> – Medical Laboratory Testing Services – Staff requesting board approval for a three (3) year contract with OSP Health, LLC (selected under RFP #2024-005) to provide laboratory testing to individuals served at the Care Center, March 1, 2024 through February 28, 2027. The contract amount shall not exceed \$150,000.00 for the duration of the three years. Dr. Tauег called for a motion on BA #24-49. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Commissioner Kinloch to move BA #24-49 to Full Board for approval. Dr. Tauег opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>B. <b>BA #24-50</b> – Care Center Pharmacy Services – Staff requesting board approval for a three-year contract with Warriors Pharmacy to provide medications and medical supplies to individuals served at the Care Center. The contract amount shall not exceed \$360,000.00 for the duration of the three years. Dr. Tauег called for a motion on BA #24-50. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move BA #24-50 to Full Board for approval. Dr. Tauег opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>C. <b>BA #24-54</b> – Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant – Staff requesting board approval of a one-year contract for an amount not to exceed \$96,636.00 to provide behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists (<i>Note: The State of Michigan identified Starfish Family Services to provide the Behavioral Health Consultant</i>). Dr. Tauег called for a motion on BA #24-54. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move BA #24-54 to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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- D. **BA #24-55** – Linen Services – Staff requesting board approval for a three-year contract (with up to two one-year renewal options) with Maurer’s Textile Rental Services, Inc. to provide clean linen supply and patient laundry services to individuals served at the Care Center from March 1, 2024 through February 28, 2027. The amount shall not exceed \$136,584.00 for the duration of the three years. Dr. Taueg called for a motion on BA #24-55. **Motion:** It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move BA #24-55 to Full Board. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**
- E. **BA #24-56** – iMPROve Health (formerly MPRO) – Staff requesting board approval to award a service contract with iMPROve Health (formerly MPRO) to collaborate utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication. The contract term is from April 1, 2024 through March 31, 2027. The current funding for this budget item is \$100,000 per year and staff is requesting a three-year contract in the total not to exceed \$300,000.00. Dr. Taueg called for a motion on BA #24-56. **Motion:** It was moved by Mrs. Bullock and supported by Dr. Carter to move BA #24-56 to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

**XIV. Good and Welfare/Public Comment**

**DISCUSSION/  
CONCLUSIONS**

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

ACTION ITEMS	Responsible Person	Due Date
1. <b>Chief Medical Officer’s Report</b> – Provide a review of the NCQA assessment to the board members in the Integrated Health Department’s next quarterly report.	Vicky Politowski	<b>March 13,2024</b>
2. <b>Innovation and Community Engagement</b> – Provide an update on the large number of students that are in the Juvenile Restorative program at the Juvenile Facility	Cassandra Phipps	<b>March 13, 2024</b>
3. <b>Managed Care Operations</b> – Provide results of the Work-Life Staff survey once results are completed	Rai Williams	<b>TBA</b>

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Parker and supported by Dr. Carter to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 2:26 p.m.

**NEXT MEETING:** Wednesday, March 13, 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](http://www.dwihn.org)

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

February 2024 SUD OSPB Report

Meeting Conducted on February 19, 2024, at 10:05 a.m.

- **SUD OSPB Board Members in Attendance**

Thomas Adams, Thomas Fielder, Jonathan Kinloch, Darryl Woods, Dr. Kanzoni Asabigi, Maria Avila, Antoine Jackson (virtual), and James Perry (virtual).

- **Remarks of Eric Deoh, President, and CEO**

In the meeting, the board discussed various matters related to SUD, including funding, they received 6.4 million dollars and the governor recommended to the Legislature, to put forth 193 million dollars for the Certified Community Behavioral Health Clinic (CCBHC). Ms. Ebony Reynolds was promoted to Vice President of Direct Clinical Services. The Care Center and the Administrative buildings are due to open in March 2024. The Children Initiative department continues to reach as many children as possible.

- **New Business**

They discussed new business, including an overview of Vivitrol presented by Mr. Michael Peterson, Executive Territory Business

- **Board Action**

The BA 24-15S request to Purchase Trinkets was board approved by the SUD board on February 20<sup>th</sup>, during the special board meeting and the BA 24-14S to add prevention provider Changing Lives and Staying Sober (CLASS) was agreed to move on to the PCC meeting

- **Informational Reports**

The meeting concluded with informational reports from the SUD Director, Treatment Manager, Prevention Manager, SOR Manager, and Complex Case Manager.

- **Additional Comments**

Mr. Paul Hunter raised his hand to make a public comment and stated he is impressed with everything DWIHN is doing and inspired by what's going on in Detroit.

- **Adjournment**

The meeting was adjourned.

**Next Oversight Policy Board Meeting March 18, 2024, via Zoom Link Platform**



**Detroit Wayne  
Integrated Health Network**

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**FY 2023-2024 RESOLUTION NUMBER #1**

**RESOLUTION REAPPOINTING MEMBERS TO  
THE SUBSTANCE USE OVERSIGHT POLICY BOARD**

**WHEREAS**, the Detroit Wayne Integrated Health Network (“DWIHN”) is a community mental health authority formed under Section 204 of the Michigan Mental Health Code (P.A. 258 of 1974, as amended) (the “Code”) to manage the provision of mental health, intellectual/developmental disability and substance use disorder (“SUD”) programs and services; and

**WHEREAS**, the Code (MCL 330.1287) requires that community mental health entities, including DWIHN, establish a substance use disorder oversight policy board; and

**WHEREAS**, on or about October 1, 2014, DWIHN entered into an Intergovernmental Agreement with Wayne County to establish the Substance Use Disorder Oversight Policy Board (the “SUD Board”) which operates under the Bylaws of the Detroit Wayne Integrated Health Network Substance Use Disorder Oversight Policy Board (the “Bylaws”); and

**WHEREAS** the Bylaws of the SUD Board state that SUD Board members may be reappointed to additional or successive terms in the discretion of the respective appointing entity; and

**WHEREAS** the DWIHN Board of Directors reappointed Maria Avila, Angelo Glenn and Jonathan Kinloch to the SUD Board on April 1, 2021; and

**WHEREAS**, Maria Avila, Angelo Glenn and Jonathan Kinloch are prepared to provide valuable service to the community in accordance with the Bylaws, including complying with DWIHN’s Conflict of Interest and Standards of Conduct policies and procedures; and

**Board of Directors**

Kenya Ruth, Chairperson  
Karima Bentounsi  
Angelo Glenn

Dr. Cynthia Tauog, Vice Chairperson  
Angela Bullock  
Jonathan C. Kinloch

Dora Brown, Treasurer  
Lynne F. Carter, MD  
Kevin McNamara

William Phillips, Secretary  
Eva Garza Dewaelsche  
Bernard Parker

**Eric W. Doeh, President and CEO**



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

The DWIHN Board of Directors hereby reappoints Maria Avila, Angelo Glenn and Jonathan Kinloch to the SUD Board, with effective dates of appointment and termination of appointment, as set forth below:

<b>Name</b>	<b>Effective Date of Appointment</b>	<b>Effective Date of Termination of Appointment</b>
Maria Avila	April 1, 2024	March 31, 2027
Angelo Glenn	April 1, 2024	March 31, 2027
Jonathan Kinloch	April 1, 2024	March 31, 2027

**I HEREBY CERTIFY** that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twentieth (20th) Day of March, 2024.

 3.20.2024  
\_\_\_\_\_  
Ms. Kenya Ruth, Chair

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-29R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: Outfront Media Inc.

Contract Title: Billboard Management Outreach -Outfront Media

Address where services are provided: None

Presented to Finance Committee at its meeting on: 3/6/2024

Proposed Contract Term: 10/15/2020 to 10/15/2025

Amount of Contract: \$ 1,020,000.00 Previous Fiscal Year: \$ 750,000.00

Program Type: Modification

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

Date Contract First Initiated: 10/15/2020

Provider Impaneled (Y/N)?

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

DWIHN Communications is requesting a correction to previously approved BA #21-29R. The amount requested and approved was \$115,000 per year for two years, for a total of \$230,000. **The correct amount is \$135,000 for two years, for a total of \$270,000. This correction will add the additional \$40,000 to the contract.**

**The contract term will not change - October 18, 2023-September 30, 2025. The total contract amount is not to exceed \$1,020,000.**

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
Communications	\$ 615,000.00	\$ 615,000.00
SUD	\$ 405,000.00	\$ 405,000.00

<b>Total Revenue</b>	\$ 1,020,000.00	\$ 1,020,000.00
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Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical): Business

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, February 28, 2024

Signed: Wednesday, February 28, 2024



**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

\_\_\_\_\_  
\_\_\_\_\_

€ Tabled as follows:

\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

*Lillian M. Buckner*  
Board Liaison

Date: \_\_\_\_\_

3-20-2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 23-57R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: Bizanalytix Technologies LLC

Contract Title: Claims Audit and Utilization Review Systems (CAURS) and Information Technology Consulting

Address where services are provided: 6837 Dulles Dr. Powell, OH 43065

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 3/1/2024 to 2/28/2025

Amount of Contract: \$ 327,600.00 Previous Fiscal Year: \$ 243,600.00

Program Type: Continuation

Projected Number Served- Year 1: 3 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)? N

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

This revised board action is requesting to exercise the first of two, one-year renewal options, extending the contract to February 28, 2025 for an additional \$84,000. **The revised contract amount is not to exceed \$327,600 through February 28, 2025.**

The Claims Audit and Utilization Review System (CAURS) unlike claim processing subsystems that process one claim at a time, CAURS can be used to analyze post payment data for multiple claims at a time to identify suspicious provider billing patterns along with conducting audit both internally as well as externally working with providers. DWIHN is able to identify adjudication and billing errors, and overpayments.

The reports generated by the system will be used to assist in the detection of program fraud and abuse, monitor quality of services, and provide a function for the development of program policy.

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

Board Action #: 23-57R3

Source of Funds: Multiple

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 23/24</b>	<b>Annualized</b>
MULTIPLE	\$ 327,600.00	\$ 327,600.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.137003.00000

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: Tuesday, March 5, 2024

Signed: Tuesday, March 5, 2024

Board Action #: 23-57R3

**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

\_\_\_\_\_  
\_\_\_\_\_

€ Tabled as follows:

\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

Lillian M. Buckner  
Board Liaison

Date: \_\_\_\_\_

3-20-2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-01R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: Development Centers Inc.

Contract Title: Children's Initiatives MDHHS Grants

Address where services are provided: 2995 E. Grand Blvd Detroit MI 48202

Presented to Program Compliance Committee at its meeting on: 3/13/2024

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

Amount of Contract: \$1,679,571.00 Previous Fiscal Year: \$1,485,126.00

Program Type: Continuation

Projected Number Served- Year 1: 11,900 Persons Served (previous fiscal year): 11879

Date Contract First Initiated: 10/1/2017

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 Detroit Wayne Integrated Health Network (DWIHN) is requesting board approval for the revision of BA 24-01 due to additional funding secured by Michigan Department of Health and Human Services (MDHHS) for two (2) grants of the three (3) grants.

Grant #2: Infant and Early Childhood Mental Health Consultation (IECMHC). The funding amount increased by \$21,067 from \$171,419 to the **total not to exceed amount of \$192,486** . Of that amount \$189,986 will be allocated to Development Centers and \$2,500 to DWIHN for indirect costs. Furthermore, the program is a prevention based and indirect intervention that teams a mental health professional with childcare providers to improve the social, emotional, and behavioral health of children.

Grant #3: Infant and Early Childhood Mental Health Consultation - Home Visiting (IECMHC-HV). The funding amount increased by \$65,473 from \$58,470 to the **total not to exceed amount of \$123,943** . Of that amount \$121,443 will be allocated to Development Centers and \$2,500 to DWIHN for indirect costs. This program is a prevention based and indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional, and behavioral health of children.

There is no change to the Systems of Care grant (#1).

**The combined total is an amount not to exceed \$1,679,070.**

**Contract terms will remain the same.** A budget adjustment will be forthcoming to certify the additional funds.

Board Action #: 24-01R

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 23/24</b>	<b>Annualized</b>
Federal Grant	\$ 1,679,571.00	\$ 1,679,571.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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: Monday, March 4, 2024

Signed: Saturday, March 2, 2024

**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

\_\_\_\_\_  
\_\_\_\_\_

Tabled as follows:

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

Signature: *Lillian M. Buckner*  
Board Liaison

Date: 3-20-2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-06R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

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: 3/13/2024

Proposed Contract Term: 10/1/2023 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: 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).

In response to the crisis continuum of care RFP #2023-009 issued on January 2024, this board action is requesting approval for the provision of Crisis Stabilization Units (CSU) services, Pre-Admission Review (PAR) services, and Mobile Intensive Crisis Stabilization Services (ICSS) for adults and children as follows:

TEAM Wellness - continuation of Adult Pre-Admission Review (PAR) and Crisis Stabilization Unit Adults.

Hegira - continuation of adult Pre-Admission Review (PAR) and Crisis Stabilization Unit Adult. Note: Effective March 15, 2024, Hegira will no longer provide Crisis Residential Unit services for Adults.

The Guidance Center - continuation of Children's Pre-Admission Review (PAR).

New Oakland - continuation of children's mobile crisis services and children's Pre-Admission Review (PAR).

The aforementioned services are fee for service (FFS) based on a standard rate across the provider network.



Further, in response to the RFP, there are several pending services awaiting credentialing and empanelment. A revised board action will come before the board for additional approval of said services.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
Multiple	\$ 805,847,768.00	\$ 805,847,768.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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: Monday, March 4, 2024

Signed: Monday, March 4, 2024

**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

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€ Tabled as follows:

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

Signature:

Lillian M. Buckner  
Board Liaison

Date:

3-20-2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-07R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

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: 3/6/2024

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

Amount of Contract: \$ 1,018,015,838.00 Previous Fiscal Year: \$ 1,056,528,326.69

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2023

Provider Impancted (Y/N)?

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

Board approval is requested to certify additional revenues totaling \$2,874,361 and authorize expenditures of a like amount as noted below:

1. MDHHS FY 2023 carryover funding for Behavioral Health Services (BHS) totaling \$75,083:
  - \$13,621 for Native Americans BHS
  - \$50,256 for Hispanic BHS
  - \$11,206 for Vietnam Veterans BHS
2. Additional \$1,000,000 of funding added to our COVID Treatment Project for provider stabilization
3. Opioid settlement funds totaling \$1,728,225 for fiscal years ended 2023 and 2024.

The board action also includes the use of \$71,053 of Medicaid Reserve funds to support the following changes to salaries and benefits:

- Salary/fringe increase for Mobile Crisis Director - \$20,659
- Salary/fringe increase for Mobile Crisis Office Manager - \$11,557
- Upgrade Director of Clinical Services to Vice President of Direct Clinical Services - \$38,837
- Six Direct Services clinical positions under-budgeted in error - \$143,561
- New Direct Services Administrator position - \$165,415

The revised FY 2024 Operating Budget of \$1,018,015,838 consists of the following revenue:

Board Action #: 24-07R4

- \$21,629,681 (State General Funds, CCBHC General Funds);
- \$749,472,681 (Medicaid, DHS Incentive, Medicaid-Autism, Children's/ SED Waiver, HAB, CCBHC Supplemental);
- \$154,399,894 (HMP and Substance Abuse);
- \$12,289,936 (MI Health Link);
- \$23,486,447 (Wayne County Local Match Funds);
- \$4,723,521 (PA2 Funds);
- \$13,126,684 (State Grant Portion of OBRA, SUD);
- \$31,741,969 (Federal Grants/ Federal Block Grants/ SUD);
- \$2,105,025 (Local Grants);
- \$5,000,000 (Interest Income); and
- \$40,000 (Miscellaneous Revenue).

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
MULTIPLE	\$ 1,018,015,838.00	\$ 1,018,015,838.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Thursday, February 29, 2024

Signed: Thursday, February 29, 2024

Board Action #: 24-07R4

**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

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

Signature: Lillian M. Buckner  
Board Liaison

Date: 3-20-2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-12R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: Novaceuticals LLC

Contract Title: SUD Brochures and Promotional Items

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 3/1/2024 to 9/30/2024

Amount of Contract: \$ 6,955,483.00 Previous Fiscal Year: \$ 6,765,483.00

Program Type: Continuation

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)? N

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

The SUD Department is requesting approval to spend **Public Act 2 funds in the amount not to exceed \$100,000.00**, to purchase pamphlets and informative items from Prevention & Treatment Resource Press (PTR Press), C. Wendling Investments LLC, and Novaceuticals to promote SUD prevention, treatment, and recovery events. These materials will help raise awareness about the harmful effects of drugs on the human body and keep the community informed about new drugs and trends in society. They will also provide valuable information to parents on how to recognize signs and symptoms of drug use in their children. Additionally, we are requesting approval to purchase promotional items such as cups, bags, pens, and other items to help promote our services. Furthermore, we would like to request approval for the purchase of Xylazine test strips and Fentanyl test strips to detect these harmful drugs in the illicit drug supply. We plan to use these items for community forums, health fairs, meetings, trainings, or any other related SUD prevention, treatment, and recovery awareness events

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to **the amount not to exceed \$6,955,483.00**.

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

Board Action #: 24-12R1

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
SUD Block Grant	\$ 5,627,383.00	\$ 5,627,383.00
Local/Public Act 2	\$ 1,338,100.00	\$ 1,338,100.00
<b>Total Revenue</b>	<b>\$ 6,965,483.00</b>	<b>\$ 6,965,483.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.826606.06701

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: Tuesday, March 5, 2024

Signed: Tuesday, March 5, 2024

**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

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

Signature: *Lillian M. Buckner*  
Board Liaison

Date: 3-20-2024



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-13R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: DWIHN SUD Department

Contract Title: SUD FY24 Prevention

Address where services are provided: 22000 Grand River, Detroit MI 48219

Presented to Program Compliance Committee at its meeting on: 3/13/2024

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

Amount of Contract: \$ 6,492,847.00 Previous Fiscal Year: \$ 9,667,125.00

Program Type: Continuation

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

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).

SUD has requested to add provider Changing Lives and Staying Sober (CLASS) to the Prevention Provider Network. CLASS has met the minimum requirements from the proposal RFQ 2023-002 and will contribute to ongoing prevention efforts. Block Grant prevention funds in the amount of \$150,000.00 have been reallocated to CLASS. They will implement communication campaigns and train 20 individuals annually to conduct screenings effectively.

There is no change in total funding. Prevention services continue to be funded with \$4,142,847 of Federal Block Grant dollars and \$2,350,020 of PA2 funding totaling in \$6,492,847.

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 \$6,492,847.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 23/24</b>	<b>Annualized</b>
SUD Block Grant	\$ 4,142,847.00	\$ 4,142,847.00
Local/Public Act 2	\$ 2,350,020.00	\$ 2,350,020.00
<b>Total Revenue</b>	\$ 6,492,867.00	\$ 6,492,867.00

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: Tuesday, March 5, 2024

Signed: Tuesday, March 5, 2024

**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

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€ Tabled as follows:

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

Signature: *Lillian M. Buckner*  
Board Liaison

Date: 3-20-2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-47 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: All Well-Being Services

Contract Title: FY23-24 MI Health Link Demonstration Project

Address where services are provided: See Attachment (Multiple Providers)

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 1/1/2024 to 12/31/2025

Amount of Contract: \$ 24,000,000.00 Previous Fiscal Year: \$ 15,000,000.00

Program Type: Continuation

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

Date Contract First Initiated: 1/1/2024

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 board action is requesting a two year continuation contract through December 31, 2025 with the five (5) Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$24,000,000. MDHHS has extended the MHL Pilot project through 12/31/25 at which time they will implement and launch an Integrated Dual Eligibles Special Needs Plan model by January 1, 2026. The board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services MDHHS) and its contracts with the five ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. This Demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population.

The Medicaid eligible services for the MHL members are provided by our provider network and such costs were included in the board approved Provider Network board action. The same provider network provide the Medicare benefits to the members.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 23/24</b>	<b>Annualized</b>
Medicare & Medicaid	\$ 24,000,000.00	\$ 24,000,000.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

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: Tuesday, February 20, 2024

Signed: Tuesday, February 20, 2024

**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

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Tabled as follows:

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

Signature: \_\_\_\_\_

*Lillian M. Buckner*  
Board Liaison

Date: \_\_\_\_\_

3-20-2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-58 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: The TM Group Inc

Contract Title: Accounting System Maintenance and Support

Address where services are provided: None

Presented to Finance Committee at its meeting on: 3/6/2024

Proposed Contract Term: 4/1/2024 to 3/31/2026

Amount of Contract: \$ 111,505.97 Previous Fiscal Year: \$ 43,639.00

Program Type: Continuation

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

Date Contract First Initiated: 4/1/2023

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).

The board action is requesting the approval to exercise a two year extension of our contract with the TM Group to provide system support services for our Microsoft Dynamics GP enterprise resource planning system, handling our accounting, purchasing and payment responsibilities among other things. In addition to providing technical support services, the TM Group will also be responsible for making our annual maintenance payments.

The 3 year contract consist of the following:

- Licenses and software (pass through to Microsoft) - \$66,857
- Consulting support - \$44,650

The initial contract totaling \$43,639 was procured via a competitive purchase under \$50,000 for the period of April 1, 2023 through March 31, 2024. The two year contract extension runs from April 1, 2024 through March 31, 2026 with a cost of \$67,867. This brings the **total contract amount not to exceed \$111,506 through March 31, 2026.**

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 23/24	Annualized
Multiple	\$ 111,505.97	\$ 111,505.97
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64923.815000.00000

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: Tuesday, March 5, 2024

Signed: Tuesday, March 5, 2024



**Board Action Taken**

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

- Approved
- Rejected
- Modified as follows:

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€ Tabled as follows:

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\_\_\_\_\_

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

Signature: \_\_\_\_\_

Lillian M. Buckner  
Board Liaison

Date: \_\_\_\_\_

3-20-2024



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

### FINANCE

Detroit Wayne Integrated Health Network (DWIHN) Finance Department has completed the fiscal year ended September 30, 2023 Financial Status Report (FSR) and the following is a summary of the results:

- Medicaid savings carried over to fiscal year 2024 - \$32,492,867; maximum allowed \$46.2 million.
- Deposit to Medicaid Internal Service Fund - \$8,200,000; total ISF balance \$69,301,008 (maximum allowed per the Pre-paid Inpatient Health Plan (PIHP) contract with the Michigan Department of Health and Human Services (MDHHS).
- General Fund overspend - \$171,868.
- Reallocated \$1.2 million of Substance Use Disorder (SUD) expenses between various SUD grants to expend all grant funds except Pregnant & Postpartum Women's (PPW) - \$143,000 out of \$271,500 remained unspent.
- Public Act 2 (PA2) balance of \$9,330,007; an increase of \$1.5 million as compared to the prior year.

The following SUD providers were given a stability payment out of the new SAMHSA COVID19 grant received in 2024. With the exception of LAHC, providers received 100% of requested amount: Carefirst (\$168,208), DABO (\$192,609), LAHC (\$441,145), Piast (\$38,333), and Positive Images (\$159,704).

### LEGISLATIVE EFFORTS

On March 13, I attended the Center for Healthcare Transformation Research (CHRT) Health Policy Forum in Lansing, Michigan with legislators and MDHHS leadership for a discussion around key behavioral health policy matters impacting our region and those strategic measures that DWIHN is taking to ensure access to care.

On March 14, the Western Wayne Opioid Roundtable is scheduled with Michigan's Attorney General Dana Nessel. The roundtable conversation will help connect local service providers with local governing units to discuss ways to maximize the funds in a way that centers local needs.

On March 5, DWIHN penned testimony to House Bill 5114 – "Mental health; code; definition of mental health professional; expand to include physician assistants, certified nurse practitioners, and clinical nurse specialists-certified, and allow them to perform certain examinations." Asking for further training, education and oversight before some of the new positions mentioned can be responsible for performing some of the critical assessments needed and be in the best interest of our vulnerable population.

#### Budget Next Steps:

<b>March – May</b>	Subcommittees adopt initial legislative budget recommendations for each state department
<b>June</b>	Budget adopted by the Legislature and presented to the Governor for signature.
<b>July</b>	Governor signs appropriations bill (if Governor issues vetoes, veto overrides are considered); adjustments to the current-year budget are considered.

#### Governor's Budget Recommendation outlined funding priorities including:

- *\$193.3 million to establish new CCBHC sites across the state.*
- *\$7.3 million to ensure individuals experiencing behavioral health crises have access to the Michigan Crisis and Access Line 24/7.*

- \$5 million for smoking cessation and tobacco prevention programs.
- \$1.5 million to increase the clothing and holiday allowances for children in foster care.
- \$35 million to implement recommendations of the Racial Disparities Taskforce, including neighborhood health grants, mobile health units, sickle cell support and more.
- \$1.5 million to fund grants to nonprofit organizations to reduce veteran homelessness.

## ADVOCACY AND ENGAGEMENT

On March 8, the Ribbon-Cutting ceremony for DWIHN's Administration Building opened to much fanfare and support with elected officials, community stakeholders, advocacy groups, faith-based leaders, neighborhood block clubs, and more. We received media coverage from our local media partners and social media support about the increased access to behavioral health services.

On March 15, DWIHN staff and Youth United advocates are speaking to two high school assemblies in Pershing High School after a 15-year-old teen was sold marijuana at an Eastside hookah/vape store.



STEP and ARC Detroit recently won a Gold Medal in Division 1 Special Olympic Southeast Regional Tournament. The Michigan Championship Tournament will be held in Grand Rapids Michigan on Saturday, March 16.

On May 2, LAHC will host their 41<sup>st</sup> Annual Awards Gala at The Henry in Dearborn. During the event they will recognize the Excellence and Great Achievements Award upon three distinguished regional leaders: Sen. Majority Leader Winne Brinks, MDHHS Appropriation Chairwoman and State Rep. Angela Wittwer, Deputy County Executive Asaad Turfe.

On February 20, Youth United hosted Courageous Conversation focused on addressing the critical issue of youth dating violence and promoting healthy, supportive relationships.

## CLINICAL OPERATIONS

**DWIHN Direct Clinical Service Provision:** DWIHN continues to plan for the provision of providing direct clinical outpatient services. DWIHN continues to explore embedding behavioral health staff in established PHCP locations and leasing our own clinic space to provide behavioral health services. Both are co-located models which meet the CCBHC standard of practice. DWIHN is planning on clinic services to be established by June 2024.

**Health Homes:** A care management/coordination program for high-need, high-cost members with chronic health conditions. The goal of health homes is to improve outcomes and decrease costs by increased coordination of services. Michigan has two health home programs for Medicaid beneficiaries: Behavioral Health Home and Opioid Health Home.

### Opioid Health Home - 625 enrollees

- MDHHS is looking to move to a more expansive "SUD Health Home" model, which would add alcohol and stimulant use disorders to the qualifying diagnoses list. This expansion will depend on the final state budget.
- Health Homes are monitoring provider utilization and have issued improvement plans as

needed. The team expects results on FY2023 Pay for Performance measures in the next few weeks; we expect to earn P4P in 5 of 6 possible measures.

**Behavioral Health Home - 681 enrollees**

- Spenddowns from Medicaid redeterminations are still a concern, especially for the co-occurring IDD/MI population. A spenddown makes people ineligible for Health Home services and forces disenrollment.
- MDHHS will add two additional codes to the BHH program in FY25: F91 & F98 [Conduct disorder & Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence]. The goal is to reach more children in the program.

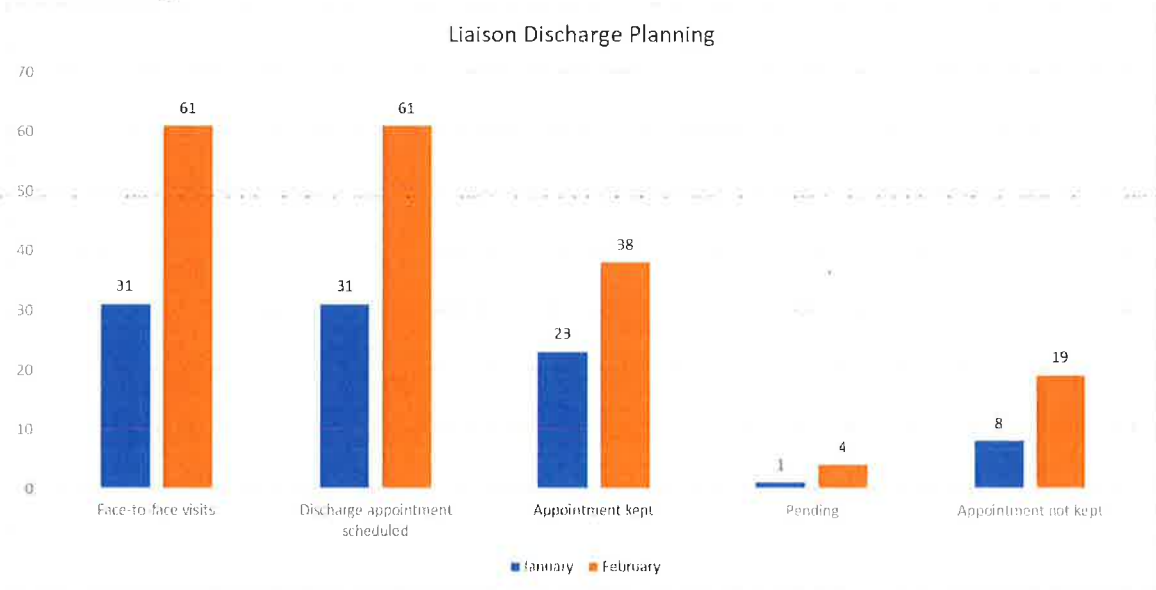
**Crisis Services:**

**DWIHN Hospital Discharge Planning Initiative:**

In January 2024, DWIHN Liaisons started hospital discharge planning efforts for persons who are not currently receiving services from a CRSP provider. This includes meeting face-to-face with members at hospitalized at the following hospitals: Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest. Liaisons discuss the member’s needs, their chosen Clinically Responsible Service Provider (CRSP), and discharge appointment information. DWIHN Liaisons follow up with members in the community upon discharge to ensure are appropriately linked and their appointment is kept with their chosen clinical provider.

DWIHN Liaisons saw 61 members on inpatient units in February. All members had an aftercare appointment scheduled per their CRSP preference. Sixty-three percent of members kept their follow-up appointment. Of those members that did not keep their appointments, liaisons continue outreach efforts. Liaisons have been able to see more members due to becoming familiar and efficient with the process. Multiple face-to-face visits can occur in a day since inpatient hospital staff understand the benefits of their coordination. The previous quarter’s aftercare appointment compliance averaged approximately 53%.

**Current Status:**

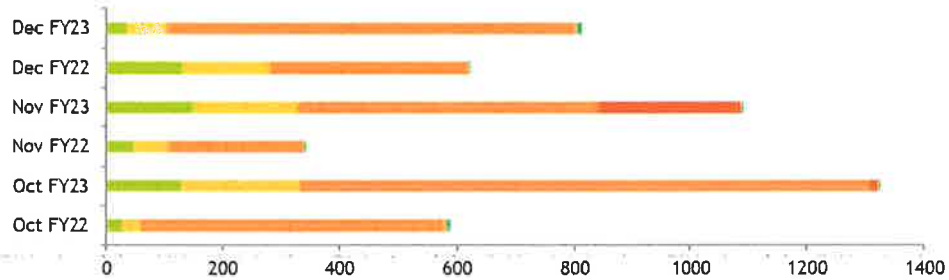


**Substance Use Services (SUD):**

The State Opioid Response Program- is a federal initiative that provides funding to states to address the opioid epidemic. Its goal is to expand access to treatment, promote evidence-based practices, and improve coordination among stakeholders. Activities include MAT, naloxone availability, workforce development, and overdose prevention programs.

The below chart compares first quarter data for the Overdose Education and Naloxone Distribution (OEND), with Harm Reduction programming, over the last two fiscal years. There was a 108% increase in OEND services in Wayne County in FY2023 compared to FY2022.

**FY23 and FY24 SOR III - Overdose Education and Naloxone Distribution with Harm Reduction**



	Oct FY22	Oct FY23	Nov FY22	Nov FY23	Dec FY22	Dec FY23
Individual Trained	26	127	46	149	130	33
Narcan Distributed	33	205	62	178	150	70
Fentanyl Test Strips Distributed	520	975	230	515	340	700
Xylazine Test Strips	0	15	0	246	0	0
Saves	9	3	3	4	3	9

**Adult Services:**

Assisted Outpatient Treatment (AOT)

The court orders an individual to receive community-based mental health treatment. It is aimed at individuals who are consistently non-adherent to needed treatment for mental illness. DWIHN works with the Behavioral Health Unit (BHU) on these shared individuals. Areas of reported concern are providers not following AOT statutes/the Mental Health Code, Not Guilty by Reason of Insanity (NGRI) timeliness, engaging individuals at Deferral Conferences, or appropriate coordination of care.

DWIHN received 166 combined AOT orders that were uploaded within MHWIN in February 2024. Providers have been identified and communications have been sent with the request to acknowledge receipt of the order by submitting form WCPC-366 stating the members plan of service (IPOS). DWIHN meets with the Behavioral Health Unit- Probate Court twice a month to review AOT orders with Hegira and Team Wellness to ensure follow-up with members. DWIHN continues to work on expanding infrastructure around AOT operations.

**Utilization Management:**

Habilitation Supports Waiver (HAB)

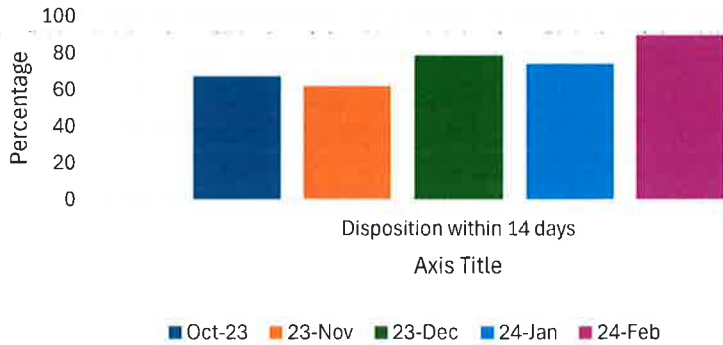
Is available under Section 1915© of the Social Security Act to provide home and community-based services to those diagnosed with an intellectual/developmental disability, and without these services, would require placement into an Intermediate Care Facility. MDHHS provides each region with a specific number of HAB waiver “slots”. It is expected that 95 % of slots will be filled continuously. DWIHN implemented an internal plan of correction in March of 2023. As a result, DWIHN met the 95% utilization in July 2023 and has successfully exceeded the expected rate. DWIHN has remained at 100% utilization since December 2023 and currently has 30 members on the waitlist.

Utilization Management Timeliness

Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request. Currently 65% of authorization requests are auto approved through Service Utilization Guidelines (SUGs) that have been developed based on medical necessity and best practice. Thirty-five percent of authorizations are reviewed manually by UM staff. Timelessness of authorization request disposition is out of compliance (67.4%) and required an internal plan of correction including:

- Onboarding and training of new staff who were hired in December.
- Cross Department collaboration to review any Authorizations that were out of compliance.
- Redistribution of assigned caseloads among staff based on volume.
- Clear old, “returned” authorization requests that the requesters have not re-submitted to us.
- Refresher training to the provider network on necessary documentation for authorization approval
- Performance Improvement Plan for identified providers who have consistently submitted backdated authorization requests and/or have been non-responsive when requested for additional information from UM.

Authorization Approval Timeliness



**Residential Services:**

In a collaborative effort with Utilization Management, the Residential Department is focusing on inpatient lengths of stay for individuals requiring specialized residential placement.

Current Status:

**Residential Medicaid Inpatient**

# of TOTAL Inpatient (per MHWIN report):	436	412	417	415
# of Residential Inpatient Referrals:	10	7	10	5
Avg. Residential Inpatient (%):	2.3%	1.7%	2.4%	1.2%

Weekly/Monthly Reporting Date Range:	1/27-2/2	2/3-2/9	2/10-2/16	2/17-2/23	1/27-2/23	1/24-3/1
	FEB -WK #1	FEB -WK #2	FEB -WK #3	FEB -WK #4	FEBRUARY 2024	MAR -WK #1
ACTIVE Cases from previous WEEK/MONTH	18	22	16	20	18	18
Medicaid Referrals RECEIVED during reporting period	10	7	10	5	32	
Total # of Residential MEDICAID Inpatient Cases	28	29	26	25	50	18
Members DISCHARGED during reporting period	6	13	6	7	32	
Average # of Days Inpatient to Discharge	11.0	15.0	14.5	17.0	14.4	

Residential Services adjusted the member assignment process to improve efficiency related to completion of the residential placements. Department Managers review inpatient numbers weekly and contact the



referral source immediately to schedule an assessment. The Residential staff collaborate weekly with different DWIHN Departments to on-board new residential providers:

- On-boarding of five new residential sites. One additional home pending MCO input into MHWIN.
- One of the Five is a Pre-Placement home for IDD Youth and Adults.
- Added three new residential entities as potential contracted specialized settings. One of those new entities will be used as a Pre-Placement.
- Two of the five homes onboarded this month are co-ed, barrier free settings.

**Children’s Initiatives:**

DWVHN had a RFP for children services to expand the provider network to assist in addressing current capacity issues. As a result, five (5) new providers have been added to the children’s network.

Children’s Crisis Plan

The goal is to ensure crisis plans are completed for members served at 85% compliance. There is noted progress over the past few quarters. This resulted in hosting a virtual crisis plan training in November 2023, educating the provider network on the crisis plan policy, and offering technical assistance with providers gaining access to view data via the Risk Matrix.

Disability Designation	FY 23 – Q3	FY 23 – Q4	FY 24 – Q1
Serious Emotional Disturbance (SED)	68.64%	72.71%	77.14%
Intellectual Developmental Disability (IDD)	71.07%	74%	76.17%

**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

DWVHN and IHC meet monthly for care coordination. Fourteen members were discussed, three required coordination with their assigned CRSP and three will be carried over to March.

Health Plan Partner Two

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had 12 members identified as having gaps in care. Six members needed assistance with gaps in care. Three cases will be carried over to March. In February’s meeting DWVHN staff from Children’s Initiatives joined the meeting to further discuss the State’s initiative of meeting the needs of children in the foster care system. Health Plan 2 and DWVHN will focus on children in the foster care system who have gaps in care.

Health Plan Partner Three

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

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

During the month of February DWIHN and Health Partner 3 met with the four CRSP's and went over feedback from the patient advisory committee and the Marketing Department will complete a flier for CRSP to give to members. DWIHN went over the flow of referrals with CRSP that are involved.

### **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 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 has updated the HEDIS platform and has added OHH, BHH and CCBHC providers to the drop-down list. It was discovered that the CRSP providers aligned with this cannot see the drop-down list.

DWIHN and Vital Data met with The Guidance Center on February 12, 2024, to investigate this issue. Vital Data will look at the permissions of CRSP providers to see what is incorrect. This should be completed in late March.

Vital Data is changing how data is sent and most updates to the scorecard will be completed after this is completed.

Vital Data and DWIHN are working on how to make sure SUD claims are kept confidential and only the assigned OHH can see their data.

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

### **CCHBC DEMONSTRATION EXPANSION**

The State of Michigan expanded the CCBHC State Demonstration sites on October 1, 2023. The DWIHN network now has a total of six (6) approved CCBHC sites including ACCESS, CNS Healthcare, Elmhurst Home, Development Centers, and Southwest Counseling Solutions- MiSide. DWIHN continues to provide technical assistance with CCBHC providers. It is estimated that 173,994 individuals are eligible for CCBHC services in region 7. MDHHS's goal is to have 26,099 individuals enrolled in CCBHC services in FY2024. Current enrollment stands at 7,187; an increase of 5.8% from January 2024. The Governor's proposed budget was released with funding to expand the CCBHC Demonstration in FY25.

### **CHIEF MEDICAL OFFICER**

#### **Behavioral Health Education, Outreach and Updates:**

Ask the Doc Newsletter on Xylazine Awareness

New plan to have our Crisis Center Medical Director participate in the awareness newsletters and videos.

#### **Teaching Collaborative**

- Legal has been working on some of our collaborative teaching agreements.
  - Agreement with Nurse Practitioner Program - completed.
  - Agreement with Physician Assistant Program in Final review with Compliance
  - Agreement with Child and Adolescent Psychiatry Fellow - completed.
- Meeting with St. Mary Mercy Hospital Program Director regarding Crisis Services, rotation opportunities and job opportunities.
- Meeting requested with Authority Health Program Director.

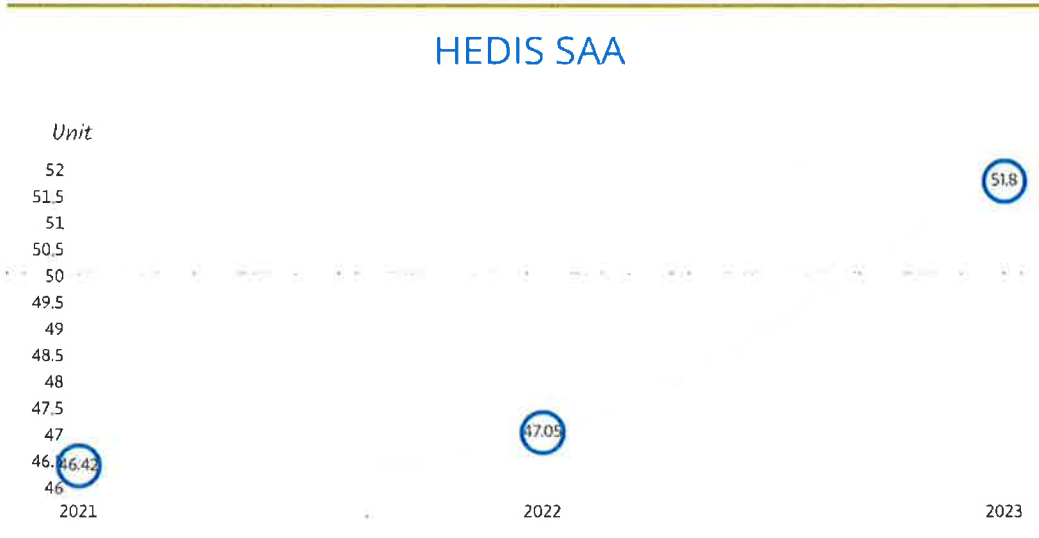


**Psychiatric Medication Adherence:**

Our Population has struggled with adherence to psychiatric medications whetehr it is antidepressants for depression or antipsychotics for Schizophrenia Spectrum Disorder which are among the most common disorders in our member. Two HEDIS measures that indicate adherence to medications in this population include SAA and AMM.

**HEDIS- SAA**

Members 18 years old and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent or greater of their treatment period.



**HEDIS AMM**

Medication compliance of members 18 years or older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 84 days (12 weeks)



**Actions to Improve Adherence:**

**Member and Provider Education** - This has been our main focus where Quarterly data and Improvement Plans are requested from CRSP Medical Directors around non-compliant members. Educational trainings and materials are provided and are available on our website emphasizing importance of monitoring and improving adherence. Providers have access to their own numbers, so they are aware of members who are non-adherent.

**Med Drop:**

Med Drop is a community-based intervention that focuses on improving medication adherence by delivering medication directly to the person's home 365 days a year, while observing them self-administer their medication.

FY 21 - There were 53 members served and the enrolled ones had 90.6% medication adherence rate. There was a 75% reduction in the number of psychiatric hospital admissions for members while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions in the 12 months prior and a 67% reduction in psychiatric hospital days for members while participating in Med Drop Program. Despite positive data for this strong intervention, the enrollment numbers were low, which were attributed to provider's lack of information about the program and its processes, hence an identified opportunity for next year. Enrollment at any time averaged <40.

FY 22 - In order to improve enrollment and specify that non-adherence to medications was a criteria for Med drop referral, the Chief Medical officer and Clinical Officer sent Memo to the Medical Directors and Clinical Directors of providers encouraging them to increase enrollment and did one on one meetings to answer any questions or concerns. As a result, Med drop enrollment increased to 95 members served during this Remeasurement though was still less than what was expected. The enrolled members had an overall medication adherence rate of 93.1%. There was a 61% reduction in the number of psychiatric hospital admissions for members while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions in the 12 months prior and a 66% reduction in psychiatric hospital days for them while participating in Med Drop Program, compared to the number of psychiatric hospital days used in the 12 months prior. Enrollment at any given time < 50.

FY 23 - In FY 23, Med Drop continued to show positive results in terms of medication adherence with 95% adherence rate and served a total of 103 members. There was 46% reduction in psych admissions. Enrollment increased slowly due to ongoing efforts by Clinical teams. Enrollment at any given time < 60.

We have made following additional revisions to our plan:

1. The list of potential individuals expanded to include members from AOT list, Recidivism list, antidepressant and antipsychotic HEDIS non-compliance list. Active enrollment efforts with one-on-one meetings with CRSP regarding cases helping them walk through the process.
2. Crisis Liaisons have started to visit selected hospitalized individuals and have prompts in their discharge planning sheets to assess the need for Med Drop at discharge.
3. Crisis center Discharge planning to incorporate med drop enrollment.

FY 24- Current enrollment is 65 which is an increase in 9 cases in just one month as compared to last month with 7 referrals pending. This appears to be the highest increase in enrollment at any point but is still below our goal.

**Medication Adherence Workgroup:**

Multiple PIHP Medical Directors are currently participating in a joint workgroup to address medication adherence, particularly antipsychotic adherences. There is representation from the State, PCE Systems, and some experts from APA were also invited. Various strategies are currently discussed including creation of

prompts in EMR that would give directions on use of long acting injectables where appropriate as well as pharmacy drop service expansion along with member surveys to understand reasons for no-compliance

**Crisis Center and Mobile Crisis Updates:**

- Crisis Center processes and hiring are in the final stages. Orientations and training for new hires are continuing.
- DWIHN is following the model with the use of peers throughout the admission process. We have successfully recruited 25/26 peers.
- The State has started the Adult CSU certification with two pilot sites with DWIHN being one.
- It is a 5-week process with weekly uploads with 1<sup>st</sup> part completed.
- Regarding psychiatrist and Advanced Practice professional hiring:
  - Out of 8 full-time APP positions 3 have accepted the offer and interviews are still ongoing, one offer is pending.
  - Out of 2 full time psychiatrist positions, 2 interviews were completed, and 2 offers given. None have accepted the offer. Of 4 part-time positions, 2 have been hired and 1 has a pending offer and 2 are being scheduled for interview.
  - Orientation and educational material have been created for the Psychiatry hires.
  - Psychiatric Practice standards and Treatment Protocols are being written and finalized.
- Mobile Crisis launched in December. Children mobile certification received end of February and services started in March. Currently developing data points and reports to start reviewing and presenting them.

**HUMAN RESOURCES**

The Department of Human Resources hired the following employees:

**New Hires:**

Behavioral Health Technician	Crisis Services
Behavioral Health Technician – Contingent (3)	Crisis Services
Call Center Clinical Specialist – Contingent	Call Center
Clinical Specialist – Crisis Services (2)	Crisis Services
Crisis Care Supervisor – Contingent (3)	Crisis Services
Discharge Coordinator (2)	Mobile Crisis Deployment
Discharge Coordinator – Part-time)	Mobile Crisis Deployment
Home Based Consultant	Children’s Services
Systems Engineer	Information Technology
Mobile Crisis Clinician	Mobile Crisis Deployment
Mobile Crisis Clinician - Contingent	Mobile Crisis Deployment
Nurse Practitioner	Crisis Services
Payroll Specialist	Finance
Peer Agent	Customer Services
Peer Support Specialist – Crisis Services (11)	Crisis Services
Peer Support Specialist – Mobile Crisis (3)	Mobile Crisis Deployment
Provider Network Manager	Managed Care Operations
Recipient Rights Investigator	Recipient Rights
Registered Nurse – Crisis Services (2)	Crisis Services
Registered Nurse – Crisis Services -Contingent (3)	Crisis Services
Residential Care Coordinator	Crisis Services
Transportation Specialist	Grants and Community Engagement

With these new hires, DWIHN has filled 83% of the positions needed for the Crisis Services operations.

**Promotions(s):**

Vice President of Direct Clinical Services

Outpatient Clinics

DWIHN HR has continued its Supervisory Institute for management staff. 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. HR is preparing to begin our second cohort with Harvard Business School Online. Under this cohort, ten additional employees will take the classes, which will allow them to obtain HBSO program certification.

**DIVERSITY, EQUITY & INCLUSION**

- **DEI Committee Meeting (rescheduled from January)**
  - Upcoming DEI committee (2024-2025) nominations
    - Current members can submit nominations for future members (give name, department and why you think they will be a great addition to the committee)
    - What legacy do you want to leave behind – what are some things you would like to see the incoming committee achieve?
    - Transition meeting will be July 21<sup>st</sup> 1:00pm (in-person)
  
- **ERG (Employee Resource Group) Planning Meeting**
  - Employee Resource Groups (ERGs) are internal committees that promote and empower employees belonging to various backgrounds, identities, or experiences, such as race, faith, and sexual orientation.
  - The first ERG meetings create an environment for employees where an inclusive work environment starts to be built eventually turning into successful ERG programs.
    - How to provide optimal networking opportunities, professional development, and career development opportunities with effective goals for members of the ERG and all DWIHN employees
    - How to develop and foster an inclusive workplace that accepts all backgrounds (people of color), faiths, gender identities, and sexual orientations.
    - The best ways to provide the ERG members with personal and professional support, confidence, camaraderie, and a sense of belonging that ultimately make the workplace a safe space for all employees.
  
- **2023 WSU Community-Engaged Research (CEnR) Summit Steering Committee Meeting**
  
- **Detroit Community Health Equity Alliance Monthly Meeting (D-CHEA)**
  - D-CHEA will work to inform and develop initiatives to advance health equity with emphasis on Detroit’s persistent poverty areas, where a substantial proportion of the neighborhood has lived in poverty for decades. The committee plans to collaborate to bring about community-level change towards health-promoting opportunities and behaviors. Funded through CVS Health
    - 2024 Participation Agreement
    - Coalition Assessment Survey
  
- **Detroit Leadership Coalition on the Intersectionality of Disability, Race, Ethnicity, and Poverty – Last Steering Committee before Mapping Event**
  - **Resource Mapping Event** (a participatory event focused on identifying assets and resources available within communities, possible gaps in services, and ways to fill those gaps through community member support).
    - Identify the valuable resources currently available.
    - Determine resources needed within the community.

- Discuss barriers and solutions to the significant wealth gap faced by persons with disabilities, specifically those in communities of color.

## **IT SERVICES**

### **Business Processes**

#### **Crisis Care Center**

- Staff setup continues to occur in MHWIN inclusive of hard token setup for MFA authentication.

#### **Electronic Visit Verification (EVV)**

- The State has moved the target implementation date to 9/1/2024 for Behavioral Health EVV.
- Working to provide MDHHS a provider listing by 3/18/24.

#### **Consent to Exchange Health Information – HIE**

- Programming complete & 3 of the 5 providers now have access to submit the consent via HIE process. Working to open for the remaining 5 providers. This will ease the burden for CCBHC providers.

#### **Risk Matrix**

- SUD Risk Matrix is programmed & initial testing completed. Scheduled to review with SUD Dept with the following step being deployment to SUD CRSPs.

#### **Provider Contracting**

- Working with MCO to finalize the quarterly provider contracting report. Next phase will be unit testing.
- Working with MCO on continued development of annual provider contracting forms.

#### **Document Management**

- Setting up UniFlow hybrid to accommodate user authentication to secure print on new copiers and MFP as well as provide secure scanning of paper into Therefore.

#### **Questica**

- Assisted finance and HR with API integration between Dynamics GP, ADP, and the Questica budgeting app.

#### **Henry Ford Joint Project**

- The project and data were presented to the HFH PFAC committee.

#### **Provider Network Adequacy Dashboard**

- Performed significant modifications to the criteria for assigning specialties to the various providers. This resulted in the closing of many gaps in our network adequacy.

#### **EQI reporting**

- Producing year-end EQI and various graphs for year-end financial reporting.

#### **Eligibility data load process assessment**

- Review the data load logic for eligibility data to improve the warehouse's reporting capability.

#### **Building Desk Hoteling**

- Setting up Envoy hoteling desk reservation system and federating with Azure for SSO and Provisioning.
- Provisioning desk/Conference phones with Genesys.

### **Infrastructure / Security / IT Compliance**

#### **Building Construction**

- Woodward/Milwaukee still pending blueprint and diagram from vendor (Bluestone).
- Woodward ISP is complete. Milwaukee: Waiting on Secondary BGP configuration.

- Continue configuring the building security and video camera systems to meet the needs of the Crisis Center.
- Woodward office cubicle setup across all 3 floors. Final dual-monitor arms to be set up by 3/15/2024.
- Milwaukee e-Waste underway. Estimate completion: 3/11/2024.
- Legacy cluster removal completed from Milwaukee.

**Security**

- Configuration of Graylog SIEM/SEM (Security Incident and Event Monitoring/Security Event Management) continues. Investigating several automation systems to augment SIEM/SEM activities and improve detection and response.
- All ICO security audits are complete. All CAP requests are completed at this time.
- The vCISO project is continuing analysis of the Threat domain. Currently working on internal scans and addressing findings.
- Continuing working with business units on the DWIHN BCP/DR plan.
- Analyzing risks and working with communications on website visitor tracking.
- Vetting and removing Azure SSO applications found added by users.
- Working with facilities on setting up infinias door access system and programming the key zone mapping for staff access.

**Onboarding/Offboarding**

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

**SQL Server upgrade**

- Completed moving the production data server to new improved hardware.

**Genesys Phone System**

- The DWIHN team is continuing to set up Speech and Text analytics within the system to improve call management and prioritization.

**COMMUNICATIONS**

**Influencer Marketing Update:**

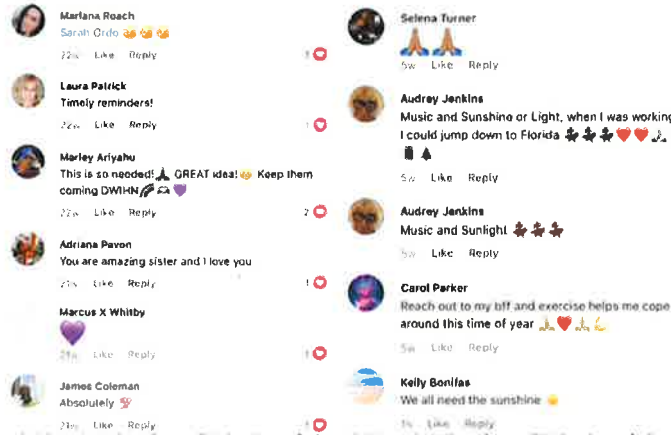
Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	6 Story Posts, 2 Posts	Over 120K total views
Detroit Youth Choir	1 Story Posts, 2 Posts	4,416 total views
Kathleen Springer	4 Posts	Over 8.4K Video Views

The Detroit Youth Choir and Youth United collaborated on several posts highlighting the importance of youth mental health, resources, and events during January.

All social media influencers have assisted in promoting our Mental Health Youth Council for Wayne County High School students. Kathleen Anne Springer played a key role in raising awareness of our mobile crisis units within the Downriver community, while also highlighting the assessment and services offered through our 'MyDWIHN' app.

### Social Media Outreach:

DWIHN is actively elevating mental health awareness on social media by sharing informative content, engaging narratives, and fostering a supportive online community. 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: 201,896 **down 31.3%**
- Engagements: 6,100 **down 18.7%**
- Post Click Links: 1,347 **down 11.7%**
- Engagement Rate: 3% **up 17.5%**
- **Total Audience Growth over the last month was 17,485, up 1.6%.**

### Google Analytics

- 1,632 Business Profile interactions
- 3,250 People viewed the DWIHN Business Profile
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  - 623 (19% Google search - mobile)
  - 95 (3% Google Maps - mobile)
  - 18 (1% Google Maps - desktop)
- 1,845 Searches DWIHN was shown in users search results:
  - DWIHN – 806
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### Media Report:

#### **707 Crisis Care Center**

The Sunday, February 11<sup>th</sup> Edition of the News-Herald ran a preview piece on the soon to open 707 Crisis Care Center. The spread covered features of the new construction and the programs and services that will be provided in the new space. The piece also touched on future plans to build crisis care centers across the county.

**Mobile Crisis Units:**

Media for the Mobile Crisis Units continues as WDET Radio reached out to inquire about the service. On Wednesday, February 28, 2024, The Metro hosts Nick Austin and Tia Graham interviewed VP of Crisis Services, Grace Wolf on the program and its progress. The pair asked Ms. Wolf about the non-police response approach, the staff qualifications, number of calls and the nature of calls received. Ms. Wolf reported 37 calls and 87 diversions at the time of the interview. She also discussed the program roll out updates.

Ms. Wolf also joined **WWJ** to provide updates on mobile crisis which aired on March 8. She shared the new certification to serve children in crisis along with the expanded service to the weekend.

<https://www.audacy.com/wwjnewsradio/news/local/mobile-crisis-program-expands-hours-will-assist-children>

**Mental Health Youth Council:**

I was guest editorial voice in **The Hamtramck Review**. The column highlighted the launch of our Mental Health Youth Council and appealed to youth to apply for a seat, join the ranks, and give voice to issues that impact them most.

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

In February, DWIHN actively participated in a variety of outreach initiatives. Including the Pursuit of Happiness, an event hosted by the Inkster Police. DWIHN hosted its S.O.U.L.S Chat and Faith Talk Monday series.

Additionally, Youth United hosted a Courageous Conversations: Love Shouldn't Hurt. The event was a round table promoting Safe & Healthy Relationship at 27th Letter Books in Detroit.

**Upcoming Events:**

March 22: Youth Move Detroit Meet & Greet: Bowling Night 6:00 p.m.-8:00 p.m.

March 23: Developmental Disabilities Month: Let's Talk about Housing Inequities, 10:30 a.m.-12:00 p.m.

March 25: S.O.U.L.S. Chat: Faith Talk, Mondays 6:00 p.m.-7:30 p.m.





## COMMUNICATIONS REPORT

### DWIHN Full Board Meeting- February 2024

#### Executive Summary

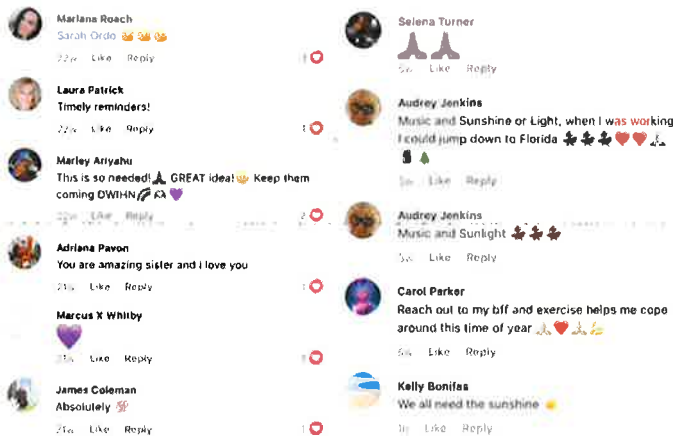
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**Upcoming Events**

March 14<sup>th</sup>: Developmental Disabilities Month: Let's Talk about Community Inclusion **10:30am-12:00pm**

March 22<sup>nd</sup>: Youth Move Detroit Meet & Greet: Bowling Night **6-8 pm**

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March 25<sup>th</sup>: S.O.U.L.S. Chat: Faith Talk Mondays **6pm-7:30pm**

# Goodwill of Greater Detroit

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Detroit Wayne Integrated Health Network

March 20, 2024

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**"Friends of Goodwill,  
be dissatisfied with  
your work until every ...  
unfortunate person in  
your community has an  
opportunity to develop  
to his fullest usefulness  
and enjoy a maximum  
of abundant living."**

**- DR. EDGAR J. HELMS (1863 - 1941)  
FOUNDER OF GOODWILL INDUSTRIES  
INTERNATIONAL, 1902**



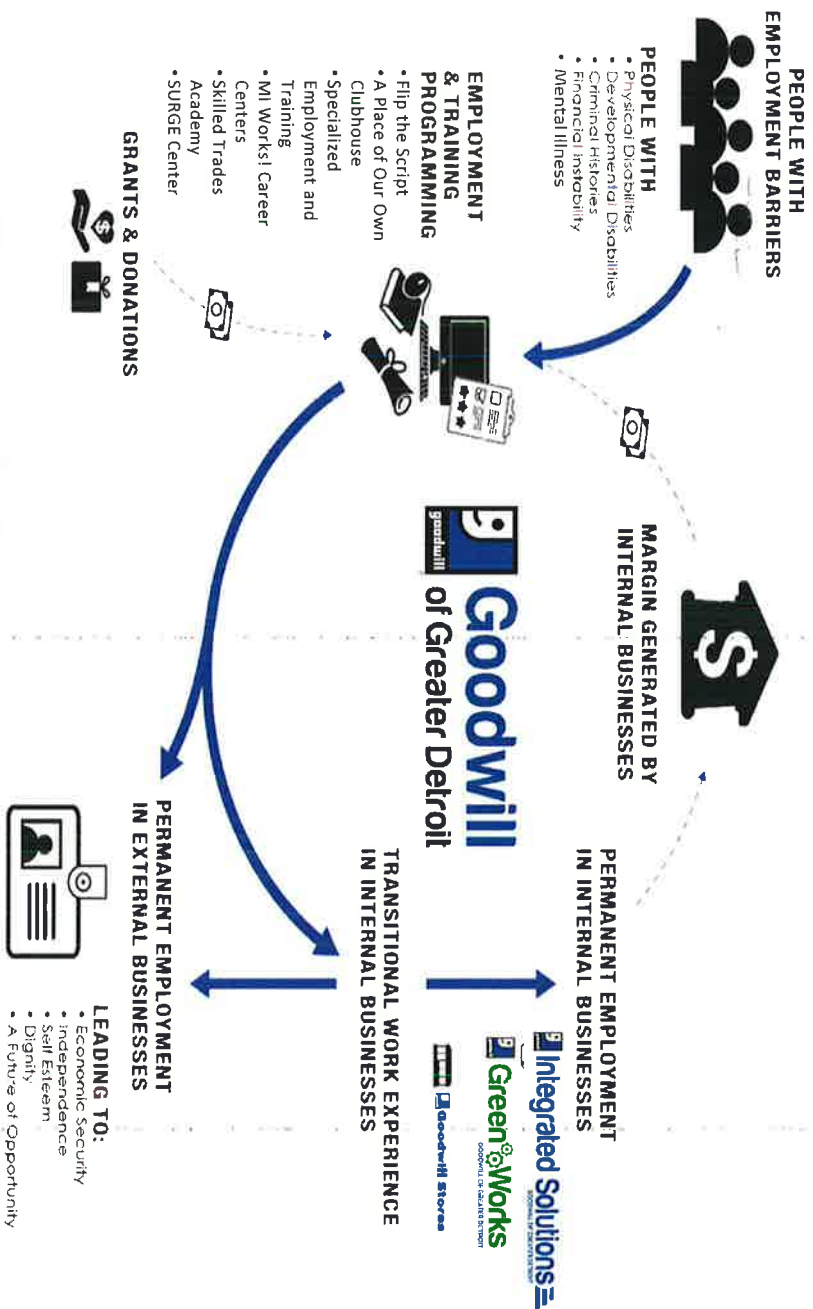


# Core Ideology

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Our Vision	A region where everyone has the opportunity to achieve their maximum potential.
Our Mission	We build pathways to independence through personal development and the power of work.
Our Core Values	Our Core Values in action
Integrity	We are truthful and honest in our interactions.
Dignity and Respect	We treat all people with dignity and respect.
Continuous Improvement	We engage in practices to improve our trainee and customer outcomes, our people and our productivity.
Diversity and Inclusion	We create environments that value and celebrate the participation of all.
Health, Safety and Well-Being	We maintain safe environments and focus on the holistic well-being of our employees and trainees.

# How Goodwill Works



- Goodwill of Greater Detroit nonprofit 501(c)(3) charitable organization
  - ~\$50M annual budget
  - 2 subsidiaries: Industrial recycling & kitting/assembly
  - 500 employees
  - Serve approx. 15,000/year across 5 counties
- Goodwill Network
- ~\$7B billion aggregate annual budget
  - Active in 1:200 job placements in US (2016)
  - Approx. 150 Goodwills in US

# Skill Building and Supported Employment

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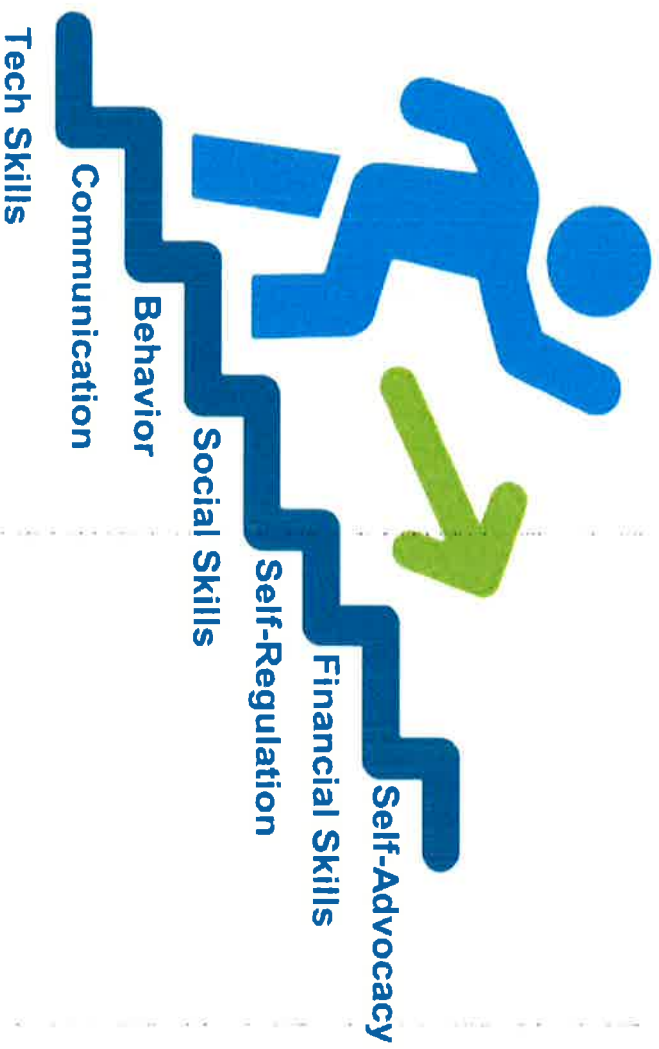
# Skill Building Services at Goodwill

- Digital Skills for Adults with Developmental and Intellectual Disabilities
- Four class levels that address:
  - Digital skills
  - Financial literacy
  - Time and task management
  - Workplace communication
  - Problem solving/flexible thinking
  - Self advocacy



# Steps to Success

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# Digital Classroom Experience

- Evidence-Based Programming (based on Digitability and Northstar learning platforms)
  - Cognitive behavioral programming approach with a social economy
  - Financial literacy and coaching with an online banking component with cyber bill paying
  - Website development
  - Career exposure
  - Professional skills training
  - Employment preparation and placement
  - Post-placement retention support





# Supported Employment in Goodwill Nonprofit Businesses



*Supported Employment is a first step in reinforcing job skills while being given the opportunity to work in a supportive environment. Participant is shown packaging license plate brackets at Goodwill Integrated Solutions.*



*Supportive employment participant working in Goodwill's Donated Goods Retail warehouse sorting books for online sale.*

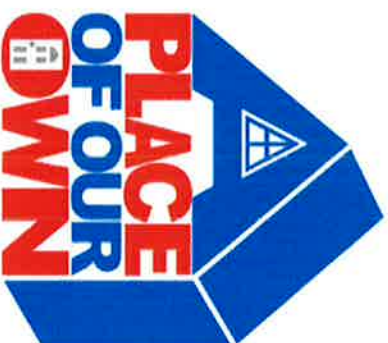
## The Goal: Fully Integrated Community Employment

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Goodwill Skill Building participants are now employed at a diverse array of community sites including:

- Michigan Humane Society
- McDonald's
- State of Michigan (Janitorial Services)
- Walmart
- Rite-Aid
- Dollar Tree
- Motor City Casino
- Many other places!





**CLUBHOUSE**

# A Place of Our Own Clubhouse

CHANGING LIVES ONE MEMBER AT A TIME BECAUSE  
WE BELIEVE IN THE POSSIBILITY OF RECOVERY



# Mental Health Worldwide

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- Mental illness is the #1 cause of disability worldwide - more than cancer, diabetes or heart disease.
- 1 in every 4 people suffer from mental disorders.
- 90% of all suicides are related to a mental disorder.
- Patients with Serious Mental Illness (SMI) die 10–20 years earlier than the general population.

## **Clubhouses Cost Savings: It Works**

As an SAMSHA evidenced-based practice, clubhouse programs have been shown to:

- Decreased hospitalizations and crisis events
- Reduced incarcerations
- Increase employment rates

## **Cost Saving Differential**

- 1 year of clubhouse service is equal to 2 weeks in-patient hospitalization



# What is Clubhouse/Psychosocial Rehabilitation?

- Clubhouse is a place where relationships and friendships are born and isolation ends.
- Clubhouse is an intentional community designed to support individuals living with the effects of mental illness.
- Members who attend clubhouse gain transferable skills that assist them in rejoining the world of friendships, employment, education and independent living skills.

## HOW IT WORKS

- Member Run
- Lifetime Membership
- Work Ordered Day
- Person Centered
- Side by Side Engagement
- Wellness
- Socialization

Opportunities and Assistance for Community

Employment  
Education  
Housing  
Resources







# A Place of Our Own Clubhouse

A Place of Our Own Clubhouse is 1 of only 320 internationally accredited psychosocial rehabilitation/clubhouse programs worldwide that serves mentally ill adults.

## MEMBER RECOVERY STORIES

- "I believe if I didn't join clubhouse, I would be dead. I always talked about killing myself and how I would do it. I used to Google the least painless way to go but now everything is different. Clubhouse has given me a reason to live and I am sure that my mother would be proud of the new me. I laugh more, I wear bright colors, I value life, friendships/relationships, and my new family". Whitley A
- "Without Clubhouse my life would be like a nightmare. I would be roaming the streets and stuck in the same situation I was before, with no interests, separated from my own environment and possibly homeless. I would be lost and not have any idea what to do with my life". Ajuan H
- "My Clubhouse family keeps me motivated and moving in the right direction, even though I know I gave them all hell, they still love me. I love coming to the clubhouse because I love giving back supporting my clubhouse members. I have found by being open and sharing my story of recovery I have encouraged other members on their recovery journey". Heryv K



# Questions?

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# Thank You!

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