



Detroit Wayne Integrated Health Network

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FULL BOARD
Wednesday, May 18, 2022
Hotel St. Regis – 1st Floor
3071 W. Grand Blvd. Detroit, Michigan 48202
1:00 P.M
AGENDA

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF THE AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES** – Full Board Meeting – April 20, 2022
- VI. RECEIVE AND FILE** – Approved Program Compliance Committee Minutes – April 13, 2022
Approved Finance Committee Minutes – March 2, 2022
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Update Board Member Appointments - Wayne County
 - 2) Chamber of Commerce Policy Conference - May 31 – June 3, 2022 Mackinac Island, Michigan
 - 3) Community Mental Health Association of Michigan (CMHAM) Metro Region Officer Delegates and Voting – Member Assembly Meeting Grand Traverse, Michigan (June 6, 2022)
 - 4) Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference (June 7 & 8 2022)
 - B) Executive Committee
 - 1) DWIHN Board Resolution – Memoriam
 - 2) New Board Member Virtual Orientation – May 19, 2022
 - 3) Board Study Session
 - 4) Budget Hearing (Joint Finance and Program Compliance Meeting – August 3, 2022)
 - 5) Update Metro Region Virtual Meeting – DWIHN Host (June 9, 2022)
 - 6) Executive Committee Meeting Date Change – (June 13th)
 - 7) Update Annual Virtual Meeting – July 20, 2022 (Full Board In Person Meeting 11:00 a.m.)
 - 8) DWIHN Vacancy - Substance Use Disorder (SUD) Oversight Policy Board

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Jonathan C. Kinloch

Kenya Ruth, Vice Chairperson
Lynne F. Carter, M.D.
Kevin McNamara

Dora Brown, Treasurer
Eva Garza Dewaelsche
Bernard Parker

Dr. Cynthia Taueg, Secretary
Michelle Jawad
William Phillips



- C) Finance Committee
- D) Program Compliance Committee
- E) Recipient Rights Advisory Committee

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

X. AD HOC COMMITTEE REPORTS

- A) Policy/Bylaw Committee

XI. FY 21 AUDIT REPORTS

XII. PRESIDENT AND CEO MONTHLY REPORT

XIII. INTEGRATED HEALTHCARE INITIATIVES PRESENTATION

XIV. QUARTERLY COMMUNICATIONS PRESENTATION

XIV. UNFINISHED BUSINESS

Staff Recommendations:

- A. BA #20-54 (Revision 5) HEDIS/NCQA Professional Consultant Services-Contract Extension (Joseph J. Barr) *(Finance)*
- B. BA #22-16 (Revision 2) Substance Use Disorder (SUD) Prevention Tobacco Initiative *(Program Compliance)*
- C. BA #22-17 (Revision1) Substance Use Disorder Treatment Services Network FY2022 *(Finance)*
- D. BA #22-17 (Revision 3) Substance Use Disorder (SUD) Annual Conferences *(Program Compliance)*
- E. BA #22-29 (Revised) Jail Diversion/Police Partnership Expansion *(Program Compliance)*

XV. NEW BUSINESS

Staff Recommendations:

- A. BA #22-62 – Summer Youth Employment Program *(Program Compliance)*

XVI. PROVIDER PRESENTATION – ASSURED FAMILY SERVICES

XVII. REVIEW OF ACTION ITEMS

XVIII. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

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

XIX. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, April 20, 2022
1:00 pm.**

BOARD MEMBERS PRESENT

Angelo Glenn, Chairperson	Commissioner Jonathan C. Kinloch
Dorothy Burrell	Kevin McNamara
Eva Garza Dewaelsche	Bernard Parker
Michelle Jawad	

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

BOARD MEMBERS ATTENDING VIRTUALLY: Dr. Cynthia Tauег, Board Secretary; Ms. Kenya Ruth; and Lynne F. Carter, M.D.

GUEST(S): None

CALL TO ORDER

The meeting was called to order at 1:04 p.m. by Mr. Angelo Glenn, Chairperson

ROLL CALL

Roll call was taken by the Board Liaison Ms. Lillian M. Blackshire and a quorum was present.

APPROVAL OF THE AGENDA

Mr. Glenn, Chairperson welcomed everyone to the meeting and called for a motion on the agenda.

It was moved by Commissioner Kinloch and supported by Ms. Jawad to take Items XIII. Unfinished Business and XIV. New Business after item VIII. E. Recipient Rights Advisory Committee Reports. There was no further discussion. Motion carried unanimously.

MOMENT OF SILENCE

The Chairperson called for a moment of silence. Moment of Silence taken. The Board Chair asked that the families of those impacted by the incident at Team Wellness be remembered.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes from the Full Board meeting of March 16, 2022. **It was moved by Mr. Parker and supported by Ms. Jawad to accept the Full Board minutes of March 16, 2022. Motion carried unanimously.**

RECEIVE AND FILE

The approved Program Compliance Committee minutes from the meeting of March 9, 2022 were received and filed. It was noted that the Finance Committee meeting scheduled on April 6, 2022 was cancelled and the minutes from the March meeting would be presented at the April Finance Committee for review.

ANNOUNCEMENTS

Network Announcements

T. Devon, Director of Communications noted that there will be a Drug Take Back Day on April 30th at the 5th precinct. On Thursday, April 28 a virtual job fair has been scheduled; a Michigan Statewide CIT training has been scheduled on May 2nd and 3rd and May is Mental Health Awareness month; DWIHN is sponsoring a virtual Children's Mental Health event on Thursday, May 12 and on Saturday, May 21st a tri-county event for veterans in Pontiac has been scheduled; we will have buses going to the event to inform veterans of the services that we provide for them. Information on all of the events is posted on the website and will be sent to the board liaison for distribution to the board.

Board Announcements

Ms. Jawad invited the DWIHN Board of Directors to the Leaders Advancing and Helping Communities (LAHC) Annual Scholarship dinner on May 5th. Invitations were sent to Board members during the month of March and it would be an honor to have them attend.

Mr. Parker invited the DWIHN Board of Directors to the Barack Obama Academy Grand Opening of their 21st Century Library at 10:00 a.m. tomorrow, Thursday, April 21st. The library was sponsored by FCA and the Skillman Foundation. The school is located at 10800 Canfield, Detroit, Michigan.

BOARD COMMITTEE REPORTS

Board Chair Report

Board Chair, Glenn requested an update on the City of Detroit and Wayne County appointments. It was reported by Ms. B. Blackwell, Chief of Staff that the City of Detroit has completed its appointments and reappointments. Ms. Eva Garza Dewaelsche has been appointed to the DWIHN Board of Directors and Mr. Angelo Glenn and Lynne F. Carter, M.D have both been reappointed for three-year terms. The Board members were sworn in during the Board Executive Committee meeting held on Monday, April 18th.

Ms. Eva Garza Dewaelsche introduced herself to the Board and noted that she was President and CEO of SerMetro which is a workforce development organization that provides job training and education programs. Also runs an alternative high school for at-risk youth. She provided additional information about her residency and education and noted she was excited about working with the DWIHN Board of Directors.

Board members Carter, Parker and Kinloch personally welcomed Ms. Garza Dewaelsche to the Board of Directors and noted that she was a woman of action and they were all excited to have her as a part of Detroit Wayne Integrated Health Network. Ms. Garza Dewaelsche noted had worked with many of the board members on past endeavors and thanked the board members for their kind remarks.

It was also reported that Wayne County is completing their process and will be reappointing two board members. The reappointments will go before Health and Human Services at their next meeting then to the Wayne County Commission on Thursday, April 21st. She will keep the board informed on the status of the re-appointments.

The National Council for Wellbeing – NatCon22 was scheduled from April 11th-13th 2022 at National Harbor in Washington, DC. Mr. Glenn and Ms. Ruth attended along with Mr. Doeh; Ms. Blackwell and several staff members. An overview of the conference was provided. It was reported that the conference was exciting; there were several keynote presentations provided on the changing the culture of an organization; opioid litigation and the drugs being adulterated with fentanyl. Mr. Doeh encouraged board members to attend the conference next year as an opportunity to get benchmarks from what others are doing around the country.

The Chamber of Commerce Policy Conference is scheduled for May 31st through June 3rd on Mackinac Island. There are several Board members and staff members that will be attending the conference and DWIHN will be well represented.

Community Mental Health Association of Michigan Annual Summer Conference -June 6th – June 8th will be held in person at Grand Traverse. The Board Chair; Vice Chair and several board members have expressed an interest in attending. Board members were encouraged to attend and to contact the Board Liaison with their interest.

Community Mental Health Association of Michigan Annual (CMHAM) Metro Region Officer Vacancy. It was reported by Ms. Blackwell that Mr. Glenn will be on the ballot for the position of 1st Vice President and that board members have to be present to vote and there is no proxy voting. DWIHN has five votes which include four board members and the vote of the CEO.

The Board Chair noted the committee appointments have all been completed; many board members remained on the same committees; Ms. Garza Dewaelsche will join the Finance Committee and Recipient Rights Advisory Committee. Commissioner Jonathan C. Kinloch will serve on the Program Compliance Committee. An updated committee list was provided to board members.

There was no further discussion on the Board Chair report. The report was received and filed.

Executive Committee

The Board Chair A. Glenn reported. A verbal report was provided. It was reported that the Executive Committee met on Monday, April 18, 2022. The Annual Report to the Commission was presented on March 17, 2022 to the Wayne County Commission. Mr. Glenn, Mr. Doeh; Ms. Blackwell and Ms. Durant were in attendance and provided an overview of the activities and services provided by DWIHN. Ms. Garza Dewaelsche noted that the report did not break out the Latino and Hispanic numbers and requested the information be provided in the next year's report.

DWIHN will host the Metro Region meeting; it will be held virtually and is scheduled for June 9th. Ms. Blackwell reported that the agenda is being prepared and they are working on a number of items with Macomb and Oakland.

It was reported that the Annual Meeting is scheduled for July 20, 2022; this will be a hybrid meeting; the Full Board will meet in person; however, the public will attend virtually. The Full Board meeting will start at 11:00 a.m. The annual meeting will highlight our programs, incoming and outgoing board members and our CIT program. There was no further discussion. The Executive Committee report was received and filed.

Finance Committee

The Finance Committee did not meet during the month of April and there was no report.

Program Compliance Committee

Ms. Jawad, Committee Chair provided a verbal report. It was reported that the Committee met on Wednesday, April 13, 2022. Board members were encouraged to consult the meeting packet and or the meeting minutes for more details on any of the topics. The following highlights were provided. It was reported that outreach efforts are continuing with the focus on children's services. A new CDC survey showed that 50% of nationally surveyed high school students indicated they experienced some form of emotional abuse during the pandemic; physical abuse was also reported. April is the National Child Abuse Prevention month. We must continue with our efforts to serve our children. The Med drop program which is part of the clinical practice implementation strategy continues to enroll individuals. As reported previously those enrolled in the program show a

significant reduction in inpatient hospitalization and/or readmission. Current efforts are underway to expand enrollment and continue to evaluate progress of the program. Quarterly reports were received in the areas of the Access Center, Crisis Services, and Utilization Management. The access center is undergoing a redesign to improve the workflow for callers and the staff. They are leveraging the phone equipment to be able to have a quicker response time for callers. They have gone from two minutes to approximately 30 seconds. More redesign options are being evaluated. Crisis Services reports that overall there was little change in the percentages of diversion and admission for children and adults as compared to quarter one; there is however an increase in the numbers and request for services at some locations. The strategic plan pillar for quality was reviewed as well as well as a Quality report. It was noted that staff are in the process of preparing for the NCQA recertification process. The current focus of COVID related activities is getting individuals to receive their first booster. Some progress has been made and efforts are continuing. The committee recommends for approval to the Full Board; Board Action #22– 16, Board Action #22– 17 and Board Action #22– 59. There was no further discussion on the report. The report was received and filed.

Recipient Rights Advisory Committee

Ms. Ruth, Chair of the Recipient Rights Advisory Committee reported there was no report as the committee did not meet for the month of March.

AD HOC COMMITTEE REPORTS

Policy/Bylaws Committee

There was no report.

Mr. Glenn, the Board Chair noted that the agenda had been amended and action items were to be taken after the committee reports.

UNFINISHED BUSINESS

Staff Recommendations:

- A. BA #21-51(Revision) – NexVortex Funding Modification – The Board chair called for a motion on BA#21-51 (Revision). **It was moved by Commissioner Kinloch and supported by Ms. Jawad approval of BA#21-51 (Revision).** M. Singla, Chief Network Officer reported. Staff requesting board approval of a funding modification to our agreement. The Vendor now operates under BCM One, but remains nexVortex. Revision request due to submission of incorrect memo for BA #21-51. Based on last 12 months of usage for Call Center phone services, an additional \$105,000.00 is being requested for phone charges through the end of contract (21 months) 12/31/2023. There was no further discussion. **Motion carried.**

- B. BA #21-68 (Revision 2) – Woodward Administrative Office Financing. The Board Chair called for a motion on BA#21-68 (Revision 2). **It was moved by Mr. Parker and supported by Mr. McNamara approval of BA#21-68 (Revision 2).** S. Durant, CFO reported. DWIHN is requesting approval of the revised term sheet to enter into a financing agreement with Flagstar Bank in the amount not to exceed \$12,360,000. The financing agreement includes construction costs and equipment loan for the Woodward building to serve as the new administrative site for DWIHN previously proposed for the crisis center location. The zoning board did not approve the crisis center site. The agreement includes a construction loan not to exceed to lesser of 75% of the stabilized appraised value or 80% of the loan to cost based on the budget approved by the lender. The term of the construction loan is for 42 months after the estimated 18-month construction draw period with a 20-year amortization period. In addition, the agreement includes financing 80% of the invoice cost of new equipment. The term of the equipment loan is 24

months draw period followed by 36 month amortizing term loan. The board action also includes the tentative inters rate; and non-refundable commitment fee. The CFO will notify the board through the finance report on the final terms-based rates available on the closing date. The total estimated construction and equipment costs is \$15.2 million and \$1.2 million respectively. This amount represents an increase of \$4.4 million (30%) from the initial amount when the building was proposed as a crisis center. Discussion ensued regarding collateral of the loan and interest rates. The representative from Flagstar bank provided information on the interest rates and how the rates are locked in once the loan is closed. There was no further discussion. **Motion carried.**

- C. BA #21-70 (Revised) Woodward Building Renovations – DeMaria Construction. The Chair called for a motion on BA#21-70 (Revised). **It was moved by Commissioner Kinloch and supported by Mr. McNamara. Jawad approval of BA#21-70 (Revised).** B. Blackwell, Chief of Staff reported. Staff is requesting that DeMaria revise their existing proposal to reflect the requested change in design. DeMaria competitively bid the required changes and submitted an amended proposal which resulted in a cost of approximately \$15.2 million, which includes a 10% contingency. This represents an increase of \$355,000 from the initial approved board action amount of \$14,485,000. DWIHN is also requesting approval of a time extension of seven (7) months, with a new end date of July 31,2023. DeMaria Building Company was originally the awarded proposer from the proposals received through DWIHN’s competitive RFP 2021-003 process in June, 2021. Unfortunately, during the final City of Detroit approval process, the Zoning Board of Appeals issued a denial in our application for final approval to have the 8726 Woodward property be used as a Crisis Center Facility. With the significant investment already made into the property DWIHN elected to modify the existing design to remove the crisis portion of the project and replace it with strictly administrative and office use. There was no further discussion. **Motion carried.**
- D. BA #22-12 (Revision 4) Detroit Wayne Integrated Health Network FY2021-2022 Operating Budget The Chair called for a motion on Board action #22-12 (Revision 4). **It was moved by Commissioner Kinloch and supported by Ms. Jawad approval of BA#22-12 (Revision 4)** S. Durant, CFO reported. This board action is requesting to decertify Autism Medicaid of \$20,584,214 per a projection of actual revenue received through February 28, 2022. The budget included a 15% or \$12 million increase in Autism based on the House and Senate recommendation. Subsequently, the Governors approved budget reflected a decrease in Autism funding as compared to the prior year. The decrease in funding will have no impact on the delivery of services as DWIHN received a substantial increase during the fiscal year ended September 30, 2021 (\$63 million to \$80 million) The board action included the revised FY2022 Operating Budget amounts. It was noted by CFO Durant that this budget adjustment is to align the budget which what I occurring during the fiscal year. There was no further discussion. **Motion carried.**
- E. BA#22-16 (Revision 1) DWIHN’s Substance Use Disorder (SUD) Prevention Services Network FY2022-State Opioid Response II (SOR) Carryforward Award. The Chair called for a motion on BA#22-16 (Revision 1) **It was moved by Mr. Parker and supported by Mr. McNamara approval of BA#22-16 (Revision 1).** Judy Davis, SUD Director reported. Staff requests Board approval to amend the FY2022 SUD Prevention Program from \$6,490,938 to \$6,715,938 per the MDHHS award for use of carryforward the prior fiscal year. The revised SOR II allocation of \$475,000 will be used to enhance our opioid use disorder and stimulant use disorder efforts for the SOR II campaign. The additional SOR II funds will be distributed to the Providers listed in the board action and must be utilized by the end of the fiscal year. The FY 22 SUD Prevention Services program of \$6,490,938.00 is increased by

\$225,000.00 to \$6,715,938.00 and consist of Federal Block Grant revenue of \$4,700,938.00 and Public Act 2 funds of \$2,015,000 is designated to PA2. There was no further discussion. **Motion carried.**

- F. BA#22-17 (Revision 2) DWIHN's Substance Use Disorder (SUD) Treatment Services Network FY2022 State Opioid Response II (SOR II) Carryforward Award. The Chair called for a motion on BA#22-17 (Revision 2) **It was moved by Ms. Jawad and supported by Ms. Burrell approval of BA#22-17 (Revision 2).** Judy Davis, SUD Director reported. Staff request Board approval to amend the FY 2022 SUD Treatment Program from \$8,081,948 to \$8,528,522 per the MDHHS award the use of carryforward prior year for an increase of \$446,574.00. The revised SOR II allocation of \$1,712,488 will be used to enhance our opioid use disorder and stimulant use disorder efforts for the SOR II campaign. The additional SOR II funds will be distributed to the providers listed in the board action. There was no further discussion. **Motion carried.**

NEW BUSINESS

Staff Recommendations:

- A. BA #22-59- Department of Housing and Urban Development (HUD) HUD Permanent Supportive Housing. The Chair called for a motion on Board Action #22-59. **It was moved by Mr. Parker and supported by Ms. Jawad approval of Board Action #22-59.** J. White, Director of Managed Care Operations reported. This board action recommends Board approval to renew and disburse US. Department of Housing and Urban (HUD) Supportive Housing funds for existing grant programs. The Board action also recommends approval for the disbursement of the required local match to DCI, COTS and CCIH. Approval of this board action will allow for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,161,164 and the Detroit Wayne Integrated Health Network state general fund match of \$104,785 for an amount not to exceed \$2,266,426. There was discussion regarding how the families will receive services under the grant. A review of the process was requested by the Board. There was no further discussion. **Motion carried.**
- B. BA#22-60 Milwaukee Crisis Center Financing — The Chair called for a motion on BA #22-60. **It was moved by Mr. McNamara and supported by Mr. Parker approval of BA#22-60.** S. Durant, CFO reported. DWIHN is requesting approval of the term sheet to enter into a financing agreement with Flagstar Bank in the amount not to exceed \$15,805,000.00 The financing agreement includes construction costs and equipment loan for the Milwaukee building to serve as the new crisis center location. In addition, the loan will incorporate the existing Flagstar loan of approximately \$5 million in the terms for an estimated loan amount of \$15,805,000.00 The existing loan matures in June, 2023. The agreement includes a construction loan in the amount of \$9,525,000 not to exceed to lesser of 75% of the stabilized appraised value or 80% of the loan to cost based on the budget approved by the lender. The term of the construction loan is for 42 months after the estimated 18- month construction draw period with a 20-year amortization period. The total amount of the construction costs is estimated at \$12.7 million. DWIHN will be responsible for 25% or \$3,175,000.00 In addition, the agreement includes financing 80% of the invoice cost of new equipment estimated at \$1,280,000. The term of the equipment loan is 24 -month draw period followed by 36 month amortizing term loan. The total equipment costs is estimated at \$1.6 million. DWIHN will be responsible for 20% or \$320,000.00. The board action included the tentative interest rate and the non-refundable commitment fee. The CFO will notify the board through the finance report on the final terms based rates available on the closing date. Total DWIHN cash outlay is estimated at \$3,495,000.00. Discussion ensued regarding the existing loan, the amortization of the existing \$5 million-dollar loan; and the consolidation of the loan. **Motion carried.**

C. BA#22-61 Milwaukee Crisis Center Renovations-Roncelli, Inc. The Chair called for a motion on BA#22-61. **It was moved by Mr. Parker and supported by Ms. Jawad approval of BA #22-61.** B. Blackwell, Chief of Staff reported. This board action is requesting the approval to enter into a contract with Roncelli, Inc. in an amount not to exceed \$12.7 million, which includes an 8% contingency for a term of thirteen months. The Procurement division issued Control #2022-003 that was due on March 30, 2022 for the Milwaukee Care Center Renovations. Four proposals were received however two were deemed nonresponsive. Based on the evaluation team, the DWIHN Purchasing Department recommends award to Roncelli, Inc., the most responsive and responsible proposer. The \$12.67 million includes an estimated \$180,000 for abatement costs. There was no further discussion. **Motion carried.**

SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT

Ms. Judy Davis, Substance Use Disorder Director reported on behalf of Mr. Thomas Adams, Chair, SUD Oversight Policy Board. It was reported that the SUD Oversight Policy Board met on April 18, 2022. A SUD Oversight Policy Board Study Session was held on March 30, 2022. An overview of the topics reported on at the Board study session was provided by Ms. Davis. It was reported that one board action was presented and approved; this board action was for additional funds. There were several annual reports presented as well as a report from the CEO with updates on the Care Center as well as information on Senate bill 597 and 598. Finance provided an overview of the Medicaid General fund. Also received a report on the Call Center which noted the accomplishments and improvements that were being made in the department. A report from the Chief Clinical Officer on the grant application process was provided as well as a report from SUD Oversight Policy Board Member Dr. Arfken on the drug overdose and deaths in Michigan. There was no further discussion. The report was received and filed.

PRESIDENT AND CEO MONTHLY REPORT

Mr. Doeh reported. He also provided a written report for the record. He briefly updated on several items from his written report. On the Crisis Center, construction is slated to start at 707 W. Milwaukee the first week in May; it will be exciting times for us to be able to provide these crisis services for our region. The Headquarters at Woodward is another significant project that will put our organization in another category. The Certified Community Behavioral Health Clinic is also significant and will give us the ability to see folks. Our partnerships with the FQHC puts us into another category to see people across the board with all insurance types. We will have the opportunity to reinvest those dollars that we will garner because DWIHN will not just be a manager of services but also a provider of those services. On May 1st we launch our behavioral health home; there were two PHIP's selected to participate and DWIHN was one of them and was given startup monies to get going; this is another form of integrated services and will be huge for our organization and the region.

It was noted that COVID has done a lot in the last two years and has affected our children. We have been doing a lot work in putting our children first with the assistance of the Children's Initiative department. There is tremendous work being done by the Provider Network to make sure that we provide a robust access to services for children and families with the same being true when providing opportunities whether with STEM or other resources. There is a foster population of over 5,800 youth and there are hundreds that age out of the system each year; we are working with community colleges and our providers to determine how we can provide access to education and the workforce.

It was reported that in the budget that has been put forth and recommended by the Governor there are some substantial dollars going into clinic-based services within the school system and this is

going to draw on an already depleting workforce; conversations have been held with Dr. Vitti to determine how we can work together so that both organizations can benefit from the shared resources. We are developing a project at DWIHN to recommend on the shortage of clinicians. It was also noted that we have applied for a grant from Wayne State University that would allow their graduate clinicians to work in our system and be paid a stipend. The 5% rate increase has been forth to help with the retention and hiring of clinicians. It was also noted that we have looked at reducing the paperwork that clinicians are responsible for which would allow them to free up time to provide clinical services. It was noted that IT has been working diligently to get people transitioned to a hybrid working environment and working through the construction to ensure continued services for staff and the people we serve. It was also noted that we are broadcasting the meetings to our entire provider network and staff which includes over 300 providers and 400 staff members. The CEO thanked the Access department and Mr. Singla and his team for their continued work during the transition. A brief update was provided on the House Bills legislation; it was reported that activity has been somewhat dormant; it appears that Senator Shirkey has been trying to rally the support of the Republicans to support his legislation. We have been very strong in our advocacy. The Labor Unions have been in great support of us as well as the Association; we have been in contact with the Governor's office. The department is looking for this to "die" within the Senate so the Governor does not have to make the call which is to veto this bill. The Whiteford bill does have a bit of bi-partisan support however it is not a point where we can support it. We are doing some things with our Call Center and Crisis Center that will position us regardless of what happens in Lansing; however, because of the lame duck session and the election cycle there is not going to be much movement on the bills. Mr. Doeh noted that he would keep the board informed.

A brief report was provided on the shooting incident at Team Wellness which occurred during the latter part of March where two employees were shot and one fatally by a young man who was turned away because he was behaving unruly. The young man left and came back with a firearm and starting shooting. Discussion ensued regarding Team and our Provider Network having metal detectors; the young man who gave his life protecting the people we serve and his colleagues; the Detroit Police Department's response; the team at Hegira and Detroit Rescue Mission that provided aid and support and the training that is currently being done by the Providers. It was noted that there has been discussion taking place with Legal regarding metal detectors at Provider locations however it was important to note that there is no employee/employer relationship that exist with us and the Providers. However, it may be something we strongly encourage based on information from legal.

There was no further discussion on the report of the CEO. The report of the CEO was received and filed.

CHILDREN'S INITIATIVES PRESENTATION - "PUTTING CHILDREN FIRST" - Ms. Cassandra Phipps, Director of Children's Initiatives provided a PowerPoint Presentation to the Board and for the record. It was reported that the Detroit Wayne Integrated Health Network (DWIHN) continues to focus on putting children first and ensuring that the community knows DWIHN offers a comprehensive System of Care for Children; families and parents. The specialty populations were provided; which included, but were not limited to children ages 0 to 6; Young adults transitioning into adulthood ages 18 to 21; Foster care; and those in the Juvenile Justice system. An overview was provided on the Goals of Access; Prevention; Crisis Intervention and Treatment areas. Some of the goals under Access included branding; outreach; census and screening; goals under Prevention included Pediatric Health Care; Technology and tri-county initiatives; goals under crisis intervention included ensuring crisis services are available to children when needed and consisted of the development of the Care Center; the expansion of crisis services and crisis training. The goals under Treatment included providing quality services to children and youth and included expansion of

services; quality of services and partnering with children providers as well as tracking trends. An overview was provided of the partnerships that exist and the accomplishments of the Access; Prevention; Crisis Intervention and Treatment areas. The board thanked Ms. Phipps for the presentation and for the information. It was noted that there was a great deal of work that had been done and the department seemed to be on track.

PROVIDER PRESENTATION – Mr. Andre Johnson, President/CEO Detroit Recovery Project (DRP). A Powerpoint presentation was provided for the record; Mr. Johnson participated in the meeting via Zoom. Mr. Johnson reported on the Mission of DRP which is to support recovery which strengthens, rebuilds, and empowers individuals, families and communities who are experiencing co-occurring mental illness and substance use disorders. DRP is a Certified Community Behavioral Health Clinic (CCBHC). An overview was given of the services provided under the CCBHC; as well as the Prevention services (HIV Prevention, Testing and Linkage to Care); An overview of the Recovery services; Education and Enrichment services and their Evidence based Practices and Interventions was also provided. Data and statistics were also provided which noted that 863 individuals had been served under their clinical services; 125 individuals received Recovery Coaching services; 61 Recovery Trainings were hosted in 2021 with 679 participants; and 100 Recovery Coaches were trained in the Recovery Training Institute. It was also reported that Naloxone was distributed to 5,070 people; there were 1,124 overdoses reversed and 57 individuals were linked to treatment. Discussion ensued regarding the services of DRP. Mr. Johnson thanked the board for the opportunity to give the presentation.

The Board thanked Mr. Johnson for the presentation and noted that he was making a great impact in the community. Several board members noted that Mr. Johnson was active on both a local level and a national level with his work in recovery and substance abuse. The board also thanked Mr. Johnson for the bag of provider items.

REVIEW OF ACTION ITEMS

It was requested that the next Annual Report include Hispanic and Latino numbers as those numbers were not reported in the current report. M. Singla will work with IT to provide the necessary data for inclusion in the annual reports.

It was requested that a written document be provided on the process of how families will receive services under BA #22-59 Department of Housing and Urban Development (HUD).

Mr. Doeh welcomed Ms. Garza Dewaelsche to the board and noted he was excited to have her on the board and looked forward to working with her.

Ms. Turner introduced Mr. Lewis Smith, Legal Counsel as our newest team member. Mr. Lewis noted that he was glad to be a part of the team and gave a brief background on his 35 years of experience and noted that he looked forward to contributing to his city again.

GOOD AND WELFARE/PUBLIC COMMENT

The Board Chair, Mr. Glenn read the Good and Welfare/Public Comment statement. Ms. Carol Zuniga, CEO Hegira Health spoke on the merger and noted that they will function as Hegira Health – services will continue without interruption and she believes that the two providers will be stronger together as together they have over 90 years of experience. The merger was completed on March 20, 2022; she also thanked the DWIHN staff for their support following the merger.

Ms. Ruth noted that the presentation provided by Ms. Phipps was excellent and inquired as to whether or not we have a program in place for student athletics as it pertains to the Children's Initiatives program. A follow-up conversation will be held with Ms. Ruth regarding this inquiry.

The CEO of the Guardian Angels requested information on connecting with DWIHN to provide services for the people we serve. It was noted that they have a mentorship program and work with youth and would like to have an opportunity to partner with us.

ADJOURNMENT

There being no further business, the Board Chair, Mr. Glenn called for a motion to adjourn. **It was moved by Mr. Parker and seconded by Mr. McNamara to adjourn. The motion carried unanimously and the meeting adjourned at 2:58 p.m.**

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

MARCH 2, 2022

1:00 A.M.

**707 W. MILWAUKEE ST.
DETROIT, MI 48202
(HYBRID/ZOOM)**

MEETING CALLED BY	I. Ms. Dora Brown, Chair called the meeting to order at 1:06 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Mr. Kevin McNamara, Vice Chair
NOTE TAKER	Nicole Smith, Administrative Assistant
ATTENDEES	<p>Finance Committee Members Present: Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Mr. Bernard Parker</p> <p>Committee Members Excused: Ms. Kenya Ruth and Commissioner Jonathan C. Kinloch</p> <p>Board Members Present: Mr. Angelo Glenn</p> <p>Board Members Excused: None</p> <p>Staff: Mr. Eric Doeh, CEO; Ms. Stacie Durant, CFO; Ms. Yolanda Turner, Deputy Legal Counsel; Mr. Manny Singla, CIO; Ms. Jean Mira</p> <p>Guests: None</p>

AGENDA TOPICS

II. Roll Call Ms. Lillian Blackshire, Board Liaison

DISCUSSION	Roll Call was taken by Ms. Blackshire and a quorum was present.
III. Committee Member Remarks	The Chair called for called for any Committee remarks. It was noted that the House bill was pulled from the Senate floor; the Senate will be in session tomorrow; however, the bill will probably not be presented at that time.
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. Parker and supported by Mr. McNamara approval of the agenda. Motion carried.
V. Follow-up Items:	There were no follow up items.

VI. Approval of the Meeting Minutes

The Chair Ms. Brown called for a motion on the Finance Committee minutes from the meeting of Wednesday, February 14, 2022. **Motion:** It was moved by Mr. McNamara and supported by Mr. Parker approval of the Finance Committee minutes with any necessary corrections from the meeting of Wednesday, February 14, 2022. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

S. Durant, CFO presented the Monthly Finance report. A written report ending January 31, , 2022 was provided for the record. Network Finance accomplishments and noteworthy items were as follows:

DWIHN Finance completed the fiscal year ended September 30, 2021 Financial Status Report and the following is a summary of the results: Medicaid savings \$39.8 million or 5% Of total Medicaid revenue. This is the maximum amount allowed prior to 50/50 risk corridor (i.e. lapsed funds); Medicaid Internal Service Fund \$59.7 million or 7.5%. This is the maximum amount allowed per PIHP contract. DW is in full contractual compliance with requirements set forth. General Fund carryover \$1.5 million or 5% of total general fund revenue. This is the maximum amount allowed per CMHSP contract. Public Act 2 \$6.5 million; an increase of \$1.8 million as compared to prior year; DCW cost settlement \$12.2 million; MDHHS requires funds received in excess of expenses be returned; total revenue received and expenses incurred were \$50.4 million and \$38.1 million, respectively. DWIHN spent SUD funds allocated that are not allowed to be carried over.

MDHHS provided a \$4.4 million supplemental General Fund allocation to increase the amount to \$25.4 million; General Fund is \$4.4 million less than FY20. Due to PHE, GF reductions were not a major concern however PHE is expected to end on April 16, 2022. Continued reductions will result in DWIHN likely unable to meet the requirements of the MHC.

- A. Cash and Investments – comprise of funds held by three (3) investment managers, First Independence CDARS, Comerica, and Flagstar accounts.
- B. Due from other governments – comprise various local, state and federal amounts due to DWIHN. The account balance primarily related to \$5.6 million and \$9.3 million for MDHHS performance incentive and HRA payment, respectively. In addition, there is \$4.0 million due from MDHHS for SUD and MH block grant.
- C. Accounts receivable and allowance for uncollectible – Approximately \$1.0 million due from the ICO’s for cost settlements; \$1.0 million due from CLS for prior year cost settlement. DWIHN recorded \$.5 million in an allowance for two SUD providers due to length of amount owed and likelihood of collections
- D. IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through January 31, 2022, including DCW hazard pay and 5% rate increases, was approximately \$244.0 million however actual payments were approximately \$177.8 million. The difference represents claims incurred but not reported and paid of \$66.2 million.
- E. Due to other governments – includes \$8 million due to MDHHS for death recoupment and \$.8 million for month of January 31, 2022. In addition, the amount includes \$1.8 million due to MDHHS for FY20 general fund carryover in excess of 5%.

F. Federal revenue/grant program expenses – variance due to budget assumes revenues are incurred consistently throughout the year.

G. State revenue and contracts – Variance primarily related to excess DCW hazard pay received from MDHHS that will be cost settled at year end.

H. Autism, SUD, Adult, IDD, and Children services – \$26 million variance due to impact of COVID on certain lines of business and timing in services (i.e. summer programs).

It was noted that The Statements of Net Position account balances are subject to change pending the completion of the 9/30/21 audited statements.

Discussion ensued regarding the audit and the report. The Chair, Ms. Brown noted the Monthly Finance Report ending January 31, 2022 was received and filed.

Ms. Maria Stanfield, the new Strategic Officer was introduced to the Finance Committee. Ms. Stanfield provided a brief overview of her work experience and noted she was excited about the opportunity to serve and work at DWIHN. Ms. Stanfield will be reporting to Ms. M. Moody, Chief Clinical Officer.

VIII. FY 22 1st Quarter Procurement Report Non-Competitive Under \$50,00 and all Cooperative Purchasing– Ms. J. Mira reporting. A written document was provided to the committee. It was reported that the contract percentage for Wayne County was reported at 17.11% and out county was 82.89%. After a review of the report it was determined that there was an error in the report and some of the numbers needed to be updated. The committee requested that the corrected report be placed on the April agenda and presented at the April Finance Committee meeting. (Action)

IX. Unfinished Business – Staff Recommendations:

a. **Board Action #21-71(Revised) – Leadership Training, American Society of Employees**– The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported Mr. Glenn approval of BA#21-71(Revised). J. Connally, Human Resources Director reporting. Staff requests board approval of a modification to our agreement with the American Society of Employees (ASE) for training services. As a result of hiring additional management staff, we have incurred additional costs in pre-employment testing and background checks. We will also be conducting a second round of manager training. We are requesting additional funds in the amount of \$75,000 bringing the total contract to \$181,000 with an extension of time through September 30, 2021. Discussion ensued regarding the number of people that would be trained and the number of people that had been trained initially. It was requested by the Committee that the number of people to be trained; the number of people trained last term and the contract dates be added to the board action before being presented at the March Full Board meeting. There was no further discussion. **Motion carried.**

b. **Board Action #22-12 (Revision 3). DWIHN FY 2021-2022 Operating Budget.** The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn approval of BA#22-12 DWIHN FY 2021-2022 Operating Budget. S. Durant, CFO reporting. Staff requests board approval to amend the FY 2022 Operating Budget to certify State General Fund revenue of \$4,494,180 per MDHHS Supplemental General Fund Appropriation; certify Federal Grant Fund revenue of \$1,254,060 per American Rescue Plan grant award; certify Federal Grand Fund revenue of \$267,302 per the Women’s Post-Partum Pilot Program grant award; decertify Local Grant fund revenue of \$121,650 to align the budget with the FY 2022 Jail Program grant award from Wayne County and to include a newly created position for Physician Consultant at \$141,000 maximum

salary for FY 2022 to handle appeals. The cost of this additional position will be transferred from the reserve account. There was no further discussion. **Motion carried.**

c. Board Action #22-17 (Revised) Substance Use Disorder Treatment Funding FY22. The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn approval of BA#22-17 (Revised) Substance Use Disorder Treatment Funding FY22. J. Davis, SUD Director reporting. Staff requests board approval to increase the amount by \$39,848.20 from the initial amount of \$7,830,900.00 to \$7,870,748.20. The action is requesting to allocated the additional Public Act 2 funds of \$1,748.20 for FASTSIGNS to pay for services to replace old logos and lettering with the most current and up to date logo and lettering for DWIHN. Also, additional Public Act 2 funds of \$38,100.00 are allocated to pay for communication services through Ask the Messengers which will air 30-minute educational programming on TV 20 from March 1, 2022 through September 30, 2023. The revised FY 22 Treatment Services program totals \$7,870,748.20 and consists of Block Grant funds of \$6,761,900.00 and Public Act 2 funds of \$1,108,848.20. There was no further discussion. **Motion carried.**

d. Board Action #22-17 (Revision 1) Substance Use Disorder Treatment Services Network FY2022. **Motion:** It was moved by Mr. Glenn and supported by Mr. Parker approval of BA#22-17 (Revision 1) Substance Use Disorder Treatment Services Network FY2022. J. Davis, SUD Director reporting. This revised board action is a request to increase the FY 2022 SUD Treatment program to \$8,081,948.20 by adding PA2 funds by \$211,200.00 to increase our branding efforts for the Mental Health Care-Putting Children First campaign. The additional PA2 funds will be distributed as follows and have a contract term of March 1, 2022 through September 30, 2022. Scrips Media (\$150,000); Fox 2 (\$10,000) Targeted Social Media Campaign (\$20,000); Mind Matters (\$5,000); Comcast/Effect TV (\$5,000); Metro Parent (\$5,000); MEA-TV (\$5,000); MEA-TV Radio (\$10,000); Recovery Live Global (\$1,200); to Interview DWIHN Providers) total costs \$211,200.00. The revised cost of the FY 2022 SUD Treatment Program of \$8,081,948.20 includes Federal Block Grants funds of \$6,761,900 and PA2 funds of \$1,302,048.20. There was no further discussion. **Motion carried.**

X. New Business – Staff Recommendations: None

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

XII. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Mr. Parker and supported by Mr. McNamara to adjourn the meeting. **Motion carried.** The meeting adjourned at 2:03 p.m.

FOLLOW-UP ITEMS

- a. The Committee requested the FY22 1st Quarter Procurement Report be corrected and presented at the April Finance Committee.

b. The Committee requested that BA#21-71 (Revised) Leadership Training, American Society of Employees be updated to include the number of people to be trained; the number persons trained last term and the term of the contract prior to the Full Board meeting.		
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PROGRAM COMPLIANCE COMMITTEE

MINUTES

APRIL 13, 2022

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Michelle Jawad, Program Compliance Chair at 1:07 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Michelle Jawad, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Dr. Lynne Carter; Michelle Jawad; William Phillips; and Dr. Cynthia Taueg</p> <p>Staff: Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Sheree Jackson; Jennifer Jennings; Melissa Moody; April Siebert; Yolanda Turner; Daniel West; and June White</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	The Chair called for a moment of silence.
CONCLUSIONS	Moment of silence was taken.

III. Roll Call

DISCUSSION	The Chair called for a roll call.
CONCLUSIONS	Roll call was taken by Board Liaison, Lillian Blackshire. There was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the agenda. Motion: It was moved by Dr. Taueg and supported by Mrs. Burrell to approve the agenda. Mrs. Jawad asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<i>There were no follow-up items from previous meetings to review.</i>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the March 9, 2022 meeting minutes. Motion: It was moved by Dr. Taueg and supported by Mrs. Burrell to approve the March 9, 2022 meeting minutes. Mrs. Jawad asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Outreach – DWIHN continues outreach efforts for behavioral health services, with a special focus on children’s services this year. The most recent newsletter highlighted a new survey from CDC that showed more than half of the nationally surveyed high schoolers indicated some form of emotional abuse and physical abuse during the pandemic. The monthly “Ask The Doc” videos with Dr. Faheem addressing important mental health and COVID related questions are also posted on DWIHN’s website. 2. Quality Improvement Reports – Michigan Mission Based Performance Indicators (Last report submitted to the State on March 31, 2022 for FY 22 (Q1) – <i>Indicator 1(Pre-admission Crisis Screening in three (3) hours)</i> – DWIHN continues to meet this Indicator for children screening. We did not meet the criteria for adults from FY’ 21 2nd through 4th quarter but was able to address this and met it in FY 22, Q1 with 97.29% score. <i>Indicator 2A or Biopsychosocial within 14 days of Request (no cut-off standard)</i> – DWIHN continues to show ongoing improvement with an 8.53% increase. <i>Indicator 10 (Recidivism or Readmission within 30 days (Standard is 15% or less)</i> – DWIHN had not met this Indicator for adults in over three (3) years, but has shown improving trends where we were at 22% during Q2 FY’20 to our most recent progress of meeting the standard at 14.93% in Q1 of FY’22. We have continued to meet this Indicator for children. For Q1, standards were all met for all populations for all Performance Indicators with the exception of PI 4a (7-day follow-up after hospitalization) for adults, where we were at 94.80% and the cut-off was 95%. Steps have been taken to address this. We continue to meet the standard for children. 3. Improvement in Practice Leadership Team (IPLT) – This Team is chaired by Dr. Faheem and Ebony Reynolds (co-Lead) and meet monthly and charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes. They are currently working on expanding the membership of this committee. The complex case management program and interventions for improving Hepatitis C screening for members receiving SUD services were reviewed in March. Staff reviewed DWIHN’s population analysis, observed some important trends and opportunities for improvement, potential revisions to Individualized Plan of Services (IPOS) to align closely with the MDHHS Home and Community Based (HCBS) standards and guidelines and will be providing network trainings on April 14th and 21st. Updated SOGIE (Sexual Orientation, Gender Identity and Expression) language to Integrated biopsychosocial was also discussed and approved.
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4. **Med Drop Program** – This program has been successful in terms of reducing inpatient admissions and readmissions. As of April 1st, there are 42 active members which is a significant increase from previous months. Staff will continue to enroll members that meet the criteria and will continue to evaluate the effectiveness of the program on a quarterly basis.
5. **Quality Improvement Steering Committee** – This committee meets monthly and focuses on performance indicator data, conducting and analyzing satisfaction survey data, oversight of performance improvement projects, monitoring QI plans to ensure quality of services and evaluate members’ experience. The Annual Utilization Management Program Evaluation, Complex Case Management Annual Evaluation, Behavior Treatment Two-Year Analysis, Performance Indicator Data Analysis with focus on Indicator IIA and Best Practices were reviewed and discussed.
6. **Integrated Health Care** – Staff has continued Data Sharing with each of the eight (8) Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health and multiple chronic physical health conditions are identified for Case Conference. For the month of March, 41 cases were discussed.

Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested that a copy of the new survey from CDC be sent to them. **(Action)** The Chair has noted that the Chief Medical Officer’s report has been received and placed on file.

B. **Corporate Compliance Report** – Sheree Jackson, Compliance Officer submitted and gave an update on the Corporate Compliance report. Mrs. Jackson reported:

1. **Community Care Services’ (CCS) Audit** – DWIHN received correspondence from Community Care Services’ Legal Counsel, Ottenwess Law, regarding the billings by one of CCS’ Clinicians. An internal audit was conducted and it was determined that DWIHN would recoup payment for Medicaid funded services from CCS. Corporate Compliance requested a list of impacted claims identified in the audit on March 17, 2022. DWIHN’s Finance department notified Legal and Corporate Compliance that they had received a check from CCS in the amount of \$90,261 on March 29, 2022. Corporate Compliance will continue to monitor and provide oversight until the impacted claims are received. **Ottenwess Law has advised that the CCS/Hegira merger will not affect submission of any requested documentation.**
2. **OIG 4th Quarter Report** – Corporate Compliance submitted the 4th Quarter report to the OIG by the submission date. DWIHN received a pass/met and the OIG provided guidance for future reporting in regards to claims audits.

Mrs. Jawad opened the floor for discussion. Discussion ensued. The Chair noted that the Corporate Compliance report has been received and placed on file.

VIII. Quarterly Reports

- A. **Access Call Center** – Jacquelyn Davis, Clinical Officer submitted and gave highlights of the Access Call Center’s quarterly report. Ms. Davis reported that:
 1. **Monthly Performance (October-December 2021)** – The numbers seem to be trending a little lower for Q1 compared to what was recorded in Q4 of last year. Staff continues to look at those numbers and monitor them and in the next couple of quarters will have a better idea of where we are.
 2. **October-December 2021(Q1) Updates** – Redesigned the Call Center by leveraging phone equipment to enhance call flow and internal system; there

is noted improvement on the number of screens completed per day, per staff, though numbers went down slightly for mental health screening in Q1. The management team has been working with individuals by developing training needs based on reviewing phone recording, documentation, listening to live phone calls and reviewing individual stats on a monthly basis; “First Call Resolution” process; quality program; bi-monthly CRSP meetings with mental health and SUD providers; additional training for all Access Call Center units; addressed our recording technology to ensure recordings are captured and retained to enable DWIHN to meet audit requests. Staff is also aligning desk procedures to Standards that must be met for compliance; provided training to managers and administrators on the telephony reporting tools to allow for layered analysis of agent performance and call flow activity. DWIHN is working on hiring additional Call Center Manager for SUD and Clinical calls (position has been posted); working with phone system vendor to improve hold queue; assessing staffing needs and prioritizing calls from individuals who are transient (do not have regular access to a phone) by assigning them directly to a SUD or mental health screener.

3. **Plans Moving Forward** – Establishing HSAG Access Standard Initiatives; SUD screeners were given a list of providers that are impaneled for MI-Health Link or Dual Medicare and Medicaid insurance to help prevent the interruption of treatment and coordination of care for individuals with this type of insurance coverage; provide a list to SUD staff which aligns MAT programs with the medications offered, allowing a seamless referral process; and implementing internal Call Center Workgroups to develop additional workplan to streamline screening process.

Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested a comparison of the prior quarter be included in the Access Call Center’s quarterly report. **(Action)**

- C. **Crisis Services** – Daniel West, Director of Crisis Services submitted and gave highlights of the Crisis Services’ quarterly report. Mr. West reported that there was little change in the admission vs diversion percentages for adults and children, and the number of overall requests for service remained the same for children while the number increased for adults. The diversion rate for children increased in Q2 as compared to Q1. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of individuals served compared to Q1 (671 served in Q1, and 593 served in Q2), whereas Team Wellness CSU saw an increase in individuals served (487 served in Q1 and 541 served in Q2).

1. **FY 22/23 (Q2) Accomplishments** – DWIHN’s Hospital Liaisons were involved in a total of 914 cases receiving crisis services during Q2 FY 22/23. The overall diversion rate from inpatient care was 54% (6% increase in diversion rate from Q1). There were 110 crisis alerts received for Q2 (43 alerts were received in Q1) and 87% of those cases were diverted from inpatient (6% increase from Q1). DWIHN received a total of 904 AOT orders (11% increase from February) in collaboration with Probate Court which were uploaded into MH-WIN and monitored monthly in coordination with the CRSP. DWIHN’s mobile outreach clinician continues to attend events scheduled in tandem with Wayne Health. Staff is working alongside requesting facilities to efficiently communicate available levels of care and subsequent criteria necessary to promote stabilization in the least restrictive environment. Staff has been also working with local agencies that evaluate our response to our “Putting Children First” Initiative. Staff is holding educational sessions and creating partnerships specifically related

	<p>to crisis alert notifications and CRSP coordination when members are transitioning in levels of care with a dedicated DWIHN hospital liaison.</p> <ol style="list-style-type: none"> 2. FY 22/23 (Q2) Area of Concern – DWIHN’s screening agencies are seeing an increase of members, specifically children, who are affiliated with MDHHS and have seen barriers with options for the most appropriate levels of care. 3. Plans for FY 22/23 (Q3) – Continue efforts to solidifying a flowchart for court related members, coordination in crisis with law enforcement, AOTs and first responders; develop a workplan to solidify processes with the Clinical Care Center; continue to work with Wayne Health in identifying areas of our population where the need for behavioral health treatment services are high; and work to develop a process and policy for transitioning members into the community via hospital liaisons, CRSPs and inpatient facilities to maximize information sharing and outcomes. <p>Mrs. Jawad opened the floor for discussion. Discussion ensued.</p> <p>D. Utilization Management – Jennifer Jennings, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. Ms. Jennings reported that there are 1,084 Habilitation Supports Waiver slots assigned to DWIHN and 1,019 (94%) slots are filled as of March 24, 2022, 1% away from the State mandate. There were 1,483 Autism authorization requests approved during Q2 and 2,245 cases currently opened in the benefit. There are 67 youths enrolled in the Serious Emotional Disturbance Waiver (SEDW) as of March 31, 2022. The COFR committee reviewed five adult COFR requests, no children’s cases and six cases resolved for Q2. There are currently 55 pending cases. There were 1,093 approvals for the General Fund authorization requests. Advance Notices for denials and adjustments began on March 9, 2022 and 273 were issued. There were 2,436 inpatient, crisis residential and partial hospitalization admissions for Q2. Staff continues to conduct bi-weekly case conferences with DWIHN’s physician consultant to address recidivism. As of March 31, 2022, there were 6,843 authorizations approved for outpatient services, including non-urgent pre-service authorizations and excluding SUD services. There were 117 MI-Health Link authorizations across all ICOs for Q2, 30.3% decrease compared to Q1 (168). State hospital census counts remain consistent during the first quarter despite restricted admissions. There were 978 urgent SUD authorizations, 87% were approved within 72 hours for FY’ 22 Q2 and 3,087 non-urgent authorizations with 98% approved within 14 days by SUD UM reviewers. For FY’22 (Q2), a total of 2,869 consumers were screened using the MCG BH Guidelines for inpatient hospitalization, crisis residential and partial hospitalization. New hire Interrater Reliability (IRR) testing continues to occur for new hires within the Learning Management System. There was a total of 24 denials that did not meet the Milliman Care Guidelines medical necessity criteria for continued inpatient hospitalization. There was a total of 15 appeals, nine (9) were upheld and six (6) overturned. Mrs. Jawad opened the floor for discussion. There was no discussion.</p> <p>The Chair noted that the Access Call Center, Crisis Services; and Utilization Management’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan Pillar - Quality

<p>DISCUSSION/ CONCLUSIONS</p>	<p>April Siebert, Director of Quality Improvement submitted and gave an update on the Strategic Plan Quality Pillar report. Ms. Siebert reported that the Quality Pillar is at 88% completion. The goals under this pillar ranges from 77% to 100% completion:</p> <ol style="list-style-type: none"> A. Ensure consistent Quality by September 30, 2022 – 77% completion
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	<p>B. Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021 – 100% completion</p> <p>C. Implement Holistic Care Model: 100% by December 31, 2021 – 96% completion</p> <p>D. Improve population health outcomes by September 30, 2022 – 80% completion</p> <p>Mrs. Jawad opened the floor for discussion. Discussion ensued. The Chair noted that the Strategic Plan Quality Pillar has been received and placed on file.</p>
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X. **Quality Review(s) -**

DISCUSSION/ CONCLUSIONS	<i>There was no Quality Review(s) to report this month.</i>
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XI. **Chief Clinical Officer’s (CCO) Report**

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, Chief Clinical Officer submitted and gave highlights of her Chief Clinical Officer’s report. Mrs. Moody reported:</p> <ol style="list-style-type: none"> 1. COVID-19 & Inpatient Psychiatric Hospitalization – There were 696 inpatient hospitalizations and 3 COVID-19 Positive cases in March 2022. 2. COVID-19 Intensive Crisis Stabilization Services – There were 203 members that received Intensive Crisis Stabilization Services from COPE (no significant change from February 2022) and 174 members received Intensive Crisis Stabilization Services from Team Wellness (4% decrease) in March 2022. Team Wellness CSU was closed due to a critical event on March 31, 2022. 3. COVID-19 Recovery Housing/Recovery Support Services – A total of two (2) members received Recovery Housing/Support Services in March 2022. There was a slight reduction compared to February 2022 (5). 4. COVID-19 Pre-Placement Housing – There were no members serviced for Pre-Placement Housing in March 2022. There was a reduction compared to February 2022 (4). 5. Residential Department (COVID-19 Impact) – There were five (5) members that tested positive for COVID-19 with no related deaths in March 2022. There were no residential staff that tested positive for COVID-19 and no related deaths in March 2022. 6. Vaccinations – Residential Members – There was three (3) additional initial vaccinations in March 2022. The data for February and March were re-calculated due to errors on last month’s PCC report. The numbers provided under Boosters included scheduled appointments. An additional 260 members in Licensed settings and 203 in Unlicensed settings are scheduling boosters. 7. COVID-19 Michigan Data – State of Michigan (66.5%-first dose initiated and 60.3%-fully vaccinated) – The total number of confirmed cases in Michigan is 2,080,612 with 32,863 confirmed deaths; Wayne County (74.2%-first dose initiated and 67.7%-fully vaccinated) – The total number of confirmed cases in Wayne County is 373,145 with 7,311 confirmed deaths; and City of Detroit (49.5%-first dose initiated and 41.9%-fully vaccinated) – The total number of confirmed cases in the City of Detroit is 124,377 with 3,306 confirmed deaths. <i>(Source: www.michigan.gov/Coronavirus)</i> 8. Health Home Initiatives – Behavioral Health Home (BHH) – Initial BHH implementation has been delayed by MDHHS with a new start date of May 1, 2022. DWIHN has been meeting with our five (5) identified HHPs on a regular basis to provide training and technical support. Case-to-Care Management
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training for both our identified health home partners and DWIHN's internal staff is being provided. MDHHS has provided BHH launch and WSA training meetings in preparation for implementation; **Opioid Health Home** – DWIHN currently has 268 enrolled members receiving this comprehensive array of integrated healthcare services. This has been a 3.9% increase in enrollment since October 2021. This has been a 25% increase in OHH enrollment since February 2022.

Certified Community Behavioral Health Clinic-State Demonstration (CCBHC)

– The Guidance Center currently has 2,706 members that have been enrolled and actively receiving CCBHC services. DWIHN has requested ARPA funds and additional general funds for CCBHC non-Medicaid recipients, and provided training on the Vital Data platform. **Certified Community Behavioral Health Clinic (CCBHC) – SAMHSA Grant** – SAMHSA recently released the CCBHC Expansion Grant with a submission date of May 17, 2022. DWIHN is currently working on this grant in an effort to provide services to underserved populations and where there is reported gaps in care.

9. **Substance Use Disorder (SUD) Services – Women's Pregnant and Post-Partum Pilot Program** – DWIHN recently received additional funding to provide integrated services that support family-based services for pregnant and postpartum women (and their minor children) with a primary diagnosis of SUD, including Opioid Use disorders. This includes outreach, screening and assessment, Peer Recovery supports, case management and evidence-based practices. DWIHN has started meeting once a month with the two designated providers, Elmhurst Home and Central City Integrated Health, and a separate meeting with PIHPs, concurrent with MDHHS and SWU Evaluators. The expectation is to include all counties in pilot program. **MDOC Program** – The goal of the SUD/MDOC program is to reach offenders with SUD so they can receive medically necessary services from DWIHN's SUD Provider Network. Trainings with probation and parole officers in Wayne County concerning the process to assist their probationers/parolees on how to obtain SUD services seamlessly. Protocols for officers to get updates from providers concerning their members progress or lack of progress have been established. There were 144 people screened from March 1-31, 2022 and 132 members subsequently enrolled in SUD services.
10. **DWIHN/Wayne State University (WSU) Partnership** – DWIHN is collaborating with WSU in an effort to address current workforce shortages. One area of focus includes increasing pathways for current peer recovery coaches and Peer Support Specialists to gain additional certifications, and if interested, college degrees to allow them to advance in their roles as behavioral health workers. WSU is exploring ways that they can ease the financial burdens through stipends and opportunities for loan repayment innovations, and examine how to recognize previous trainings and work experiences to facilitate educational opportunities.
11. **Clinical Practice Improvement – Individual Plan of Service (IPOS)** – Clinical Practice Improvement and Quality Management's teams updated the standardized IPOS to include required MDHHS' Home and Community Based Service (HCBS) changes. Providers are being trained this month (April 2022) on these changes; **Med Drop** – DWIHN has expanded its' availability to more programs/populations due to the effectiveness of this program; and **Case Management Model** – DWIHN is working in collaboration with a subgroup of our Provider Network on establishing a standardized case management assessment that can be utilized on an annual basis. This would assist in workforce shortages by allowing case managers to complete annual

	<p>assessments (with some exclusions) and allow Master’s level clinicians to focus on therapeutic services.</p> <p>Mrs. Jawad opened the floor for discussion. Discussion ensued. The Chair noted that the Chief Clinical Officer’s report has been received and placed on file.</p>
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XII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #22-16 (Revised) – DWIHN’s Substance Use Disorder (SUD) Prevention Services Network FY 2022 – State Opioid Response II (SOR II) Carryforward Award - Staff requesting board approval to amend the FY 22 SUD Prevention Services board action from \$6,490,938.00 to \$6,715,938.00 per MDHHS’ award for use of carryforward the prior fiscal year. This program is increased by \$225,000.00 and consists of Federal Block Grant revenue of \$4,700,938.00 and Public Act2 Funds of \$2,015,000.00 is designated to PA2. The additional SOR II funds must be utilized by the end of the fiscal year. The Chair called for a motion on BA #22-16 (Revised). Motion: It was moved by Mr. Phillips and supported by Mrs. Burrell to move BA #22-16 (Revised) to Full Board for approval. Mrs. Jawad opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #22-17 (Revised 2) – DWIHN’s Substance Use Disorder (SUD) Treatment Services Network FY 2022 – State Opioid Response II (SORII) Carryforward Award – Staff requesting board approval to amend the FY 22 SUD Treatment program from \$8,081,948.00 to \$8,528,522.00 per the MDHHS’ award for use of the carryforward the prior fiscal year. This program is increased by \$446,574.00. The additional SOR II funds must be utilized by the end of the fiscal year. The Chair called for a motion on BA #22-17 (Revised 2). Motion: It was moved by Dr. Taueg and supported by Mr. Phillips to move BA #22-17 (Revised 2) to Full Board for approval. Mrs. Jawad opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #22-59 – Department of Housing and Urban Development (HUD) – <i>Providers Listed in Board Action</i> – Staff requesting board approval for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,161,164.00 and DWIHN’s State General Fund match of \$104,785.00 for an amount not to exceed \$2,266,426.00. These programs will continue to provide permanent supportive housing and supportive services to individuals and families in Detroit and Wayne County who have a serious mental illness/disability and experiencing homelessness. The Chair called for a motion on BA #22-59. Motion: It was moved by Dr. Taueg and supported by Mr. Phillips to move BA #22-59 to Full Board for approval. Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested that the process for receiving and disbursement of funding be submitted in writing at next month’s meeting. (Action) Motion carried.</p>
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to review.</i>
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ACTION ITEMS	Responsible Person	Due Date
1. Chief Medical Officer’s Report – Provide a copy of the new survey from CDC to the committee.	Dr. Shama Faheem and Lillian Blackshire	COMPLETED
2. Access Call Center’s Quarterly Report – Include a comparison of the prior quarter in the Access Call Center’s quarterly report.	Jacquelyn Davis	Quarterly
3. BA #22-59 - Department of Housing and Urban Development (HUD) – Provide the process for receiving and disbursement of funding for the HUD Continuum of Care (CoC) Permanent Housing Grant at the next Program Compliance Committee meeting.	June White	May 11, 2022

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

ADJOURNED: 2:29 p.m.

NEXT MEETING: Wednesday, May 11, 2022 at 1:00 p.m.

Budget Submission Timeline

June 10, 2022	Budget Administrator provides budget templates to CFO
July 1, 2022	Initial Budget submission to Finance and PCC
July 11, 2022	Board return questions to staff
July 18, 2022	Staff to complete questions and forward to Finance
July 27, 2022	Budget with responses to questions submitted to Finance and PCC
August 3, 2022	Annual Budget hearing (Finance and PCC)
September 7, 2022	Presentation of Recommended Budget to Finance Committee
September 21, 2022	Full board approval of Recommended Budget



President and CEO Report to the Board

Eric Doeh

May 2022

ADVOCACY/LEGISLATIVE EFFORTS

DWIHN has been working with our lobbyist firm, Public Affairs Associates (PAA), to meet with various legislators and other leadership in Lansing and MDHHS to discuss the state of behavioral healthcare services in Michigan.

DWIHN has collaborated with CMHAM and other CMHs around the state to create joint advocacy campaigns that address the need for continued support and funding for Michigan's public mental health system and mental health resources.

DWIHN has been working with our Provider Network to address the clinical staffing shortage that exists throughout our state. The video messages have been circulated throughout our region and the state and highlight our direct care workers, the need for additional clinicians and the benefits of a career in the behavioral healthcare field.

The CMHAM Summer Conference will be held in Traverse City, June 6-9, 2022: There will be a keynote address from SAMHSA discussing Strategies for Addressing the Behavioral Health Needs of the Nation; and Farah Hanley, Chief Deputy Director for Health, MDHHS. There will also be the Election of Officers. DWIHN Board Chair, Angelo Glenn has been nominated for the position of 1st Vice President. DWIHN has a total of five votes - four board members and one CEO vote; thus far, Board members Angelo Glenn; Kenya Ruth; Comm. Jonathon Kinloch and Bernard Parker plan to attend the conference and acting as voting delegates. However, any board member may attend Assembly Member Meeting or the Annual Summer conference. CMHAM Member Assembly Meeting is to be held on Monday, June 6th at 5:40 p.m.

Social media presence and advocacy outreach:

To increase access to behavioral health services, DWIHN has added QR Codes to our brochures and pamphlets. DWIHN will be expanding its social media platform to TikTok next month with our Children's Initiative Department and Youth United Groups. DWIHN is increasing its advocacy efforts through electronic announcements, video newsletters and vlogs of our Person's Point of View newsletter, Ask the Doc and Youth United community outreach by creating these video segments that are shared through various mediums.

FACILITIES



Milwaukee Tasks	Target Date	Completion Date
Community Engagement Meeting		3/3/2022
Milwaukee Care Center Building Permit Plan Review	3/10/2022	3/10/2022
Community Engagement Meeting		3/10/2022
Department Packing/Closeout	3/16/2022	3/16/2022
Community Engagement Meeting		3/17/2022
Furniture Sale	3/24/2022	3/31/2022
Milwaukee Building – Limited Access for Staff Begins	3/25/2022	
Building Equipment/Material Removal	3/31/2022	
Milwaukee Care Center Construction RFP	4/1/2022 – 4/15/2022	
Milwaukee Care Center Construction Vendor Presented for Board Approval	4/20/2022	
Milwaukee Care Center Construction Commence	5/27/2022	
Office and Boardroom Tasks/Community Meeting Space	Target Date	Completion Date
Considine Center Space Acquisition	3/1/2022	4/1/2022
Mobile Onsite Office Board Action and Board Meeting Location Update Executive Committee	3/14/2022	
Installation Mobile Onsite Office	4/18/2022	5/2/2022
Building Equipment/Material Removal	3/31/2022	5/2/2022

Woodward Tasks	Target Date	Completion Date
Community Engagement Meeting		2/10/2022
Woodward Admin Building Permit Plan Review		2/24/2022
Zoning Board Hearing		3/2/2022
Woodward Admin Building Zoning Approval		3/10/2022
Zoning Board Hearing (Parking Lot Only)		5/24/2022
Woodward Admin Building Construction Contract Award		3/25/2022
Woodward Admin Building Construction Commence	5/27/2022	

Additional Items of Note:

St Regis Hotel will host all DWIHN Full Board, Committee and SUD Oversight Policy Board Meetings between April 2022–April 2023.

DWIHN continues to work with Considine Little Rock Life Center and hosts our Community Outreach meetings throughout our construction period at their facility. Considine will also serve as a resource for other community engagement events for DWIHN programs and services.

FINANCE

The annual audit reports for the Detroit Wayne Integrated Health Network (DWIHN) were presented by Plante & Moran, PLLC on May 4, 2022 for the year ended September 30, 2021. There were two findings in the Single Audit Report:

1. The Department of Housing and Urban Development (HUD) site review that noted the CCIH finding regarding the rental payments not made to landlords discovered in fiscal year 2019.
2. The Michigan Department of Health and Human Services (MDHHS) site review noted expenses that were inaccurately reported in 2020 on the E-grams billing platform. It should be noted that DWIHN disagreed with the MDHHS site review finding.

DWIHN paid out the 1st quarter 5% rate increase totaling \$5.7 million on April 25, 2022. After a more in-depth analysis of January and February 2022, DWIHN issued a retroactive payment of approximately \$800,000 on May 4, 2022.

CHIEF CLINICAL OFFICER

Integrated Services/Health Home Initiatives:

The goal of Health Homes is to increase outcomes and decrease costs by eliminating barriers to care through enhanced access and coordination. Michigan has two integrated health homes for the specialty behavioral health population - the Behavioral Health Home for serious mental illness/serious emotional disturbance and the Opioid Health Home for opioid use disorder.

Behavioral Health Home (BHH) Launched May 2, 2022:

Detroit Wayne is one of 5 PIHPs in the State that participates in the Behavioral Health Home model.

- Behavioral Health Home is comprised of primary care and specialty behavioral health providers, thereby bridging two distinct delivery systems for care integration.

- Utilizes a multi-disciplinary team-based care comprised of behavioral health professionals, primary care providers, nurse care managers, and peer support specialists/community health workers.
- Michigan's BHH utilizes a monthly case rate per beneficiary served.

Opioid Health Home (OHH):

Current enrollment - 203

- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.
- Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- Michigan's OHH utilizes a monthly case rate per beneficiary served.
- Michigan's OHH affords a provider pay-for-performance mechanism whereby additional monies can be attained through improvements in key metrics.

Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):

A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. This State demonstration model launched on 10/1/2021. The Guidance Center currently has 2,715 members that have been enrolled and are actively receiving CCBHC services. CCBHC Medicaid recipients are funded using a prospective payment model. DWIHN has requested ARPA funds and additional general funds for CCBHC non-Medicaid recipients. Provided training on the Vital Data platform which allows the provider to monitor quality and HEDIS measures and assist in evaluating program effectiveness.

Certified Community Behavioral Health Clinic (CCBHC) SAMHSA Grant:

SAMHSA recently released the CCBHC Expansion Grant with a submission date of May 17, 2022. DWIHN is currently working on this grant in an effort to provide services to underserved populations and where there is reported gaps in care. Expected grant completion.

School Success Initiative (SSI):

Monthly SSI Provider meeting was held this month. Informed the group of the technical challenges with Redcap due to server issues and plans to transfer data to MHWIN system starting in June 2022. The Guidance Center provided a typable Strengths and Difficulties Questionnaire (SDQ) for providers to administer. The Children’s Initiative Department met with Wayne RESA to discuss updates with additional funding for schools. Ten schools have been identified to implement TRAILS.

INFORMATION TECHNOLOGY

Therefore Document Management System:

This is a collective effort project among all IT units. This project will take us to a digital solution to accommodate retention requirements, and reduce the need to accommodate physical storage. External Therefore E-forms for providers to use to request MHWIN access has launched. This will also enable other forms to be designed that data and files up loads for external folks to DWIHN in an easy to use “anybody could do it method”.

Complex Case Management Assessment – Launched changes related to physical health on both the adult and child assessments.

Provider Sanctions – Both sanctions, Monetary & No Expansion, have been tested and approved. IT is working with Managed Care Operations for their business processes before this goes live.

DWIHN Mobile Application – DWIHN will soon be working on developing a DWIHN community mobile application.

Applications and Data Management:

Henry Ford Hospital Joint Project - This project will be a first initiative to develop a bi-directional interface with 6 CRSPS to ensure better care coordination, hospital discharge for members showing in the emergency department, along with clinical data exchange.

Construction projects:

- Infrastructure requirements
- Construction of mobile work space and network setup
- Network fiber connectivity between Milwaukee and Woodward

HUMAN RESOURCES

Development training continues for DWIHN Senior Management staff. We continue to hire staff to augment our already exceptional workforce. During the month of April, we hired seven full time employees. We are completing the process to add a strategic administrator to assist in implementing and expanding behavioral health homes, certified community behavioral health clinics and opioid health homes.

MEDICAL DIRECTOR

Behavioral Health Outreach:

DWIHN has been hosting multiple Mental Health Awareness events throughout the month of May. <https://www.dwihn.org/events-monthly-awareness.pdf>

DWIHN has organized School Behavioral Threat Assessment & Management (BTAM) training for School counselors and some internal DWIHN staff which is scheduled for May 26, 2022. Ask the Doc Newsletters have continued monthly with the most recent addition addressing Mental Health Awareness Month. It can be found at <https://www.dwihn.org/ask-the-doc>. Monthly “AsktheDoc” advocacy videos address important mental health and COVID related questions. The last video addressed the emotional Impacts of Social Media and Ways to continue to Stay safe as the Pandemic numbers improve. https://www.youtube.com/watch?v=Gu46bX_WDKw

Population Health Analysis:

DWIHN recognizes the importance of analyzing the member data to assure that our programs and services meet the diverse needs of the members we serve. Therefore, IHC Department completes yearly population analysis. We use this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff. This information is gathered annually. Some of the preliminary findings from most recent analysis are:

- DWIHN completes an Integrated Biopsychosocial assessment for its members. Based on this assessment, 68% of members identified having a Primary Care Physician in 2021.
- In 2021, DWIHN served 54.99% African Americans, 31.9% Whites. All other ethnicities were less than 5%.
- Primary language was reported as English in 84.61%.
- 59 % members were reported to have a primary disability designation of SMI, followed by IDD in 17%, SED in 14% and SUD as 4%.
- 51.05% of the members served live in Detroit and 48.95% out county.
- Most common comorbid medical conditions identified were Asthma (primarily in children) and Hypertension (primarily in adults).

Next Steps:

DWIHN utilizes the information included in the above Population Assessment to review and update activities and resources to ensure that member needs are addressed. Based on this:

- DWIHN will advocate the importance of PCP referrals for our members with their respective CRSP. DWIHN Care Coordinators who provide Complex Case Management services will also ensure that all members that receive Complex Case Management services are referred to or connected with a Primary Care Physician.
- For our members with comorbid medical conditions, DWIHN will monitor for integration of care with PCPs, referral to complex case management and referrals to programs like OHH and BHH
- DWIHN and its network will participate Cultural Competency trainings to maintain and increase their knowledge and skills in working with diverse groups of people.
- DWIHN offers both verbal and written translation services for members in need of such services. We will explore future opportunities to add bilingual/multilingual staff, especially for our Access center.
- DWIHN staff has resources and knowledge of State and Federal entitlement programs and assist members in accessing insurance benefits and entitlements as needed. They will also assist members in addressing the Social Determinants of Health by helping them connect with multiple community resources to address member needs, including in the areas of transportation, housing, food, utilities, healthcare, and dental services.

Med Drop Program:

Given improvement in outcomes with Med Drop pilot program, we identified a goal of increasing enrollment. As of May 1, 2022, we have 44 active members. There are 13 more members who are being referred and awaiting intake in May. Last month we were at 42 active members.

MENTAL HEALTH CARE – PUTTING CHILDREN FIRST (CHILDREN’S INITIATIVES)

Below is a brief update on the ongoing activities that are part of our Putting Children First Initiative:

Access:

- Created a Wayne County services flyer that explains the difference between serious emotional disturbances (SED) vs. intellectual developmental disabilities (I/DD).
- Children’s Initiative Director attended the first Detroit Institute for Children (DIC) “Catch Up & Keep Up” conference focusing on children with special needs. Attended the VIP Banquet on 4/28/2022 and toured the Marygrove campus and participated in the panel discussion on 4/29/2022. Youth Involvement Specialist and Parent Support Partner from Assured Family

Services assisted Director of Children's Initiative facilitate the Accessing Community Mental Health services workshop.

- CEO/President (Eric Doeh) participated in interviews with Hamtramck Review and Latino Press to talk about children services and resources for the Hispanic communities. CEO/President (Eric Doeh) participated in the What's Coming Up video explaining Putting Children First Initiative that is on You Tube.
- Children's Initiative Department is partnering with Access Department to streamline the screening process for children in foster care, children ages 0 to 6 in the Infant Mental Health (IMH) program, and young adults ages 18 to 21.

Prevention:

- Initial meeting was held with System of Care Pediatric Integrated Health Care Workgroup to identify new focus and develop a work plan to include: outreach, coordination of care, HEDIS measures, education on integrated health care.
- On 4/30/2022, the Children's Initiative Department and Autism Department attended the Plymouth-Canton Mental Health and Wellness fair at Kellogg Park in Plymouth to distribute resources.
- Met on 4/5/2022 to discuss plans for Behavioral Threat Assessment training and coordination of care with schools.
- Children's Initiative Department partnered with Child's Hope to distribute pinwheels to five agencies in the community and also recognized April 1 as National Child Abuse Prevention Day.

Crisis Intervention:

- Children's Initiative Director presented the Putting Children First Initiative with the Juvenile Justice Collaborative on 4/13/2022 and gained feedback about youth receiving mental health services while in the juvenile detention facility and in placement.
- Clinical Officer Jacquelyn Davis presented plans for the Clinical Care Center at Children System Transformation (CST) meeting 4/22/2022 and Cross Management System (CSM) meeting 4/27/2022.

Treatment:

- Proposal to update the integrated biopsychosocial assessment to include current Sexual Orientation Gender Identity and Expression (SOGIE) language was presented at Improvement in Practice Leadership Team (IPLT) April 5, 2022 and changes are in pending in MHWIN.
- Ruth Ellis hosted 4 trainings in which 101 DWIHN staff attended (SOGIE 101, Visibility and Housing, Family Support, and Gender Affirming Care).
- Educational information sent to Community Mental Health Providers about children HEDIS Measures (Healthcare Effectiveness Data and Information Set) on April 1, 2022.

INTEGRATED HEALTH CARE

Joint Care Management between the PIHP and Medicaid Health Plans was completed for 41 individuals in April. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated and outreach completed to members and providers to address gaps in care.

QUALITY

DWIHN was recognized by MDHHS for doing an outstanding job on the QAPIP for FY22. Out of all the PIHPs reviewed, DWIHN and one other plan were spotted for incorporating all of the required information into their QAPIP.

During the MDHHS Annual Site Review, DWIHN/Region 7 was found to be in full compliance with Administrative Review, policies, practices and procedures, the BTPRC process and in all areas of the Substance Use Disorder Protocol. There were findings on our adult and children waiver services and we are completing Corrective Action Plans that are to be remediated by August 2022.

UTILIZATION MANAGEMENT

DWIHN is currently looking at the development of authorization bundles that are based on an individual's level of care. This would result in the Clinically Responsible Service (CRSP) staff to only enter one authorization of services contained in the bundle array. The Utilization Management Department is also reviewing current Standard Utilization Guidelines (SUGs) to ensure they include most commonly provided services. Utilization Management is also working with DWIHN's NCQA consultant and to ensure we continue to meet at NCQA standards. DWIHN is actively recruiting to fill open Utilization Management positions, including the Director position.

CLINICAL PRACTICE IMPROVEMENT

Home and Community-Based Services:

The Clinical Practice Improvement and Quality Management teams updated the standardized IPOS to include required MDHHS Home and Community Based Service (HCBS) changes. Providers were trained on these updates in the month of April 2022. The Integrated BioPsychosocial was updated to include these changes in May. Providers will be provided this updated information this month.

Med Drop Services:

Med Drop is a service provided by Genoa Pharmacy that provides in-home Community Living Support staff that provide and monitor medication administration. This service can be provided on a daily basis. DWIHN continues to encourage Clinically Responsible Service Providers (CRSP) to encourage enrollment of eligible members. Individuals recently identified were on the hospital recidivism list and the Alternative Treatment Order list. These lists were sent to provider agencies with request for follow up on members identified by DWIHN were enrolled in Med Drop. As of April 1, 2022, Med Drop enrollment was at 42, with the following agencies reporting active members: Hegira (13) CNS (4) DCI (7) LBS (18). There are additional individuals identified for Med Drop enrollment that are scheduled for intake. In addition to the meetings with CRSP providers, DWIHN continues to meet monthly with Genoa Pharmacy on ways to increase participation of Med Drop members.

1915(i) SPA:

Medicaid B3 services will be transitioned to 1915(i) SPA services on July 1, 2022. The services included in this category will remain unchanged (Community Living Support, Respite, Supported Employment, Environmental Modifications, Fiscal Intermediary Services, Family Support & Training, Enhanced Pharmacy, Housing Assistance, Specialized Medical Equipment, Vehicle

Modification), but it will now require provider agencies to complete an evaluation, submit it into the MDHHS Waiver Support Application (WSA), receive PIHP approval, and finally MDHHS approval. DWIHN has provided training to all CRSPs on this new process and the State will be providing WSA training on June 9, 2022.

Returning Citizens/Jail Diversion/Mental Health Court:

For the month of April, County Jail staff screened 731 persons and admitted 206. During the second quarter, 367 persons were seen on the inpatient unit and 192 in general outpatient. Individuals that are identified to be screened are any inmates that present with elevated risk.

The second quarter review was held with the Veterans Treatment Court. Currently, there are 16 program participants. Staff continue to work on obtaining referrals from other courts. The court is using provider services from The Guidance Center when a participant is unable to obtain services from the VA. Currently, 9 of the 16 participants are employed.

Assisted Outpatient Treatment orders (AOT):

There were 92 AOT orders for the month of April. Of the 92 orders, 12 were hospitalization orders; 8 individuals were not opened in MHWIN; 8 were referred to the Access Center for provider assignment; and 64 have an assigned provider. Providers have been instructed that upon receiving an AOT notification, they must note the acknowledgment in MHWIN. By providing this acknowledgment it will ensure that the provider has received the AOT in order to comply with the court order. Additionally, DWIHN has also been working with providers to encourage enrollment of Med Drop with this group to increase compliance with the order.

Evidence Based Supported Employment (EBSE):

Employment Specialists continued to work with their organization's clinical team to ensure mutually served members are successful in reaching their personal competitive employment goals. ACCESS (the agency) mentioned its successful launch of a monthly job club where experiences surrounding job search and retention are shared among members. Monthly EBSE supervisor meetings continue to be held to address success and challenges to staffing and ensuring the health and welfare of members serviced. For the month of April there were a total of 12 individuals that returned to the community and were connected to competitive employment.

Autism Services:

In March 2022, DWIHN, under the direction of MDHHS, revised its access procedure for children and families seeking autism services. This process required that the family obtain a physician order prior to being referred for an autism diagnostic evaluation. This process created an extra step for families trying to engage in services. In April, the DWIHN Clinical Officer and Chief Clinical Officer met with department leads at MDHHS to discuss. At that meeting it was determined that MDHHS will temporarily allow flexibility on the physician referral requirement prior to scheduling an autism diagnostic evaluation. MDHHS will continue to allow this practice while they develop a workgroup to review this process. MDHHS will include representatives from all PIHPs in this workgroup.

RESIDENTIAL SERVICES

There were eight homes that were closed in the month of April. All members were successfully relocated. The DWIHN Residential Team continues to track and monitor requests for assistance

from providers and resultant timeliness. The Residential Department received 212 residential referrals in the month of April (87% made contact within 48 hours, 20% in 3-5 days).

There were 935 authorization requests in the month of April, and of those, 99.7% were approved with 14 days of request. The Residential Team continues to provide monthly authorization refresher trainings for CRSP providers, in addition, DWIHN meets with CRSPs monthly to review system/process updates, identify potential barriers and discuss resolutions.

There was no significant change in COVID-19 cases in congregate settings in the month of April. There have been four (4) reported positive cases of Covid-19 and no related deaths. There was no utilization of Covid-19 Transitional Homes in the month of April. Currently over ninety percent (90.4%) of persons living in licensed residential settings have been fully vaccinated. Currently 1,518 residential members have received a booster vaccination (no change noted since March).

SUBSTANCE USE SERVICES

In Wayne County it is reported that there were 187 drug overdose deaths during the first 3 months of 2022. Based on recently obtained Medical Examiner data, it appears that there were 235 such deaths in the same period in 2021. The difference in number of deaths could be due to under-reporting or real decline. Opioid overdose deaths continue to be problem in Wayne County. Fentanyl remains the driving force in the drug overdose deaths. The DWIHN Naloxone Initiative program has saved 792 lives since its inception, this number is based on documentation up to April 30, 2022. SUD staff continue to train law enforcement, first responders, businesses, churches, schools, colleges, motels, restaurants, barber shops, the community at large on the use of Narcan. The majority of the trainings are conducted remotely due to COVID-19.

The DWIHN SUD department held two Active Shooter trainings in response to recent shootings. These trainings were conducted on January 27, 2022 and April 22, 2022. There were 92 attendees.

Substance Use Disorder (SUD) Treatment Services:

	Intensive Outpatient	Medication Assisted Treatment	Residential Treatment	Withdrawal Management	Recovery Support Services
FY 21	199	196	955	1115	137
FY 22	246	235	1156	861	183

CRISIS SERVICES

Requests for Service (RFS) for children services decreased by 19% compared to March. The diversion rate also decreased by 7% from the month of March. Noteworthy is that face to face evaluations have resumed for The Guidance Center and The Children’s Center, and New Oakland Family Centers will resume in the month of May. There were 155 intensive crisis stabilization service (ICSS) cases for the month of April, a 9% decrease from March. Of the 155 cases there were 44 initial screenings. The number of requests for service (RFS) for adults and the number of those members diverted remained the same as compared to the month of March. The Crisis Stabilization Unit (CSU) at COPE served 192 cases in this month, a slight decrease from March at 203. The Mobile Crisis Stabilization Team provided services to 77 members in April, down from 86 in March.

DWIHN's mobile outreach clinician was able to engage in the community with individuals with mental health needs, being able to provide the resources to assist individuals in crisis situations, linking them to needed mental health services. We were able to help facilitate new sites for DWIHN bringing in new organizations to attend community events, linking individuals with various community resources. Our mobile outreach clinician is working with the City of Detroit to host events throughout the City and in the suburbs, including working with the Noah Project and Faith Hope and Love to be able to create events at their organization.

COMMUNICATIONS

Digital:

On April 25, 2002, I penned an op-ed in the Michigan Chronicle, "Putting children first – rise to the challenge", discussing the importance of enhancing our children's services and putting children first.

<https://michiganchronicle.com/2022/04/25/putting-children-first-rise-to-the-challenge/>

Print:

The op-ed also appeared in the Hamtramck Review and Latino Press, which was translated into Spanish.

Poner a los niños primero: aceptar el desafío



Eric Doeh, JD

Poner las necesidades de nuestros hijos en primer lugar es una prioridad de la que todos debemos responsabilizarnos. Según la Alianza Nacional sobre Enfermedades Mentales, 1 de cada 6 adultos jóvenes de 18 a 27 años experimenta depresión, 3 millones han tenido pensamientos suicidas y ha habido un aumento del 31% en las visitas al departamento de emergencias relacionadas con la salud mental. La Red de Salud Integrada de Detroit Wayne (DWIHN, por sus siglas en inglés) se enfoca en garantizar que las necesidades de atención médica de nuestros niños se satisfagan al proporcionar atención médica física y mental de calidad, apoyo y programas educativos y de vivienda.

day crédito. Es esta inocencia la que debemos proteger. A través de nuestro Programa de Iniciativa de Alto Escalar, DWIHN está invirtiendo en nuestras escuelas K-12 en todo el condado de Wayne y trabajando con los estudiantes y sus familias para mejorar los resultados de salud mental a través de la educación, referencias e intervención temprana. Esto nos ha permitido llegar a más estudiantes en todos los niveles de grado, el año pasado DWIHN atendió a más de 8,500 jóvenes a través de esta iniciativa. Al brindar capacitación en psicoeducación, apoyo a los padres, desarrollo profesional y servicios de asesoramiento a los niños y sus familias, los docentes de las herramientas necesarias para una buena salud mental y desarrollar la resiliencia necesaria para hacer frente a lo que vea que la vida les presente y permitirles convertirse en adultos corrientes y sanos.

Hay aproximadamente 5,800 niños en el sistema de crianza temporal en el condado de Wayne. Este es otro excelente ejemplo de donde debemos asumir la responsabilidad y enfrentar el desafío de cuidar a la próxima generación. Los niños ingresan al programa de acogida por varias razones, siendo las más comunes el abuso y la negligencia. A través de nuestra red de proveedores, DWIHN puede ofrecer las evaluaciones de salud conductual necesarias que pueden estar asociadas con dicho trauma. Al ofrecer capacitación en el mundo no consistente saben que les estamos dando a estos jóvenes la fuerza y los apoyos deseados durante estos formidables años de adolescencia. Según el Dr. Shama Fakhour, director médico y psiquiatra infantil de DWIHN, "los jóvenes en el sistema de crianza temporal tienen proble-

contable en la vida de un niño de crianza puede ser gratificante, al proporcionar momentos de afortunamiento, está ofreciendo experiencias y orientación sobre cómo lidiar con situaciones estresantes. A medida que estos adultos jóvenes se van del sistema, necesitan estas herramientas para prepararse para el mundo real. ¿Dónde vivirán, trabajarán, irán a la escuela? DWIHN se compromete a brindar esperanza a estos niños que viven en el mundo que saben del sistema de crianza temporal trabajando con nuestros socios comunitarios y ofreciendo capacitación laboral, oportunidades educativas y alojamiento para que puedan concentrarse en su futuro. No tienen la familia o los sistemas de apoyo financiero que tienen los miles de otros adolescentes para ayudar a decir su huella en este mundo. Continuamente ofreciendo estabilidad y siendo la presencia constante en sus vidas hasta la edad adulta.

Muchos de nuestros niños están lidiando con situaciones de abuso y abandono. Es hora de que aceptemos el desafío de poner a nuestros niños vulnerables primero. Hacer de los servicios de salud y educación de calidad una prioridad para garantizar sus oportunidades de éxito. A través de estas soluciones innovadoras mejoraremos el acceso a la salud mental y protegeremos el bienestar emocional y la salud física.

La integración de la salud conductual es un enfoque que puede mejorar el acceso a la atención para los niños y sus familias. Las asociaciones entre la atención primaria de la salud y la salud mental pueden hacer que estos servicios sean más accesibles para las familias. Ahora es el momento de aceptar el desafío de cambio y hacer lo correcto para

Other Voices: Guest Editorial

Putting children first – rise to the challenge

By Eric Doeh, JD



Eric Doeh, JD

During the needs of our children that is a priority that we must all have responsibility for. As reported in the National Alliance on Mental Illness, 1 in 6 young adults, age 18 to 27, experience mental illness. Statistics have had thoughts of suicide and there has been a 21% increase in mental health-related emergency department visits.

The Detroit Wayne Integrated Health Network (DWIHN) is focused on meeting the healthcare needs of our children and youth by providing quality mental and physical health care, housing and educational supports.

By working with our provider partners and community stakeholders, it is time that we rise to the challenge of caring for the next generation. Together we can offer the proper healthcare that will provide our young people with the greatest and most vibrant opportunities necessary to reach their full potential as adults.

The children's lives must be at the source of any, mental, isolation and depression for everyone. Our children are facing these same effects faced.

Separated from their families, evicted, away from the classroom, being hospitalized is a need that has few answers can be sustained. As I look into my own child's eyes, I am met with hope, knowing that she is often far more resilient and courageous than I often give her credit for. It is this innocence that I must protect.

Through our Detroit Success Initiative Program, DWIHN is investing in our K-12 schools throughout Wayne County and working with students and their families to improve mental health outcomes through education, refer-

these formidably years of adolescence. According to Dr. Shama Fakhour, Director, Chief Medical Officer and Child Psychiatrist, "Having access to the foster care system that encompasses and assesses mental, social, and professional health issues, trauma rooted in childhood experiences, we can care and can be trained to serious impacts in adolescence and adulthood."

The ability to be a leader parent in a foster family, the call to responsibility by providing coping mechanisms, and offering hope and guidance how to deal with stressful situations. As these young adults get out of the system they will need their look of people from the real world, where will they work, go to school?

DWIHN is committed to providing hope for these young children as they age out of the foster care system working with our community partners and offering job training, educational opportunities and housing interventions so they can focus on their future.

They don't have the time or financial support to help them get their own life to offer stability and be the consistent presence in their lives into adulthood.

Many of our children are dealing with situations beyond their control, mental, physical, and neglect. It is time that we accept the challenge of caring our vulnerable children that, foster care, adoption, or services are available for success.

Through these innovative solutions we are providing access to mental health services and protect the emotional, behavioral

Continued on page 6.

Educational Messaging:

Mental health messaging continues on Channel 4 and Scripps media (Channel 7, TV 20 and Bounce). The home page features a banner ad that appears on the Channel 7 home page throughout the month.

Community Outreach:

4/7/22 - Youth Move Detroit hosted its monthly meeting for youth ages 14-25 at the Children’s Center in Detroit.

4/7/22 - DWIHN participated in the Family Alliance Network’s Disability Community Fair in Detroit.

4/24/22 - DWIHN participated in Heal: A Community Mental Health Conversation and Mental Wellness Event in Highland Park.

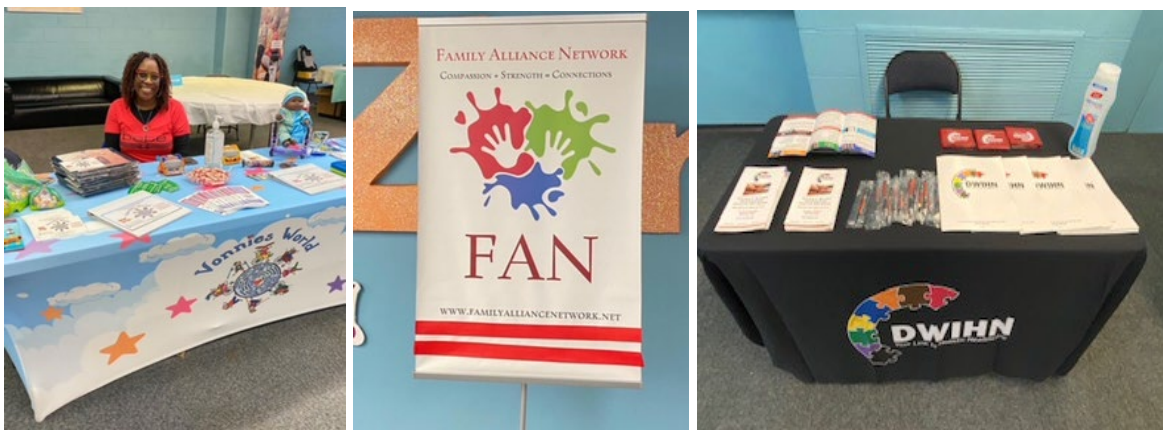
4/25/22 - Autism Services hosted a Behavioral Technician Job Fair

4/28/22 - DWIHN hosted a virtual job fair for mental health workers.

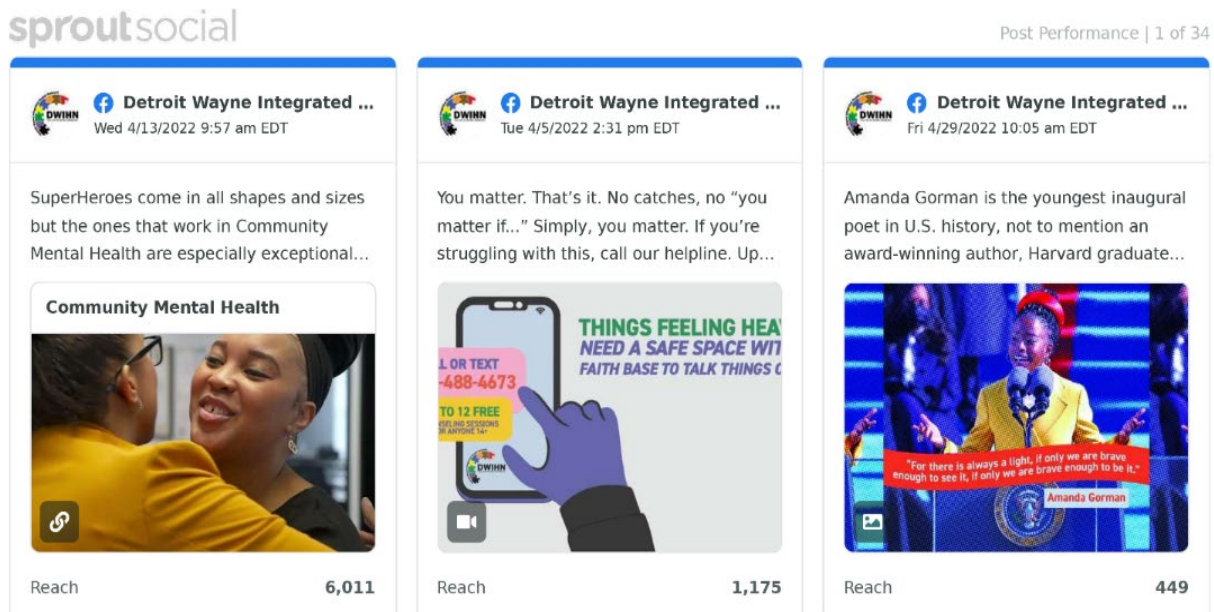
4/29/22 - DWIHN director of Children’s Initiatives, Cassandra Phipps was a guest speaker for The Catch Up and Keep Up Special Needs Conference.

4/30/22 - DWIHN participated in the PCCS Mental Health Fair in downtown Plymouth.

4/30/22 - DWIHN participated in Prescription Drug Take Back Day.



Social Media: Top Performing Posts:



DWIHNs social media accounts are growing consistently. In April, Instagram significantly increased in reach.

Reach

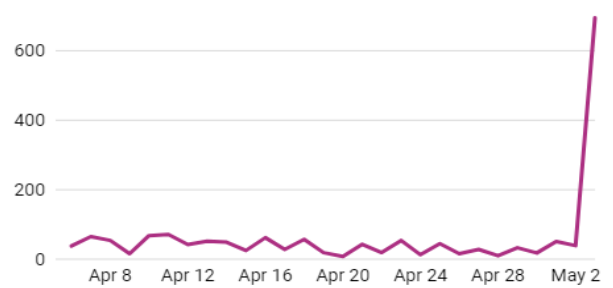
Facebook Page Reach

14,362 ↓ 4.7%



Instagram Reach

1,108 ↑ 65.6%



DWIHN has created a TikTok account to engage with younger audiences, the account will be launching in May.

Ask the Doc:

DWIHN’s Chief Medical Officer Dr. Shama Faheem continues to educate the public and DWIHN stakeholders with her bi-monthly newsletter and digital content which contains information about COVID-19, vaccinations and answers questions that are sent in by staff, people we serve, etc.

Additional Resources:

Hola Directory (LatinoPress) DWIHN is listed several times in Hola Directory, distributed in southwest Detroit, circulation is 15,000 homes. DWIHN ads are also in Spanish.

**HOLA DETROIT 2022-23
HISPANIC DIRECTORY**
www.holadetroit.com

NUMEROS DE EMERGENCIAS

CRISIS	(For Emergency Only) Served all Wayne County Communities.....	911
	SANCTUARY / CRISIS HOTLINE1-800-231-1127 also, 248-456-0909	
	Special Victim Unit	313-224-5857
	Detroit Wayne Integrated Health Network 24/7 Crisis Access Line.....	800-241-4949
	Domestic Violence Victims Services.....	313-224-5800
SUICIDE/ SUICIDIO	Suicide Prevention Center (24 Hours)	313-224-7000
CHILD ABUSE ABUSO INFANTIL	The National Child Abuse Hotline 24 hours 7 days	1-800-422-4453
	Children’s Center of Wayne County.....	313-831-5535
	Poison Control.....	1-800-222-1222
	Children’s Hospital of Michigan (24 Hours)	313-745-5437
	Crisis and Resources Hotline (24 Hours).....	1-800-231-1127 or 248-456-0909
	National Run-A-Way Switchboard	1-800-RunAway

Aquí para Hablar. Aquí para Ayudar.

Servicios Integrados de Salud
Para Niños, Familias y Adultos

- Salud de Conducta
- Servicios para Niños
- Atención de Crisis
- Servicios de Discapacidad
- Ayuda de Salud Mental
- Tratamiento por Uso de Sustancias
- Asistencia para Veteranos

DWIHN Ayuda a Casi 75,000 Personas

www.dwihn.org
@DetroitWayneIHN

¿NECESITAS AYUDA? CONTACTANOS. LÍNEA DE AYUDA 24 HORAS 800-241-4949

DWIHN Brochures:

QR codes have been added to DWIHN brochures in an effort to make it easier for the people we serve to connect with us digitally. As we update DWIHN literature the codes will be added to all DWIHN brochures.

Substance Use Disorders



We work with community groups, programs and Providers around prevention, treatment, and recovery services. They include:

- Community coalitions
- Early intervention Providers
- Faith-Based community
- Gender-specific providers, including those with living arrangements for women and children
- Opiate maintenance treatment Providers
- Peer Recovery Coaches
- Recovery Support Providers/Programs

Recovery Services

- Acupuncture
- Case Management
- Citizen Re-entry
- Co-occurring Capable & Enhanced Programs
- Medication Assistance
- Methadone Therapy
- Outpatient
- Peer Recovery Supports
- Recovery Housing
- Relapse Recovery Services
- Residential

Narcan Training

DWIHN trains and equips thousands of people with free Opioid Overdose Kits. Members of community groups and faith-based organizations to educators and first responders are better prepared to save a life after going through this training.



707 W. Milwaukee St.
Detroit, MI 48202
313-833-2500
www.dwihn.org

DWIHN is a safety net organization that provides a full array of services and supports to provide empowerment to people within our behavioral health system. Serving over 75,000 citizens in Detroit and Wayne County with mental illness, children with serious emotional disturbance, and substance use disorders.

24-Hour Helpline/Access Center
800-241-4949



Customer Service
888-490-9698 / 313-833-3252

Recipient Rights
888-339-5595

TDD/TTY
800-650-1044

Like, Follow and Subscribe for the latest updates.



DETROIT WAYNE INTEGRATED HEALTH NETWORK

Here to **Talk**. Here to **Help**.

24-Hour Helpline
800-241-4949

www.dwihn.org

Recovery | Resilience | Respect

Autism Benefits



Autism Spectrum Disorder (ASD) is a developmental disability and to receive Applied Behavior Analysis (ABA) services in Wayne County, the person must be screened by a primary care physician or the DWIHN Access Center.

ABA is an intensive, behaviorally-based treatment that uses various techniques to bring about meaningful and positive changes in the communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD. We work with ASD Providers and offer services to people up to 21 years of age.

Children's Initiatives



DWIHN offers a variety of intensive, short-term individual, family and group counseling services to youth, parents, and families. Educational, support and skill development groups include:

- Adjustment/Disorders
- Anger/Management
- Conflict/Resolution
- Crisis Support
- Grief & Loss
- Infant Mental Health
- LGBTQ
- Parent-Relational Problems
- School/Tuancy

School-Based Programs

DWIHN works cooperatively with local schools and counseling centers to provide greater access to mental health services to adolescents in schools throughout Wayne County.

Intellectual & Developmental Disabilities



Intellectual and Developmental Disabilities (IDD) are a group of conditions due to an impairment in physical, learning, language, or behavior areas that start in childhood.

Services include:

- Advocacy
- Assistive Technology
- Benefits Planning
- Guardianship/Alternative
- Healthy Living
- Housing
- Independent Facilitation
- Peer Mentorship
- Person-Centered Planning
- Post-Secondary Education
- Recreation/Community Participation
- Residential Support
- Self-Determination
- Supported Employment
- Transportation

Clinical Practice Improvement



Mental Health First Aid (MHFA), Suicide Prevention Training and Veterans Services

DWIHN offers FREE courses to increase mental health awareness, reduce stigma and potentially save lives.

MHFA teaches people methods of helping someone who is in the early stages of a mental health challenge or crisis.

Question, Persuade, Refer (QPR) Suicide Prevention training is a clinically proven approach to recognizing signs of suicide and responding effectively.

Our Veteran Services program supports all veterans regardless of discharge status, those who do not meet service eligibility, who are not eligible for Veterans Administration (VA) services and who do not want traditional support paths.

Access and Crisis Service

DWIHN manages the Access Call Center, a 24/7 Helpline for anyone needing assistance, information, and resources for their mental health, disability, or substance use needs. The Call Center is managed by trained staff with decades of behavioral health and disability-related concerns.

Hours for non-emergency calls are from
8am-8pm Monday through Friday.
After 8pm and on weekends

Services provided:

- Warm transfer to the crisis line
- Dispatch of Children's Crisis Teams from Emergency Departments
- Hospital discharge follow-up appointments
- A mental health clinician for SUD screening only
- Call Center staff will complete a brief screening with the person and if needed, a Clinician will contact the individual the next business day to complete the assessment.

Member Engagement



Constituents' Voice is a person-driven group whose purpose is to advise the DWIHN President and CEO with respect to the design, delivery, implementation, and evaluation of behavioral health programs and services in Wayne County.

The group collaborates with various organizations with the goal of aligning efforts, programs, policies, and procedures to advance community inclusion for individuals with mental illness, developmental disabilities and substance use disorders.

24-Hour Helpline 800-241-4949 | www.dwihn.org

Detroit Wayne Integrated Health Network

Integrated Care



Vicky Politowski LMSW

Director of Integrated Care

Population Assessment Data by:

Ashley Bond MA, LPC, NCC

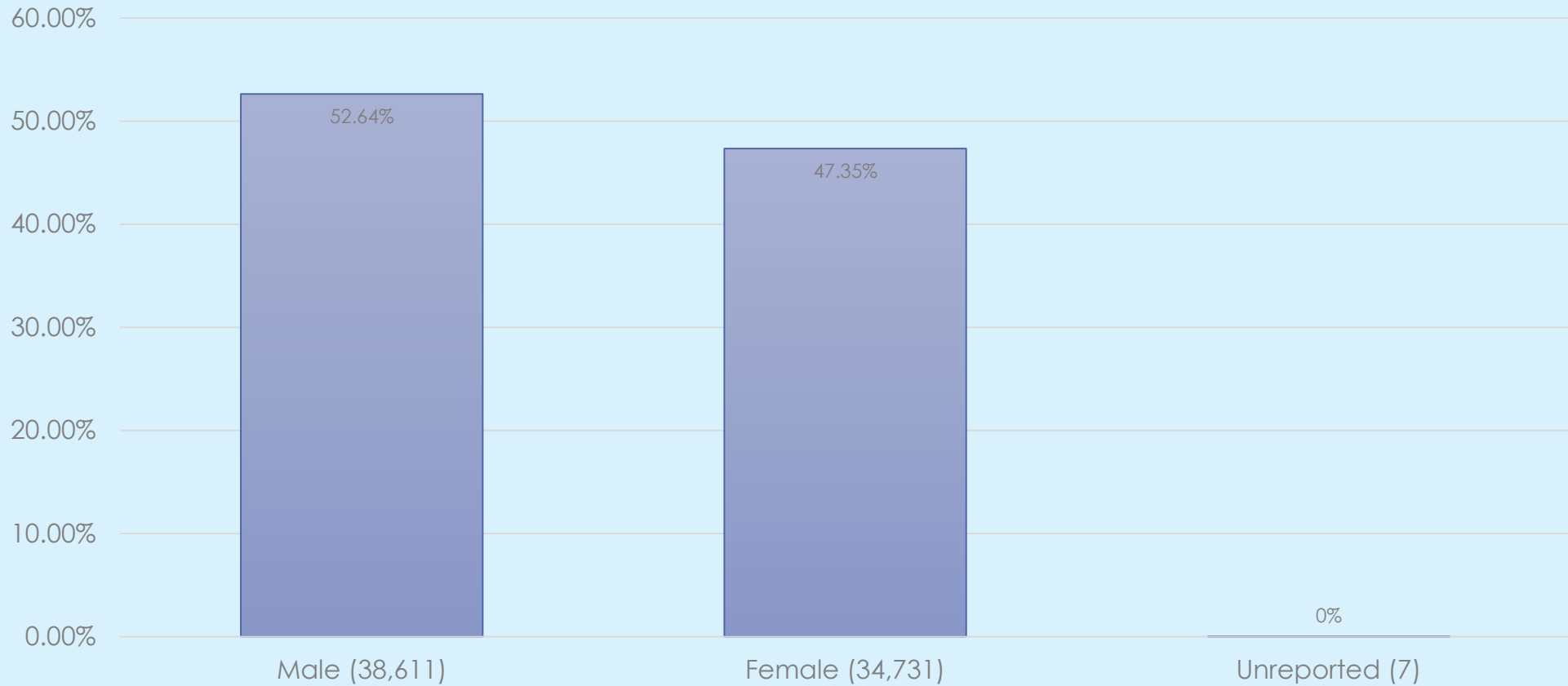
May 11, 2022

Population Assessment

- DWIHN recognizes the importance of analyzing member data to assure that our programs and services meet the diverse needs of the members we serve
- We use this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff
- This information is gathered annually

- DWIHN also gathers demographic data for its members on an annual basis. The information includes gender, age, primary language spoken, ethnic background, disability designation, residency, and insurance.

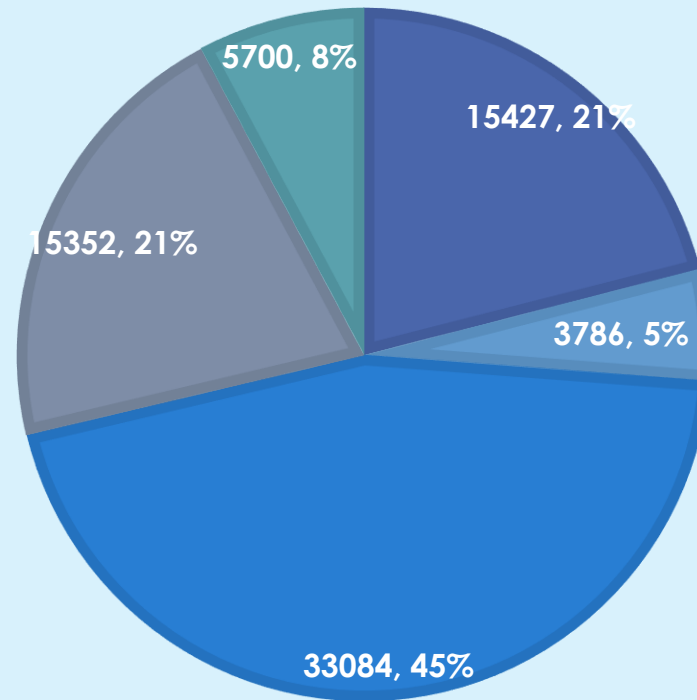
Gender



* Data derived from Risk Matrix

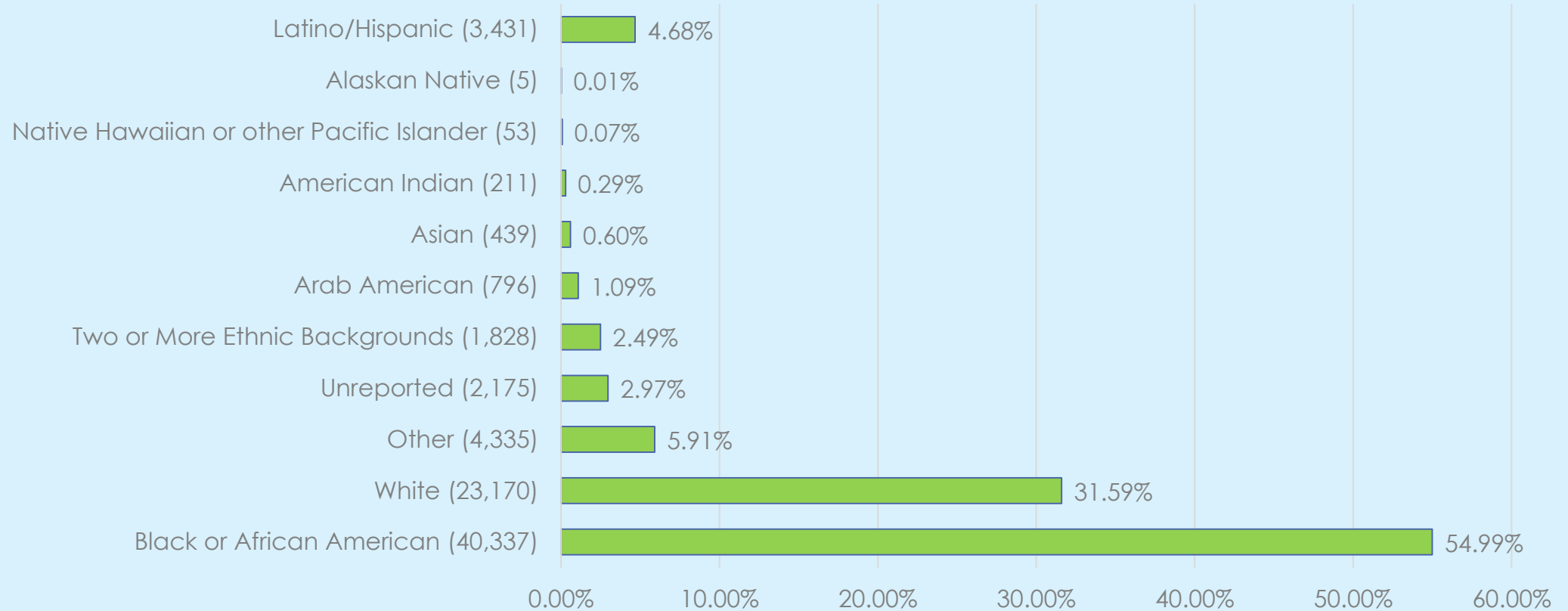
Age Range

■ 0-17 ■ 18-21 ■ 22-50 ■ 51-64 ■ 65+



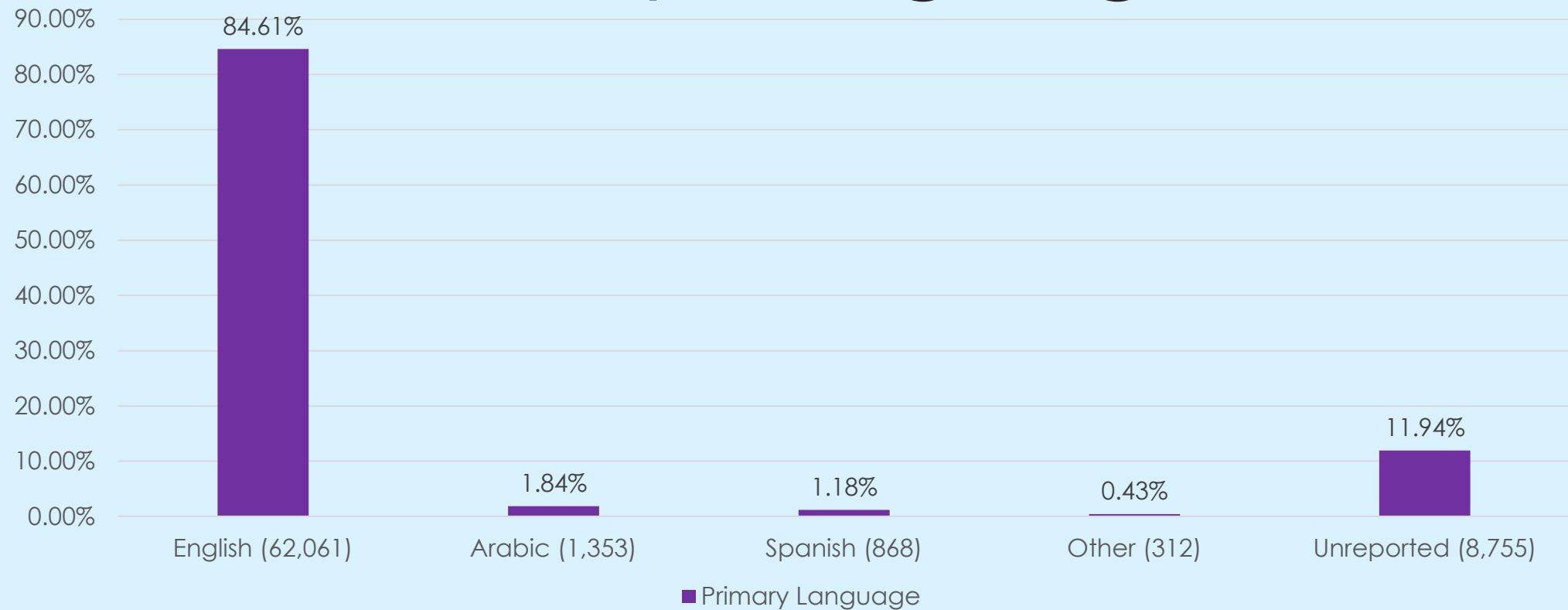
*Data derived from Risk Matrix

Ethnic Background



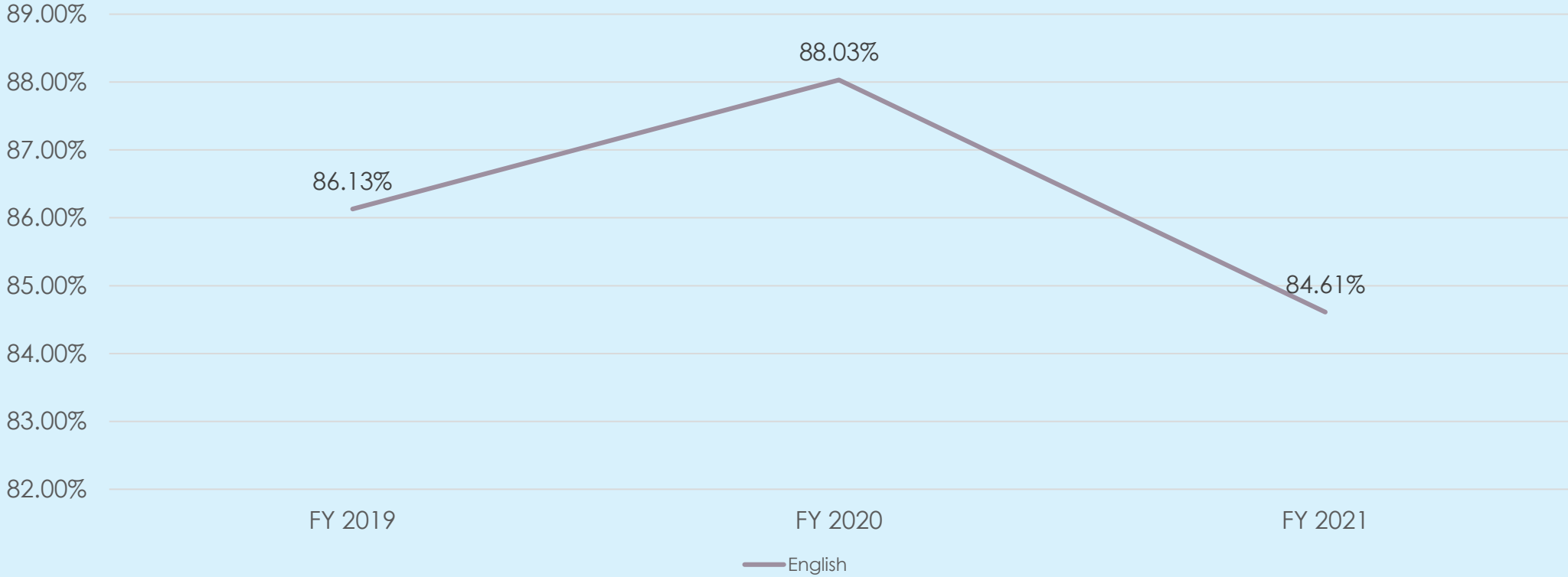
*Data derived form Risk Matrix

Primary Language



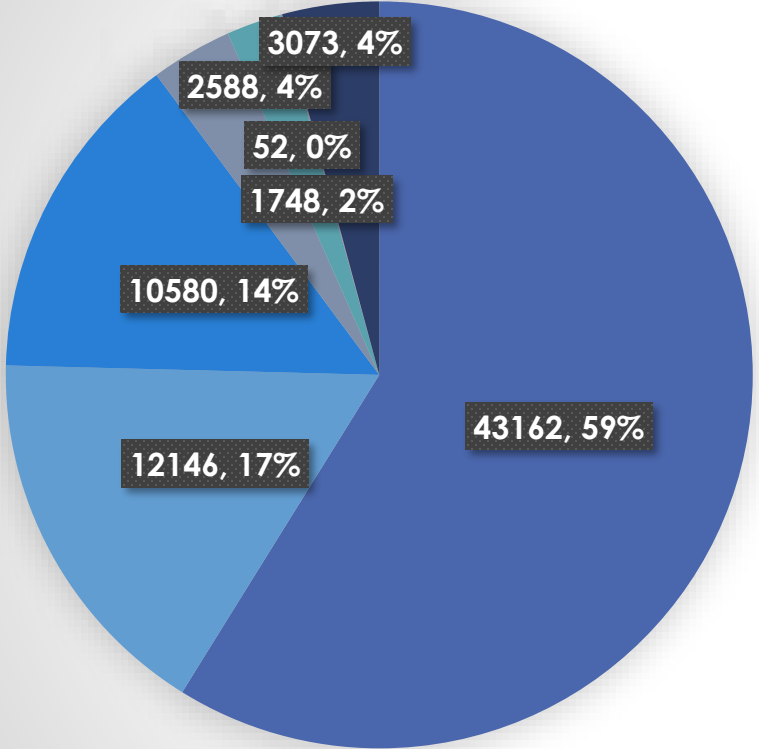
*Data derived from Risk Matrix

English Primary Spoken Language



*Data derived from Risk Matrix

Disability Designation

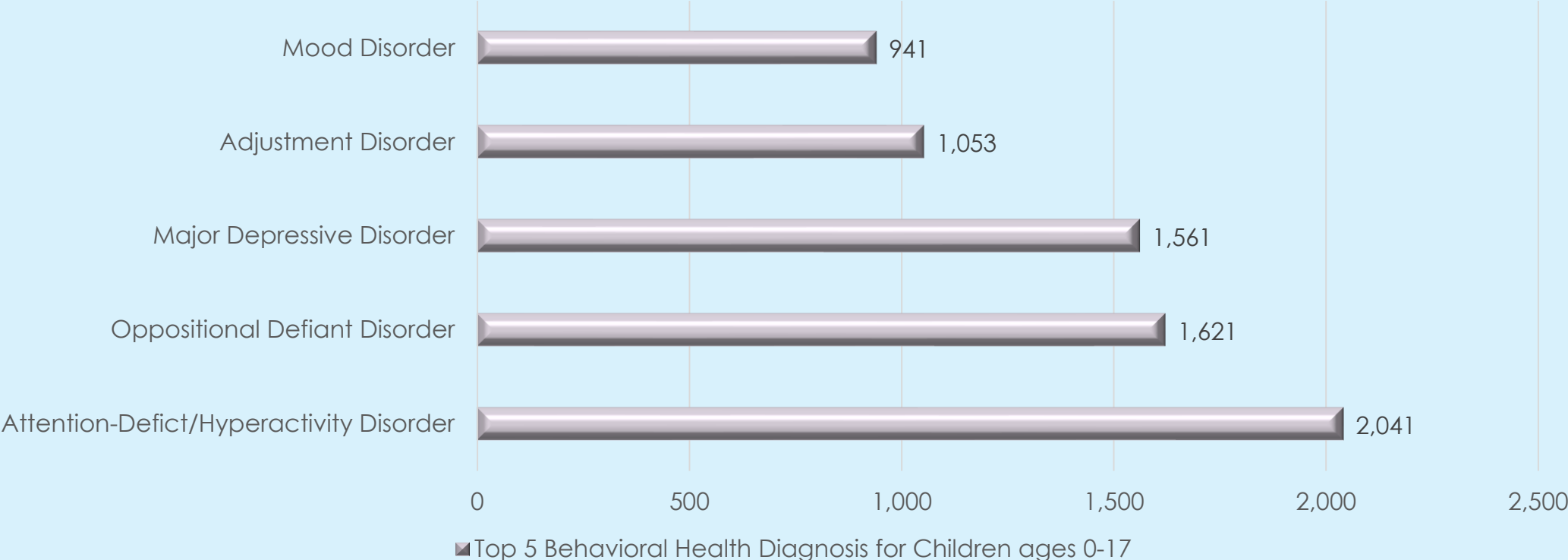


- Serious Mental Illness
- Intellectual/Developmental Disability
- Serious Emotional Disturbance
- Substance Use Disorder
- Mental Illness
- Emotional Disturbance
- Unreported

*Data derived from Risk Matrix

Top Behavioral Health Diagnosis for Children

Top 5 Behavioral Health Diagnosis for Children ages 0-17

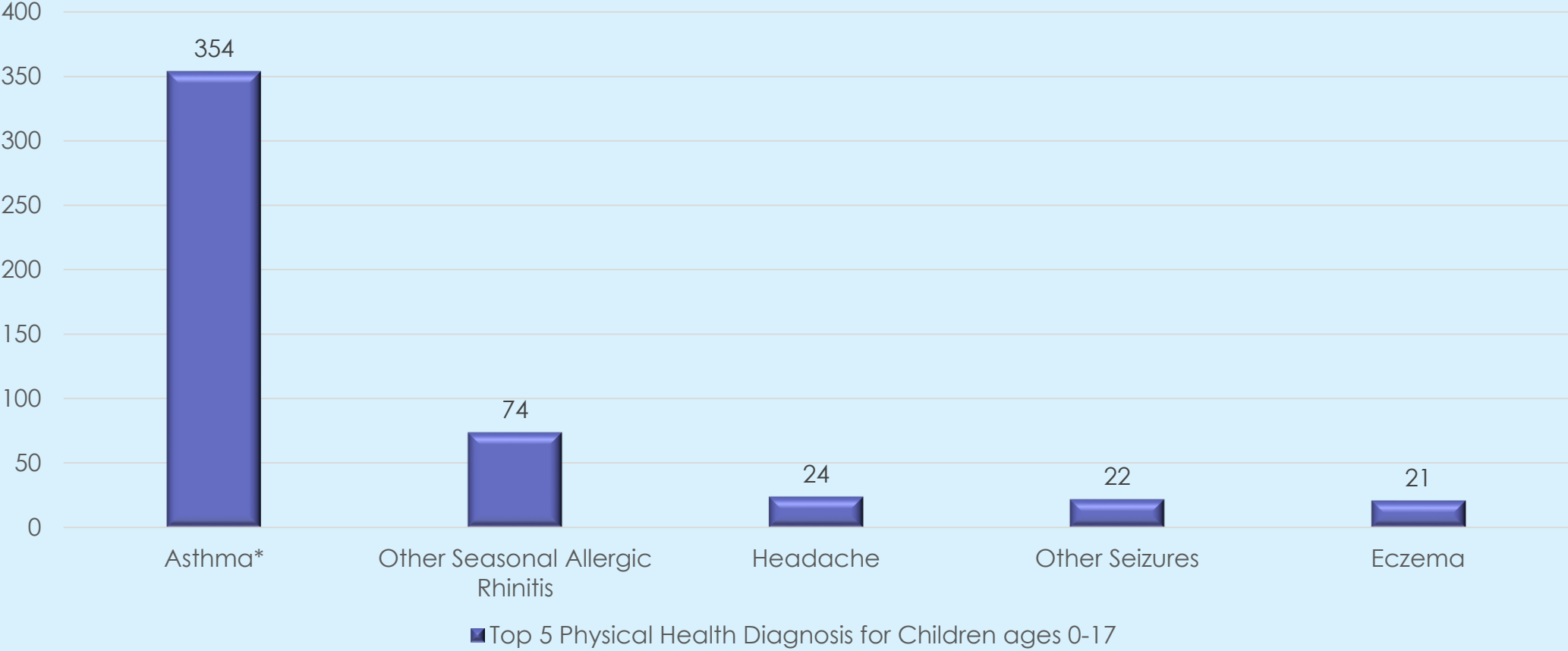


* Data derived from IT-MHWIN Chart

Diagnosis Comparisons

<u>Top 5 Behavioral Health Dx Children 2021</u>	<u>Top 5 Behavioral Health Dx Children 2020</u>
1. ADHD	1. Autistic Disorder
2. Oppositional Defiant Disorder	2. Oppositional Defiant Disorder
3. Major Depressive Disorder	3. ADHD
4. Adjustment Disorder	4. Disruptive Behavioral Disorder
5. Mood Disorder	5. Mood Disorder NOS

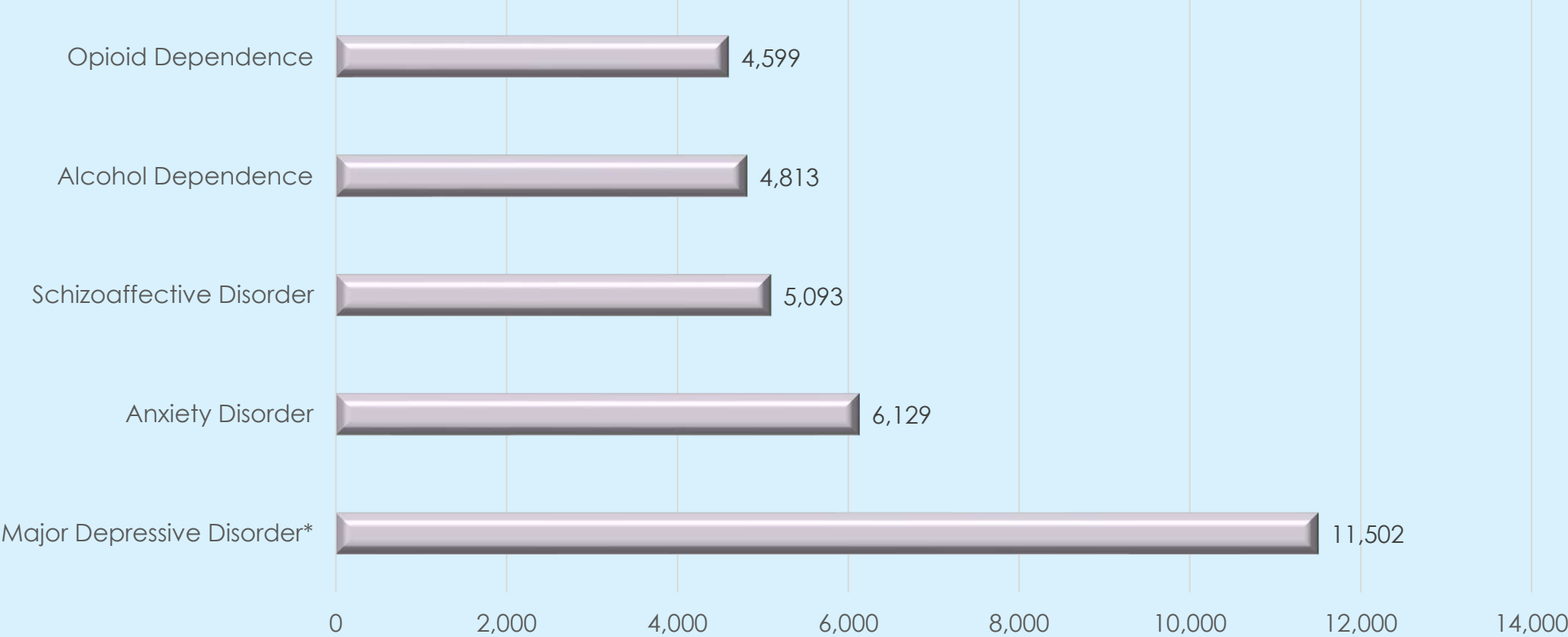
Top Medical Diagnosis for Children



*Data pulled from IT/MHWIN

<u>Top 5 Medical Dx Children 2021</u>	<u>Top 5 Medical Dx Children 2020</u>
1. Asthma	1. Asthma
2. Other Seasonal Allergic Rhinitis	2. Other Seasonal Allergic Rhinitis
3. Headache	3. Eczema
4. Other Seizures	4. Other Seizures
5. Eczema	5. GERD without esophagitis

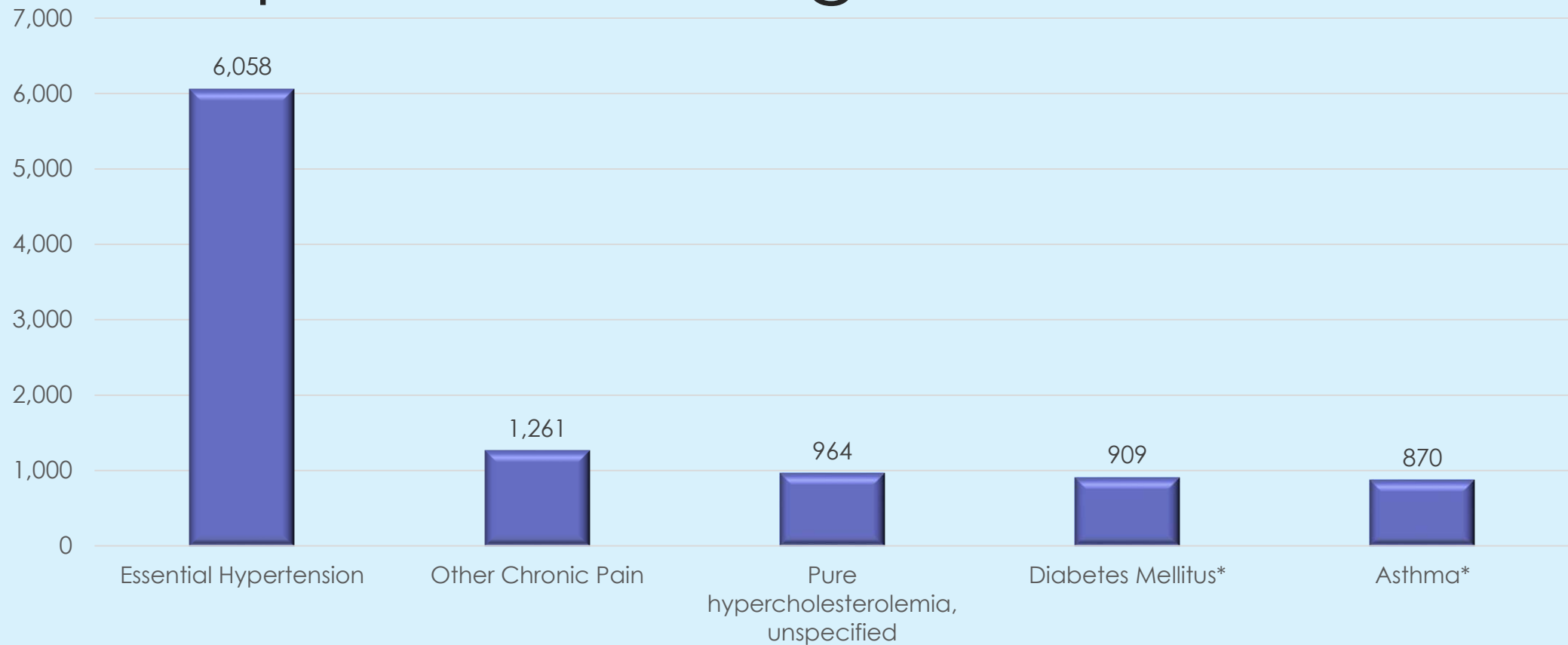
Top Behavioral Health Diagnosis for Adults



*Data pulled from IT/MHWIN

<u>Top 5 Behavioral Health Dx Adults 2021</u>	<u>Top 5 Behavioral Health Dx Adults 2020</u>
1. Major Depressive Disorder	1. Major Depressive Disorder
2. Anxiety Disorder	2. Anxiety Disorder
3. Schizoaffective Disorder	3. Schizophrenia, Paranoid Type
4. Alcohol Dependence	4. Schizoaffective Disorder
5. Opioid Dependence	5. Post-Traumatic Disorder

Top Medical Diagnosis for Adults

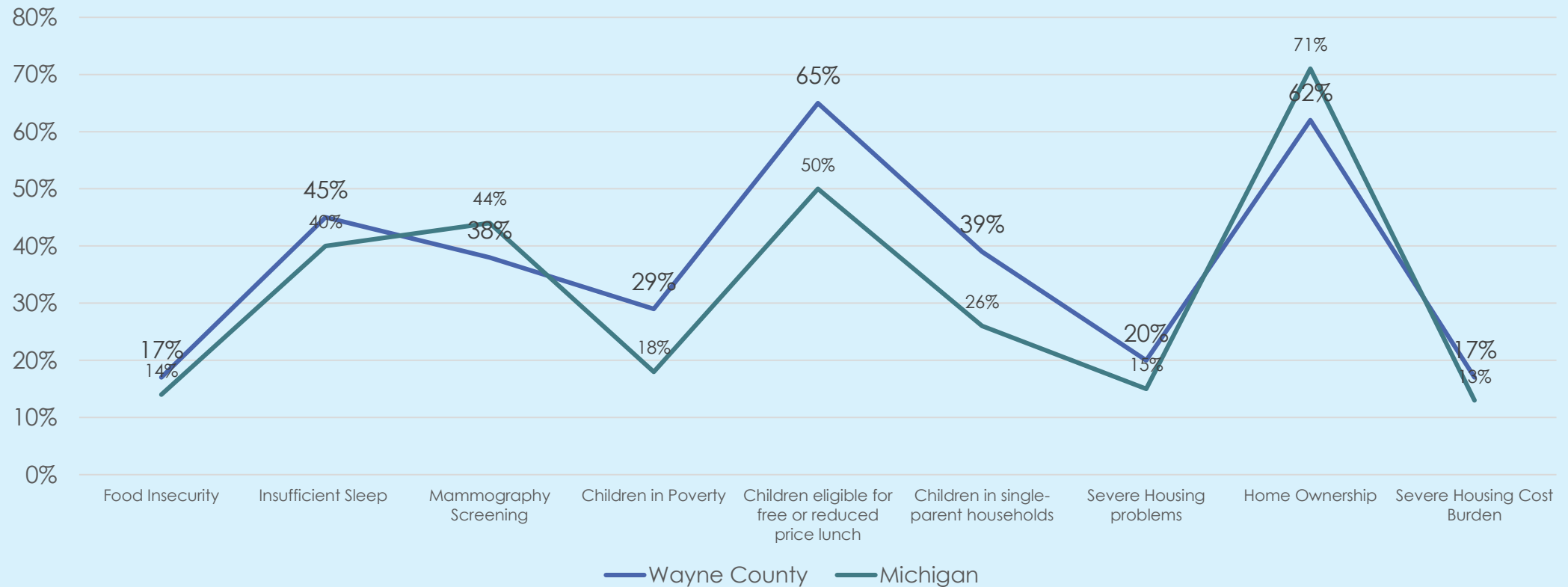


*Data pulled from IT/MHWIN

<u>Top 5 Medical Dx Adults 2021</u>	<u>Top 5 Medical Dx Adults 2020</u>
1. Essential Hypertension	1. Essential Hypertension
2. Other Chronic Pain	2. Other Chronic Pain
3. Pure Hypercholesterolemia, unspecified	3. Pure Hypercholesterolemia, unspecified
4. Diabetes Mellitus	4. Diabetes Mellitus
5. Asthma	5. Asthma

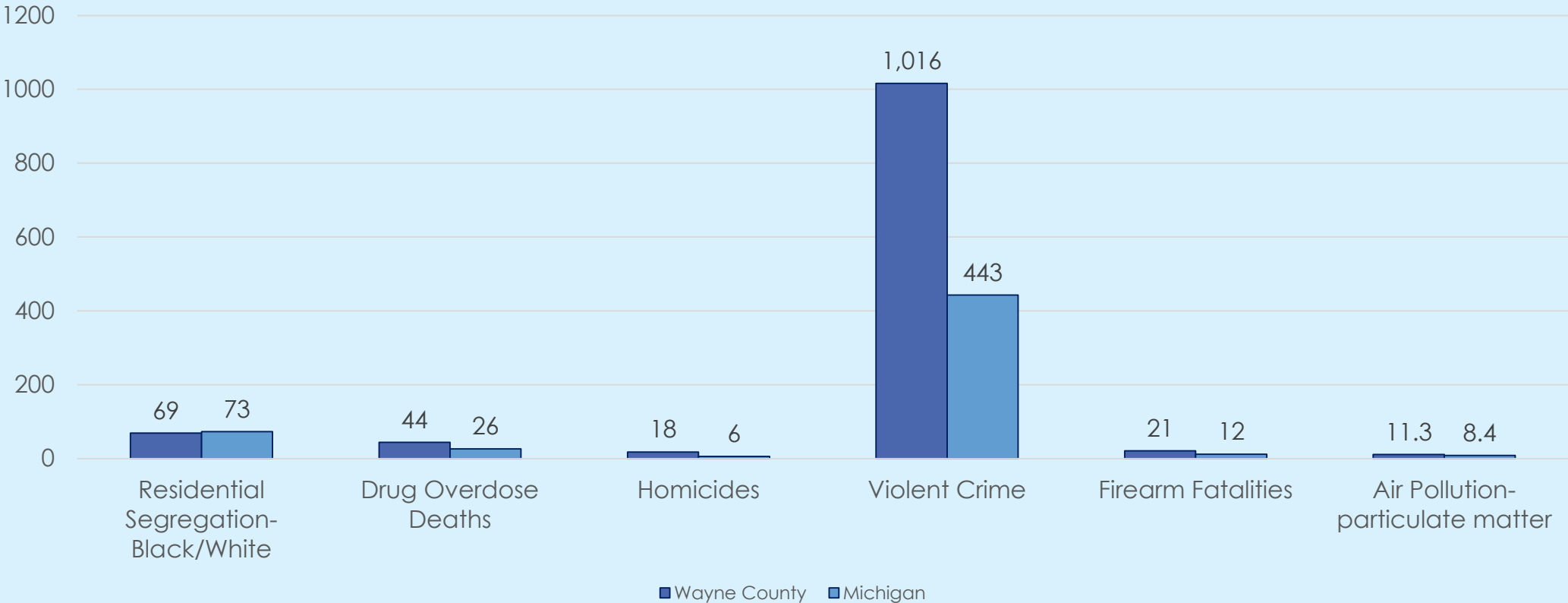
2021 County Health Rankings Report Continued

Social Determinants of Health Percentages



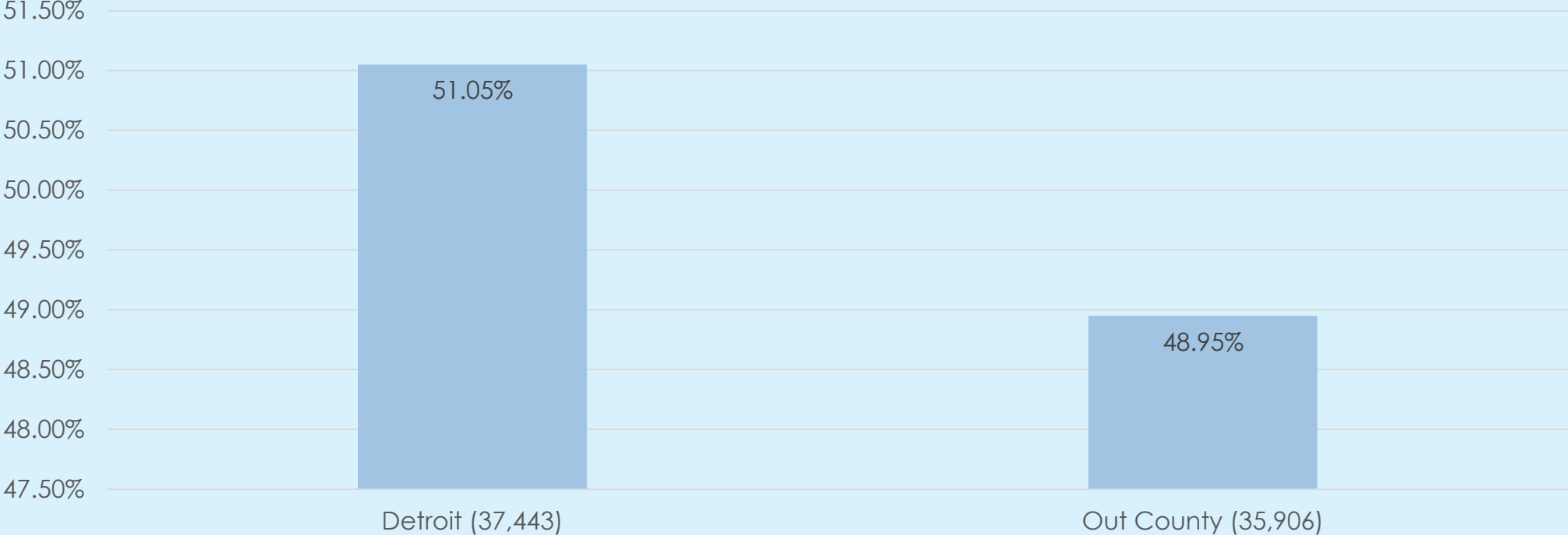
* Data derived from 2021 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

Social Determinants of Health Statistics



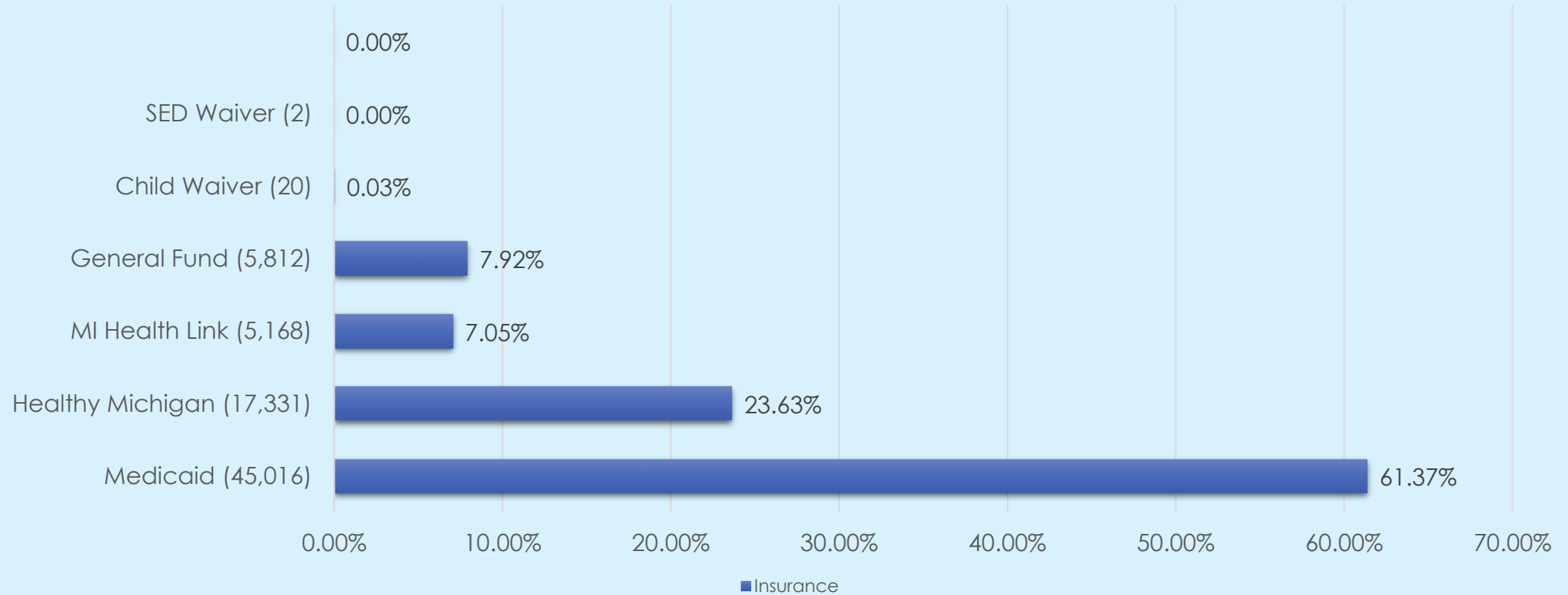
* Data derived from 2021 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

Residency



*Data derived form Risk Matrix

Insurance



*Data derived form Risk Matrix



IHC DEPARTMENTS

Complex Case management

- Complex Case Management (CCM) is a free and voluntary program that's available to all of DWIHN's members. Complex Case Managers work with current case managers and care teams to help members achieve their desired goals.
- CCM assists members with being connected to community resources, peer advocates and other needed services/supports.
- CCM aims to reduce hospitalizations, reduce gaps in care and increase participation in outpatient visits.
- Complex Case Management aims to progress movement towards recovery, enhance wellness, and build resiliency through self-care and empowerment for members with medical and behavioral health concerns.

- 40 member served in 2020
- 63 members served in 2021
- 43 members in 2022 (on track for a 20% increase)
- Referrals from: MHWIN, Pop Health Tool, Vital Data, practitioners/providers, members or their caregivers, UM staff, Customer Service staff, Access Center staff, Hospital liaisons, Clinical Specialist staff, Hospital discharge planners, Health plan case managers/disease managers, Medical Health Plan (MHP) partners, and Community Outreach of Psychiatric Emergencies (COPE). UM Inpatient Admission Report, Quarterly Psychiatric Recidivism Report, TOC Report, EMS Quarterly Report

Analysis of Complex Case Management Activities and Resources

- DWIHN utilizes the information included in the above Population Assessment to review and update complex case management activities and resources to ensure that member needs are addressed.
- DWIHN Care Coordinators who provide Complex Case Management services will ensure that all members that receive Complex Case Management services are referred to or connected with a Primary Care Physician and CRSP.
- DWIHN Care Coordinators participate in annual Cultural Competency training to maintain and increase their knowledge and skills in working with diverse groups of people.

- DWIHN offers both verbal and written translation services for members in need of such services. Care Coordinator staff are aware of how to access such services for members served in Complex Case Management.
- DWIHN Care Coordinators are knowledgeable of State and Federal entitlement programs and assist members in accessing insurance benefits and entitlements as needed.
- Care Coordinator staff attend and participate in the monthly Children's Mental Health Lecture series. This series offers training to DWIHN staff and DWIHN network provider staff in various topics related to children served by DWIHN
- To assist in addressing the Social Determinants of Health DWIHN Care Coordinator staff are knowledgeable of multiple community resources to address member needs, including in the areas of transportation, housing, food, utilities, healthcare, and dental services.

MI Health Link 5 Integrated Care organizations (ICO)

- Aetna
- Amerihealth
- HAP
- Meridan
- Molina
- Number Served in 2021: 5805
- Number Served in 2022: 3763

Data Sharing/ Integrated Care Coordination

- Five Health Plans Participate in care coordination and data sharing monthly
 - ❖ Priority, Blue Cross Complete, Aetna, HAP, McLaren, Meridian Molina, and United Health Care.
- 50 cases discussed a month
- DWIHN staff follow up with members and CRSP for FUH (follow up after hospitalization) appointment and any barriers
- DWIHN and Health Plan staff discuss medical needs and who will follow up
- DWIHN maintains documentation in MHWIN and CC360

IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements.

The focus of the QIPs includes the following:

- 7 and 30 day Follow Up After Hospitalization for Mental Illness
- Adherence to Antipsychotic Medication
- Diabetes Screening for members prescribed atypical antipsychotic medications
- Hepatitis C treatment.

OBRA: Omnibus Budget Reconciliation Act 1987 Preadmission Screening and Resident Review (PASRR)

- DWIHN contracts with Neighborhood Services Organization to provide services
- Anyone needing a nursing home who may have a behavioral health or intellectual/development disability must have a PASRR assessment. This guarantees that the individual is not being placed in a nursing home due to MI or IDD.
- 1025 PASRR Assessments in 2020
- 858 PASRR Assessments in 2021
- 218 PASRR Assessments in 2022

Special Integrated Projects

Vital Data

- HEDIS Quality Score Card
- 15 NCQA Certified measures
- 1 custom measure
- Data is obtained from CC 360 data warehouse
- All CRSP's staff have access through MHWIN
- Rolled-out to all CRSP in March
- Will expand to have data for OHH, BHH, CCBHC, and health plans in next 6 months
- Development of a shared platform to use with health plans
- Build reports to close gaps in care

HEDIS MEASURES THAT ARE TRACKED

- Follow-Up Care for Children with ADHD Medication
- Antidepressant Medication Management
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Breast Cancer Screening
- Controlling High Blood Pressure
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Follow-Up After Hospitalization for Mental Illness

- Follow-Up After Emergency Department Visit for Mental Illness
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Diabetes Monitoring for People With Diabetes and Schizophrenia
- Use of Spirometry Testing in the Assessment
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication
- Use of three or more antipsychotics for 45 or more days (Custom Measure)

Blue Cross Complete (BCC)

- Use of Vital Data shared Platform
- Ability to see all shared members with Health Plan
- Members are stratified into Tiers for level of severity of illness (Behavior Health and Medical)
- Currently care management is completed on members who are hospitalized. With Tiers DWIHN/BCC can engage members proactively
- Ability to have shared documents in real time
- Ability to see all claims (Physical and Behavioral Health)
- Build care gap reports to help close gaps in care

Examples of Gaps in Care Reports

- Build reports based on zip code, insurance
- Reports on diagnosis and services by CPT code
- LOCUS score, MI/IDD diagnosis and physical health
- LOCUS, CRSP, insurance, CCBHC/BHH/OHH
- Language spoken, diagnosis, services provided, zip code

Pay for Performance Measures

- Veterans-Comparison of BH TEDS submission due January 22- **Complete**, second submission due July 1 (25 points)
- ADT- Admission Discharge and Transfer (ADT) messages to the Michigan Health Information Network (MiHIN) Electronic Data Interchange (EDI) Pipeline daily by the end of FY22, due July 31 (25 points)
- IET (Initiation and Engagement and treatment of alcohol and other drugs) - Participation in IET measure data validation work with MDHHS, submit an IET data validation response file by March 3- **Complete (50 points)**
- Increased participation in patient-centered medical homes narrative, due November 15th (20% of withhold)
- Joint Care Management- **Completed** monthly by IHC staff (35 points)

- FUH- The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older. The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be calendar year 2021. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with Calendar year 2021. (40 points)
- As of 9/30/2021 DWIHN is at 56.19% for Adults and 78.57% for Children

- FUA- The Contractor must meet set standards for follow-up within 30 Days. The Contractor will be measured against a minimum standard of 27%. Measurement period will be calendar year 2021. Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with calendar year 2021 (40 points)
- As of 6/30/2021 DWIHN is at 18.76%



Overview

The Communications department ensures all stakeholders are informed and educated on how DWIHN and its Provider Network are serving and supporting people.

The department is responsible for internal and external communications, community engagement and outreach, social media, website content, media outreach, advocacy efforts and much more.



Campaign: "Mental Healthcare- Putting Children First"

Mental Health Care - Putting Children First

Mental Health Services
24/7 HelpLine 800-241-4949

@DetroitWayneIHN
www.dwihn.org

Here to Talk. Here to Help.

Mental Health Care
Putting Children First

DW IHN HERE TO TALK. HERE TO HELP. 800-241-4949

Mental Health Care
Putting Children First

DW IHN HERE TO TALK. HERE TO HELP. 800-241-4949



Campaign: “Mental Healthcare- Putting Children First”

Enhanced focus on special populations:

- ❑ Children ages 0 to 6
- ❑ Diversity / Inclusion / Equity
- ❑ Foster Care
- ❑ Juvenile Justice
- ❑ Pediatric Integrated Health Care
- ❑ Schools
- ❑ Young adults– ages 18-21



Accomplishments



Updated Children's Pages on DWIHN Website



Billboard Campaign



Created Children's Crisis Services Directory



Social Media strategy focused on youth



Social Media-Facebook



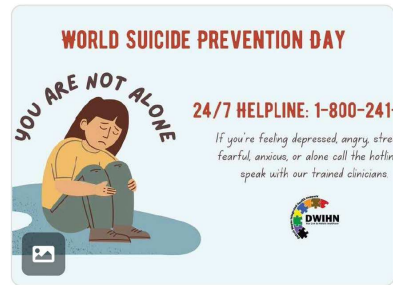
The Communications department creates a social media strategy that builds DWIHN audiences across platforms & aligns with the putting children first campaign.



Social Media-Twitter & Instagram

 **@DetroitWayneIHN**
Fri 9/10/2021 10:26 am EDT

You are not alone. DWIHN and our trained clinicians are here for you. Retweet! You never know - you could save a life! We'r...



Impressions **625**

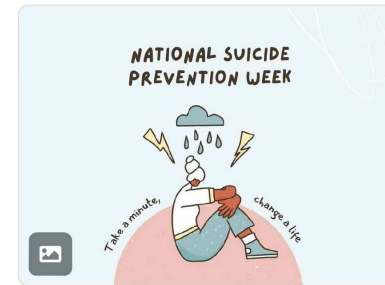
 **@DetroitWayneIHN**
Mon 3/28/2022 10:11 am EDT

After Stanford senior Katie Meyer's shocking death by suicide, here's what to know about mental health support on campuses and how to support children at college, particularly now that they seem to be struggling more than ever: on.today.com/37lwEIR

Impressions **415**

 **@DetroitWayneIHN**
Wed 9/8/2021 8:35 pm EDT

Did you know this week is **#NationalSuicidePreventionWeek**? Here are a few ways and things to say to...



Impressions **385**

 **detroitwayneihn**
Sat 9/25/2021 6:11 pm EDT

We are wrapping up Suicide Awareness Month in a very impactful way. Special thanks to @thechildrenscenter for invitin...



Impressions **412**

 **detroitwayneihn**
Wed 1/19/2022 10:54 am EST

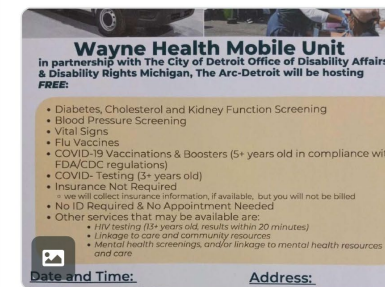
We applaud officers Larson, Ibrahim, and others from the 7th Precinct for putting their Crisis Intervention Training to use,...



Impressions **284**
Page 168 of 259

 **detroitwayneihn**
Fri 1/14/2022 7:26 am EST

Tomorrow, from 11:00am-3:00pm The Arc Detroit in partnership with Wayne Health Mobile Unit, The City of Detroit Office of...



Impressions **243**



Social Media-Linked In

Post Title	Date	Impressions
Biden Nominates Black Female M... Fellow Michigander, District Judge Stephanie Dawkins Davis, has been nominated for the U.S. Court of Appeals....	Thu 2/3/2022 2:17 pm EST	4,246
Mr. Angelo Glenn We are happy to share that DWIHN Board Chair, Mr. Angelo Glenn was honored last night during the MI Chronicle's Men of...	Fri 1/28/2022 5:29 pm EST	2,314
Mr. Darryl Woods Sr. Please extend a warm welcome to DWIHN's newest SUD Board Member, Mr. Darryl Woods, Sr. Darryl Woods Sr, is the...	Tue 2/8/2022 11:13 am EST	2,013



Social Media-Streaming



In June, Communications & Youth United will begin a youth-driven campaign posting on Tik Tok well as creating messaging for Snapchat, Apple Music and other streaming audio applications. Youth United will also start its own Podcast this summer.



Social Media Results

- ▶ Over the last several months, we have seen growth on most of our platforms especially Instagram and Linked In
- ▶ Each month we analyze posts to make sure we are getting maximum engagement from our audiences
- ▶ We are adding more “reels” and videos to engage bigger audiences
- ▶ We boost posts every month by putting dollars behind certain messages in which we want to reach more people

Outdoor Media



Mental Health Care
Putting Children First

 **HERE TO TALK. HERE TO HELP. 800-241-4949**

This advertisement features a photograph of a woman in a green headscarf smiling and holding a young girl on her shoulders. The background is a warm, orange-toned gradient.

TAP INTO YOUR
Mental Health

 **HERE TO TALK. HERE TO HELP. 800-241-4949**

This advertisement features a photograph of a young Black man with a serious expression, wearing a maroon hoodie. The background is a dark, textured grey.



Outdoor Media



COPING WITH COVID-19?

Here to Talk. Here to Help.

800-241-4949



**Mental Illness
Does Not
Discriminate**

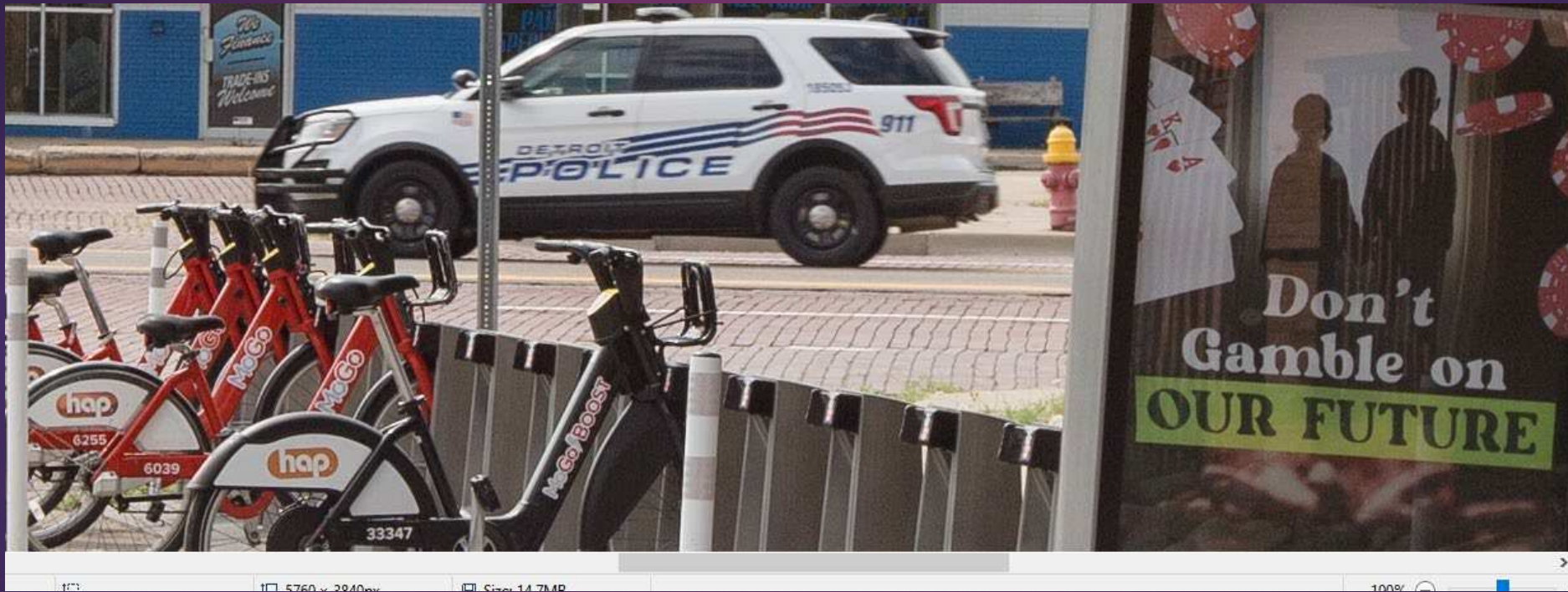
HERE TO TALK. HERE TO HELP. 800-241-4949



Outdoor Media-Bus Stops



Outdoor Media-Bike Racks



SUD Outdoor Media



STILL AN EPIDEMIC

DWIHN HERE TO TALK. HERE TO HELP. 800-241-4949

NEED SUPPORT? Hope is Here

DWIHN HERE TO TALK. HERE TO HELP. 800-241-4949

Find Your Pathway to *Recovery*

DWIHN HERE TO TALK. HERE TO HELP. 800-241-4949

OUTFRONT

Alcohol is Never the Answer

DWIHN HERE TO TALK. HERE TO HELP. 800-241-4949

SUD Marketing Campaign

- ▶ Ask the Messengers
- ▶ Comcast
- ▶ Cumulus Radio
- ▶ Fox 2 News
- ▶ Global Recovery Live
- ▶ Global Media Agency (Middle Eastern TV)
- ▶ Metro Parent
- ▶ Mind Matters with Dr. Michele
- ▶ Scripps Media

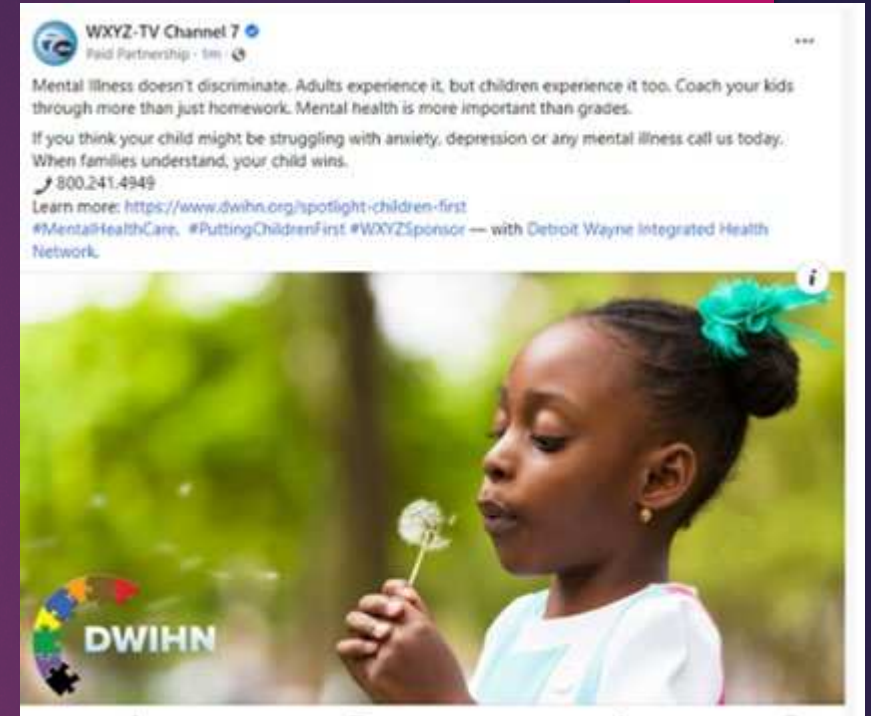
Media-Channels 4 & 7



Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

CEREBRAL PALSY?

DETROIT WAYNE INTEGRATED HEALTH NETWORK
Call 800.241.4949 • Available 24/7



WXYZ-TV Channel 7
Paid Partnership · 5m · 🌐


Mental illness doesn't discriminate. Adults experience it, but children experience it too. Coach your kids through more than just homework. Mental health is more important than grades.

If you think your child might be struggling with anxiety, depression or any mental illness call us today. When families understand, your child wins.

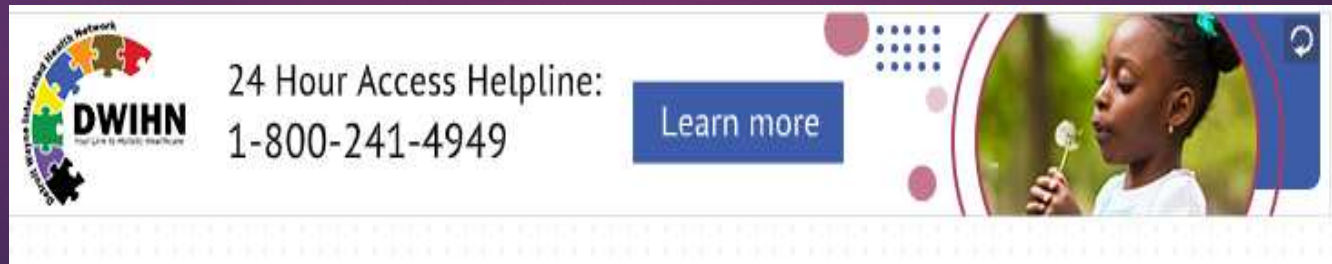
📞 800.241.4949

Learn more: <https://www.dwhn.org/spotlight-children-first>

#MentalHealthCare #PuttingChildrenFirst #WXYZSponsor — with Detroit Wayne Integrated Health Network.




DWIHN



Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

24 Hour Access Helpline:
1-800-241-4949

[Learn more](#)



Poner a los niños primero: aceptar el desafío



Eric Doeh, JD

Poner las necesidades de nuestros hijos en primer lugar es una prioridad de la que todos debemos responsabilizarnos. Según la Alianza Nacional sobre Enfermedades Mentales, 1 de cada 6 adultos jóvenes de 12 a 17 años experimenta depresión; 3 millones han tenido pensamientos suicidas y ha habido un aumento del 31% en las visitas al departamento de emergencias relacionadas con la salud mental. La Red de Salud Integrada de Detroit Wayne (DWIHN, por sus siglas en inglés) se enfoca en garantizar que las necesidades de atención médica de nuestros niños se satisfagan al proporcionar atención médica de calidad, apoyo y programas educativos y de vivienda.

dey crédito. Es esta inocencia la que debemos proteger.

A través de nuestro Programa de Iniciativa de Éxito Escolar, DWIHN está invirtiendo en nuestras escuelas K-12 en todo el condado de Wayne y trabajando con los estudiantes y sus familias para mejorar los resultados de salud mental a través de la educación, referencias e intervención temprana. Esto nos ha permitido llegar a más estudiantes en todos los niveles de grado, el año pasado DWIHN atendió a más de 8,500 jóvenes a través de esta iniciativa. Al brindar capacitación en psicoeducación, apoyo a los padres, desarrollo profesional y servicios de asesoramiento a los niños y sus familias, les re-
deamos de las herramientas necesarias para una buena salud mental y desarrollar la resiliencia necesaria para hacer frente a lo que sea que la vida les presente y permitirles convertirse en adultos completos y sanos.

Hay aproximadamente 5,800 niños en el sistema de crianza temporal en el condado de Wayne. Este es otro excelente ejemplo de cómo debemos asumir la responsabilidad y enfrentar el desafío de cuidar a la próxima generación. Los niños ingresan al programa de acogida por varias razones, siendo las más comunes el abuso y la negligencia. A través de nuestra red de proveedores, DWIHN puede ofrecer las evaluaciones de salud conductual necesarias que pueden estar asociadas con dicho trauma. Al ofrecer consistencia en el mundo inconsistente saben que les estamos dando a estos jóvenes la fuerza y los apoyos deseados durante estos formidables años de adolescencia. Según el Dr. Shama Faheem, director médico y psiquiatra infantil de DWIHN, los jóvenes en el sistema de crianza temporal tienen proble-

centiable en la vida de un niño de crianza puede ser gratificante, al proporcionar mecanismos de afrontamiento, está ofreciendo esperanza y orientación sobre cómo lidiar con situaciones estresantes. A medida que estos adultos jóvenes salgan del sistema, necesitarán estas herramientas para prepararse para el mundo real. ¿Cómo vivirán, trabajarán, irán a la escuela?

DWIHN se compromete a brindar esperanza a estos niños pequeños a medida que salen del sistema de crianza temporal trabajando con nuestros socios comunitarios y ofreciendo capacitación laboral, oportunidades educativas y alojamiento para que puedan concentrarse en su futuro. No tienen la familia o los sistemas de apoyo financiero que tienen los miles de otros adolescentes para ayudar a dejar su huella en este mundo. Continuaremos ofreciendo estabilidad y siendo la presencia constante en sus vidas hasta la edad adulta.

Muchos de nuestros niños están lidiando con situaciones fuera de su control, enfermedad mental, abuso y abandono. Es hora de que aceptemos el desafío de poner a nuestros niños vulnerables primero. Hacer de los servicios de salud y educación de calidad una prioridad para garantizar sus oportunidades de éxito. A través de estas soluciones innovadoras mejoraremos el acceso a la salud mental y protegeremos el bienestar emocional y la salud física.

La integración de la salud conductual es un enfoque que puede mejorar el acceso a la atención para los niños y sus familias. Las asociaciones entre la atención primaria de la salud y la salud mental pueden hacer que estos servicios sean más accesibles para las familias. Ahora es el momento de aceptar el desafío de cambio y hacer lo correcto para

Other Voices: Guest Editorial

Putting children first – rise to the challenge

By Eric Doeh, JD

Putting the needs of our children first is a priority that we must all take responsibility for.

According to the National Alliance on Mental Illness, 1 in 6 young adults age 12 to 17 experience depression, 3 million have had thoughts of suicide and there has been a 31% increase in mental health-related emergency department visits.

The Detroit Wayne Integrated Health Network (DWIHN) is focused on ensuring the healthcare needs of our children are being met by providing quality mental and physical healthcare, housing and educational supports and programs.

By working with our provider partners and community stakeholders, it is time that we rise to the challenge of caring for the next generation. Together we can offer the proper healthcare that will protect our young people with the physical and emotional health, professional guidance and development opportunities necessary to reach their full potential as adults.

The pandemic has proven to be a source of anxiety, stress, isolation and depression for everyone. Our children are feeling these same effects differently.

Separated from their friends, masked away from the unknown, living fearful in a world that has few answers can be unsettling. As I look into my own child's eyes, I am met with hope, knowing that she is often far more resilient and courageous than I often give her credit for. It is this innocence that we must protect.

Through our School Success Initiative Program, DWIHN is investing in our K-12 schools throughout Wayne County and working with students and their families. **Over 170 of 259** are giving these young people the strength and supports desired during



Eric Doeh, JD



and early intervention. This has enabled us to reach more students across all grade levels, last year DWIHN served over 8,500 young people through this initiative.

By providing specialized, training, parent supports, professional development and counseling services to children and their families, we are surrounding them with the tools needed for good mental health to develop the resilience needed to cope with whatever life throws at them and enable them to grow into well-rounded, healthy adults.

There are approximately 5,800 children in the foster care system in Wayne County. This is another prime example of where we must take responsibility and rise to the challenge of caring for the next generation. Children go into the foster program for several reasons, the most common being abuse and neglect.

Through our provider network, DWIHN can offer the necessary behavioral health assessments that may be associated with such trauma. By offering consistency in the inconsistent world they know people the strength and supports desired during

these formative years of adolescence. According to Dr. Shama Faheem,

DWIHN Chief Medical Officer and Child Psychiatrist "Young people in the foster care system have complicated and severe medical, mental, oral, and psychosocial health issues; trauma rooted in childhood experiences are common and can be linked to serious impacts in adolescence and adulthood."

The ability to be a reliable person in a foster child's life can be rewarding; by providing caring mechanisms, you are offering hope and guidance how to deal with stressful situations. As these young adults age out of the system they will need these tools to prepare them for the real world. Where will they live, work, go to school?

DWIHN is committed to providing hope for these young children as they age out of the foster care system working with our community partners and offering job training, educational opportunities and housing accommodations so they can focus on their future.

They don't have the family or financial support systems that the thousands of other teenagers have to help make their mark on this world. We will continue to offer stability and be the consistent presence in their lives into adulthood.

Many of our children are dealing with substance use, mental illness, abuse and neglect. It is time that we accept the challenge of putting our vulnerable children first, making quality healthcare and educational services a priority to guarantee their opportunities for success.

Through these innovative solutions we will improve access to mental healthcare and protect the emotional well-being. **Continued on page 4**

DWIHN President/CEO Eric Doeh penned an Op-ed discussing the importance of enhancing children's services. It appeared in The Detroit News, Michigan Chronicle, Hamtramck Review, Arab American News & Latino Press.

Media



The Detroit News

OPINION This piece expresses the views of its author(s), separate from those of this publication.

Opinion: How more collaboration will improve mental health care in Michigan

Eric Doeh

Published 11:00 p.m. ET May 4, 2022

Across Michigan, we have a mental health crisis. The effects of staff shortages, the COVID-19 pandemic, access to mental health care services and a growing caseload — particularly in pediatric care — mean too many Michigan residents can't access services.

And Michigan is not alone. This is a problem across the country.

Anyone who has experienced a mental health challenge themselves or alongside a family member knows the panic and frustration of having nowhere to turn. Access to services is an acute problem that has been growing in recent years. Unfortunately, the main solution in the past has been to take the loved one to the hospital or call law enforcement, where they don't have the staffing or facilities to deal with immediate or long-term mental health treatments.

There is one positive outcome to this mental health crisis: Our mental health care experts, advocates, stakeholders and government leaders are learning to be creative and develop solutions that will make a difference. We're encouraged that the governor and legislative leaders have also recognized the great need and are targeting funds to support these local efforts — and these dollars are the start to making a real difference.

As demand continues to increase, we need to attract more people into serving and treating those experiencing a challenge with their mental health and we need organizations and locations to provide help. Kent and Wayne counties are leading the charge to make positive change.

In Kent County, local government, the health care community, law enforcement and others have partnered to design a continuum of services to address the most critical needs. Plans include a crisis stabilization center equipped to accept individuals directly from law enforcement, plus expanded use of mobile crisis teams to respond alongside or in place of police and paramedics.

<https://www.detroitnews.com/story/opinion/2022/05/05/opinion-how-collaboration-improve-mental-health-care-michigan/9645995002/>

1/2

Community Outreach

- ▶ There are several teams from various departments that attend events and distribute information
- ▶ Since the beginning of Fiscal Year 2021 through the end of May, we will have attended 75 events.

Community Outreach

Communications created a monthly calendar highlighting DWIHN & Provider events. It is shared on the DWIHN website and intranet page.



02 MAY
S.O.U.L.S. Chat: Faith Talk Mondays
(Every Week) 5/2, 5/9, 5/16, 5/23 and 5/30
Supportive, Outreach, Understanding, Life-Situations. Join us for an informational faith and community discussion. [For more info click here](#)

DWIHN 2022 Michigan CIT Conference
46100 Grand River Ave, Novi, MI 48374
[For more information click here](#)

03 MAY
DWIHN 2022 Michigan CIT Conference
46100 Grand River Ave, Novi, MI 48374
[For more information click here](#)

04 MAY
S.O.U.L.S. Chat: Casual Talk Wednesdays
(Every Week) 5/4, 5/11, 5/18 and 5/25
Supportive, Outreach, Understanding, Life-Situations. Join us for an informational community discussion. [For more info click here](#)

05 MAY
Youth Move Detroit
5 pm - 6 pm youth ages 14-25
The Children's Center
79 W. Alexandrine St. Det MI 48201. BLDG 79

07 MAY
**Detroit Police Department
Teen Wellness Summit**
9 am - 5 pm
Fort Pontchartrain Hotel; Boys and Girls Club;
Say Play Detroit; Lasky Rec Center
[For more information click here](#)

08 MAY
Just 4 Me Book Club
5 pm - 6 pm youth ages 5-12
The Children's Center
Virtual Event
If interested, please contact Christine Hudson at chudson@thechildrenscenter.com or 313-663-0946.

11 MAY
**Inclusive Society: Using Assistive Technology
Beyond the School Day with Carolyn O'Hearn
from Alt+ Shift**
7:00-8:30 pm
Michigan Alliance for Families
[For more info click here.](#)

12 MAY
**Youth United/ DWIHN
Children Mental Health Awareness Day
My Mind Matters**
Self-Care Workshop Youth Discussion And More
4pm-7pm
[Register Here](#)

13 MAY
**A Night of Education Secure the Mind:
A Conversation on Mental Wellness**
7pm
Oak Grove AME Church
19801 Cherrylawn Det, MI 48221
www.oakgroveame.org

15 MAY
**Suicide Prevention Awareness Walk &
Mental Health Fair**
10:30 am - 12:30 pm
Grosse Pointe North High School
707 Vernier Rd. Grosse Pointe Woods

19 MAY
**Reviewing the Genetics of Autism
Spectrum Disorder**
w/Erin Duchan
12pm-1pm
[Click here to register](#)

21 MAY
**Tri-County Veterans Community Resource
Event-Celebrating Military Service
Members and their Families**
10:00am- 2 pm
United Wholesale Mortgage Sports Complex
867 E South Blvd. Pontiac, MI

13th Annual Hamtramck Health Hike
9:30am
3401 Evaline, Hamtramck MI
(In front of Hamtramck City Hall)
[Click here to register](#)

24 MAY
Transition Beyond IDEA with Michelle Driscoll
12:00-1:00 pm
Michigan Alliance for Families
[For more info click here.](#)

**My Girl Story: Black Girls and Mental
Health- Detroit Discussion**
6:30pm- 7:30 pm- Documentary screening
7:45pm -9:00pm- Panel Discussion
Cinema Detroit
4126 3rd Ave, Detroit, MI 48201.
[Click here to register](#)

25 MAY
Faces of Trauma: The Art of Healing
5:00-7:30pm
MOCAD Cafe
4454 Woodward Ave Detroit, MI
[Click here to register](#)

31 MAY
**Wayne Health Mobile Unit/DWIHN/ The
Great Divine: Free Health Screening Event**
1pm-6pm
The Great Divine Center
17163 E Warren Ave Detroit, MI 48224
[For more info visit waynehealthcares.org](http://waynehealthcares.org)



Community Outreach-Spanish

**HOLA DETROIT 2022-23
HISPANIC DIRECTORY**
www.holadetroit.com

NUMEROS DE EMERGENCIAS

CRISIS	<p>(For Emergency Only) Served all Wayne County Communities.....911</p> <p>SANCTUARY / CRISIS HOTLINE1-800-231-1127 also, 248-456-0909</p> <p>Special Victim Unit 313-224-5857</p> <p>Detroit Wayne Integrated Health Network 24/7 Crisis Access Line.....800-241-4949</p> <p>Domestics Violence Victims Services..... 313-224-5800</p>
SUICIDE/ SUICIDIO	<p>Suicide Prevention Center (24 Hours) 313-224-7000</p>
CHILD ABUSE ABUSO INFANTIL	<p>The National Child Abuse Hotline 24 hours 7 days 1-800-422-4453</p> <p>Children's Center of Wayne County..... 313-831-5535</p> <p>Poison Control..... 1-800-222-1222</p> <p>Children's Hospital of Michigan (24 Hours) 313-745-5437</p> <p>Crisis and Resources Hotline (24 Hours)..... 1-800-231-1127 or 248-456-0909</p> <p>National Run-A-Way Switchboard 1-800-RunAway</p>

Aquí para Hablar. Aquí para Ayudar.



DWHN
Your Link to Holistic Healthcare

Servicios Integrados de Salud
Para Niños, Familias y Adultos

- Salud de Conducta
- Servicios para Niños
- Atención de Crisis
- Servicios de Discapacidad
- Ayuda de Salud Mental
- Tratamiento por Uso de Sustancias
- Asistencia para Veteranos



DWHN Ayuda a Casi 75,000 Personas



www.dwhn.org

@DetroitWayneIHN



¿NECESITAS AYUDA? CONTÁCTANOS. LÍNEA DE AYUDA 24 HORAS 800-241-4949

Community Outreach-La Prensa Mental Health Special

LA PRENSA SALES: TOLEDO/CLEVELAND 419-870-2797 • DE

Page 6

La Pr

La historia de Joanna y Edward

El amor de una madre le da forma al futuro de su hijo. Cuando Joanna se enteró por primera vez de su embarazo, ella y su esposo estaban encantados. Después de muchos intentos fallidos, sus sueños de convertirse en padres finalmente se hicieron realidad. A lo largo de su embarazo, Joanna amaba a la personita que crecía dentro de ella. No se dio cuenta de que podía amar tanto a alguien hasta que se convirtió en madre. Cuando Joanna

los servicios ejemplares que se ofrecen a las familias y las personas con discapacidades intelectuales y de desarrollo. La dedicación de DWIHN para apoyar a niños y adultos ha ayudado a Joanna a pasar de tener miedo a tener esperanza. Hoy, ella es embajadora de DWIHN, definiendo y hablando con grupos comunitarios



diseño le ha valido un trabajo en uno de los tres grandes fabricantes de

Los niños son primero: Ponte a la altura

Eric Doeh, JD

Anteponernos a las necesidades de nuestros hijos es una prioridad de la que todos debemos hacernos responsables. Según la Alianza Nacional sobre Enfermedades Mentales, 1 de cada 6 adultos jóvenes de 12 a 17 años experimenta depresión, 3 millones han tenido pensamientos suicidas y ha habido un aumento del 31% en las visitas al departamento de emergencias relacionadas con salud mental. La Red de Salud Integral de Detroit Wayne (DWIHN, por sus siglas en inglés) se enfoca en garantizar que se satisfagan las necesidades de atención médica de nuestros niños al brindar atención médica física y mental de calidad, apoyo y programas educativos y de vivienda.

Trabajando con nuestros socios proveedores y accionistas comunitarios, llega el momento de ponernos a la altura y cuidar a la próxima generación. Juntos podemos ofrecer la atención médica adecuada que brindará a nuestros jóvenes la salud física

nuestras escuelas K-12 en todo el condado de Wayne y trabajando con los estudiantes y sus familias para mejorar los resultados de salud mental a través de la educación, referencias e intervención temprana. Esto nos ha permitido llegar a más estudiantes de los diferentes grados, el año pasado DWIHN atendió a más de 8,500 jóvenes a través de esta iniciativa. Al brindar capacitación en psicoeducación, apoyo a los padres, desarrollo profesional y servicios de asesoramiento a los niños y sus familias, los rodeamos de las herramientas necesarias para tener una buena salud mental y desarrollar la resiliencia necesaria para hacer frente a lo que sea que la vida les presente, lo que les permitirá convertirse en adultos completos y sanos.

Hay aproximadamente 5,800 niños en el sistema de crianza temporal en el

crianza temporal tienen problemas de salud médicos, mentales, orales, psicosociales complicados y graves; los traumas arraigados en las experiencias de la niñez son comunes y pueden vincularse a impactos graves en la adolescencia y la edad adulta". La capacidad de ser una persona confiable en la vida de un niño que está en crianza temporal puede ser gratificante; al proporcionar mecanismos de defensa, se ofrece esperanza y orientación sobre cómo lidiar con situaciones estresantes. A medida que estos adultos jóvenes salgan del sistema, necesitarán estas herramientas



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-54R(5) Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: Barr, Joseph J.

Contract Title: HEDIS/NCQA Professional Consultant Services

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 5/4/2022

Proposed Contract Term: 7/1/2022 to 12/30/2022

Amount of Contract: \$ 229,410.00 Previous Fiscal Year: \$ 187,940.00

Program Type: Continuation

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

Date Contract First Initiated: 8/19/2019

Provider Impaneled (Y/N)? N

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

This Board Action is to request terms and funding extension of contractual Professional IT services for the period from 7/1/22 - 12/30/22. \$41,470.00 is the additional fund allocation needed to support the additional six months of the contract.

We would like Mr. Barr to continue assisting on a part-time basis with helping us generate HEDIS measures which is one of the prime requirements from data standpoint when it comes to both state reporting and NCQA compliance. Mr Barr has been instrumental in developing Risk Matrix and is continuing to help us extend the functionality and rollout to entire network.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
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	\$ 229,410.00	\$ 229,410.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 229,410.00	\$ 229,410.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, April 29, 2022

Signed: Friday, April 29, 2022

Board Action Taken

The following Action was taken by the Full Board on the 18th day of May, 2022.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: May 18, 2022

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 22-16R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Substance Use Disorder Prevention Services Fiscal Year 2022

Address where services are provided: 122 South Street Belleville, MI 48111

Presented to Program Compliance Committee at its meeting on: 5/11/2022

Proposed Contract Term: 5/1/2022 to 9/30/2022

Amount of Contract: \$ 6,719,938.00 Previous Fiscal Year: \$ 5,632,133.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 1000

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)? Y

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

The SUD Dept is requesting board approval to accept and disburse Treatment Block Grant Funding from the Michigan Department of Health and Human Services (MDHHS) in the amount of \$4,000.00, to educate the retailers and the community on Electronic Nicotine Delivery System (ENDS) products. The Tobacco Section is providing funding for the period May 1, 2022- September 30, 2022. The SUD prevention provider chosen to implement this service is Strategies to Overcome Obstacles and Reduce Recidivism (SOOAR). The provider's goal is to raise awareness of ENDS and research agencies for disposal of ENDS waste products. The allowable activities will be as follows: ENDS education, the development of material regarding ENDS. The funds will cover the cost of \$1500.00 in salaries, \$2,000.00 in supplies and \$500.00 in other expenses. The FY 22 SUD Prevention Services program of \$6,715,938.00 is increased by \$4,000.00 to \$6,719,938.00 and consists of Federal Block Grant revenue of \$4,704,938.00 and \$2,015,000.00 is designated to Public Act2 Funds .

DWIHN has the discretion to allocate the funds among the providers base upon utilization without board approval upt the approved not to exceed amount. As a result, budget may be decreased/increased among providers

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Blockgrant	\$ 4,704,938.00	\$ 4,704,938.00
PA 2	\$ 2,015,000.00	\$ 2,015,000.00
Total Revenue	\$ 6,719,938.00	\$ 6,719,938.00

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, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, May 5, 2022

Signed: Thursday, May 5, 2022

Board Action Taken

The following Action was taken by the Full Board on the 18th day of May, 2022.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: May 18, 2022

—

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 22-17R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder Treatment Services Network Fiscal Year 2022

Address where services are provided: None

Presented to Finance Committee at its meeting on: 5/4/2022

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 8,081,948.20 Previous Fiscal Year: \$ 6,291,109.00

Program Type: New

Projected Number Served- Year 1: 1,000,000,000 Persons Served (previous fiscal year): 1000000000

Date Contract First Initiated: 3/1/2022

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 the inclusion of Cumulus Radio that was inadvertently omitted from the initial board action. MEA-TV was overallocated \$10,000 that should've been allocated to Cumulus Radio. The total amount and terms of the board action remains the same.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Blockgrant	\$ 6,761,900.00	\$ 6,761,900.00
PA 2	\$ 1,320,048.20	\$ 1,320,048.20
Total Revenue	\$ 8,081,948.20	\$ 8,081,948.20

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

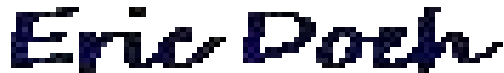
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, April 27, 2022

Signed: Wednesday, April 27, 2022

Board Action Taken

The following Action was taken by the Full Board on the 18th day of May, 2022.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: May 18, 2022

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 22-17R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: Sobriety House Inc

Contract Title: Substance Use Disorder Treatment Services Fiscal Year 2022

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 5/11/2022

Proposed Contract Term: 5/1/2022 to 9/30/2022

Amount of Contract: \$ 8,613,522.00 Previous Fiscal Year: \$ 6,291,109.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 1000

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)? Y

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

The SUD Department is requesting board approval to receive and disburse additional PA 2 funding in the amount of \$85,000.00 to provide community SUD Annual Conferences. The conferences are aimed to educate and bring awareness to important topics. The goal is to reduce barriers, enrich personal lives, inspire hope, allow participants an opportunity to experience an atmosphere of understanding, and provide additional outreach and marketing. Conferences will include giveaways, i.e., fentanyl test strips, DWIHN's educational material, and deterra bags.

The additional PA2 funds will be distributed as follows and have a contract term of March 1, 2022 through September 30, 2022.

The Annual Men's Conference (\$25,000.00) coordinated with Sobriety House, The Annual Faith Base Conference (\$25,000.00) to National Council on Alcoholism and Drug Dependence, The Women's Conference to Elmhurst Home (\$25,000.00), Annual Opioid Summit is a joint effort with MPHI, Southeast Michigan for Addiction-free Communities (SEMAAC) (10,000.00)

This request is to increase FY 2022 SUD Treatment Program of 8,528,522.00 by \$85,000.00 to consists of Federal Block Grant revenue of \$7,208,474.00 and Public Act2 funds \$1,405,048.00 to provide community SUD Annual Conferences.

DWIHN has the discretion to allocate the funds among the provides based upon utilization without board approval up to the approved not to exceed amount. As a result, budget may be decreased/increased among providers

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

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Blockgrant	\$ 7,208,474.00	\$ 7,208,474.00
PA 2	\$ 1,405,048.00	\$ 1,405,048.00
Total Revenue	\$ 8,613,522.00	\$ 8,613,522.00

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, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, May 3, 2022

Signed: Tuesday, May 3, 2022

Board Action Taken

The following Action was taken by the Full Board on the 18th day of May, 2022.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: May 18, 2022

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-29 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Jail Diversion/Police Partnership Expansion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/11/2022

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 1,305,000.00 Previous Fiscal Year: \$ 1,005,000.00

Program Type: Modification

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 2100

Date Contract First Initiated: 6/10/2004

Provider Impaneled (Y/N)?

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

This board action is requesting the approval to increase the contract by \$300,000 for the period May 1, 2022 through September 30, 2022 for a total amount not to exceed \$1,305,000 for the Mental Health Crisis Diversion program. The programs objective is to improve the county's response to individuals experiencing mental health crises and to prevent future crisis by connecting them early on to supportive services.

It is proposed that DWIHN expand efforts into Out-Wayne County to further support the organizations mission of prevention, treatment, and recovery for individuals within the system of care, and those who have not yet obtained access, but need behavioral health support. Co-response programs will be launched in Inkster, Southgate, the Grosse Pointes and Harper Woods Collaborative.

The funds can be reallocated between the providers without board approval up to the total amount not to exceed \$1,305,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
General Fund	\$ 1,305,000.00	\$ 1,305,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,305,000.00	\$ 1,305,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, May 6, 2022

Signed: Friday, May 6, 2022

Board Action Taken

The following Action was taken by the Full Board on the 18th day of May, 2022.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: May 18, 2022

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-62 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: See attached list

Contract Title: Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/11/2022

Proposed Contract Term: 5/1/2022 to 9/30/2022

Amount of Contract: \$ 1,900,000.00 Previous Fiscal Year: \$ 2,100,000.00

Program Type: Continuation

Projected Number Served- Year 1: 900 Persons Served (previous fiscal year): 1100

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of a one year term in an amount not to exceed \$1.9 million.

The DWIHN Summer Youth Employment Program is a continuation from the last four fiscal years with organizations intending to foster growth and enhance communities. These organizations thrive on community outreach to adolescents focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

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

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
General Fund	\$ 1,900,000.00	\$ 1,900,000.00

	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,900,000.00	\$ 1,900,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, May 9, 2022

Signed: Monday, May 9, 2022

Board Action Taken

The following Action was taken by the Full Board on the 18th day of May, 2022.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: May 18, 2022

—



Assured Family Services

DBA Juvenile Assessment Center

Presenters: Sallie Smith-Brown, CEO

Trinilda Johnson, COO

May 18, 2022



Mission and Vision

The mission of Assured Family Services is to promote successful living, healthy development, and safe environments by identifying the unique needs of the youth and families we serve, thus enabling the recommendation and administration of appropriate quality services and effective partnering with community organizations.

We envision healthy families and safe environments where each child has the opportunity to live fully and be successful in life.

Assured Family Services has provided behavioral health services for over 22 years to Wayne County and the surrounding areas.



Services Provided in 3 Locations



Main Location- 7310 Woodward



1326 St. Antoine - Juvenile Detention Facility



1025 E. Forest - Court Services



Assured Family Services

Single Gateway to Access JJ Services

- ▶ Access to Prevention, Diversion, Adjudicated and Pre-Disposition Services for juveniles
- ▶ Determines Eligibility for Services & Registers All Cases in JAIS
- ▶ Wayne County's Liaison to 3rd Circuit Court
- ▶ CMO Assignment By parental ZIP Code
- ▶ Clinical, Social, Medical, Psychiatric Evaluation
- ▶ Initial Risk and Security Level Assessment
- ▶ Apply County's Managed Care Policy to CMOs for Resource Utilization and System Dis-enrollment
- ▶ Drug Screens and Lab Operations
- ▶ Diversion Assessment
- ▶ Detention Management
- ▶ Oversight of Detention Alternatives
- ▶ Outcome Evaluation and Reporting
- ▶ Administrative Functions



Court Based Covered Services/ Responsibilities

- ▶ **Access to Detention & Detention Alternatives**
 - ▶ Detention Management and Alternatives to Detention
 - ▶ Private Detention Movement (maintain JDF for new admissions)
 - ▶ Release coordination from detention
 - ▶ Coordination and transmission of Medical and Educational records from the Juvenile Detention Facility
 - ▶ Completion and transmission of the daily Preliminary Hearing Report which outlines the SA and hearing outcome information from the Prelims held at the JDF
 - ▶ Tether/In-Home Detention
 - ▶ Monitoring and reporting of violations through daily communication with the CMOs and weekly reporting to HHVS.
 - ▶ Training of the representatives from the services provider agencies
- ▶ Compile Assessment & Assignment Packets for Care Management Organizations (CMO)
- ▶ Writ/Apprehension Coordination with CMO and WEB
- ▶ Petitions Review and Coordination with CMOs to Court
- ▶ Liaison with Court Requests, Missing/Incorrect Orders, Special Requests, Technical Assistance



Diversion Assessment & Assignment

- ▶ Right TRAC is an initiative between Wayne County HHVS and the Wayne County Prosecutor's Office
- ▶ The goal of Right TRAC is to keep youth from entering the formal justice system
- ▶ A petition or adjudication is not needed to get help
- ▶ Success is measured as no formal petition for one year after program completion
- ▶ > 3,600 youth, 90% success post 1 year (no new offense conviction)



AFS Access and Social Clinical Assessment

- ▶ Assessment Services completes bio-psycho-social interviews with parents, caretakers, detention staff and juveniles conducted within 14 days at:
 - ▶ Detention facilities
 - ▶ With Parents/Guardians in Family Homes in the Community
- ▶ Evaluations are conducted by a cadre of Masters Level Clinical Assessment Specialists (credentialed with CMH)
- ▶ Seven days a week



Psychological Testing and Evaluation

- ▶ Clinical Services schedules and provides comprehensive psychological evaluations conducted at Detention facilities, CMO agencies, & AFS offices
- ▶ Evaluations are conducted by a cadre of psychologists
- ▶ Psychological evaluation reports are generated within 10 days of case registration
- ▶ Timely generation of reports is critical:
 - ▶ For integration into the AFS/JAC Social History report, which leaves the agency within 15 days from registration to the CMO agencies
 - ▶ To provide CMO case managers with necessary information to develop a service plan for each youth



Integrated Community Based Services (ICBS)

- ▶ ICBS clinicians provide coordination of care services to adjudicated Youth that meet criteria for Serious Emotional Disturbance (SED) or Developmental Disability (DD/IDD). The identified Youth may be presenting with behavioral and/or emotional problems that are negatively impacting their ability to function appropriately within the home, school and/or community setting.
- ▶ Master's level clinicians work with the youth and family to select or reconnect with a community mental health provider of their choice. They address any barriers to care, regularly monitor assigned cases, assist youth de-escalating from residential placement and provide clinical technical assistance as needed.
- ▶ Services to Children and Youth are based on each individual child and family's specific needs, issues, and goals that have been assessed and identified in their individual treatment plan.
- ▶ ICBS Coordinators work in partnership with Care Management Organizations (CMOs), Detroit Wayne Integrated Health Network (DWIHN) service providers, and other community-based treatment and support service providers, to ensure that Youth who have an identified need for Mental Health, Trauma Based, and/or Substance Abuse Services have access to such care, and in a timely manner.



CHOICES (Community Health Outreach Intervention Clinical Engagement Services)

CHOICES Outpatient Mental Health Services

- ▶ Community Mental Health provider with DWIHN; Medicaid approved Children's Service Treatment provider
- ▶ Behavioral Health Services provided to Juvenile Justice, Child Welfare, and Community Mental Health populations ages 0-21 and third-party payers
- ▶ Pre-pandemic all services were provided in home meeting families where they are
- ▶ Clinicians are trained in the MDHHS Trauma Focused CBT cohorts and Motivational Interviewing

CHOICES Community Mental Health Service Array

- ▶ Home Based Services
- ▶ Infant Mental Health
- ▶ Parent Support Partner
- ▶ Youth Peer Support Specialist
- ▶ Partnership with Detroit Public Schools Community District to provide School-based services and summer enrichment programming



Substance Abuse Services

AFS is a licensed substance abuse agency and operates a CLIA certified lab.

AFS Substance Abuse Services team provides:

- ▶ Timely screening and assessment of all juvenile justice youth unless deemed to be underage
- ▶ Properly observed AOD screening - Chain of Custody
- ▶ Onsite lab that provides rapid and accurate lab sample analysis and security
- ▶ Random screening for community youth and monitoring
- ▶ Administer GAIN (Global Assessment of Individual Needs) assessment tool - Quality, evidenced based SAMHSA approved Level of Care Assessment to determine immediate treatment needs

FY 21 Statistics

- ▶ 635 unduplicated youth screened at Juvenile Detention Facility
- ▶ 631 unduplicated adjudicated youth were screened randomly at the CMO locations to guide CMO treatment and monitor youth use and relapse
- ▶ 20 youth were screened through STAND and Right TRAC
- ▶ 1286 total unduplicated youth were screened for 4275 youth AOD screens
- ▶ 62% of adjudicated youth self-report use of illegal substances
- ▶ 33% of Diversion youth test positive for illegal substances
- ▶ 58% of detention admissions test positive for use of some illegal substance or alcohol
- ▶ 396 youth provided a GAIN assessment to determine treatment level of care
- ▶ Significant decrease in AOD screens and GAIN assessments due to the COVID-19 pandemic



Psychiatric Services

AFS' Psychiatrist and Licensed Nurse Practitioner provide psychiatric evaluations for:

- ▶ Reunification of child welfare youth and families
- ▶ Psychiatric evaluations to determine level of acuity and to support the necessity for out of home care and specialized placements
- ▶ Psychiatric evaluations and medication reviews for CHOICES community mental health clients



Child Welfare Client Population- Therapeutic Services

AFS' Therapeutic Services is responsible for oversight of the provision of various in-home and specialized, court-ordered treatment and family preservation services for youth and families involved in the Child Welfare system. Additionally, AFS conducts audits, training and provides technical assistance to ensure timely and appropriate service delivery, clinical proficiency and culturally competent treatment.

Services include:

- ▶ In-home family support
- ▶ Parenting/Caregiver Skills Education
- ▶ Substance abuse education screening and treatment
- ▶ Anger Management
- ▶ Domestic Violence counseling
- ▶ In home and office based mental health therapy
- ▶ Psychological and psychiatric evaluations



Investment in Professionals of the Future

- ▶ Current Field Placement site for Wayne State University and University of Michigan Social Work and Psychology students
- ▶ Several field placement students remain after graduation for full time employment opportunities



QUESTIONS



Contact Information:

Sallie Smith-Brown, CEO

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(M) 313-615-9225

Trinilda Johnson, COO

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