



**Detroit Wayne  
Integrated Health Network**

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**FULL BOARD MEETING  
Wednesday, October 21, 2020  
707 W. Milwaukee  
(Virtual)  
1:00 P.M. – 3:00 P.M.  
AGENDA**

- I. **CALL TO ORDER**
- II. **ROLL CALL**
- III. **APPROVAL OF THE AGENDA**
- IV. **MOMENT OF SILENCE**
- V. **APPROVAL OF BOARD MINUTES** – Full Board Meeting –September 16, 2020
- VI. **RECEIVE AND FILE** – Approved Finance Committee Minutes – September 2, 2020  
Approved Program Compliance Committee Minutes – September 9, 2020  
Approved Program Compliance Committee Minutes –August 12, 2020
- VII. **ANNOUNCEMENTS**
  - A) Authority Announcements
  - B) Board Member Announcements
- VIII. **BOARD COMMITTEE REPORTS**
  - A) Board Chair Report
    - 1) Update City of Detroit, Detroit Police Department and DWIHN Meeting
    - 2) Budget for Detroit Police Department Project
    - 3) Letter from Northeast Integrated Health
    - 4) Executive Committee November Meeting Date – November 16, 2020 (Date Change) and Board 2021 Executive Committee Meeting Schedule
    - 5) Metro Region Virtual Meeting Summary
    - 6) Open Meeting Act
    - 7) Wayne County New Board Member Appointment – Ms. Michelle Jawad
    - 8) Community Mental Health Association of Michigan – Virtual Conference (October 26<sup>th</sup> – 30<sup>th</sup>)
  - B) Executive Committee
    - 1) Building Committee
    - 2) School Initiative Report
  - C) Finance Committee
  - D) Program Compliance Committee
  - E) Recipient Rights Advisory Committee

**Board of Directors**

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

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

Timothy Killeen, Treasurer  
Angelo Glenn  
Dr. Cynthia Tauog

Dora Brown, Secretary  
Kevin McNamara



- IX. SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT**
- X. AD HOC COMMITTEE REPORTS**
  - A) Policy/Bylaw Committee
- XI. BOARD MAIL POLICY (New) – Policy #2020-23**
- XII. PRESIDENT AND CEO MONTHLY REPORT**
- XIII. UNFINISHED BUSINESS**
  - Staff Recommendations:**
    - A. **BA #21-01 (Revised)** Wayne County Jail *(Program Compliance)*
    - B. **BA #21-08 (Revised)** – Certified population health management and data analytics tool vendor solution - Healthcare Effectiveness Data and Information Set (HEDIS) – Vital Data Technology, LLC *(Program Compliance)*
- XIV. NEW BUSINESS**
  - Staff Recommendations:**
    - A. **BA #21-13** – Wayne County CFS, Jails and Third Circuit Court - Wayne County *(Program Compliance)*
    - B. **BA #21-17** – Multicultural Integration and Veteran’s Navigator – **Provider list included in Board Action** *(Program Compliance)*
    - C. **BA #21-36** – Independent Evaluator for Autism Spectrum Disorder – The Children’s Center *(Program Compliance)*
    - D. **BA #21-37** – Michigan Department of Health and Human Service and Detroit Wayne Integrated Health Network and Community Mental Health Services Program (CMHS) Grant Agreement *(Finance)*
    - E. **BA #21-38** – Self-Determination Services – Community Living Services (CLS) *(Program Compliance)*
    - F. **BA #21-39** – PIHP Contract – Michigan Department of Health and Human Services (MDHHS) *(Program Compliance)*
    - G. **BA #21-40** – School Success Initiatives – Arab-American and Chaldean Council *(Exigent Approval)*
    - H. **BA #21-41** Scripps Media, Inc. *(Finance)*
    - I. **BA #21-42** – Graham Media – WDIV -TV4 *(Finance)*
    - J. **BA #21- 43** - Michigan Municipal Risk Authority *(Exigent Approval)*
- XV. PROVIDER PRESENTATION – Development Centers**
- XVI. REVIEW OF ACTION ITEMS**

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

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

**XVIII. ADJOURNMENT**



**DETROIT WAYNE INTEGRATED HEALTH NETWORK**  
**FULL BOARD MEETING**  
**Meeting Minutes**  
**Virtual Meeting**  
**Wednesday, September 16, 2020**  
**1:00 p.m.**

**BOARD MEMBERS PRESENT**

Bernard Parker, Chair	Lynne F. Carter, M.D.
Dr. Iris Taylor, Vice Chair	Angelo Glenn
Commissioner Tim Killeen, Treasurer	Kevin McNamara
Dora Brown, Secretary	William T. Riley, III
Dorothy Burrell	Dr. Cynthia Tauzeg

**BOARD MEMBERS EXCUSED:** Ms. Kenya Ruth

**GUESTS:** Mr. Joe Tasse, CEO and Ms. Michelle Sherman, CFO – Southwest Solutions

**CALL TO ORDER**

The meeting was called to order at 1:01 p.m. by the Board Chair, Mr. Bernard Parker.

**ROLL CALL**

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

**APPROVAL OF THE AGENDA**

Board Chair, Mr. Parker welcomed everyone to the meeting and called for a motion on the agenda.

**It was moved by Mr. McNamara and supported by Ms. Brown to accept the agenda as presented. Motion carried unanimously.**

**MOMENT OF SILENCE**

The Board Chair, Mr. Parker called for a moment of silence. Moment of Silence taken.

**APPROVAL OF BOARD MINUTES**

The Chair called for a motion on the Board minutes of the Full Board meeting of August 19th, 2020.

**It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes of August 19, 2020. Motion carried unanimously.**

**RECEIVE AND FILE**

The Chair called for a motion to Receive and File the approved Finance Committee minutes of July 1<sup>st</sup> and August 5<sup>th</sup>, 2020. The minutes from the August 12 Program Compliance Committee will be deferred. **It was moved by Ms. Brown and second by Mr. Riley, III to “Receive and File” the approved minutes from the Finance Committee minutes of July 1<sup>st</sup> and August 5, 2020. The motion carried unanimously.**

## **ANNOUNCEMENTS**

### Authority Announcements

There were no Authority Announcements.

### Board Announcements

Board member McNamara thanked the Board and Detroit Wayne Integrated Health Network for the Summer Youth Program and noted that Van Buren had some monies left over which is being used for backpacks, school supplies and masks. They are also giving out information regarding bullying and on destigmatizing Mental Health.

Board member Brown noted that Triumph Church – East Grand Blvd. location is distributing groceries every Friday from 10:00 am. – 2:00 p.m. and DTE is on site to assist the community with utility bills.

## **BOARD COMMITTEE REPORTS**

### Board Chair Report

Mr. Parker gave a verbal report. Mr. Parker noted that he hoped folks were remaining healthy – his next door neighbor passed away due to COVID-19 and he reminded everyone to follow the CDC recommendations.

It was reported that DWIHN is working with the City of Detroit and the Detroit Police Department to provide assistance to individuals with Mental Health challenges as they call 911. A second meeting has been scheduled for September 22<sup>nd</sup>. The program is supported by the Detroit Police Department and the City of Detroit and it was his hope that they would expend money towards the project and that there would be a pilot program soon. It was noted that there will be a Mental Health Specialist; a Police Officer and a Medical Person that will respond to calls to try to eliminate or deescalate situations as the plan is to have the person successfully placed in a treatment program instead of going to jail. It was noted the program will be 24 hours and hopefully extended to more than three or four precincts. Mr. Doeh expressed his appreciation to the Chair and Mr. Brooks for their leadership on this program. The results will come back to the Full Board for discussion.

It was reported the Metro Region meeting would be held in October and hosted by Macomb, however no meeting date had been scheduled as of yet; the meeting will be held virtually. The Board will be notified once a date has been set.

Mr. Parker provided an overview of the contracts that were being given exigent approval and noted these were contracts that were completed to late to go through the committee process. The Central Access Center – Wellplace - there was an extension given on the contract for four months; there are discussions taking place regarding the changes however the process will take three to four months to complete. There were two Board Actions for Substance Use Disorder (SUD) one for Treatment and one for Prevention that were being presented; an RFP was sent out however the SUD Oversight Policy Board did not have an opportunity to review the results of the RFP prior to the Program Compliance Committee meeting; The SUD Board will meet today and provide their decision. The Board Action on Renee Vanassche is the building Maintenance service vendor and Administration is requesting approval for them to provide work on the ventilation system, because of COVID-19 it is extremely important to make sure this work and other work in the building is being performed; this company has provided work for us in the past; the initial contract was under \$50,000 however the additional work will take them over the \$50,000 amount. The Professional Liability Insurance Coverage is insurance for our medical staff; there was a delay in receiving the estimates because of COVID-19; the information was submitted after the Program Compliance Committee meeting.

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

#### Executive Committee

Mr. Parker gave a verbal report. It was reported the Board Executive Committee met on Monday, September 14<sup>th</sup> and a report on the Opioid Litigation had been deferred to the October meeting, however he requested a brief overview from Legal Counsel. Deputy Legal Counsel, C. Ollie, reported verbally. It was reported that feedback had been received on the litigation and several of the opioid manufacturers have declared bankruptcy. Notice of claims was filed and all paperwork has been submitted to preserve our claim.

The SUD Oversight Policy Board recommended Ms. Maria Avila for the DWIHN Board vacancy that currently exists on the SUD Oversight Policy Board. The Executive Committee learned about the SUD Oversight Policy Board's recommendation process. Mr. Glenn, SUD Oversight Policy Board Chair provided an overview of Ms. Avila's qualifications and reported she is a bilingual English/Spanish professional with over 10-years of experience providing Prevention Education, Community Outreach, and Public Relations that specialize in diverse communities and international entities, such as the Mexican Consulate. Ms. Avila offers strong communication and civic leadership relationships across the City of Detroit. A copy of Ms. Avila's resume was provided for the record. He also noted that representation was needed in the Latino community. The Chair called for a motion on the appointment. **It was moved by Mr. Glenn and supported by Dr. Taylor to accept Ms. Maria Avila as the DWIHN appointment to fill the Detroit Wayne Integrated Health Network vacancy on the SUD Oversight Policy Board.** There was no discussion. **Motion carried unanimously.**

The Chair called for a motion on the Executive Committee report. **It was moved by Dr. Taylor and supported by Mr. Glenn to accept the Board Executive Committee report.** There was no further discussion. **Motion carried unanimously.**

#### Finance Committee

Commissioner Killeen, Chair of the Finance Committee reported the Finance Committee met virtually on Wednesday, September 2, 2020, reviewed and approved the Financial Statements and discussed cash flow which is looking positive to the end of year and into the next year. CFO Durant has sent a letter to Michigan Department of Health and Human Services (MDHHS) requesting a waiver that limits the carryover so any unspent General Fund monies can be carried over. Also waiting for cost settlement on Autism program – this program has expanded over the last few years for DWIHN and across the state. The Death recoupment is still on hold; the Milliman rates projected us to receive an additional \$25 million dollars however less monies were received. CFO Durant gave an overview of the projected amount to be received over and above the amount given. She also noted that General Fund will be receiving approximately \$30 million dollars. The Committee Chair noted there were a number of Board Actions that were moved to Full Board.

The Chair called for a motion on the Finance Committee report. **It was moved by Mr. Glenn and supported by Ms. Brown to accept the Finance Committee report.** The Board Chair, Mr. Parker commended the Finance Committee and the Finance department for their hard work on numerous items and for completion of the budget. **Motion carried unanimously.**

#### Program Compliance Committee

Dr. Taylor, Chair of the Program Compliance Committee reported verbally. It was reported the Program Compliance Committee met virtually on Wednesday, September 9, 2020. The Chair noted the committee received several reports which included the Corporate Compliance Report;

the Children's Initiative Quarterly Report; the Clinical Practice Improvement Quarterly Report; the Customer Service Quarterly Report; the Integrated Health Care Quarterly Report and the School Based Initiative Task Force Report and the Substance Use Disorder (SUD) Report.

The findings of the Corporate Compliance Report were highlighted which focused on the results of the MDHHS compliance audit and noted a number of areas of improvement; these areas included Performance Measurement and Improvement; Practice Guidelines; Staff Qualifications and Training; Utilization Management; Members Rights and Protections; Credentialing and Confidentiality and Health information - these standards comprise the core of the services performed by the agency; these deficiencies were mostly in IT type data and documentation. A Plan of Correction has been submitted and is awaiting approval from MDHHS. There has been no concern that these areas for improvement have had any negative impact on the quality of services provided. The Program Compliance Committee will report back at a later date.

The School Based Initiative Task Force Report was highlighted - it was reported that Administration was given ninety days to complete a redesign; look at best practices and recommend a final design for DWIHN with the primary objective being that children across Wayne County and out Wayne County have access to Mental Health services; have access to core services and early detection and prevention of suicide; bullying; dating violence and depression and anxiety. Monies will be reallocated based on the final design. The Committee also received the Customer Pillar report; the Quality report; and the Chief Clinical Officer's response to COVID-19 which noted the Network has done a tremendous amount of work in this area.

The Committee reviewed and moved to Full Board for approval Board actions BA #21-05 - The ARCs (Detroit, Northwestern Wayne and Western Wayne); Board Action #21-17 -Multicultural Integration and PIHP Navigator - Association of Chinese Americans, Inc., Southwest Counseling Solutions, Detroit Wayne Integrated Health Network, Community Health and Social Services Center, Inc., and American Indian Health and Family Services was reviewed by the committee however Administration has reported that it does not to be presented and has been removed; BA #21-21 - Neighborhood Services Organization and Wayne Metropolitan Community Action Agency - PATH Programs; BA #21-22 - Central City Integrated Health - PSH and Leasing Project BA #21-23 - Provider Network System and BA #21-27 - Autism (ASD) Network - this board action has one additional modification; there was an oversight and a provider has been added; the provider has been given provisional credentialing and will come before the Program Compliance Committee in ninety days for review and receive a status report on its credentialing. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Mr. Riley, III to accept the Program Compliance Committee report.** There was no further discussion. **Motion carried unanimously.**

#### Recipient Rights Advisory Committee

Mr. Riley, III Chair of the Recipient Rights Advisory Committee (RRAC) gave a verbal report and noted that due to scheduling conflict the Recipient Rights Advisory Committee meeting has been rescheduled for next week.

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

Mr. Angelo Glenn, SUD Oversight Policy Board Chair reported. A written report was provided for the record. The SUD Board meeting took place on Monday, September 14, 2020. The SUD Board had a special meeting Monday, September 14, 2020. The Communications Department requested \$150,000 in PA 2 funds for billboards messaging for DWIHN - Board Action (21-01) Revised. The department selected three vendors (Brooklyn Outdoor, International Outdoor, and Outfront Media) to provide the SUD and MH billboards messaging. After much conversation the SUD Oversight Policy

Board separated the board action as followed: Outfront was recommended for a contract with a renewal up to three years based upon previous years quality of service. The two new vendors (Brooklyn Outdoor and International Outdoor), are recommended a one year contract with an evaluation conducted. Their contract must come before the SUD Board annually for PA 2 funding renewal. This board action was amended and approved as stated above by the SUD Oversight Policy Board Members.

The SUD Department recommended board approval for SUD Provider Contracts Prevention, Treatment, and Recovery providers' contract for fiscal year 2021 Board Action (21-06). The approval was for PA 2 funded programs, Block Grant, Medicaid and Healthy MI providers. DWIHN FY 21 provider network will consist of 30 treatment & recovery providers and 29 prevention providers. The providers listed in the Board Action are recommended for the allocated amounts attached to the grids provided. This recommendation is contingent upon DWIHN Governance Board approval. This board action was approved by the SUD Oversight Policy Board Members.

There were no staff updates provided at the meeting. The Board Chair, Mr. Parker noted the RFP had been discussed over a number of years.

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

#### **AD HOC COMMITTEE REPORTS**

##### Policy/Bylaws Committee

Dr. Tauog, Chair reported the Policy Committee meet on Monday, July 27, 2020. There were a number of policies reviewed and there were two recommendations from the Policy Committee on the Full Board agenda. The Board Mail Policy and the CEO Annual Performance Appraisal Policy were to be recommended by the Committee today for approval however after a secondary review a small error was noted in the Board Mail Policy – the Board Mail Policy was to be held and deferred until a review with Legal Counsel could take place. The Policy committee was recommending the CEO Annual Performance Appraisal Policy that has two attachments to the Full Board for approval and was on the agenda as a separate item. The Chair called for a motion on the Policy/Bylaw Committee report. **It was moved by Mr. Glenn and supported by Mr. Riley, III to accept the Policy/Bylaw Committee report with the one recommendation being taken as a separate agenda item.** There was no further discussion. **Motion carried unanimously.**

##### **Board Mail Policy (New) - Policy #2020 - 23**

The Policy/Bylaw Committee Chair, Dr. Tauog requested this policy be deferred to Legal Counsel as a small error was noted. Policy to be referred to Full Board after consultation with Legal department.

##### **CEO Annual Performance Appraisal Policy (New) – Policy #2020 -24**

The Policy/Bylaw Committee is recommending the CEO Annual Performance Appraisal Policy with two attachments – CEO Annual Performance Appraisal Process and the CEO Incentive Compensation Performance Review Process to Full Board for approval there were no major changes. Comments were requested from Mr. Brooks. He did not have any changes and noted he appreciated all of the input from the committee. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Mr. Riley, III to accept the CEO Annual Performance Appraisal Policy with two attachments – CEO Annual Performance Appraisal Process (Attachment A) and CEO Incentive Compensation Performance Review Process (Attachment B).** There was no further discussion. **Motion carried unanimously.**



## **FY 2020/2021 BUDGET PRESENTATION**

It was reported by the CFO the budget was presented to the Board at the Budget Hearing and the Finance Committee meeting. She reported the FY 2021 recommended Operating Budget is an increase of approximately \$851.5 million or 3% (\$32.4 million) more than the FY 2020 amended budget. An overview of the assumptions used were reported and included an increase in Medicaid revenue of approximately \$25 million based on FY2021 Milliman rates and DWIHN May eligibility files; there was a reduction of \$4.5 million in State General Fund in accordance with 5-year State GF reduction Plan and MDHHS EGRAMS received on August 7, 2020; there have been no COVID-19 funds included in the FY21 budget. The local match revenue required from Wayne County is now capped at the FY14 level which is \$17.7 million; the Wayne County programs are funded at FY20 levels except the Clinic for Child Study and Wayne County jails; the Substance Use Disorder (SUD) Block grant funding remains consistent with the FY20 initial budget, except elimination of COVID-19 fund; the Dual Eligible demonstration project has been budgeted based on actual members served and the average PMPM rate. It was reported that 90% of the monies received is Medicaid; 3% is State General Fund and 7% is Federal; State and local dollars. The CFO also noted some of the expenses and that 96% of budget is paid out to our Provider Network and to local and state entities. She noted that the General Fund Priority list was revised and reviewed on September 2<sup>nd</sup>; however there was one minor exception – there was \$7,500 that was inadvertently removed from the Multicultural line and the correction has been made and is reflected in the presented budget package. The Chair called for a motion on the FY 2020/2021 Operating Budget. **It was moved by Commissioner Killeen and supported by Ms. Brown approval of the FY 2020/2021 DWIHN Operating Budget.** Commissioner Killeen noted the Finance Committee reviewed the Budget on September 2<sup>nd</sup> and the Committee moved the General Fund Priority list as revised to Full Board along with budget. The Board Chair gave an overview of the changes that were made to the General Fund Priority list. The Chair noted he was happy to see that 96% of the budget went towards programming. There was no further discussion. **The motion carried unanimously.**

## **PRESIDENT AND CEO MONTHLY REPORT**

Mr. Brooks reported. A written report was provided for the record. The CEO reported that he is on five committees; the State Jail Diversion Committee which is the Governor's Task Force have been focused on COVID-19 issues - releasing as many inmates as possible; ensuring that law enforcement within the jails are safe; ensuring that testing is being provided in the jails; there has been a shift to ensure that those that have been released are not causing any negative impact to society. Further review is taking place to ensure there have been no loopholes; and they are also working on using Telehealth. They are still having off site meetings which will probably occur for a long period of time.

The Wayne County Diversion Council is ensuring that officers go through crisis intervention training and are looking at the inmates that have been released; they are still doing testing within the jails for those who remain incarcerated. They are looking at the Black Lives Matter Movement and are working with the City of Detroit Police department. There is an interview on Channel 7 that will address this issue.

The Telehealth Workgroup is a State Committee. The purpose of the committee is to evaluate the need for Telehealth within the state and access methods to connect the state. It was noted that 30% of children within Detroit have no internet; however there have been donations of free tablets that have been loaded with the proper software to students throughout the state.

He also noted the City of Detroit Partnership – DWIHN is looking at ways to pilot the 911 program with assisting the Police with Mental Health supports. We are excited about this program and our Crisis continuum. The Board has approved the renovation of the Woodward building as the Crisis Center. He would like to have this project completed within eighteen months - updates will be forthcoming as we move forward.

The State is looking at a different approach as it pertains to the Specialty Integrated plan model. It appears the new model will include the PIHP's as well as using the CCBHC's as major partners and will hopefully save more funds to benefit the people we serve. A letter is pending from the state which should explain the model.

It was also noted that because of COVID-19 tax reductions have reduced 20% of General Fund in Michigan and roughly 20% in Federal tax and there has been a deficit in collecting tax revenue and there is a high demand to pay monies out; however it appears that our budget will remain intact. We are waiting on a response from the State on the Death Audit; Autism and our General Fund request. A reminder letter was sent to the State yesterday.

We are in the process of accessing the Woodward Building for a Crisis Center. We are looking at the Milwaukee building to ensure that it is compliant for social distancing. We have requested funding for the Crisis Center and there is a pending meeting with staff to discuss options so that a recommendation can be made to the board. We are still monitoring staff to determine how we work in this mobile environment and are taking full advantage of the mobile setting. All of our staff received laptops prior to COVID-19 and we are thankful for that; we will continue to re-tool our staff to remain as efficient as possible during this time.

We are looking forward to bringing a recommendation to board on the Provider Network and we are continuing to monitor key mental health indicators. He also provided an overview of the upcoming flu season.

Mr. Brooks noted that Inpatient cost went down and this indicator is currently being monitored; the incarceration rate is going down; and school trauma as it relates to COVID-19 is on the rise as many students and parents are experiencing anxiety with the home schooling and is closely being monitored- this was noted as a national issue. The Board Chair noted the billboard on I-75 that dealt with Black Lives Matter and commended the staff and Mr. Brooks on all of the billboards. He also noted the billboards were informing individuals of where they can go for services.

The Chair called for a motion on the President and CEO Report. **It was moved by Dr. Taueg and supported by Mr. Riley, III to accept the President and CEO Report.** There was no further discussion. **The motion carried unanimously.**

## **XII. UNFINISHED BUSINESS**

### **Staff Recommendations:**

- A. **BA# 20-06 (Revision 5)** – Michigan Department of Community Health - The Chair called for a motion on BA#20-26 (Revision 5). **Motion:** It was moved by Dr. Taylor and supported by Mr. Riley, III approval of BA #20-26 (Revision 5) C. Ollie reporting. This Board Action is contract language changes received from the Michigan Department of Health and Human Services to the PIHP contract for FY 2020. There was no further discussion. **The motion carried unanimously.**
- B. **BA# 20- 26 (Revision 4) - DWIHN FY 2019 – 2020 Operating Budget.** The Chair called for a motion on BA#20-26 (Revision 4) **Motion:** It was moved by Commissioner Killen and supported by Mr. Glenn approval of BA #20-06 (Revision 4). S. Durant reporting. This Board Action is requesting an amendment to the current year operating budget. There was no further discussion. **The motion carried unanimously.**

## NEW BUSINESS

### Staff Recommendations:

- A. **BA# 21-05** – The ARC’s (Detroit, Northwestern Wayne and Western Wayne) The Chair called for a motion on BA#21-05. **Motion:** It was moved by Dr. Taylor and supported by Dr. Taueg approval of BA #21-05. This Board action is requesting approval of a one-year contract with the ARC’s of Detroit; Northwestern Wayne and Western Wayne. The contract will provide advocacy, supportive services and educational information by addressing issues facing persons with intellectual/developmental disabilities. There was no discussion. **The motion carried unanimously.**
- B. **BA# 21-20** – Central Access Center and MI Health Link – PHC of Michigan d/b/a Wellplace -The Chair called for a motion on Board Action #21-20 and noted this Board Action had been given exigent approval as it was received after the committee meetings. The Board Action is requesting approval to extend the Wellplace contract for an additional four months. The contract is currently being negotiated with the Provider. **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn approval of BA #21-20. The Board action number must be corrected on the document. There was no further discussion. **The motion carried unanimously.**
- C. **BA #21-21** – Neighborhood Services Organization and Wayne Metropolitan Community Action Agency – PATH Programs. The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA#21-21. This Board Action is requesting board approval to provide supplemental funding for the Projects for Assistance in Transition from Homelessness (PATH) for two providers. There was no further discussion. **The motion carried unanimously.**
- D. **BA# 21-22** – Central City Integrated Health – PSH and Leasing Project. The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Mr. Glenn approval of BA #21-22. This Board action is requesting approval to disburse general fund match. The Chair inquired about the challenges of Central City. It was noted that there were no issues with the dollars from DWIHN. There was no further discussion. **The motion carried unanimously.**
- E. **BA# 21-23** – Provider Network System. The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Ms. Brown approval of Board Action #21-23. K. Flowers reporting. This Board Action is requesting approval for continued funding for the Provider Network. There was no further discussion. **The motion carried with Mr. Riley, III abstaining from Growthworks and National Council on Alcohol Drug Dependence (NCADD) and Dr. Taueg abstaining from Ascension.**
- F. **BA#21-25 – DWIHN FY2020-2021 Operating Budget.** The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown approval of Board Action #21-25. S. Durant reporting. This Board action is requesting approval of the DWIHN FY2020-2021 Operating Budget. There was no further discussion. **Motion carried with Mr. Riley, III abstaining from Growthworks and National Council on Alcohol Drug Dependence (NCADD) and Dr. Taueg abstaining from Ascension.**
- G. **BA#21-26** – EqualSign Partners - The Chair called for a motion. **Motion:** It was moved by Commissioner Killeen and supported by Ms. Burrell approval of BA #21-26. Ms. T. Devon reporting. This Board Action is requesting approval of a two-year contract including one year renewal option for social media management. EqualSign Partners is a Detroit based business. There was discussion regarding the other new media vendors that are being added to the Network. **Motion carried unanimously.**

**H. BA#21-27 – Autism (ASD) Network.** The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Dr. Tauег approval of Board Action #21-27. Ms. E. Lawson reporting. This Board Action is requesting approval for one-year contract between DWIHN and the listed ASD Provider Network for FY 20/21. Dr. Taylor noted that a vendor had been added to the Provider list and a credentialing status report on the added vendor is due in 90 days. The vendor has been provided with provisional credentialing status. There was no further discussion. **Motion carried unanimously.**

**I. BA#21-28 – Services to Enhance Potential (STEP).** The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Commissioner Killeen to approve Board Action #21-28. Mr. Maskey reporting. This Board Action is requesting approval of a three year contract with a one year renewal option for providing janitorial services. STEP was the lowest bidder out of five bidders; they are the incumbent and a Wayne County vendor and they employ individuals that use our services. There was no further discussion. **Motion carried unanimously.**

**J. BA#21-29 – Outfront Media, Inc.** The Chair called for a motion. **Motion:** It was moved by Commissioner Killeen and supported by Mr. McNamara approval of Board Action #21-29. Ms. T. Devon reporting. This Board action is requesting approval to enter into a contract with Outfront Media, Inc. for billboards and signage. The Chair noted that the RFP was for International Outdoor Inc. as well as Brooklyn Outdoor, Inc. There was discussion regarding the amount of the contract as presented at the Finance Committee which was \$405,000 and did not include the PA2 Funds. It was requested the Board Action be voted on as presented at the Finance Committee. **The motion carried unanimously.** Discussion ensued regarding the SUD Oversight Policy Board approval to add PA Funds in the amount of \$345,000 to the Board action for SUD billboards and signage. The Chair called for a motion on Board Action #21-29 with the additional PA2 Funds. **Motion:** It was moved by Commissioner Killeen and supported by Mr. McNamara approval of Board Action #21-29 as amended. **Motion carried unanimously.**

**K. BA# 21-30 – International Outdoor, Inc.** The Chair called for a motion. **Motion:** It was moved by Dr. Tauег and supported by Ms. Brown approval of Board Action #21-30. Ms. T. Devon reporting. This Board action is recommending approval of a contact with International Outdoor, Inc. DWIHN will have three vendors providing billboards and signage. Each vendor covers different service areas. There was discussion regarding the different services and locations of each company. It was noted that some of the billboards will be in Spanish and Arabic. There was no further discussion. **Motion carried unanimously.**

**L BA# 21-31 – Brooklyn Media- Billboard Management Outreach.** The Chair called for a motion. **Motion.** It was moved by Mr. McNamara and supported by Dr. Tauег approval of Board Action #21-31. Ms. T. Devon reporting. This Board action is recommending approval of a contract with Brooklyn Media for bill boards and DWIHN signage and offers opportunities in Detroit, Wayne County and the TCF Building. Mr. Glenn requested a copy of the documents that showed the SUD dollars that were being spent on billboards. There was no further discussion. **Motion carried unanimously.**

**M. BA# 21-32 – Substance Use Disorder (SUD) Treatment Services Network.** The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown approval of Board Action #21-32. D. Owens reporting. This Board action request is requesting approval of the SUD Treatment Services Network. The SUD Oversight Policy Board has provided approval of the Treatment Services Network. **Motion carried with Dr. Tauег abstaining and Mr. Riley, III abstaining from Growthworks.**

**N. BA# 21-33** – Substance Use Disorder (SUD) Prevention Services Network. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Commissioner Killeen approval of Board Action #21-33. D. Owens reporting. This Board action is requesting approval of the SUD Prevention Services Network. There was no further discussion. **Motion carried with Mr. Riley, III abstaining from the National Council on Alcoholism and Drug Dependence (NCADD).**

**O. BA# 21-34** – Renee Vanassche, Building Maintenance Service Vendor. The Chair called for a motion and noted this Board action had received exigent approval. **Motion:** It was moved by Commissioner Killeen and supported by Mr. Riley, III approval of Board action #21-24. B. Blackwell reporting. This Board action is requesting a contract with the current vendor for Building management and other services. Building was idle and there are additional expenses that may be incurred. An RFP will be put out in coming months. There was no further discussion. **Motion carried unanimously.**

**P. BA# 21-35** – Long Insurance Services, LLC - Professional Liability Insurance Coverage – The Chair called for a motion and noted this Board action had received exigent approval. **Motion:** It was moved by Dr. Taueg and supported by Mr. Riley, III approval of Board Action #21-35. This Board action is requesting approval of a one year contract renewal between DWIHN and Long Insurance Services, LLC. There was no further discussion. **Motion carried unanimously.**

#### **PROVIDER PRESENTATION - SOUTHWEST SOLUTIONS**

Mr. Joe Tasse, CEO and Ms. Michelle Sherman, CFO of Southwest Solutions provided a presentation to the Board. A PowerPoint presentation was provided for the record. Mr. Tasse reported on the services of Southwest Solutions and shared individual stories of individuals who have successfully used their services. He gave an overview of how Southwest Solutions and others have adapted during the COVID-19 crisis which included Telehealth; housing; remote learning and food distribution. Ms. Sherman shared financial information with those in attendance. Mr. Tasse requested that a small group of CEO's be able to meet monthly with Mr. Brooks to discuss ideas and be able to proactively plan. Commissioner Killeen shared information and gave an overview of Pastor Clem Kern. The Board Chair thanked Mr. Tasse and Ms. Sherman for their services and for sharing with the Board information about Southwest Solutions.

#### **FOLLOW UP ON ACTION ITEMS**

Provide to the Program Compliance Committee an update on the credentialing status of new vendor that was added to the Autism Network – Board Action #21-27. Status report due to the committee in ninety days.

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

The Board Chair, Mr. Parker read the Good and Welfare/Public Comment statement. Mr. Phifer noted there was no one waiting for Good and Welfare/Public Comment.

#### **ADJOURNMENT**

There being no further business, the Chair called for a motion to adjourn. It was moved by Dr. Taylor and second by Mr. McNamara to adjourn. The motion carried unanimously and the meeting was adjourned at 3:01 p.m.

Submitted by:  
Lillian M. Blackshire  
Board Liaison

# FINANCE COMMITTEE

**MINUTES**

**SEPTEMBER 2, 2020**

**1:00 P.M.**

**VIRTUAL  
CONFERENCE(BLUEJEANS)**

<b>MEETING CALLED BY</b>	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:02 p.m.
<b>TYPE OF MEETING</b>	Finance Committee Meeting
<b>FACILITATOR</b>	Commissioner Tim Killeen, Chair – Finance Committee
<b>NOTE TAKER</b>	Lillian M. Blackshire, Board Liaison
<b>ATTENDEES</b>	<p><b>Finance Committee Members Present:</b>                      Commissioner Tim Killeen, Chair                      Mr. McNamara, Vice Chair                      Ms. Dorothy Burrell                      Ms. Dora Brown                      Mr. Angelo Glenn</p> <p><b>Committee Members Excused:</b>                      None</p> <p><b>Board Members Present:</b> Mr. Bernard Parker, Chair; Dr. Iris Taylor, Vice Chair and Mr. William Riley, III;</p> <p><b>Board Members Excused:</b> None</p> <p><b>Staff:</b> W. Brooks, CEO; S. Durant, CFO; C. Ollie, Deputy Legal Counsel; B. Blackwell, Chief of Staff;</p> <p><b>Guests:</b> None</p>

**AGENDA TOPICS**

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

<b>DISCUSSION</b>	Roll Call was taken by Ms. Blackshire and a quorum was present.
<b>III. Committee Member Remarks</b>	
The Chair, Commissioner Killeen called for any Committee remarks. It was noted by Mr. McNamara that Van Buren has a video called “The Reel” that highlights programs that DWIHN assists with such as their Summer Youth and Seniors program. Mr. McNamara will send video to be shared with Board members.	
<b>IV. Approval of Agenda</b>	
The Chair, Commissioner Killeen called for any proposed amendments to the agenda. There were no changes to the agenda. The Chair called for a motion. <b>Motion:</b> It was moved by Ms. Brown and supported by Mr. Glenn approval of the agenda. <b>Motion carried.</b>	
<b>V. Follow-up Items: Items Follow-up</b>	

**Item A:** Update Operational Efficiency Plan (S. Durant) There were no updates to report. It was reported that two vendors have been identified for the Autism assessment through the RFP process; the award letters have not been sent out as of yet. A report will be provided at the October Finance Committee meeting.

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

The Chair called for a motion on the Finance Committee minutes from the meeting of Wednesday, July 1, 2020 and the Finance Committee minutes from the meeting of Wednesday, August 5, 2020. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown approval of the Finance Committee minutes from the meeting of Wednesday, July 1, 2020 and Wednesday, August 5, 200. 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 was provided for the record for the ten months ended July 31, 2020 which noted the Authority Finance accomplishments and noteworthy items and financial statements.

1. DWIHN issued the \$2.00 hr. DCW increase on July 21, 2020 and August 25, 2020 for the period April 1, through June 30. DWIHN is awaiting further instruction from MDHHS regarding premium pay for all hours worked verses billed hours.
2. DWIHN issued a letter to the MDHHS requesting a waiver of the CMHSP contract limiting the 5% carryover of General Fund. If approved, this waiver would allow the unspent General Fund to be carried over to FY2021 with no dollar limitations. DWIHN believes this is a contractual policy and not mandated in law and/or regulations. We are awaiting a response. Discussion ensued regarding the amount that could be carried over. CFO Durant noted that there would be no GF sent back to the State.
3. Received MDHHS General Fund allocation and DWIHN was awarded \$30.4 million although the 3-year implementation plan should have awarded DWIHN approximately \$26 million dollars. DWIHN has included the additional revenue in the FY 21 budget submission.
4. Based on FY2021 Milliman rates and DWIHN May eligibility file, DWIHN is projected to receive an additional \$25 million in Medicaid during fiscal year 20/21. DWIHN has included the additional revenue in the FY21 budget submission.
5. MDHHS has yet to respond to the letter sent in February 2020 requesting to cost settle FY18 and FY19 Autism program.
6. MDHHS continues to put death recoupment on hold until further notice. DW owes \$8 million to MDHHS which includes the January 2020 recoupment at \$900,000. The recoupment has been reported in the financial statements. Follow up letters have been sent.

Discussion ensued on the Financial statements. CFO Durant reported on the cash and investments; the IBNR Payable represented incurred by not reported claims from the provider network; and the amount due to other governments included the \$8 million dollar death recoupment audit. The cash flow statements were discussed and highlighted was the payment of the Direct Care wage increase. The net operating revenues was approximately \$27 million dollars and was not all Medicaid. There was a timing issue when items were paid out in July. An analysis of the Woodward Construction cost analysis was provided regarding the outflows and inflows of monies. Construction cost; loan amounts;

amortization; interest and principle payments; building costs and building maintenance was also covered. The redirection of existing cost; the termination of the New Center One lease; timelines and the rental income from the Crisis Service provider was covered as well. It was noted that this document was presented as informational and more information would be forthcoming. The Board Chair requested that Administration work with the City of Detroit with the opening of the Woodward Building as the Mayor was very excited when he learned of the Crisis Center opening in the Woodward building. It was noted that a Building Committee meeting should be scheduled once Administration has an update and the Seven Mile building was on hold until Administration completed its assessment on staffing and future needs.

There were no questions on the Profit and Loss statement; and cash flow statements would be extended out until December and presented at the next meeting.

CFO Durant provided a document entitled Telehealth Trends that was not included in the packet, but was posted in DirectorPoint. This document highlights how Providers have worked with Telehealth with revenue pre and post-COVID 19. The Chair requested that the document be accepted for discussion at the October Finance Committee meeting. (Action)

The Chair, Commissioner Killeen called for a motion on the Monthly Finance Report.

**Motion:** It was moved by Ms. Brown and supported by Mr. McNamara to accept the Monthly Finance Report. There was no further discussion. **Motion carried.**

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

A. **BA #20-06 (Revision 5)** – Michigan Department of Community Health-C. Ollie reporting. This Board action is a revision to the PIHP contract for FY/20 and revises the language for the Direct Care Workers and the Provider Stability Plan during COVID-19. Discussion ensued regarding the activities that took place during COVID-19 and the Provider Stability Plan. It was requested that the Provider Stability Plan be placed on the Board Executive Committee agenda. The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to move BA #20-06 (Revision 5) to Full Board for approval. There was no further discussion. **Motion carried unanimously.**

B. **BA #20-26 (Revision 4)** – DWIHN FY 2019-2020 Operating Budget. S. Durant reporting. This Board is requesting certification of additional revenues for the April through June 30<sup>th</sup> Direct Care Worker increase. The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to move BA#20-26 (Revision 4) to Full Board for approval. There was no further discussion. **Motion carried unanimously.**

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

A. **BA #21-25 DWIHN FY 2020-2021 Operating Budget-S.** Durant reporting. This Board action is requesting as required by the Mental Health Code that on or before October 1, 2020 approval of the DWIHN FY 2020/2021 Operating Budget by the DWIHN Board take place. There is an updated and revised General Fund priority list as well as the inclusion of a \$25 million dollar increase in Medicaid. There have been no additional changes to the budget since the Budget Hearing on August 5<sup>th</sup> 2020. Discussion ensued regarding the placement of the \$25 million dollars. There was a recommendation presented by Mr. Parker, Board Chair on the General Fund priority list that reduced the school based prevention and treatment programs from



\$4,000,000 to \$3,500,000; reduced the Wayne County Jail services for persons in priority population from \$4,650,000 to \$4,250,000; increased the Summer Youth Program from \$1,500,000 to \$1,900,000 and added money in the amount of \$400,000 to the 911 Project with the City of Detroit Police Department which represented half of the funding required for the program. A high level discussion ensued on the components of the 911 program. Dr. Taylor gave an overview of the Task Force that was charged with a redesign of the school program and the phases with the first phase focusing on accessibility to core services and next reviewing the needs assessment for intervention and prevention services on areas where there were identified gaps. It was noted by the CFO that there was an additional \$100,000 that had not been accounted for and Mr. Parker proposed that the \$100,000 be added to the School based prevention and treatment program which would change the amount from the proposed \$3,500,000 to \$3,600,000. The Chair, Commissioner Killeen indicated that he would need two motions; one motion would be for the substitute General Fund recommendation and the second motion would be for the overall FY20/21 Operating Budget with the inclusion of the substitute General Fund recommendation. There was great appreciation expressed regarding the funding of the Summer Youth Program and the 911 Project with the City of Detroit Police Department. The Chair called for a motion on the substitute General Fund recommendation. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to substitute the recommended General Fund priority list for the one that was in the budget. There was no further discussion. **Motion carried unanimously.** The Chair called for a motion on Board Action #21-25 DWIHN FY 2020/2021 Operating Budget as amended with the recommended substitute General Fund Priority list. **Motion.** It was moved by Mr. Glenn and supported by Mr. Parker to move Board Action #21-25 as amended to Full Board for approval with the recommended substituted General Fund Priority list. There was no further discussion. **Motion carried unanimously.**

B. **BA #21-26** EqualSign Partners – T. Devon, Director of Communications reporting. This Board action is requesting approval of a twoyear contract with a one year renewal for this Detroit based business to handle social media. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Mr. McNamara to move BA #21-26 to Full Board for approval. There was clarification requested on the amount of the contract for each year. **Motion carried unanimously.**

C. **BA #21-28** Services to Enhance Potential (STEP) B. Blackwell, Chief of Staff reporting. This Board Action is requesting approval of this maintenance contract. STEP was the lowest bidder out of five bidders; they are the incumbent; a Wayne County vendor and they employ individuals that use our services. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Mr. Parker to move BA #21-28 to Full Board for approval. **Motion carried unanimously.**

D. **BA #21-29** Outfront Media – T. Devon, Director of Communications reporting. This Board action is requesting approval for Outfront to provide Billboard services for DWIHN. This contract is for a three-year contract and is only for Communications; the SUD component is under review. The Chair noted that the RFP was for International Outdoor Inc. as well as Brooklyn Outdoor, Inc. There was discussion regarding the different services and locations of each company.

The Chair called for a motion. There was discussion regarding the funding for the billboards and if we worked with a Public Relations department that assists with the design of the billboards. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to move BA #21-29 Outfront Media; BA#21-30 International Outdoor, Inc. and BA #21-31 Brooklyn Outdoor, Inc. to Full Board for approval. **Motion carried unanimously.**

E. **BA #21-30** International Outdoor Inc. T. Devon reporting. This Board Action is requesting approval of the Board to provide billboard and other advertising services for DWIHN. Some of the billboards will be in Spanish and Arabic. The Board Action was moved to Full Board for approval with the motion made for Board Action #21-29.

F. **BA #21-31** Brooklyn Outdoor Inc. T. Devon and B. Blackwell reporting. This Board Action is requesting approval of the Board to provide marketing services for DWIHN. This company has the billboard on the TCF building. This Board Action was moved to Full Board for approval with Board Action #21-29.

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

Mr. Jim Abresch, Domus Vita left his name, organization name and phone number however, there was no written comment noted. Mr. Abresch will be called to determine his comment. Mr. Abresch was contacted after the Finance Committee meeting and did not have a comment for the committee.

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

The meeting adjourned at 2:39 p.m.

<b>FOLLOW-UP ITEMS</b>	<p>A. Provide a monthly update on the Operational Efficiency Plan (S. Durant)</p> <p>B. Place the Provider Stability Plan on the September Board Executive Committee Agenda</p> <p>C. Finance to report on the Telehealth Trend document on the October Finance Committee agenda.</p>

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**SEPTEMBER 9, 2020**

**1:00 P.M.**

**VIRTUAL MEETING**

**I. Call to Order**

<b>MEETING CALLED BY</b>	Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Iris Taylor, Chair
<b>NOTE TAKER</b>	Carmen Smith
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Chief William Riley, III; Kenya Ruth; Dr. Cynthia Tauег and Dr. Iris Taylor</p> <p><b>Committee Members Excused:</b> Dr. Lynne Carter</p> <p><b>Board Member(s) Present:</b> Dorothy Burrell Angelo Glenn, Commissioner Timothy Killeen and Bernard Parker</p> <p><b>Staff:</b> Brooke Blackwell, Willie Brooks, Jacquelyn Davis, Eric Doeh, Bernard Hooper, Dr. Margaret Hudson-Collins, Dana Lasenby, Mike Maskey, Darlene Owens, Crystal Palmer, Ebony Reynolds, April Siebert, and Michele Vasconcellos</p>

**AGENDA TOPICS**

**II. Moment of Silence**

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

**III. Roll Call**

<b>DISCUSSION</b>	The Chair called for a roll call.
<b>CONCLUSIONS</b>	Board Liaison, Lillian Blackshire, took roll call and a quorum was present.

**IV. Approval of the Agenda**

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair called for approval of the agenda. <b>Motion:</b> It was moved Dr. Tauег and supported by Chief Riley to approve the agenda. Dr. Taylor asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried.</b>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	N/A
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**VI. Approval of Meeting Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	The minutes of August 12, 2020 were deferred to October 14, 2020.
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**VII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p><b>A. Corporate Compliance Report</b> - Bernard Hooper submitted a written report and gave an update on the Corporate Compliance report. He reported on the HSAG Corrective Action Plan status update. HSAG conducts three reviews as required by the Michigan Department of Health and Human Services. They include Performance Measure Validation (PMV), Performance Improvement Project (PIP) and the Compliance Monitoring reviews.</p> <p><b>PMV:</b> The PMV review was conducted on July 9, 2020. The draft PMV report was received on August 25, with feedback based on the findings from the review due to HSAG by September 1. DWIHN accepted the findings, which detailed that DWIHN has met all required reportable areas with the exception of BH-TEDS Data Elements. One particular area, disability designation, was not being properly collected because of an IT and vendor issue, which has been corrected. A work plan was developed and PCE will correct the software issue, correct the historical data, and provide a safety net for future data. HSAG will submit DWIHN's final report by September 25, at which time the work plan will be submitted to HSAG for review and approval.</p> <p><b>PIP:</b> The PIP report was submitted to HSAG on June 30, 2020. HSAG submitted to DWIHN a draft Preliminary Report on July 20, with the opportunity to address any <i>Partially Met</i> and/or <i>Not Met</i> due to HSAG by August 14. Additional documentation was submitted addressing the <i>Partially Met</i> and/or <i>Not Met</i> areas on August 14. To date, DWIHN is waiting on the final report. This project has been ongoing for two years. During the previous review, there wasn't enough statistical data to show statistical improvement.</p> <p><b>Compliance Review:</b> This review occurs every two years, with HSAG selecting among categories the standards it will review each time. DWIHN received the final Compliance Report from HSAG on March 10, 2020, which required a Plan of Correction. None of the matters identified involved service to our customers, but were more technical in nature. Status updates were due to HSAG on June 4 and July 17, with supporting documentation due on August 28 on the implementation of the plan. All required documentation was submitted as required. DWIHN is waiting on feedback and acceptance of the POC.</p>
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Dr. Taylor stated that while these are critical issues, the Compliance Officer assured her they were mostly technical in nature and did not affect our standard of care for our consumers.

The Chair called for a motion to accept the Compliance Officer report. **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to accept the Compliance Officer report. **Motion carried.**

A. **Medical Director's Report** – Deferred to October 14, 2020.

B. **Children's Initiatives Quarterly Report/Task Force Update** – Eric Doeh reported on the Task Force. We received a directive to look internally and across our network to look at children's programs and to first start with an assessment of what we have. Several meetings have been held, focusing on identifying accessibility within Wayne County so behavioral health services are accessible to all students. The data showed more than 270,000 students; we will now look at whether they are in public, charter or private schools and whether they have private insurance. We are currently serving 85,000 students based on the data we presented to the Task Force. There is room for 190,000 children who could be served, depending on further breakdown. Risks identified were suicide, anxiety, depression and dating violence. Our task is to look at how we can create a robust program that would be across the board and able to identify and use evidence-based program or multiple programs to tackle these risks. We know these risks can be different going into different communities. We are looking at how to create accessibility throughout the network. Several ideas were put on the table; we will keep this committee and the board updated as we move forward. This is the first piece of a three-prong approach we will use as we take a deeper dive into children's services. We are also looking at different funding sources and other partners. We plan to look at standardized services as the next prong. The last prong will be linking services.

Dr. Taylor asked for comments or questions from the committee. Dr. Taueg asked for a proposed timeline for the three areas, particularly standardizing services. Mr. Doeh responded that the task force has asked for a three-month period, reporting monthly on the redesign. Our hope is to deliver faster if we can. We have already done a lot of work on accessibility. The standardized services have been identified. Linking services to those identified will take longer, but we deliver something on each item within the next three months. The biggest challenge is to understand the environment we are working in with all of the remote and telehealth services. We are looking at other entities throughout the country that we may be able to put to use.

Mr. Parker asked if anything would be happening with the providers who are already in schools from last year during the three-month period. Mr. Doeh responded that is the case, as we don't want to disrupt the existing services. The task force is looking at this issue now as far as how we move into the next fiscal period with those providers. There was further discussion on the current services. There was also brief discussion on the funding dollars to be used. Dr. Taylor asked if the core provider for access for mental health services to children in the schools would be the CMH. If this is the case, this is where the work needs to begin. The core structure must be established first. There was further discussion. Chief Riley asked if consideration is being given to how to handle this issue for students who may be attending school remotely and must

do telehealth. Dr. Taylor responded this is being considered. Mr. Doeh responded that services are currently provided through telehealth. MDHHS is looking carefully at the telehealth services, as we must make sure the services are being provided and are being successful. There was further discussion. Dr. Taylor asked that staff come back to the committee when they have an idea on the need to extend contracts. Mr. Doeh stated his assessment at this point would be to extend the contracts through January.

Crystal Palmer provided a high-level overview regarding a few of the projects that are occurring within Children's Initiatives, beginning with Autism Spectrum Disorder. Since 2013, we have served 6,689 children and youth. We currently have, as of 3rd Quarter, 4,705 cases open, with 69 pending. There is further in depth breakdown included in the written report. Ms. Palmer provided a brief update on Wraparound Services, which is one of DWIHN's higher levels of care. In the 2nd Quarter, we began collecting new data, which is included in the written report. As of the 3rd Quarter, we have served 366 cases this year. We have 53 new cases in the 3rd Quarter, which is a good sign that families are still reaching out for needed services even during COVID. During the 3rd Quarter, 49 families transitioned out of Wraparound Services. Of them, 30 felt they have reached their goals. Further update is included in the written report.

Ms. Palmer provided a brief update on Home-Based Services, which is a higher level of care. We are looking at new strategies to evaluate DWIHN's provider services for home-based services. We are currently serving 566 cases and had 96 new referrals during the 3rd Quarter. Further information is included in the written report. She also provided a brief update on the MC3 Project with University of Michigan and Starfish Family Services. During the 3rd quarter, 15 psychiatrists had one on one meetings with primary care consultations and two behavioral health consultants spoke directly with PCC. She provided further update in the written report. She provided brief updates on the recent Fatherhood Forum and on the Children's Cultural and Linguistic Summit Learning Series, two projects that are funded through the System of Care block grant. Additional information was provided in the written report. She also provided a brief update on the training component that is being provided for DWIHN's Infant Mental Health Clinicians and Supervisors.

Mr. Parker asked about the school-based program. Is there a third quarter report for this program? How many students are currently being served? Ms. Palmer stated that she would provide the third quarter report to the committee. Mr. Parker stated he is particularly interested in telehealth services provided. Dr. Taylor stated it would be helpful to have one integrated program for providing children's services.

**C. Clinical Practice Improvement Quarterly Report** – Ebony Reynolds provided the 3<sup>rd</sup> Quarter Report. She also provided a written report. The Evidence Based Supportive Employment (EBSE) Program Manager informed us that providers mentioned that amid the outbreak there is no shortage of job opportunities for individuals served. There is a training opportunity being delivered by Team Wellness in cooperation with the Michigan Department of Labor for job skills training. Some providers report continued reductions in referrals for EBSE referrals but there is a plan in place to begin increasing those numbers. Fifteen individuals served in the EBSE program attended a Drive-Thu Job Fair and Resume Drop-off, hosted

by Michigan Works. Five employers participated, offering a variety of job opportunities.

Ms. Reynolds also provided an update on Wayne County Jail and Probate Court, returning citizens are now being released with a 60-day medication supply. The Diversion Committee meetings continue to be held. Discussion is focused on COVID-19 and the use and improvement of technology with the courts and service providers. Most court hearings are being held via teleconference at this time. On jail diversion, the trend of reducing the jail population will likely continue through the upcoming year. This is attributed to inmates being released due to health and safety, in addition to the trend of reducing jail populations for jail diversion treatment modalities that will provide treatment that is more appropriate to individuals. Mental Health Court held a virtual graduation for 16 participants. Drug Court is preparing for a virtual graduation for 13 participants. Veteran's Treatment court graduated three program participants. Each specialty court is accepting new referrals due to the upcoming graduations.

Clinical Practice Improvement has been working with IT and the Quality department to gain their assistance reviewing 72.3% completion rate for the PHQ-9 during the initial assessment of eligible DWIHN members. CPI has also been working with Quality on using the PHQ-9 as a NCQA measure to show clinical improvement in the upcoming review. Further information is included in the written report.

No ACT providers were visited for their technical assistance review due to stay at home order. We will be reaching out to them to resume the visits. CPI is aligning any new and existing members to the ACT program in MHWIN. ACT participated in a hospital recidivism meeting with integrated care to discuss the collaboration for potential ACT members.

CPI participated in a follow up meeting with CCS regarding starting ACT Step Down and Med Drop. CCS discussed financial barriers to starting a new PMPM program and obtaining staff. CCS will begin to email ACT Step Down and Med Drop list of members to CPI. CPI been meeting with Quality Improvement to look at our hospital lists for recidivism. We continue to monitor that list to see if there are additional engagement strategies we can recommend to our providers to keep individuals from having to go to the emergency departments. We are also looking at crisis and treatment plans, offering ideas on evidence based practices interventions to use. We continue to meet with the providers quarterly.

Dr. Taylor asked if the activities that occurred with HSAG audit and corrective action planning integrate with Clinical Practice Improvement activities. Ms. Reynolds responded that some of the activities involve the provider network meetings and the updates to the clinical practice guidelines. Dr. Taylor asked if Ms. Reynolds was part of the corrective action planning. She responded that she did provide information to Quality for the corrective action planning.

- D. **Customer Service Quarterly Report and Strategic Plan Pillar/Customer Service** – Michele Vasconcellos reported. She also provided a written report

for the record. With COVID in force for 3<sup>rd</sup> Quarter, Customer Services sought ways to reduce barriers to obtaining services. During the 3<sup>rd</sup> Quarter, DWIHN's Call Center activity, which is inclusive of the Welcome Center, CS Call Center, Access Center and Protocall, had overall totals that saw a significant drop in calls due to COVID from the 2<sup>nd</sup> Quarter. DWIHN's Call Center and Access Center are able to handle calls remotely from home. Family Subsidy requests continue to be remotely addressed and processed without interruption.

Performance Monitors continue to address CRSP Customer Service Standards Annual Audit activity, which is now being conducted remotely. With the increase in provider closures as a result of COVID, Customer Service has increased their mailing of member choice notification letters. The unit continues to address Grievance and Appeals and Medicaid Fair Hearing cases and to provide technical assistance and virtual trainings to the provider network. Although numbers have continued to be relatively low, there was an additional decline. Cross training of Grievances and Appeals staff is being conducted to increase productivity and efficiencies.

With the goal of ensuring that our members stayed informed and engaged during COVID Customer Service along with our Communication department implemented various new initiatives, such as social network forums, a telephone helpline on COVID, bulletins and various webinars. Planning efforts are being conducted for the Walk-A-Mile in My Shoes Rally, which will be conducted virtually this year. In partnership with Wayne State University School of Urban Studies, Customer Service continued assessing and initiating process improvement efforts utilizing the member satisfaction tool the ECHO. In addition to the Adult version, the tool was also administered with the parents and guardians of children who have a serious emotional disorder, developmental disability and Autism. Results for the Adults Echo has been finalized and presented to Quality for review and follow-up.

Ms. Vasconcellos provided an update on the Strategic Plan-Customer Service Pillar. This pillar involves the collaborative efforts of Customer Service, IT, Network Management, Credentialing, Self Determination and Utilization Management. Overall, this pillar is currently at 68% completion. Previous reporting on this pillar was at 63%. We focused on three goals: Goal 1) Enhance the provider experience, which we hope to have completed by December 2021 - Previous 53%, Current Completion 55%. Goal 2) Ensure Inclusion and Choice for Members. We are looking to have this completed by the end of September 2020-Previous 69%, Current Completion 74%. Goal 3) Improve Person's Experience of Care and Health Outcomes, which we hope to have completed by December 2021 - Previous 43%. She provided a brief overview of the focus points under each goal. Further information is included in the written report. Ms. Vasconcellos stated that we do not currently see any barriers to meeting these goals on time.

Dr. Taylor asked about the summary that was presented at the board study session. Was there anything in the report that is not related to what was presented today? Ms. Vasconcellos responded that this information was included in that report.



E. **Integrated Health Care Quarterly Report** – Tina Foreman provided an update. She also provided a written report. Due to the COVID-19 pandemic, no Hepatitis A vaccination clinics were held during the 3<sup>rd</sup> Quarter. IHC staff will remain in contact with the Detroit and Wayne County Health Departments regarding scheduling Hepatitis A vaccination clinics once the Health Departments have the capacity to resume the clinics. IHC has also since reached out to the Detroit Health Department regarding scheduling flu vaccination clinics at DWIHN Substance Use Disorder provider sites. We are waiting to hear back from the Detroit Health Department.

In regards to the Integrated Health Pilot Projects, IHC staff continued to participate in meetings with two Medicaid Health Plans to further develop care coordination activities between DWIHN and the Medicaid Health Plans. Models of care coordination were presented and reviewed with both Medicaid Health Plans during the quarter. Next steps were to further define the target population and map out the processes of completing care coordination for shared members, which has since been completed. IHC has also since coordinated and participated in multiple meetings regarding a shared electronic platform that can be used by DWIHN and Medicaid Health Plan staff to facilitate information exchange and care coordination activities.

IHC staff also had a meeting with representatives from Henry Ford Health System in June to discuss a pilot project. A Memorandum of Understanding between DWIHN and Henry Ford Health System is in process. IHC and HFHS staff have another meeting scheduled for later this week.

IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the eight Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. IHC is reaching out to each of the Medicaid Health Plans to determine their capacity to increase the number of members reviewed for data sharing. Thus far, two Medicaid Health Plans have indicated that they are agreeable to increasing the volume of members reviewed but did not provide a number for their capacity, and one Medicaid Health Plan has indicated that they do not have capacity to increase the number of members reviewed during the data sharing meetings. The goal is to increase the number of members reviewed for Care Coordination Data Sharing to 75 cases per month by October 1, 2020.

DWIHN learned in June that the MI Health Link demonstration would be extended to December 31, 2021. After that time, the plan from MDHHS is to extend the demonstration for four additional years, with changes, which are yet to be finalized. Further update is provided in the written report.

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. IHC continued the monitoring and oversight of DWIHN's provider of OBRA/PASARR services. Further update is provided in the written report.

F. **SUD Quarterly Report** – Darlene Owens reported. She also provided a written report. She gave a brief update on the SUD provider network for FY

	<p>21. Prior to releasing the RFPs for both Treatment and Prevention, DWIHN determined that it was necessary to achieve the following: 1) Develop efficient and outstanding care and services to those we have taken a responsibility to serve; 2) Determine system capacity and need; and 3) Allow for new and innovative providers to be introduced into the SUD provider network. DWIHN released the Treatment RFP on May 22, 2020 and received 38 proposals. DWIHN released the Prevention RFP on June 1, 2020 and received 32 proposals. There were a number of responses that were deemed “non-responsive.” A non-responsive designation meant that the application failed to include some minimum required documents and/or responses to name a few. After review and scoring, DWIHN recommended 30 Treatment providers for its SUD provider network and 29 Prevention providers for its SUD provider network, with four new providers into the SUD provider network. Additional information was provided in the written report.</p> <p>Mr. Parker asked how this compares with the providers we currently have. Ms. Owens responded that we currently have 74 providers. In FY 21, we will have 59 providers. Mr. Parker asked for why the number is different. Ms. Owens responded that 15 of the providers did not enter RFPs. A couple of them did not score high enough. Mr. Parker asked if all of Wayne County is being covered in the Treatment area. Ms. Owens stated it would be covered. Mr. Parker asked how residential has been doing in relation to COVID over the last quarter. Ms. Owens stated that the providers have been provided with PPE, learning how to quarantine and working with the health departments on COVID testing. While we have had deaths of both staff and consumers, the numbers have been decreasing since the quarterly report provided in August. Mr. Doeh stated that care was taken to assure that the providers selected met the board’s desire for coverage throughout Wayne County. Ms. Owens stated that there are three new providers in prevention and one in treatment.</p> <p>The Chair bundled all reports and called for a motion to accept the Quarterly reports: Children’s Initiatives/Task Force, Clinical Practice Improvement, Customer Service/Strategic Plan-Customer Service Pillar, Integrated Health Care and Substance Use Disorder. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Taueg to accept the reports as provided. <b>Motion carried.</b></p>

**VIII. Quality Review(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>April Siebert reported and provided a high-level summary. She also provided a detailed written report for the record. She spoke on the analysis that identifies trends and patterns of events in ten (10) reportable categories. She stated that these items are also included under the Quality Pillar in the Strategic Plan.</p> <p>Those reportable areas are Arrests, Deaths, Environmental Emergencies, Injuries requiring ER, Injuries requiring Hospitalization, Medication Error, Physical illness requiring ER, Physical illness requiring Hospitalization, Serious Challenging Behavior, and other. This objective is included under the Quality Pillar with planned activities to continue efforts to identify and improve data reporting to</p>
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	<p>include analyzing member specific, provider specific and systemic trends that put members at risk of harm. The report highlights some interesting trends. Ms. Siebert provided brief overview of the items included in the full report, including follow-up on hospitalizations and coordination of care. She also briefly discussed trends related to COVID and talked about morbidity and mortality of poor physical health and unhealthy lifestyles, as well as a brief update on the bed bug infestation that continues to present problems in the network. Chief Riley asked about the bed bug issue and if there is a plan of action to deal with it. Ms. Siebert responded that as these are private homes, we are restricted on what we can do. We have provided the homes with basic protocols and guidance to help them alleviate this problem. We have also asked them to provide us with supporting documentation to let us know the infestation has been mitigated. She added that as these are private homes, we have limited authority. Mr. Doeh stated that staff has discussed this issue. It is a health and safety issue and if we are providing clinical services in the home, we can extend our reach. We have other partners, including housing authorities, who we can contact to inspect and other indirect approaches. Mr. Hooper added that there are third parties we can use to more directly address the problem, but as a PIHP, we do not have the authority to do checks in private residences. We can report to local third parties governing the rental of facilities that the homes are not up to standards. We hold our service providers accountable for the health and safety of those we serve and expect them to report unsafe and unsanitary conditions. There was further discussion.</p> <p>Ms. Siebert was requested to provide an update to Program Compliance on this issue.</p> <p>The Chair called for a motion to accept the Quality report. <b>Motion:</b> It was moved by Ms. Ruth and supported by Chief Riley to accept the Quality report. <b>Motion carried.</b></p>
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**IX. Strategic Plan-Customer Pillar**

<b>DISCUSSION/ CONCLUSIONS</b>	The report was provided during Customer Service Quarterly Report.
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**X. Interim Chief Clinical Officer's (CCO) Report**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Kimberly Flowers provided a brief update. She also provided a written report. During the month of August, Clinical Operations continued to focus on continuity of services and supports during the COVID-19 pandemic. She identified programs that have been implemented and continue to operate with periodic monitoring by DWIHN staff. The COVID-19 Response Plan includes maintaining and creating an infrastructure to support a holistic care delivery system, with access to a full array of services. Our mobile units are continuing to provide services. She also highlighted actions on intensive crisis stabilization services, pre-placement housing, recovery housing and support services, behavioral</p>
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	<p>health urgent care sites and testing, tracing and reporting, including testing people who live in the AFC homes, which began in September. Ms. Blackwell added further update on the testing being provided in the AFC homes. Testing is being done on staff and residents and will continue the remainder of the week and into next week. Further information on these items is included in the written report.</p> <p>The Chair called for a motion to accept the Interim Chief Clinical Officer's report. <b>Motion:</b> It was moved by Ms. Ruth and supported by Chief Riley to accept the Chief Clinical Officer's Report. <b>Motion carried.</b></p>
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**XI. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>None.</p>
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**XII. New Business: Staff Recommendation(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>June White presented the following board actions:</p> <p><b>A. BA #21-05 - The ARCs (Detroit, Northwestern Wayne and Western Wayne) -</b> The Chair called for a motion to approve BA #21-05. <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Ruth to approve BA #21-05. There was no discussion. <b>Motion carried.</b></p> <p><b>B. BA #21-17 - Multicultural Integration and PIHP Navigator - Association of Chinese Americans, Inc., Southwest Counseling Solutions, Detroit Wayne Integrated Health Network, Community Health and Social Services Center, Inc., and American Indian Health and Family Services -</b> The Chair called for a motion to approve BA #21-17. Ms. White reported the Veteran Navigator portion has already been presented. The providers were selected by MDHHS. She provided an explanation of services to be provided. <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Ruth to approve BA #21-17. Dr. Taylor requested that the correction to the board action be completed prior to presentation to the Full Board. <b>Motion carried.</b></p> <p><b>C. BA #21-21 - Neighborhood Services Organization and Wayne Metropolitan Community Action Agency - PATH Programs -</b> The Chair called for a motion to approve BA #21-21 <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Ruth to approve BA #21-21. There was no further discussion. <b>Motion carried.</b></p> <p><b>D. BA #21-22 - Central City Integrated Health - PSH and Leasing Project -</b> The Chair called for a motion to approve BA #21-22 <b>Motion:</b> It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-22. Mr. Parker asked if the concerns about Central City have been resolved. Mr. Doeh stated that Central City has installed a new CEO. Finance has also been involved with and we have not encountered any issues of concern. We took steps with our CFO and Compliance Officer to make sure our funds were not misappropriated. Mr.</p>
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Hooper added that the only concern with them is their 501C3 status lapsed during the investigation and they are currently seeking reinstatement. They have submitted the required documentation and we anticipate that it will be approved. **Motion carried.**

**E. BA #21-23 – Provider Network System** - The Chair called for a motion to approve BA #21-23. Chief Riley abstained from Growth Works. **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-23. Mr. Parker asked about the 10,000 less projection of persons served from last year. Ms. White responded that it is based on current claims, but the figure will go up. Ms. Durant stated that the dollar amount has gone up from prior year based on the increased HRA amount and we added all of the claims based on SUD activity, which was previously on the SUD board actions. She stated that they would look at the projected number served and make sure it is correct prior to board meeting. **Motion carried.**

**F. BA #21-27 – Autism (ASD) Network** – Ebony Lawson presented. The Chair called for a motion to approve BA #21-27 **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-27. Mr. Parker asked why the amount is reduced. Ms. Durant responded that a portion of this contract was pulled and an RFP was done for the assessments portion. It will be an upcoming board action. **Motion carried.**

**G. BA #21-36 – ASD Independent Evaluations** – Ms. Lawson presented. Ms. Durant stated that The Children’s Center is no longer an autism provider, which was part of the RFP criteria for becoming an independent evaluator. The Chair called for a motion to approve BA #21-36 **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-36. **Motion carried.**

Dr. Taylor asked about the expiring contracts list and noted that many of the items have not come before the Program Compliance Committee. Mr. Doeh responded that the list contains board actions that have already come before board, as well as some that will not need to be presented. He is working with staff to have a more definitive list presented. Dr. Taylor requested an updated spreadsheet prior to the Executive Committee meeting.

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

<b>DISCUSSION/ CONCLUSION</b>	The Chair asked if there were any Good and Welfare/Public Comment.
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ACTION ITEMS	Responsible Person	Due Date
1. Dr. Taylor requested a more comprehensive list of board actions that will be coming to the Program Compliance Committee to be provided before Executive Committee meeting	Eric Doeh	September 14, 2020
2. Third quarter report on the Children's Initiatives School-Based program to be sent to board members	Crystal Palmer	September 16, 2020

ACTION ITEMS	Responsible Person	Due Date
3. SUD quarterly report to be sent to board members	Darlene Owens	COMPLETED
4. Provide Program Compliance Committee with follow-up on the bed bug infestation	April Siebert	October 14, 2020

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 3:08 p.m.

**NEXT MEETING:** Wednesday, October 14, 2020 at 1:00 p.m. *(Virtual Meeting)*

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**AUGUST 12, 2020**

**1:06 P.M.**

***VIRTUAL MEETING***

<b>MEETING CALLED BY</b>	I. Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Iris Taylor, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Dr. Lynne Carter; Chief William Riley, III; Kenya Ruth; Dr. Cynthia Tauveg and Dr. Iris Taylor</p> <p><b>Board Member(s) Present:</b> Dorothy Burrell; Kevin McNamara; and Bernard Parker</p> <p><b>Staff:</b> Brooke Blackwell; Willie Brooks; Jacquelyn Davis; Eric Doeh; Kimberly Flowers; Tina Forman; Shirley Hirsch; Bernard Hooper; Dr. Margaret Hudson-Collins; Callana Ollie; Darlene Owens; Crystal Palmer; John Pascaretti; Ebony Reynolds; April Siebert; and June White</p>

**AGENDA TOPICS**

**II. Moment of Silence**

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

**III. Roll Call**

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

**IV. Approval of the Agenda**

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair called for approval of the agenda. <b>Motion:</b> It was moved Kenya Ruth and supported by Chief Riley to approve the agenda. Dr. Taylor asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried.</b>
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**V. Follow-Up Items from Previous Meetings**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>TRAILS Program</b> – Provide a realistic timeframe for the TRAILS program including recommendations for the most appropriate evidenced-based practice to use and an implementation plan that includes timelines and cost. Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave an update on the TRAILS Program. After a robust discussion regarding the TRAILS program, the committee agreed that a short-term task force of board members and staff be developed to adopt and address population need, layout of all services, and who’s providing and paying for this initiative. The board members that volunteered for this short-term task force are Dr. Lynne Carter, Kenya Ruth, Dr. Cynthia Taueg, Kevin McNamara, Dr. Iris Taylor and Board Chair, Bernard Parker. Staff that will participate in the short-term task force are Deputy CEO, Eric Doeh, Ebony Reynolds and Kim Flowers. Eric Doeh, Dr. Taylor and Ebony Reynolds will meet first to discuss data that is needed for the meeting. Board Liaison, Lillian Blackshire will arrange the meeting within the next week. (Action)</p>
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**VI. Approval of Meeting Minutes**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>The Chair called for approval of the July 8, 2020 meeting minutes. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Taueg to approve the July 8, 2020 meeting minutes. Dr. Taylor asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b></p>
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**VII. Reports**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>Corporate Compliance Report</b> - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> <li>1. <b>HAP ICO Audit</b> – HAP conducted an audit of various DWIHN’s functions including Compliance, Utilization Management and Integrated Healthcare. The initial results of the audit indicated that DWIHN was in non-compliance with several areas. However, subsequent submissions have resulted in a number of areas being reconsidered by HAP to <b>“Met”</b> or <b>“Met with comments”</b>. The final report should be received later this week and a Corrective Action Plan (CAP) will be submitted thereafter. Dr. Taylor opened the floor for discussion. There was no discussion.</li> </ol> <p>B. <b>Medical Director’s Report</b> – Dr. Margaret Hudson-Collins, Medical Director submitted and gave a report on her Medical Director’s report.</p> <ol style="list-style-type: none"> <li>1. <b>Update on DWIHN’s COVID-19 Response</b> – Five primary initiatives are giving guidance and support to DWIHN’s members and providers during the COVID-19 pandemic: urgent care psychiatric services; intensive case management services; pre-placement housing; DWIHN’s residential program provided alternate housing for COVID positive members, PPEs and COVID testing; and SUD COVID-19 recovery housing. DWIHN has successfully contributed to the “flattening of the curve” of the COVID-19 pandemic in Detroit-Wayne which was the epicenter of the pandemic in Michigan. Dr. Hudson-Collins also provided a document on Detroit-Wayne COVID cases and a link for a more detailed report.</li> </ol>
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2. **Quality Improvement Steering Committee** – DWIHN has contracted with a NCQA consultant to provide feedback for policies and process in preparation for the NCQA survey and reviews in 2021.
  3. **Hepatitis A Vaccination Performance Improvement Projects (PIP)** – MDHHS has asked DWIHN to partner with the Detroit and Wayne County Health Departments in developing a prevention initiative for the opioid treatment programs to include education on Hepatitis A and offering the Hepatitis A vaccine.
  4. **Utilization Management (UM)** – Staff provided training to our CRSP providers on the use of the Service Utilization Guidelines (SUGs) on August 4<sup>th</sup> and August 8<sup>th</sup>. UM is working with I.T. and Children’s Initiatives to have MDHHS required functional assessment tools for children and adolescents tied into SUGs.
  5. **PIHP’s Regional Medical Director’s Meeting** – The medical directors met weekly at the onset of the COVID pandemic and now meet twice a month since the State is beginning to pen up and lift some restrictions. The focus has shifted to continued concern about contact tracing and timely testing.
  6. **Tri-County Medical Director’s Advisory Group** – Wayne, Oakland and Macomb counties’ medical directors met virtually on July 23, 2020. Each director gave updates on their COVID-19 issues. Governor Whitmer’s COVID-19 orders and Dr. J. Khaldun’s medical assessment and recommendations for managing the pandemic in Michigan was also reviewed and discussed.
  7. **Improving Practices Leadership Team (IPLT)** – The IPLT’s meeting resumed in June 2020. Their focus is on the disposition for children requiring psychiatric hospitalization under the age of eight (8) be established once medical clearance begins; Behavioral Health Screening Program; identifying barriers to seven-day follow-up post psychiatric hospitalization; and SUD-QIP. Dr. Taylor opened the floor for discussion. There was no discussion.
- C. **Managed Care Operations’ Quarterly Report** – June White, Director of Managed Care Operations submitted and gave highlights on the Managed Care Operations’ Quarterly report. Ms. White reported that the provider and practitioner survey will be going out via email mid-September for FY 2020. The purpose of this survey is to monitor how well DWIHN is performing and addressing any deficiencies in our network that we can resolve for FY 2021. The results of this survey should be available for analysis late December. The survey will reach out to 450 providers and close to 2,000 practitioners. Dr. Taylor opened the floor for discussion. There was no discussion.
- D. **Residential Services’ Quarterly Report** – Shirley Hirsch, Director of Residential Services submitted and gave highlights on the Residential Services’ quarterly report.
1. **COVID-19** - Since March 30, 2020, Residential Services continue to work and report on COVID-19 cases and reported deaths with a downward trend since the last report on April 30, 2020. The number of COVID-19 positive cases reported are 161 and the number of deaths reported is 31.
  2. **MH-WIN Residential Assessment/SPG Roll-Out** – MH-WIN Residential Assessment/SPG Roll-out was successful, effective June 1, 2020.
  3. **Specialized Residential Authorizations CRSP Trainings** – Completed transition of the Specialized Residential Service Authorization process to DWIHN’s contracted CRSPs, effective June 5, 2020.
- All DWIHN’s clients have received testing for the COVID virus. Dr. Taylor opened the floor for discussion. Discussion ensued.

- E. **Substance Use Disorder’s Quarterly Report** – Darlene Owens, Director of Substance Use Disorder’s Initiatives submitted and gave highlights of the Substance Use Disorder’s Quarterly Report.
1. **DWIHN Naloxone Initiative** – Naloxone saves 38 lives and one (1) unsuccessful save in the third quarter of FY 2020.
  2. **Access SUD Screenings** – Enrollment in services continue to be low. The numbers are slowly increasing per month.
  3. **Mobile Units** – DWIHN has two mobile units that provides a variety of services.
  4. **Telehealth Survey** – Survey was conducted from May 12-24, 2020 by the Quality Improvement department. Forty-three percent (43%) of the SUD providers reported using telehealth services during the COVID pandemic.
  5. **Screening, Brief Intervention and Referral for Treatment (SBIRT)** – Currently only one provider is providing peer services in an FQHC.
  6. **Overdose Education and Naloxone Distribution (OEND)** – 191 Naloxone kits were distributed.
  7. **Michigan Department of Corrections (MDOC)** – DWIHN currently has 41 clients, 29 enrolled in outpatient, one in the MAT program and one in residential treatment services
  8. **Gambling Disorder Residential Treatment Program (GD RTP)** – SHAR House and Mariner’s Inn applied for this grant. DWIHN currently has one provider.
  9. **SYNAR-Youth Tobacco Act Vendor Education** – Nine (9) prevention providers participated in vendor education and non-SYNAR checks from May 15-June 30, 2020. DWIHN is currently in the SYNAR inspection phase from July 20-August 20, 2020.
  10. **Prevention Highlights** – DWIHN prevention providers were able to transition the direct and indirect activities to virtual platforms. One prevention provider conducted a series of innovative activities face-to-face.
  11. **DWIHN’s My Strength New User Registration Data:**
    - a. April 2020 – 85 new users – 4,524 total served
    - b. May 2020 – 56 new users – 4,579 total served
    - c. June 2020 – 32 new users – 4,611 total served

Depression, anxiety, drug and alcohol were the most utilized e-learning programs. Dr. Taylor opened the floor for discussion. Discussion ensued. The Chair bundled all reports and called for a motion to accept the Corporate Compliance and Medical Director’s reports; Managed Care Operations, Residential Services and Substance Use Disorders’ quarterly reports. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to accept the Corporate Compliance and Medical Director’s reports; Managed Care Operations, Residential Services and Substance Use Disorder’s quarterly reports. **Motion carried.**

**VIII. Quality Review(s) - None**

**DISCUSSION/  
CONCLUSIONS**

- B. **Quality Improvement’s Quarterly Report** – April Siebert, Director of Quality Improvement submitted and gave highlights on the Quality Improvement’s Quarterly Report. Ms. Siebert reported that the second quarter Performance Indicator data for the Michigan Mission Based Performance Indicators (MMBPI) was submitted to the MDHHS on June 30, 2020. The measurement period was from January 1, 2020 – March 31, 2020. The objective is to meet 95% and 15% or less thresholds. The state’s overall benchmark of 95% was met for each Indicator for Quarters 1 and 2 with the exception of Indicators 4b (Q1) and 4a

	<p>(Q2). Indicator #10 increased by 1.38 percentage points in Quarter 2 for adults readmitted within 30 days to 22% (the state standard is 15% or less). Several departments within DWIHN continue to meet and complete work in an attempt to reduce the adult recidivism rates. Staff will continue to use the improvement strategies to improve outcomes. Discussion ensued. The Chair called for a motion to accept the Quality Improvement's Quarterly report. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauzeg to accept the Quality Improvement's Quarterly report. Dr. Taylor opened the floor for further discussion. There was no discussion. <b>Motion carried.</b></p>
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**IX. Interim Chief Clinical Officer's (CCO) Report**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>Kimberly Flowers, Interim Chief Clinical Officer submitted a full report and gave highlights on her Interim Chief Clinical Officer's report. Ms. Flowers reported that:</p> <ol style="list-style-type: none"> <li>1. <b>COVID-19 &amp; Inpatient Psychiatric Hospitalization</b> – 9.1% decrease in admission for July 2020 – 707 served</li> <li>2. <b>COVID-19 Intensive Crisis Stabilization Services</b> – 15% increase in admissions for July 2020 – 216 served</li> </ol> <p>COVID-19 Pre-Placement Housing, Recovery Housing/Recovery Support Services and Urgent Behavioral Health Urgent Care Sites are all still being utilized. Brooke Blackwell, Chief of State informed the committee that MDHHS is having a meeting today to determine how they will be disseminating COVID testing for the AFC population and will have an update by next week. Mrs. Blackwell will work with Kim Flowers and Dr. Hudson-Collins on a plan for testing the AFC population on a regular basis. They also have a contingency plan in place for any positive cases that may arise. The Chair called for a motion to accept the Interim Chief Clinical Officer's report. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to accept the Interim Chief Clinical Officer's Report. Dr. Taylor opened the floor discussion. There was no discussion. <b>Motion carried.</b></p>
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**X. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA# 19-15 (R2)</b> - Housing Resource Center - 24 Hour Walk-In Center (Tumaini Center) Covenant House Program – The Chair called for a motion on BA #19-15 (R2). <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #19-15 (R2) to Full Board for approval. Staff requesting modification of this board action for <b>Southwest Counseling Solutions' Housing Resource Center</b> for the amount of \$1,089,715.00 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities; <b>Neighborhood Service Organization's 24-Hour Walk-In Center (Tumaini Center)</b> for the amount of \$902,050.00 to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements; and <b>Northeast Integrated Health's (formerly Northeast Guidance Center) Covenant House Program</b> for the amount of \$132,872.00 to address gaps in service through the provision of mental health support for young adults experiencing homelessness. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>B. <b>BA# 20-59 (Revised)</b> - PCE/MHWIN Maintenance Contract Extension – The Chair called for a motion on BA #20-59 (Revised). <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauzeg to move BA #20-59 (Revised) to Full Board for approval. Staff is requesting one-year extension for MH-WIN</p>
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maintenance services with Peter Chang Enterprise (PCE). Dr. Taylor opened the floor for discussion. There was no discussion. **Motion carried.**

**XI. New Business: Staff Recommendation(s) -**

**DISCUSSION/  
CONCLUSIONS**

- A. **BA# 20-58** - Grant Agreement Between Michigan Department of Health and Human Services hereinafter referred to as the "Department" and Detroit Wayne Integrated Health Network (formerly known as Detroit Wayne Mental Health Authority) for Community Mental Health Services Program (CMHSP) – 2020 – Dr. Taylor informed the committee that this board action is normally presented to the Finance Committee but because the information was received after the Finance Committee meeting it is being presented to this committee. The Chair called for a motion on BA #20-58. **Motion:** It was moved by Chief Riley and supported by Dr. Taueg to move BA #20-58 to Full Board for approval. This board action is for receipt and dispersal of the FY 2020 contract between Michigan Department of Health and Human Services (MDHHS) and the Detroit Wayne Integrated Health Network (DWIHN) formerly known as Detroit Wayne Mental Health Authority (DWMHA) for the Community Mental Health Services Program (CMHSP). This contract is for the provision of a comprehensive array of mental health services and supports. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**
- B. **BA# 20-58 (Revised 1)** - Grant Agreement Between Michigan Department of Health and Human Services hereinafter referred to as the "Department" and Detroit Wayne Integrated Health Network (formerly known as Detroit Wayne Mental Health Authority) for Community Mental Health Services Program (CMHSP) – 2020 - (**Unfinished Business**) – The Chair called for a motion on BA #20-58 (Revised 1). **Motion:** It was moved by Chief Riley and supported by Dr. Taueg to move BA #20-58 (Revised 1) to Full Board for approval. Detroit Wayne Integrated Health Network received amended language from Michigan Department of Health and Human Services (MDHHS) for the Community Mental Health Services Program (CMHSP) for FY 2020 which is included in the board action. Dr. Taylor opened the floor for discussion. The committee requested that this board action be added to the Executive Committee meeting on Monday for further discussion. (Action) **Motion carried.**
- C. **BA# 21-06** – Donated Funds Agreement 21-82009 – The Chair called for a motion on BA #21-06. **Motion:** It was moved by Dr. Taueg and supported by Chief Riley to move BA #21-06 to Full Board for approval. Staff recommends approval of a one-year contract extension between DWIHN and MDHHS to continue the Outstation services in Wayne County and the placement of six (6) Medicaid Eligibility Specialists. Dr. Taylor opened the floor for discussion. There was no discussion. **Motion carried.**
- D. **BA# 21-07** - Behavioral Health Emergency Response Call Center – The Chair called for a motion on BA #21-07. **Motion:** It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-07 to Full Board for approval. Staff is requesting approval for the extension of the ProtoCall Services, Inc. contract. The FY 20/21 contract amount is \$335,500.00. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**

- E. **BA# 21-08** – Healthcare Effectiveness Data and Information Set (HEDIS) Certified population Health Management and Data Analysis Tool Vendor Solution – The Chair called for a motion on BA #21-08. **Motion:** It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-08 to Full Board for approval. Staff request approval to enter into a contract with Vital Data Technology, LLC for a Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool vendor solution. The contract will be for three years with two, one-year renewal options. Dr. Taylor opened the floor for discussion. There was no discussion. **Motion carried.**
- F. **BA# 21-09** – Comprehensive Service for Behavioral Health – 2021 – The Chair called for a motion on BA #21-09. **Motion:** It was moved by Chief Riley and supported by Dr. Tauog to move BA #21-09 to Full Board for approval. Staff is requesting approval to enter into an agreement with several vendors (***list included in board action***) and individuals who have been approved by MDHHS through the Comprehensive Services for Behavioral Health FY 2021 Block Grant. Notification was received from MDHHS approving \$861,516. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**
- G. **BA# 21-11** – DWC Training Portal – The Chair called for a motion on BA #21-11. **Motion:** It was moved by Chief Riley and supported by Dr. Tauog to move BA #21-11 to Full Board for approval. Staff is requesting approval of a two-year contract with WIT, Inc. WIT, Inc. currently develops and maintains the software package used by VCE now known as Detroit Wayne Connect (DWC) to manage the entire training program for DWIHN staff and providers servicing consumers in the DWIHN network. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**
- H. **BA# 21-12** – Systems of Care – The Chair called for a motion on BA #21-12. **Motion:** It was moved by Dr. Tauog and supported by Mr. Parker to move BA #21-12 to Full Board for approval. The System of Care (SOC) Block Grant expands the capacity of Connections Wayne County’s System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED) served within Wayne County’s Public Mental Health System. The main goal of this initiative is to increase access to and the quality of services for children and youth in Wayne County. Dr. Taylor opened the floor for discussion. The committee requested that the persons served in this initiative indirectly should be included in the board action. **(Action) Motion carried.**
- I. **BA# 21-14** - Infant Early Childhood Mental Health – The Chair called for a motion on BA #21-14. **Motion:** It was moved by Dr. Tauog and supported by Chief Riley to move BA #21-14 to Full Board for approval. Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention based, indirect intervention that teams a mental health professional with child care providers to improve the social, emotional and behavioral health of children. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**
- J. **BA# 21-15** - Treatment Foster Care Oregon – The Chair called for a motion on BA #21-15. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-15 to Full Board for approval. Staff is requesting approval of a one-year contract between DWIHN and The Guidance Center to continue implementation of the Treatment Foster Care Oregon (TFCO) initiative for FY 2020-21. Funding for this contract is through MDHSS’ grant for \$432,496, pass

	<p>through Wayne State University. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>K. <b>BA# 21-16</b> – My Strength – The Chair called for a motion on BA #21-16. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-16 to Full Board for approval. My Strength meets NCQA accreditation requirements for Q18, Q19 and CC4 as well as fulfillment of Grant obligations. It has all nine of the self-management tools required by NCQA and has the ability for DWIHN to customize the assessment in our system. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>L. <b>BA# 21-18</b> – Michigan Rehabilitation Services – The Chair called for a motion on BA #21-18. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-18 to Full Board for approval. Staff requesting approval for continued funding for an Interagency Cash Transfer Agreement (ICTA) between DWIHN and Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>M. <b>BA# 21-19</b> – Crisis Intervention Services Extension – The Chair called for a motion on BA #21-19. <b>Motion:</b> It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-19 to Full Board for approval. Staff is requesting approval for extension of Hegira Health, Inc. crisis intervention services via the Community Outreach for Psychiatric Emergencies (COPE). The extension will allow for DWIHN to continue providing adult mobile crisis services during the process of securing a building for the Crisis Assessment Center and eventually revising the Crisis Continuum RFP. The amount for the extension from October 1, 2020-September 30, 2021 is not to exceed \$8,400,000.00. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p>
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**XII. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.
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<b>ACTION ITEMS</b>	<b>Responsible Person</b>	<b>Due Date</b>
<p><b>1. Follow-Up Items from Previous Meeting:</b></p> <p><b>A. TRAILS Program</b> – Board Liaison will set up a pre-meeting for Dr. Taylor, Eric Doeh and Ebony Reynolds for the short-term task force team</p>	Lillian Blackshire	<b>COMPLETED</b>

ACTION ITEMS	Responsible Person	Due Date
<p>2. <b>BA #20-58 (Revised 1)</b> - Grant Agreement Between Michigan Department of Health and Human Services hereinafter referred to as the "Department" and Detroit Wayne Integrated Health Network (formerly known as Detroit Wayne Mental Health Authority) for Community Mental Health Services Program (CMHSP) – 2020 – Add to agenda for Executive Committee meeting on Monday for further discussion.</p>	Lillian Blackshire	<b>COMPLETED</b>
<p>3. <b>BA #21-12</b> – System of Care – Include persons served indirectly in this initiative in the board action.</p>	Crystal Palmer	<b>COMPLETED</b>

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 3:15 p.m.

**NEXT MEETING:** Wednesday, September 9, 2020 at 1:00 p.m. *(Virtual Meeting)*



**Detroit Wayne  
Integrated Health Network**

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

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

**Angelo Glenn, Chair**

**Substance Use Disorder (SUD) Oversight Policy Board (OPB)**

**October 2020 Report**

The SUD Board meeting was held Monday, October 19, 2020.

**Agenda Items that were presented:**

The SUD Board Welcomed: Two new board members Ms. Maria Avila and Mr. Ronald Taylor

Board Action Items:

None to Report

SUD Staff Updates:

Director's Report: Darlene Owens

Reported the status of the possible Syringe Services Program in Western Wayne and Downriver area. SUD Strategic Plan was approved by MDHHS and SUD passed their State Opioid Response (SOR) Site Visit. Reviewed FY 21 provider contract status. Provided updated on a new Philanthropic grant for Wayne County Jails. Writing on a new opioid grant for intervention. She provided outcomes on SAMHSA Grant for COVID Emergency.

Prevention Report: Karra Thomas

Treatment Report: Judy Davis

SOR Report: Darlene Owens

Report submitted by: **Angelo Glenn,**  
**SUD Board Chair**

**Board of Directors**

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

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

Timothy Killeen, Treasurer  
Angelo Glenn  
Dr. Cynthia Tauieg

Dora Brown, Secretary  
Kevin McNamara

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





# Board of Directors



- **POLICY NO.:** 2020-23
- **ISSUE DATE:** October 19, 2020
- **REVISED ON:**
- **ORIGINATOR:** Board of Directors
- **BA NO. :** 15-67

## **SUBJECT: OPENING AND PROCESSING OF INCOMING MAIL OF THE BOARD**

It is the policy of Detroit Wayne Integrated Health Network (“DWHN”) to ensure the prompt and proper handling and distribution of incoming mail addressed to a member or of the DWHN Board of Directors (“Board”). The purpose of this policy is to describe the primary responsibilities of DWHN Administration, the Office of Fiscal Management (Finance) – Mail Room Unit (“MRU”), and the Board Liaison (or its designee) as it pertains to the handling of incoming mail of Board member(s).

### [Incoming Mail Procedure](#)

Incoming mail to DWHN offices is collected and distributed in accordance with DWHN’s Mail Room Policy. The DWHN MRU is responsible for routing unopened mail to its appropriate location. Incoming mail addressed to the Board or a Board member will be distributed by the MRU to the Board Liaison (or its designee) for delivery to the appropriate Board member(s) in accordance with the following:

- Incoming mail addressed generally to the “Board of Directors” will be opened by the Board Liaison (or its designee) and shared with the Compliance Officer and/or Administration (as appropriate) upon delivery to the Board Chair and/or Vice Chair for processing as directed by the Board Chair or its designee.
- Incoming mail that is addressed to an individual Board member will not be opened; the envelope must be date stamped by the MRU and distributed directly to the Board Liaison (or its designee) for distribution to the Board member addressee. Mail not otherwise prominently marked “personal” and/or “confidential” may be opened by the Board Liaison (or its designee) and shared with the Compliance Officer. The Board Liaison designee may be determined by the Board Chair.
- Mail received marked “confidential” and/or “personal” will be date stamped on the envelope by the MRU and go directly to the Board Liaison or Board member unopened.
- Where Incoming mail is addressed to the Board or a Board Member, the Board Chair or individual Board Member will be responsible for promptly notifying DWHN Administration in the event that any incoming mail requires further action or follow up to be completed by Administration.
- In order to limit any unintentional access to personal mail of Board Members, the DWHN facilities and/or address should not be used for the mailing or receipt of non-business or personal mail.
- DWHN staff and the Board are bound by all applicable local, state and federal laws, rules, regulations and policies, when processing incoming mail.

### [RELATED POLICIES AND PROCEDURES](#)

DWHN Mail Room Policy

Community Mental Health Association of Michigan  
**Annual Virtual Fall Conference**

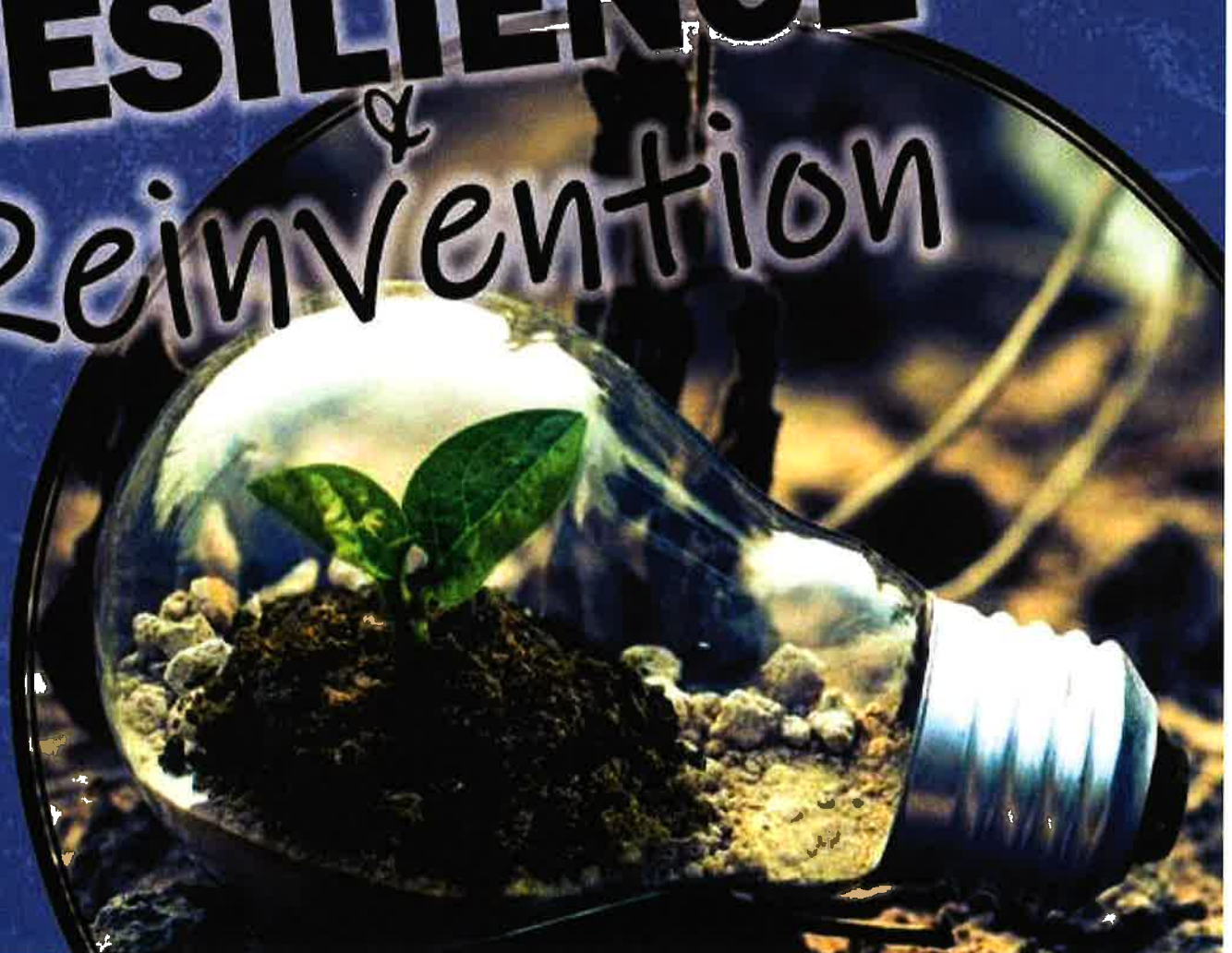
October 26—30, 2020

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# Virtual Conference Series

**Not Sure if Virtual Education is for you? Here's some key benefits on why you should register:**

**Flexibility: Attend the Live Conference for CEs or View the Recorded Conference (no CEs) at a Reduced Rate:**

**Live Conference:** You are NOT required to attend the entire conference – you can attend 2 sessions or 8 or more! You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions **live** is the only way to receive Continuing Education Credits.

**View Recordings – No Continuing Education Credits:** For those who do not need CEs, take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 1 month to view the recordings. You can view as many sessions as you like.

**Your Time:** No travel time to and from the hotel. The conference takes place in the mornings only - so your afternoon is available for meetings, emails and projects.

**Education:** 4 powerful keynotes and 29 educational workshops.

**More Continuing Education:** An in-person conference typically qualifies for 8-9 CE hours. During the virtual conference series, you can earn up to **12.5 Continuing Education Credits for Social Work & 13.5 Contact Hours for MCBAP.**

**Registration Deadline:** Attendee registration **closes at 5:00pm on Thursday, October 22, 2020.**

**Questions?** Contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or 517-282-0558.

**Exhibitors:** Visit [www.cmham.org](http://www.cmham.org) for more information. Exhibitor Registration is October 15, 2020!



# Continuing Education

## Continuing Education Information:

**Social Workers:** This course conference series qualifies for a maximum of **12.5 Continuing Education Hours**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. Qualifies as "face-to-face (in-person) education."

**Substance Abuse Professionals:** CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in the full conference series **may receive a maximum of 13.5 contact hours**. Qualifies as "in-person education." Some "Related" workshops may meet MCBAP/IC&RC educational requirements for focused topics in addiction certification domains. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

**Continuing Education Requirement:** National Accreditation Rules: National Accreditation rules indicate that if you are over five (5) minutes late or depart early, you forfeit your continuing education hours for that session. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide continuing education hours in the future. This rule will be strictly followed.

**Certificate Awarded:** The virtual platform will be utilized to track participation and generate certificates. No other certificate will be given outside of the virtual platform generated one that will be accessible in your profile after the conference is completed.

**Certificate Issued by:** Christina Ward, Director of Education & Training, [cward@cmham.org](mailto:cward@cmham.org); 517-374-6848

**Grievance:** If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA 517-374-6848 or through our webpage at [www.cmham.org](http://www.cmham.org) for resolution.

**CLICK HERE TO REGISTER!**



# Conference Fees

Registration Type	Rate Per Person
<b>Live Conference:</b> <i>You are not required to attend the entire conference – you can attend 2 sessions or 8 or more. You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). See virtual participation guidelines listed below. Viewing the sessions live is the only way to receive Continuing Education Credits.</i>	
<b>View Recordings – No Continuing Education Credits:</b> <i>For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 1 month to view the recordings. You can view as many sessions as you like.</i>	
<b>CMHA Member: Live Conference</b>	<b>\$140</b>
<b>Non-Member: Live Conference</b>	<b>\$160</b>
<b>CMHA Member: View Recordings After the Live Conf – No CE Credits</b>	<b>\$50</b>
<b>Non-Member: View Recordings After the Live Conf – No CE Credits</b>	<b>\$60</b>

**[CLICK HERE TO REGISTER!](#)**

**Registration Deadline:** **Attendee registration closes at 5:00pm on Thursday, October 22, 2020.**

**Payment Due:** Payment must be received by the first day of the conference. Purchase orders are not considered payment. All no shows will be invoiced the full registration amount. **Checks can be made to:** CMHA and sent to 426 S. Walnut St, Lansing, MI 48933.

**Cancellation Policy:** **Substitutions are permitted until 5:00pm on Thursday, October 22, 2020.** No-shows will be billed at the full training rate. **Cancellations must be received in writing via email to [cward@cmham.org](mailto:cward@cmham.org) at least 3 business days prior to the conference for a full refund less a \$25 administrative fee.** If cancellation is received less than 3 business days prior to the training, no refund will be given. Refunds will be issued within 90 days of the training.

**Virtual Participation:** You are expected to actively participate in the conference. See below for recommendations and requirements.

- You must register through CMHA first, and then log into the virtual platform with the **SAME** email address.
- You must watch the virtual conference LIVE to receive CE credit for each session.
- Recommend that attendees log into the virtual training at least 15 minutes before the session begin.
- Registration report will indicate arrival time (note for continuing education you must be logged into the virtual training within 5 minutes of the start of the session).
- **Internet: A strong internet connection is HIGHLY recommended. If your internet service is not able to stream videos, it will likely not be strong enough to support this conference. You will want a minimum upload speed of 5Mbps.**
- After confirmation that you fully participated in the conference, you will have access to your certificate via the conference website.

**Virtual Training Accommodations:** If you need accommodations to attend this virtual training, please email Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) at least 5 business days before the event.

**Permission to Record, Use Image or Representation:** I give my permission for Community Mental Health Association ("CMHA"), to videotape, audiotape, photograph, record, edit or otherwise reproduce my voice, image or likeness, and to use it in various formats and for the purposes within CMHA's mission of teaching, research, public service and patient care. Distribution methods may include, but are not limited to the classroom, television (including TV, broadcast, cable, and other), the Internet (including websites, webcasts and podcasts), print publications or other medium not existing or later created. CMHA retains the right not to use the footage for other than archival purposes. Any copyright protected works which I deliberately provide or otherwise include as part of a recording or background image are either my own property or works for which I have the permission of the copyright owner to use in any way. I certify that I am 18 years or older and have read this release and consent form and understand all its terms. **Code of Conduct for Participants:** The Community Mental Health Association (CMHA) strives to create a training environment that is safe, inclusive, and fosters learning. As an attendee of a CMHA training, you are agreeing to contribute to the success of such an environment. CMHA attendees are responsible for proper and ethical behavior during trainings. It is not acceptable to use obscene, profane, threatening, or disrespectful visual, verbal or written communication during your time as an attendee. Attendees are also not permitted to record any part of this training for personal or other use. If CMHA becomes aware that a participant has failed to abide by this code of conduct, then the association may take whatever actions it deems appropriate, including, for example, removal from the training without refund, notification of participant's employer, removal of any continuing education credits, and disqualification from attending future events.



# Educational Sessions

You will receive additional information on how to log into and navigate the conference site to select your workshops, sign up for CEs, exhibit hall, receive certificates and other features of the conference site. If you do not receive a link to the conference platform by October 21, 2020 please email [cward@cmham.org](mailto:cward@cmham.org).

Each session takes place in the EST (eastern standard time) time zone..

## Monday, October 26, 2020

8:30am – 9:00am

### Conference Welcome

- Robert Sheehan, CEO, Community Mental Health Association of Michigan

### Inspiration Station

- Malkia Newman, Team Supervisor, CNS Healthcare Anti-Stigma Program

### Partners in Excellence Award Presentation

### Board Member Longevity Certificates

### Boardworks Certificates

9:00am – 10:00am

### Opening Keynote: Update from the Michigan Department of Health and Human Services

- Qualifies for 1 CE Related MCBAP Education Contact Hour

- Allen Jansen, Deputy Director, Behavioral Health and Developmental Disabilities Administration

Deputy Director Al Jansen will provide an update on current issues facing the Michigan public health system.

10:00am – 10:30am

### Visit Exhibit Hall

10:30am – 12:00pm

### Concurrent Workshops:

10:30am – 12:00pm

### 1. Targeting Health Disparity Populations Using the Strategic Prevention Framework

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours

- Jamie Balavitch, Health Education/Prevention Program Supervisor, Beaumont Teen Health Center – Taylor

- Achilles Malta, BA, CPC-R, Regional Coordinator for SUD Prevention Services, Southwest Michigan Behavioral Health

- Lisa Coleman, BA, CPC-R, PFS Project Coordinator/Departmental Specialist, MDDHS/Office of Recovery Oriented Systems of Care

Michigan's Partnership for Success 2015-2020 grant project is focused on developing infrastructure within communities, by leveraging and realigning resources, to address alcohol and prescription drug misuse and abuse among youth and young adults. Utilizing the Strategic Prevention Framework (SPF), sub-recipients engage in the following activities: coalition development and/or enhancement; implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) at primary care sites; and establishing a referral system to intervention programs within the community. Sub-recipients are required to focus a portion of grant efforts toward a health disparity population. This presentation will provide an overview of utilizing the SPF data-driven process to identify a health disparity population in your community, and target prevention efforts toward that population in a culturally competent manner. Two PFS sub-recipients, who focused on different populations (Hispanic/Latino and LGBTQ), will share their strategies, accomplishments and lessons learned throughout the grant. Participants will be able to: 1. Utilize data to identify health disparity population in your community. 2. Employ strategies for culturally competent recruitment and retention of individuals in a health disparity population. 3. Understand culturally competent methods of implementing activities with individuals in a health disparity population.

10:30am – 12:00pm

## 2. Understanding Moral Injury

■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

– *Thomas (Tom) Moore, LMSW, LLP, CAADC, CCS, Owner and Principle, Two Moons, LLC*

When thinking about the survival, rehabilitation and recovery of wounded warriors, what easily comes to mind involves post-traumatic stress, substance use, depression and anxiety, social anxiety and traumatic brain injury. Moral Injury appears to be another factor significantly impacting those returning from combat. Simply defined Moral Injury involves a disruption in an individual's confidence and expectations about one's own or others' motivation or capacity to behave in a just and ethical manner. Moral Injury is the damage occurring to one's conscience, or moral compass resultant to perpetrating, witnessing, or failing to prevent acts that transgress one's own moral and ethical values / codes of conduct / understanding. Participants will be able to: 1. Define Moral Injury as it relates to current conditions in consumers receiving services; 2. List factors of Moral Injury that are potential impediments to adequate functioning with activities of daily living; and 3. Identify aspects of Moral Injury as it relates to PTSD and other psychiatric diagnosis, both with commonality and differences.

10:30am – 12:00pm

## 3. Autism Services: Challenges and Future Directions

■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

– *Krista Boe, MA, BCBA, LBA-MI, Chief Clinical Officer & VP of Midwest Operations, Acorn Health*

– *James Craig, MSW, LCSW, MBA, Director of Payor Relations, Behavioral Health Center of Excellence*

– *Sara Gershfeld Litvak, MA, Board Certified Behavior Analyst, Chief Executive Officer, Behavioral Health Center of Excellence*

– *Lisa Grost, MS, HAS, Behavioral Health Policy and Strategic Initiatives State Administrator, Michigan Department of Health and Human Services*

Autism benefits have greatly expanded in the past five years with many new entrants to meet the demands for services. While data capture is fundamental to the practice of applied behavior analysis, evaluating the effectiveness of treatment has proven elusive. Recent developments in quality assurance and the development of metrics make it possible to bring to life continuous quality improvement for provider organizations. The role of ethical standards and multidisciplinary care coordination will also be discussed. Participants will be able to: 1. Learn current evidence-based practices for autism treatment; 2. Gain knowledge in the performance and outcome measures that may be applied to autism treatment; 3. Understand the role of care coordination and linking care providers and stakeholders in autism care as a best practice; and 4. Learn about recent developments in quality assurance for evaluating care.

10:30am – 12:00pm

## 4. Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions

■ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours

– *Sheilah Hebert, MS, RD, IBCLC, Extension Educator, Michigan State University Extension, Health and Nutrition Institute*

– *Dawn Contreras, PhD, Senior Health Specialist, Michigan State University Extension Health and Nutrition Institute*

Opioid overdose deaths and opioid use disorder are on the rise in Michigan, including among Michigan's older adult population (age 55 and older). Higher percentages of older adults experience chronic pain or chronic conditions and thus may be more likely to be prescribed an opioid medication, increasing their risk for developing an opioid use disorder. This interactive session will introduce participants to two evidence-base programs that teach older adults how to positively manage their chronic pain or chronic disease through self-management strategies. Workshop participants will also learn the evidence-base behind the strategies and get to experience several key activities included in the self-management programs. Participants will be able to: 1. Become more familiar with chronic pain and chronic disease self-management programs from the Self-Management Resource Center (formerly from Stanford University.); 2. Gain increased awareness of the evidence-base behind self-management programs and their efficacy in pain management; and 3. Become aware of opportunities to become a certified instructor of chronic pain and chronic disease self-management programs.

10:30am – 12:00pm

**5. LOCUS Implementation: Understanding the Challenges, Defining the Solutions**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Jean Pfaendtner, LMSW, LOCUS Consultant, Michigan Department of Health and Human Services*
- *Jasmin White, LPC, NCC, CAADC, LOCUS Consultant, Michigan Department of Health and Human Services*

Come and learn about the MDHHS State-wide LOCUS (Level of Care Utilization System) Fidelity Project, now concluding year five. We will take a look at the project activities to date and focus on what the future will bring. How is your organization doing with its implementation and use of the LOCUS? We'll explore implementation challenges and solutions to those challenges through effective use of data, quality efforts, and sustainability/reliability. This workshop will provide time for questions with the project consultants and opportunity to brainstorm with other organizations around LOCUS implementation. Participants will be able to: 1. Learn about the MDHHS approach to LOCUS use across the State of Michigan in behavioral health services; 2. Identify three significant challenges to LOCUS implementation; 3. Learn five strategies for successful LOCUS implementation; and 4. Demonstrate understanding of the value and use of data during LOCUS implementation.

**Tuesday, October 27, 2020**

8:30am – 10:00am

**Concurrent Workshops:**

8:30am – 10:00am

**6. Treatment Foster Care Oregon (TFCO): Community-Based Mental Health Treatment for Hospital Level-of-Care Children**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Deirdre Laney-King, LMSW, TFCO Program Manager, Wayne State University*
- *Deborah Delcamp, LMSW, Clinical Coordinator, TFCO, Community Mental Health Authority of Clinton, Eaton, Ingham Counties*

This presentation style workshop will introduce participants to efforts within the Michigan public mental health system to expand evidence-based practice options for children at risk of out-of-home placement meeting the criteria for psychiatric hospital level of care. An overview of the evidence-based practice Treatment Foster Care Oregon (TFCO) will be provided, along with experiential information from community mental health agencies currently implementing TFCO. Participants will be able to: 1. Learn about positive clinical outcomes of deinstitutionalizing mental health care for high-acuity children and youth; 2. Learn about efforts in Michigan to bridge the service continuum from psychiatric inpatient (and other out-of-home settings) to community based care through the implementation of TFCO; and 3. Learn about clinical experiences of TFCO implementation in community mental health service agencies.

8:30am – 10:00am

**7. Creating Your Best Life in Recovery – The Continuum of Care in SUD Treatment**

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Rae Allyson Green, JD, MA, LPC, CAADC, Founder and President, Sanford Addiction Treatment Centers*

This program is designed as an introduction to the concept of evidence-based practices, in particular medication-assisted treatment (MAT) for opioid use disorders (OUD), the medical model of substance use disorder (SUD) treatment, the economic and social burdens the opioid crisis has imposed on every aspect of community, and the value of continuum of care as a means of creating the best life in recovery. There is a program-specific video at the beginning of the talk, featuring Rae Green speaking to Dr. Barbara Wynn, who has personal and professional experience with OUD. Participants will be able to: 1. Learn about successful treatment models and evidence-based practice in continuum of care for SUDs – the art of the therapeutic alliance and connectedness, particularly with telehealth during a pandemic; 2. Gain knowledge on how alcohol, drugs and the opioid crisis impacts the whole community, and the impact of COVID-19; 3. Learn about the genesis of addiction – trauma, traumatic brain injury, genetics, and early use; 4. Gain knowledge about integrative treatment models incorporating co-occurring disorders, and including current therapeutic practices, with an emphasis on MAT for opioid use disorder; and 5. Review continuum of care and success outcomes in SUD recovery using holistic and patient centered models. Long-term recovery – living your best life.

8:30am – 10:00am

**8. Collaboration is Key: Assessing and Treating Sexual Self-Regulation with Individuals Receiving CMH Services**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *James Kissinger, MA, LLP, State Administrative Manager, Sex Offender Services, Michigan Department of Corrections*
- *Dr. Toni Crocilla, PsyD, LP, CSOTP, Owner & Executive Director, Wise Mind, PLLC*
- *Corey Spickler, MS, LLP, Program Manager, Sexual Offender Services, Michigan Department of Corrections*

Treating sexually abusive behaviors, particularly with those individuals who are consumers of CMH services can be complex and at times confusing. The Michigan Department of Corrections (MDOC) transformed how we assess and treat individuals with a history of sexual misbehavior. We will discuss what was not working to reduce problematic sexual behaviors, what changes the MDOC has made, where we are today with treating sexual misbehavior and how, through collaboration, we can ensure we continue to evolve practices for tomorrow. Historically, individuals with a history of sexual misbehavior have been lumped into one homogeneous group. However, more recent research has shown that best practice for treating sexual misbehavior centers on accurate assessment followed by client centered treatment planning. Specialized treatment, addressing dynamic needs specific to the client through effortful interventions, has been shown to reduce recurrence of those sexually abusive behaviors. A strengths based, positive psychology approach to addressing sexual misbehavior has been adopted by the MDOC, which has its roots in the belief that all of the clients we serve are goal oriented beings who strive to meet their goals in hopes of living a good life but that they sometimes go about meeting those goals through inappropriate means. Participants will be able to:

1. Gain an understanding of best practices regarding assessment and treatment of individuals who have engaged in sexually abusive behaviors;
2. Gain a conceptual understanding of the importance of specialized training in the assessment and treatment of clients with a history of sexual misbehavior;
- and 3. Discuss barriers with regards to collaboration with a specialized network of treatment providers across the State of Michigan.

8:30am – 10:00am

**9. Implementing an FASD System of Care Within Michigan CMHSP System**

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Katherine Fitzpatrick, MA, Counseling, SED/NDD Initiative Coordinator, MDHHS*
- *Lisa Bruder, MSW, LMSW, QIDP, QMHP, Clinical Supervisor, Genesee Health System*
- *Corin Myers, LMSW, Clinical Supervisor, Macomb County Community Mental Health*

This session details the need for Fetal Alcohol Spectrum Disorders (FASD) services in the public mental health system. Further, the process of developing the FASD System of Care within the CMHSP system in the state as well as detailing each component. Findings thus far, along with a discussion of benefits and barriers throughout the process and attempts to overcome them are examined. Participants will be able to:

1. Describe the need for FASD services within the public mental health system;
2. Define and describe the components of the FASD System of Care;
- and 3. Examine the benefits and barriers of deploying an FASD System of Care within the CMHSP System.

8:30am – 10:00am

**10. Applying Value-Based Purchasing to Employment and Day Services Purchased by CMH's: Stories of the Michigan Employment First Rate Restructuring Initiative**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Anya Eliassen, MA, Chief Financial Officer, Oakland Community Health Network*
- *Kris Burgess, LMSW, Clinical Services Manager/Supported Employment, HealthWest*
- *Todd Culver, BA, MA, CEO, Incompass Michigan*

This presentation will provide an overview of Michigan's Employment First Rate Restructuring Initiative supporting CMHs to develop new rate/reimbursement models and new contracts for providers of supported employment and other day/employment services. Examples from participating CMHs will be provided and there will be an opportunity for discussion. Participants will be able to:

1. Understand the opportunities available to CMHs for rate/reimbursement restructuring to advance the state's Employment First goals, HCBS Settings Rule requirements, and commitment to value-based purchasing;
2. Understand the process and technical assistance offered through the Employment First Rate Restructuring Initiative, including process and technical assistance available to service providers contracted by participating CMHs;
- and 3. Hear outcome and progress from two CMHs that have been participating in the Initiative and learn how other CMHs can get involved.

10:00am – 10:30am

**Visit Exhibit Hall**



10:30am – 12:00pm

**Concurrent Workshops:**

10:30am – 12:00pm

**11. Transforming Youth Suicide Prevention in Michigan**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Lindsay DeCamp, MHA, Youth Suicide Prevention Program Coordinator, Michigan Department of Health and Human Services*
- *Cindy Ewell Foster, PhD, Clinical Associate Professor, University of Michigan Department of Psychiatry and Rackham Graduate School*
- *Pat Smith, MS, Violence Prevention Program Coordinator, Michigan Department of Health and Human Services*

This presentation will provide updates on suicide prevention activities at the state level. Presenters will provide updates on the Transforming Youth Suicide Prevention in Michigan (TYSP-Mi3) SAMHSA-funded program, which targets youth ages 10-24 as well as Michigan's new CDC-funded award (PRISM: Prevention Suicide in Michigan Men) focusing on middle-aged men across the state. The impact of recent legislation and the activities of the Governor's new Suicide Prevention Commission will also be discussed. Participants will be able to: 1. Review data unique to Michigan suicide morbidity and mortality, focusing on high-risk groups, and connect these data to the goals and objectives of 2 federally funded suicide prevention programs currently underway in MDHHS's Injury and Violence Prevention Section; 2. Gain information about how to capitalize on these funding opportunities to increase suicide prevention capacity in their communities, via applying for training funds or technical assistance; and 3. Learn about the goals of the new Suicide Prevention Commission and how they can contribute to the work of the commission.

10:30am – 12:00pm

**12. Telehealth: Lessons Learned and Current Initiatives**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Lynne Doyle, MPA, MA, LLP, Executive Director, Community Mental Health of Ottawa County*
- *Anna Bednarek, MPA, Program & Community Development Coordinator, Community Mental Health of Ottawa County*

This workshop will describe Community Mental Health of Ottawa County's experience and increased use of telehealth practices during the COVID-19 pandemic. We will review the results of a satisfaction survey regarding telehealth conducted with 19 CMHSPs including employees and people served. A review and update of the work being conducted by the CMHA Behavioral Telehealth Resource Center Advisory Group will also be included in this presentation. Participants will be able to: 1. Gain an understanding of one CMHSP's experience in using telehealth practices during the COVID-19 pandemic; 2. Learn the results from a multi organization satisfaction survey regarding telehealth; and 3. Be informed of the work being done by the statewide CMHA Behavioral Telehealth Resource Center Advisory Group to advance telehealth practices.

10:30am – 12:00pm

**13. Complex Trauma, Addiction & Brain Injury: From Surviving to Thriving**

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Stephanie M. Huhn, MA, LLP, CBIS, CCM, CAADC, Admissions Manager, Rainbow Rehabilitation Centers, Inc.*

Often individuals with a history of complex childhood trauma have learned to live their lives in "survival mode," simply coping with life instead of having the ability to enjoy it. In this workshop participants will gain an understanding of complex childhood trauma, including its wide-ranging, long-term side-effects – with a special focus on the correlation between complex trauma, addiction and brain injury. This workshop will discuss how to identify and assess these clients, understanding their unique experiences, challenges & strengths and how to help guide them from a place of simply surviving... to a place of thriving and living their best life! Participants will learn how complex trauma is defined, how it differs from other types of trauma, how adverse childhood experiences (ACEs) contribute to complex trauma as well as the consequences to these individuals as they advance into adulthood. Participants will learn how and why substance and process addictions may result from complex childhood trauma. They will learn about symptoms, assessment and treatment options for addiction. Participants will gain knowledge and understanding of brain injuries, including discussion of: Brain injury in correlation to complex trauma, substance use disorders and high-risk behaviors; defining traumatic and anoxic types of brain injury, the potential physical, emotional and cognitive consequences of brain injury, identification, symptoms and assessment of brain injuries, and special treatment considerations for those with a brain injury diagnosis. Traditional, main-stream and evidenced-based treatments will be specified, as well as alternative and holistic treatment options. Participants will be able to: 1. Gain an understanding of complex childhood trauma, including its wide-ranging, long-term side-effects; 2. Learn about substance use disorders and process addictions, including: understanding their correlation to complex childhood trauma; defining,

identifying and assessing these disorders and behaviors; and treatment options; 3. Gain knowledge and understanding of brain injury, including: Understanding brain injury in correlation to complex trauma & substance use disorders; defining types of brain injuries; the potential physical, emotional and cognitive consequences of brain injury; identification and assessment of brain injuries; and special treatment considerations for those with a brain injury diagnosis; and 4. Learn about how adult-clients with a history of complex trauma often live in "survival mode," with their nervous systems on high-alert, and how to help guide them from surviving – to thriving.

10:30am – 12:00pm

#### 14. Recipient Rights Protection System

- *Raymie Postema, BS, Director, MDHHS, Office of Recipient Rights*
- *Andrew Silver, BA, Director, Education, Training, and Compliance, MDHHS, Office of Recipient Rights*

This session will provide an update of current issues and concerns in recipient rights protection. Topics covered will be LPH assessments, retaliation and harassment complaints, CMH assessments and the CEO's role in ensuring an effective rights protection system. Participants will be able to: 1. Understand the CMH rights protection process and how the CEO can ensure an effective rights protection system; 2. Understand the status and implementation of the assessments of LPH rights systems; and 3. Understand how to handle complaints involving retaliation and harassment.

10:30am – 12:00pm

#### 15. Charting the Course to a Good Life

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Tracy Vincent, Resource Analyst, MI Developmental Disabilities Council*
- *Tedra Jackson, Grants Manager, MI Developmental Disabilities Council*

Do you believe all people have the right to live, love, work, play and pursue their life aspirations in their community? If so, we invite you to join us as we provide an introduction to Charting the LifeCourse, a framework designed by and for individuals and families at any age or stage of life to think about what they need to know, identify how to find or develop supports, and discover what it takes to live the lives they want to live. We will demonstrate how three tools developed from the framework can be used to have meaningful conversations with individuals to plan for present and future life outcomes that take into account all facets of life and have life experiences that build on self-determination, social capital, economic sufficiency and community inclusion. Participants will be able to: 1. Identify the core principles and values that are important as we begin to think differently about what it means to support individuals with disabilities to have good lives; 2. Use the life trajectory to identify a vision for a good life, which can be utilized for advocacy, self-determination and person-centered planning; and 3. Identify the supports and resources needed to support individuals on meeting their goals through application of an integrated supports star.

## Wednesday, October 28, 2020

8:30am – 9:30am

#### Keynote: Embedding Cultural and Linguistic Competence Every Day

- Qualifies for 1 CE Hour for Social Work + Related MCBAP Education Contact Hour
- *Vivian Jackson, BA, MSW, PhD, Adjunct Assistant Professor, Georgetown University National Center for Cultural Competence, Center for Child and Human Development*

The term "cultural and linguistic competence" (CLC) has been around for years. And leaders and staff of most service providing organizations embrace the concept. But, operationalizing CLC such that it makes a difference in the lives of marginalized racial, ethnic and other cultural groups remains a challenge. This session is designed to offer guidance on how to embed CLC into the infrastructure of the organization. It will present the Georgetown National Center for Cultural Competence's Cultural and Linguistic Competence Framework and describe how selected leadership and organizational change theories can inform the change process. Participants will be able to: 1. Describe the elements of individual and organizational CLC; 2. Identify an adaptive leadership challenge that they face in their organization; and 3. Identify one organizational change theory that will help move their organization's CLC work forward.

9:30am – 10:00am

Visit Exhibit Hall

10:00am – 11:30am

**Concurrent Workshops:**

10:00am – 11:30am

**16. Michigan Psychiatric Care Improvement Project: Enhancing Michigan's Publicly Funded Crisis Services System**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Krista Hausermann, LMSW, CAADC, Strategic Initiative Specialist, MDHHS Behavioral Health and Developmental Disability Administration*
- *Jon Villasurda, MPH, State Assistant Administrator, MDHHS Behavioral Health and Developmental Disabilities Administration*

This workshop will provide an in-depth look at: (1) Michigan's current publicly funded crisis service system based on a compilation of CMHSP Crisis Services Survey data and (2) plans for enhancement through the Michigan Psychiatric Care Improvement Project. Through facilitated discussion, participants will help identify barriers which may inhibit systems change as well as suggest additional priorities to improve the current system. Participants will be able to: 1. Identify three components that should be part of every publicly funded behavioral health crisis service system and how these components best fit into Michigan's system; 2. Identify at least 2 gaps in Michigan's current crisis system; and 3. Cite the importance of using a resiliency and recovery focused definition of crisis as a foundation for a crisis continuum of care.

10:00am – 11:30am

**17. Opportunities for Occupational Therapy to Support Residential Behavioral Health**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Leana Tank, MSOTR, QMHP, QIDP, Occupational Therapist, Hope Network*
- *Lauren Janness, MSOTR, Occupational Therapist, Hope Network*

This workshop will provide an overview of Occupational Therapy and how OT can be used in creative and innovative ways to support individuals with mental illness and the teams who work with them. OT can be used to support participation in self-care, work, leisure and home management by identifying and removing barriers in the environment, educating individuals, addressing physical, cognitive and psychosocial barriers and addressing sensory needs. OT is an excellent partner for "integrated care" settings, as they are trained to identify and address both physical and mental health barriers to well-being and participation. This presentation will highlight the many ways that OT can support CMH programs, group homes, clinics and care teams as well as providing attendees with a basic introduction to concepts of sensory processing and sensory based strategies for self-regulation and calming environments. Participants will be able to: 1. Understand the discipline of Occupational Therapy and potential roles and service models within a mental health treatment team; 2. Learn about innovative ways that OT can support individuals with Serious Mental Illness residing in residential behavioral health settings; and 3. Have a basic understanding of principles behind sensory based strategies for improving self-regulation and reducing anxiety.

10:00am – 11:30am

**18. Best Practice Strategies for Implementing a Full In-Jail MAT Program**

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- *Matthew Costello, MSW, LMSW, Program Manager, Wayne State University School of Social Work, Center for Behavioral Health and Justice*
- *Nikole Skipp, MSW, LMSW, MI-REP 2 Supervisor, Family Outreach Center at the Kent County Correctional Facility*
- *Becca Newman, MSW, LLMSW, Program Coordinator, Wayne State University Center for Behavioral Health and Justice*

Data from an MDHHS survey distributed through the Michigan Sheriffs Association established that the local Sheriff's Offices are significantly delayed in the establishment of in-jail opiate use treatment protocol. The MDHHS has earmarked funds to local PIHP's to engage with their local Sheriff's Office to establish an in-jail MAT program for the opiate involved individual. Wayne State University, School of Social Work, Center for Behavioral Health Justice (CBHJ) presents its considerable content and technical expertise in establishing full MAT programming inside local county jails. The CBHJ presentation will focus on the engagement of key local stakeholders to arrive at data driven, best practice models of intervention for this in-need, at risk population. Participants will be able to: 1. Obtain national, state and localized data to attendees about opiate use prevalence rates; 2. Obtain data on the opiate prevalence rates and the significant community reentry risks for the untreated OUD individual; 3. Obtain information on medications used in the treatment of the opiate involved individual; 4. Build legal cases relating to not providing MAT services inside the local jail; 5. Recognize the role stigma/discrimination plays in hampering efforts to establish a full MAT program in the jail; 6. Describe best practice models that are tailored to the corrections environment and local resources; 7. Describe the SUD intersect point's individuals within the community and criminal justice systems; and 8. Obtain the latest data from the State on the movement that local CMH's engage with their local Sheriff's Office in the establishment/enhancement of full MAT services.

10:00am – 11:30am

**19. Working with Children's Special Health Care Services to Maximize Benefits for Families**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Terra Depew, Bachelor of Science, Transition Specialist, MDHHS, Children's Special Health Care Services*
- *Marcia Franks, BS, Program Coordinator, MDHHS, Children's Special Health Care Services, Children with Special Needs (CSN) Fund*
- *Megan Meze, Parent Consultant, MDHHS, Children's Special Health Care Services, The Family Center*

This session provides an overview of the CSHCS program and highlights specific services that may be available to families who also receive CMH services. Attendees will learn about the CSN Fund and how it may help them connect families with needed resources. Participants will gain a better understanding of benefit definitions and how they differ across systems. Presenters will address misconceptions and provide insight on how to maximize benefits for families. Participants will be able to: 1. Understand the CSHCS Program and how it provides benefits to mutually served families; 2. Learn about the CSN Fund and how to access support for families; and 3. Gain a better understanding of how to navigate CSHCS benefits for families served in the CMH system of care.

10:00am – 11:30am

**20. Self-Management Mobile Health Apps for Bipolar Disorder: The Life Goals and *priori* Apps**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Celeste Liebrecht, LMSW, Program Manager, University of Michigan, Department of Psychiatry*
- *Kelly Ryan, PhD, ABPP-CN, Clinical Associate Professor, Principal Investigator for Integrated Apps Project, University of Michigan, Department of Psychiatry*

Despite the availability of electronic health apps, there has been little dissemination of these technologies to individuals with serious mental illness, especially within lower-income, Medicaid-eligible populations. In a current project funded by the Centers for Medicare and Medicaid Services through the Michigan Department of Health and Human Services and The Heinz C. Prechter Bipolar Research Fund, we offer two innovative smartphone apps, Life Goals and *priori*, at no cost to individuals managing bipolar disorder. The Life Goals app is derived from an evidence-based self-management program designed to help individuals with bipolar disorder self-manage their symptoms, work on health wellness goals, and connect them to available treatment and community resources. The *priori* app is based on innovations in computational modeling which sense user activity and could help alert an individual to potential changes in mood. Both apps may reduce stigma by providing opportunities for individuals to learn about their symptoms, potentially leading to reduced symptoms, hospitalizations, and overall health care costs. Participants will be able to: 1. Discuss the importance of mobile health technologies in the treatment of mental health conditions; 2. Describe the Life Goals app and name at least two interactive elements within the app; 3. Describe the *priori* app and explain how it functions; and 4. Discuss strategies and challenges to disseminating the Life Goals and *priori* apps in CMHs across Michigan.

**Thursday, October 29, 2020**

8:30am – 10:00am

**Keynote: Racism - A Public Health Crisis**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Grenae Dudley, PhD, LP, President and CEO, The Youth Connection*

Historic and systemic racism continues to contribute to disparities for minorities across the nation. COVID 19 and the social justice unrest has taken the blinders off of disparities that are pervasive in minority communities. This session will look at historical racism and examine the social determinants of health and systemic racism. The racial and ethnic disparities within and across the social determinants that indicate the health of a community contributes to and constitutes a health care crisis. Awareness, advocacy and engagement is essential to adequately address racism and the social determinants of health. Participants will be able to: 1. Identify the social determinants of health and how systemic racism contributes to the inequities of minorities; 2. Describe and define racism and "privilege" that is not afforded to minorities; and 3. Describe the history of racism in America and advocate for progressive policies, practices, and legislation that directly address systemic racism as a public health crisis.

10:00am – 10:30am

**Visit Exhibit Hall**

10:30am – 12:00pm

**Concurrent Workshops:**

10:30am – 12:00pm

**21. Enhancing Social-Emotional Regulation Skills Using the *Accept. Identify. Move. (AIM)* Curriculum**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- Jennifer Reid, MEd, BCBA, LBA, Regional Clinical Director, Centria Autism

Social-emotional regulation skills can present as self-injury, aggression, property destruction, vocal protests, and other measurable target behaviors. Applied behavior analysis (ABA) assessments and interventions have proven successful in reducing challenging behaviors while enhancing socially significant replacement behaviors. *Accept. Identify. Move. (AIM)* (Dixon & Paliliunas, 2019) is a new curriculum based on applied behavior analysis (ABA), acceptance and commitment therapy (ACT), and mindfulness to enhance social-emotional regulation skills. The current presentation will provide an introduction to AIM, a description of a clinician consultation process to evaluate the implementation of AIM, and demonstrate the effects of AIM with individuals who have behavior treatment goals of decreasing challenging behavior and increasing social-emotional regulation skills. Participants will be able to: 1. Describe how to organize a consultation process to help teams implement and evaluate new curriculum; 2. Identify ways to implement *Accept. Identify. Move. (AIM)* in community-based settings; and 3. Describe the effect of *Accept. Identify. Move. (AIM)* on social-emotional regulation skills exhibited by individuals who engage in challenging behaviors.

10:30am – 12:00pm

**22. Corrections Based Addiction Treatment and Community Re-entry**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- Rich VandenHeuvel, MSW, Principal, Health Management Associates
- Scott Haga, BSW, MPAS PA-C, Senior Consultant, Health Management Associates

This presentation will address the efforts by the Michigan Department of Corrections to bring medication assisted treatment to inmates with an opioid use disorder. The presentation will also address the importance of successful transition of treatment when individuals re-enter their communities. Proper coordination and planning is essential. Participants will be able to: 1. Be aware of the MDOC plans for, and progress in, making medication assisted treatment available to inmates; 2. Be informed of the best practice models for community transition; and 3. Be aware of the planning elements for ensuring successful transition of treatment upon re-entry.

10:30am – 12:00pm

**23. Expanding Moral Injury**

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- Thomas (Tom) Moore, LMSW, LLP, CAADC, CCS, Owner and Principal, Two Moons, LLC

Moral Injury is the damage occurring to one's conscience, or moral compass resultant to perpetrating, witnessing, or failing to prevent acts that transgress one's own moral and ethical values/codes of conduct/understanding. While originally defined in terms of combat veterans, active service settings, moral injury has also been identified in a number of other populations, including victims of human trafficking, homeless consumers, refugees, individuals with substance use disorders, border guards, criminal justice professionals, child welfare workers, teachers and physicians. Participants will be able to: 1. Define Moral Injury as it relates to current conditions in consumers receiving services; 2. List application of Moral Injury to occupations beyond combat veterans; and 3. Determine conceptual and theoretical applications of Moral Injury within clinical sessions.

10:30am – 12:00pm

**24. Multiple Pathways to Recovery: How to Walk the Walk with Mutual Aid Groups**

- Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours
- Chris O'Droski, MA Communication, CPRM, CPRC, ENGAGE! Program Coordinator, Hegira Health, Inc.
- Ryan Sawicki, CPRC, Peer Recovery Coach, Home of New Vision

This presentation will provide an updated list of options for Mutual Aid Support groups/meetings for individuals who battle SUD. Presenter(s) will provide personal and professional experience with SMART Recovery, Refuge Recovery, Recovery Dharma, as well as 12 step groups such as Alcoholics Anonymous and more. Presenters will also provide a blueprint for Peer Recovery Coaches, Therapists, Social Workers and Administrators on how to start new groups/meetings in their area helping to provide Multiple Pathway solutions for their clients and building a stronger more diverse Recovery Community. Participants will be able to: 1. Have working knowledge of current Mutual Aid groups/meetings for SUD Recovery, 2. Understand the importance of incorporating a Multiple Pathways to Recovery culture for their agency and Recovery Community; and 3. Know how to start their own Mutual Aid group within their agency and/or Recovery Community.

10:30am – 12:00pm

## 25. Evidence-Based Behavioral Tools to Treat Chronic Pain

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Martha Teater, MA, LMFT, LPC, LCAS, Therapist, Private Practice*

It's clear that one-third of our population lives with chronic pain. No matter your work setting or specialty, it's likely that you are working with people who hurt. We become much more effective with these folks when we have a clear plan for treatment. This session will equip you to work with individuals and groups using solid, proven tools. Based in cognitive-behavioral and mindful approaches, you'll find joy in seeing results in the people you treat. Participants will be able to: 1. Define chronic pain and its differences from acute pain; 2. Implement cognitive-behavioral skills to treat chronic pain; and 3. Apply mindfulness practices to help people manage chronic pain.

## Friday, October 30, 2020

8:30am – 10:00am

### Concurrent Workshops:

8:30am – 10:00am

## 26. What's Going on in Lansing

- Qualifies for 1.5 Related MCBAP Education Contact Hours
- *Alan Bolter, Associate Director, Community Mental Health Association of Michigan*

Hear about the latest goings-on in the Michigan Legislature. What is the status of behavioral health reform and where do we go from here? What other issues in the FY20 & FY21 budgets will have an impact on the publicly funded mental health system and what are the legislative priorities moving through the House and Senate? This workshop will provide an update on the latest legislation and budget issues impacting the CMH system and how members can convey our advocacy message moving forward.

8:30am – 10:00am

## 27. CCBHC – What Are They?

- Qualifies for 1.5 Related MCBAP Education Contact Hours
- *Rich VandenHeuvel, MSW, Principal, Health Management Associates*
- *Dave Schneider, MPA, Principal, Health Management Associates*

This presentation will cover the requirements for certification as a CCBHC. This will include the required services, the services that must be delivered directly and which can be contractual. The presentation will review the reporting requirements of a CCBHC and the basic elements of the Prospective Payment Systems addressed in the federal regulation. Participants will be able to: 1. Understand the required services that a CCBHC must offer, which must be directly provided and which may be contractually provided; 2. Be informed of the key elements of the two prospective payment systems – per month and per encounter; and 3. Be informed of the basic reporting requirements for CCBHC.

8:30am – 10:00am

## 28. Improving Community Access for Individuals on the Autism Spectrum

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours
- *Leana Tank, MSOTR, QMHP, QIDP, Occupational Therapist, Hope Network*
- *Lauren Janness, MSOTR, Occupational Therapist, Hope Network*

This presentation will help to educate people and businesses from the community on a basic understanding of Autism Spectrum Disorders (ASD). They will learn basic strategies from an occupational therapist for communicating with people with ASD and for supporting people with sensory processing disorders or behavioral challenges. Occupational therapists are uniquely qualified to support participation in self-care, work, leisure and home management by identifying and removing barriers in the environment, educating individuals, addressing physical, cognitive and psychosocial barriers and addressing sensory needs. Through this presentation, we will provide a thorough overview of the Americans with Disabilities Act and its implications for individuals with ASD or other mental health disorders. Furthermore, we will teach practical strategies and highlight the many ways in which community spaces can become more welcoming and accessible for these individuals, so that they are able to integrate fully into their communities. Participants will be able to: 1. Understand ASD and how they affect the ways in which it affects how diagnosed individuals integrate into their communities; 2. Learn basic strategies for communicating and supporting individuals with ASD, sensory processing disorders, and behavioral challenges; 3. Understand the Americans with Disabilities Act and its implications for individuals diagnosed with ASD and other cognitive, neurological, developmental, and mental health disorders; and 4. Learn practical strategies for making community spaces more welcoming and accessible for individuals with ASD, sensory processing, and mental health disorders.

8:30am – 10:00am	<p><b>29. Motivational Interviewing for Comorbid Bi-polar and Substance Use Disorders</b></p> <ul style="list-style-type: none"> <li>■ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours</li> <li>– <i>Randall Estes, Therapist, Pine Rest Christian Mental Health Services</i></li> </ul> <p>"Motivational Interviewing for Comorbid Bi-polar and Substance Use Disorders" demonstrates and practices the use of Motivational Interviewing as the positive change catalyst in the treatment of co-occurring populations. Participants will be able to: 1. Identify at least 4 elements of Motivational Interviewing practice (Spirit, Principles, Techniques, Process). 2. Identify the use of MI Core Skills in group role play. 3. Develop a typical case profile with symptoms and conditions of co-occurring disorders (mental Health and Substance Use) they normally encounter in their work.</p>
10:00am – 10:30am	<p><b>Visit Exhibit Hall</b></p>
10:30am – 11:30am	<p><b>Closing Keynote: Behavioral Health and Coronavirus: Challenges and Opportunities</b></p> <ul style="list-style-type: none"> <li>■ Qualifies for 1 CE Hour for Social Work + Related MCBAP Education Contact Hour</li> <li>– <i>Charles Ingoglia, MSW, President and CEO, National Council for Behavioral Health</i></li> </ul> <p>The outbreak of the novel coronavirus and the public health response to contain it, have caused numerous challenges and opportunities related to the delivery of mental health and addiction treatment. This session will provide an overview from a national perspective and reflect on trends that will continue to influence the delivery of care for the foreseeable future. Participants will be able to: 1. Understand the major federal policy changes that have occurred related to the delivery of mental health and substance use treatment; 2. Describe the challenges that behavioral health organizations face when implementing new delivery methods; 3. Theorize on the implications on the future of telehealth, competition and value-based care within the sector in the future.</p>
<p><b>Conference Series Adjourns</b></p>	

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**2020 Fall Conference Objectives:**

- To identify advocacy efforts at the local, state, or federal level, including self-advocacy.
- To spotlight programs highlighted in the Mental Health and Wellness Commission Report (any with partnerships with local CMHs) including Training program for local CMHs/jails/courts regarding Crisis intervention training and Assisted Outpatient Treatment.
- To identify innovative initiatives designed to increase access to substance use disorder services.
- To discuss the plans to address the challenges and opportunities emerging due to the federal Home and Community Based Services rules and the "mega" Managed Care rule changes.
- To address efforts to further the aims of state and federal policy initiatives, including: healthcare reform, healthcare integration, & health homes.
- To provide examples of local efforts to improve healthcare outcomes through a range of healthcare integration efforts such as: initiatives between CMHs, PIHPs, and BHIDD provider organizations and physical healthcare providers and payers such as FQHCs/Rural Health Centers/Hospitals/Medicaid health plans/Primary care physicians.
- To focus on evidence-based, best and promising practices by: 1) identifying strategies for overcoming barriers to EBP implementation; 2) showing how communities have embedded existing EBPs into their system for sustainability; and 3) increasing understanding of the ways in which continuous quality improvement in EBPs can improve outcomes and performance measures.
- To increase participants' awareness, knowledge, and skills, related to mental illness, developmental disability, substance use disorders, and trauma informed care.

**Questions? Contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or 517-282-0558.**

# *Board of Directors*



- **POLICY NO.:** 2020-23
- **ISSUE DATE:** October 19, 2020
- **REVISED ON:**
- **ORIGINATOR:** Board of Directors
- **BA NO. :** 15-67

## **SUBJECT: OPENING AND PROCESSING OF INCOMING MAIL OF THE BOARD**

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It is the policy of Detroit Wayne Integrated Health Network (“DWIHN”) to ensure the prompt and proper handling and distribution of incoming mail addressed to a member or of the DWIHN Board of Directors (“Board”). The purpose of this policy is to describe the primary responsibilities of DWIHN Administration, the Office of Fiscal Management (Finance) – Mail Room Unit (“MRU”), and the Board Liaison (or its designee) as it pertains to the handling of incoming mail of Board member(s).

### [Incoming Mail Procedure](#)

Incoming mail to DWIHN offices is collected and distributed in accordance with DWIHN’s Mail Room Policy. The DWIHN MRU is responsible for routing unopened mail to its appropriate location. Incoming mail addressed to the Board or a Board member will be distributed by the MRU to the Board Liaison (or its designee) for delivery to the appropriate Board member(s) in accordance with the following:

- Incoming mail addressed generally to the “Board of Directors” will be opened by the Board Liaison (or its designee) and shared with the Compliance Officer and/or Administration (as appropriate) upon delivery to the Board Chair and/or Vice Chair for processing as directed by the Board Chair or its designee.
- Incoming mail that is addressed to an individual Board member will not be opened; the envelope must be date stamped by the MRU and distributed directly to the Board Liaison (or its designee) for distribution to the Board member addressee. Mail not otherwise prominently marked “personal” and/or “confidential” may be opened by the Board Liaison (or its designee) and shared with the Compliance Officer. The Board Liaison designee may be determined by the Board Chair.
- Mail received marked “confidential” and/or “personal” will be date stamped on the envelope by the MRU and go directly to the Board Liaison or Board member unopened.
- Where Incoming mail is addressed to the Board or a Board Member, the Board Chair or individual Board Member will be responsible for promptly notifying DWIHN Administration in the event that any incoming mail requires further action or follow up to be completed by Administration.
- In order to limit any unintentional access to personal mail of Board Members, the DWIHN facilities and/or address should not be used for the mailing or receipt of non-business or personal mail.
- DWIHN staff and the Board are bound by all applicable local, state and federal laws, rules, regulations and policies, when processing incoming mail.

### [RELATED POLICIES AND PROCEDURES](#)

[DWIHN Mail Room Policy](#)





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

**Jail Diversion**

**Jail Diversion Projects**

Updates on the two (2) Jail Diversion projects that I represent.

**Committee 1: Governor's Mental Health Diversion Council**

I received notification of reappointed to the Governor's Mental Health Diversion Council for a second four (4) year term effective February 1, 2020.

Action Plan for Upcoming Year

- Strengthen and expand preemptive diversion by fostering community support services.
- Strengthen and expand law enforcement diversion for individuals with mental illness and co-occurring conditions upon initial encounter.
- Develop strategies to deliver treatment and divert individuals prior to first court appearance.
- Develop strategies to deliver treatment and divert individuals after first court appearance up to and including disposition.
- Improve re-entry outcomes, by enhancing pre-release planning, individualized connections and follow up supports between institutions and community services
- Promote and implement a continuum of care that enables the individual to maintain long-term community stability to reduce recidivism.
- Oversight and implementation of statewide pilot initiatives and administering best practices through data collected.
- Identify statutory, policy and fiscal barriers to achieving diversion goals.
- Identify specific best practices at each intercept point to create a statewide master model.
- Follow up statewide knowledge sharing conference to share Diversion Council findings and promote technical assistance from the Center for Behavioral Health and Justice

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

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

The Diversion Committee is now focusing on methods to have people convicted of crimes to have either mental services or jail time. Focus is also being moved from the COVID-19 release of several inmates to determining the impacts of released inmates to the community.

## **Committee 2: Wayne County Diversion Council (WCDC)**

Chief Wayne County Probate Court Judge Freddie G. Burton, Jr. heads this program. The Wayne County Diversion Council (WCDC) is dedicated to diverting non-violent people with Mental Illness and Co-occurring Mental Illness and Substance Abuse (CMISA) from the criminal legal system and into the appropriate level of treatment.

### **Members:**

Hon. Nancy Blount (Chief Judge, 36th District Court), Laura McLaughlin (Special Projects 36thDC), Hon. Freddie G Burton, Jr. (Chief Wayne County Probate Court Judge), Hon. Timothy Kenny (Chief Judge, 3rd Circuit Court), Andrea Cole (CEO Flinn Foundation), Dean Sheryl Kubiak (Center for Behavioral Health and Justice at WSU ) Scott Smith (Center for Behavioral Health and Justice at WSU), Nanci Hambrick (Center for Behavioral Health and Justice at WSU), Stacey Campbell (Center for Behavioral Health and Justice at WSU), Sojourner Jones (Community/Law Enforcement, DWIHN), Julie Black (Clinical Manager, DWIHN) Andrea Smith (Director of Program Services, DWIHN), Reid Wilson (Executive Manager, Detroit Police Department), Amanda Rzotkiewicz (Analyst, Detroit Police Department), Gary Bresnehan (Wayne County Prosecutor's Office) Alisha Bell (Chair, Wayne County Commission) Dr. Debra Pinals (Medical Director, MDHHS) Willie Brooks (CEO DWIHN).

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

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

WCDC is looking at methods of alternative settings for individuals with mental illness:

- Wayne County currently has 828 inmates, down from +1,400 pre-COVID-19.
- There are no new reported cases from the previous 83 confirmed cases.
- The number under quarantine is down to six (6) inmates.
- There are 1,023 inmates released on tether.

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

The Council is looking at collaborative actions within the judicial system and mental health to have individuals convicted of crimes receive mental health services in lieu of jail time.

## **Telehealth Workgroup**

The committee is made up of individuals through the state and is Co-Chaired by myself and Jametta Lily, CEO of Detroit Partner Network.

The purpose of the committee is to evaluate the need for Telehealth within the state and access methods to connect the state.

Some concerns discussed:

1. Lack of infrastructure
  - a. 30% of Children within Detroit have no internet
  - b. Lack of computer infrastructure
  - c. Elderly acceptance and usage of Telehealth
2. Poverty Level Among Minorities
3. Educational Shortfalls and need for virtual learning options
4. Support Systems
5. Fraud concerns with providing Telehealth infrastructure
  - a. Assuring equipment and assistance goes to the correct hands
  - b. Assuring equipment is used properly
6. Changing the Culture
  - a. Slow but steady acceptance of Telehealth
  - b. Realistic expectations
7. Segregation creates segregation

Facts

1. COVID-19 forced businesses to utilize technology that has already been existence
2. Concerns of work integrity
  - a. Monitoring productivity
  - b. Assuring integrity of services and work
  - c. Credentialing
  - d. Monitoring
3. Exposure
  - a. COVID-19 exposed issues that were already in existence
    - i. Disparity in Economics
    - ii. Disparity in Education
    - iii. Disparity in Health Care
    - iv. Selected ignorance of disparity issues

Updates

1. Schools:
  - a. The majority of schools in throughout the state have issued tablets to their students to allow virtual learning sessions to begin this week. Most of the equipment is free of charge to students.
  - b. The issuance of uniform equipment allows school to assure the proper software is loaded on each device. This also lowers the percentage of students that will fall behind in studies in result to economics.
  - c. The committee is monitoring the impacts to parents and caregivers as they will now be involved with the daily learning activities of children.
2. Providers:
  - a. There is roughly a 20% increase in provider payouts on Telehealth related services. This is in contrast to the physical health side in which Telehealth services are decreasing and physical health provider are practicing higher social distancing standards to treat people in offices.
  - b. Current mental health Telehealth services are being reviewed for possible modifications and a return to social distancing practices.

- c. Some face to face Behavior Services are still struggling due to COVID-19 such as:
  - i. Autism
  - ii. Substance Use
  - iii. Clubhouse Services
  - iv. Vocational Services

### **DWIHN and City of Detroit (COD) Partnership**

The purpose of this workgroup is to improve police and community relationships, along with addressing improved relationships with the people we serve under mental health and substance use with the Detroit Police Department.

DWIHN and COD Partnership Goals:

- Pilot a 911 mental health crisis call diversion and response
- Increase police officer access to mental health supports
- Develop adequate places to house individuals in need of crisis services
- Evaluate and expand Crisis Intervention Team (CIT) training of police officers
- DWIHN is proposing the approval of funding to assist in this effort. This effort should reduce overall incarceration cost and provide better treatments to the people we serve.

### **Health Plan Integration / MDHHS Behavioral Health Restructure (SIP)**

DWIHN is finalized agreements with two Health Plans. Currently working with clinicians on the program design and implementation for next fiscal year.

#### **Specialty Integrated Plan (SIP) Model**

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

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

- **Statewide Program.** MDHHS is seeking statewide provider networks to assure consistency of care and choice. CMH's can participate as providers within the SIP structure.

**DWIHN Updates:**

- MDHHS announced that the SIP program is being cancelled this month.
- A new initiative which includes PIHP's is being considered.
- The legislation is looking for an alternative plan to SIP
- DWIHN is working with MDHHS to come up with alternative options

**2020 Funding Updates**

**Medicaid:**

- **Death Audit**
  - Potential recovery of \$9 million pending. Currently pushed back another month as MDHHS analyzes the impacts on the audit to the PIHP system. This recoupment would effectively eliminate the \$10 million increase. MDHHS issued another hold on this recoupment as they evaluate the impacts.
- **Autism**
  - MDHHS is reviewing DWIHN's request to cost settle \$21 million in overspend for Autism. Autism rates and guidelines are set by MDHHS, which makes it somewhat difficult for DWIHN to control. I discussed the Autism circumstances with MDHHS on Tuesday June 2, 2020 and expressed DWIHN's concerns with this process and the lack of a cost settlement by MDHHS. MDHHS is taking a serious look at the impacts of Autism on the PIHP system.
- **Provider Rate Reduction**
  - DWIHN has pushed back the proposed 7% rate reduction previously scheduled for May 1. DWIHN will reevaluate the need for a reduction based on the new revenue and expense projections for fiscal year of October 2020.

**General Fund:**

Michigan Department of Health and Human Services (MDHHS) put together a task force made up of Community Mental Health agencies to determine a method of rebasing General Fund dollars to the PIHPs. The group's decision was to lower DWIHN General Fund dollars by \$4.5 million each year to a cumulative total reduction of \$22.5 million by year five. DWIHN is in the second year of this reduction with a slated \$9 million in reductions to occur this fiscal year.

DWIHN is currently pursuing a long-term solution for the overall \$22.5 million slated reduction. I discussed this issue with MDHHS on Tuesday June 2, 2020. There is no resolution as of today.

**Building**

DWIHN will review the Crisis Continuum project and the building requirements to assure it meets the needs of the new MDHHS proposal. COVID-19 is changing the way DWIHN and the provider network does business.

DWIHN is implementing return to work procedures in result to COVID-19. This process will include:

- Personal Protection Equipment (PPE) usage guidelines for staff as outlined by the Governor's office.
- Assuring social spacing practices are maintained in the work setting
- Provide on-site routine COVID-19 testing for staff
- Determining public access to the building
- A portion of Staff are now working out of the Milwaukee location effective Monday, June 1.
- All staff and security are being tested on regular intervals.

### **Staffing**

DWIHN is reviewing all positions to assure it meets the future needs of the MDHHS integration design along with COVID-19 changes.

This includes:

- Restructuring of Access and Customer Service areas.
- Evaluating mobile staff and internal staff requirements
- Establishing a functional onsite work force
- Review processes learned from offsite processing.
  - We must prepare DWIHN for the future of the organization
  - Figure what worked and what didn't work
- Re-examine building requirements
  - New Center One (NCO) potential elimination
  - Update Central Building design with spacing and hoteling needs
  - Online video conference meetings long term goals
- Off-site
  - Clearly define functions that can be performed off-site
  - Establish methods of measuring productivity
  - Establish meeting requirements and technology
  - Protocol for returning for providers and staff

### **Provider Network**

#### **Provider Contracting**

For the contract period of FY 2020, current contracts will be carried over. DWIHN is in the process of evaluating the overall provider network and needs of the community to assure that the provider network meets our community goals of a holistic network. FY 2021 contracting will be based on need and long-term goals of DWMHA. Providers will be provided early opportunities to qualify for the next FY 2021. This process will start with the SUD network.

## Communications

### **In the Media**

**Fox 2 News** – DWIHN's 30-minute Access to Care special aired on Fox 2 and is now posted on the home page of our website. It chronicles how DWIHN is handling business amidst a pandemic, shares how people we serve are coping, shows how we are training law enforcement in Crisis Intervention Training (CIT), follows a Rolling Recovery unit through the streets of Detroit and encourages with a young girl's story of hope and resilience after a tragic car accident.

**Channel 7** – Interviewed Mr. Brooks about DWIHN's Jail Diversion program and discussed how "White Boy Rick", famous for being the youngest drug dealer to serve 32 years in prison, now wants to help people with mental health concerns, stay out of jail.

<https://www.wxyz.com/news/i-dont-want-my-legacy-to-be-white-boy-rick-rick-wershe-talks-future-plans-helping-ex-inmates>



Reporter Ross Jones also interviewed Mr. Brooks after three separate attacks in one month, which involved people with mental health concerns and how the mental health system is responding.

<https://www.wxyz.com/news/local-news/investigations/three-attacks-linked-to-mental-illness-in-30-days-leave-five-dead-in-metro-detroit>

Also on Channel 7, DWIHN's Free Narcan Giveaway was also covered on wxyz.com and via their Facebook Page.

<https://www.wxyz.com/news/free-drive-thru-narcan-giveaway-held-monday-in-detroit>

**WDIV-TV 4** - There are two different messages airing on Channel 4 right now, one is related to prevention, treatment and recovery and the other is focused on suicide prevention. They are also prominently displayed on their website and featured on the home page at least once a month.



**Workforce.com** – Did a feature piece on how DWIHN managed the COVID pandemic with its workforce. The link is posted on the website as well.

<https://www.workforce.com/news/mental-health-provider-persists-through-pandemic-to-continue-patient-counseling>

**The Pulse Institute** – DWIHN Full Board and SUD Board Member William T. Riley, III, was featured in an Op-Ed article on the action of Kenosha’s Police Chief in the wake of violence in that community.

<https://thepulseinstitute.org/2020/09/04/inkster-chief-riley-im-appalled-by-kenosha-police-chiefs-action/>

**Community Newspapers-** DWIHN partnerships continue with the Michigan Chronicle, The Latino Press, The Hamtramck Review and the Arab American News. Messaging in all publications includes information on mental health resources, the DWIHN Access Center, disability-related information as well as substance use prevention, treatment and recovery.



**OutFront Media** – New billboards are up throughout several locations in Wayne County including Detroit, Hamtramck, Dearborn and Southwest Detroit, promoting overall access to Care, coping with COVID-19, and the ReachUsDetroit Covid-19 Therapy line.





**Social Media** – The top performing posts for September were Back to School graphics that were shared almost 250 times and Mental Health Conversation Starters were shared over 130 times. Engagement and audience growth increased this past month on Twitter and Instagram increased by 121% and 18% respectively.



**Community Outreach** –DWIHN participated in the virtual Walk a Mile event by submitting a video representing Wayne County. The message was about getting out and voting. Also, various groups throughout the county including DWIHN Ambassadors and various Clubhouses got out and supported the event.



DWIHN resources were distributed at the annual Men’s Health event at the Michigan State Fairgrounds. Children’s Initiatives completed their recurring Cultural and Linguistic Competency Learning series and Youth United held a Courageous Conversations addressing high school dropout and graduation rates. They discussed the importance of staying in school/furthering one’s education whether it be through traditional college or trade school.



DWIHN staff also held COVID testing for all of its AFC homes at 12 different provider locations. DWIHN also held a third COVID two-day testing event for all staff.



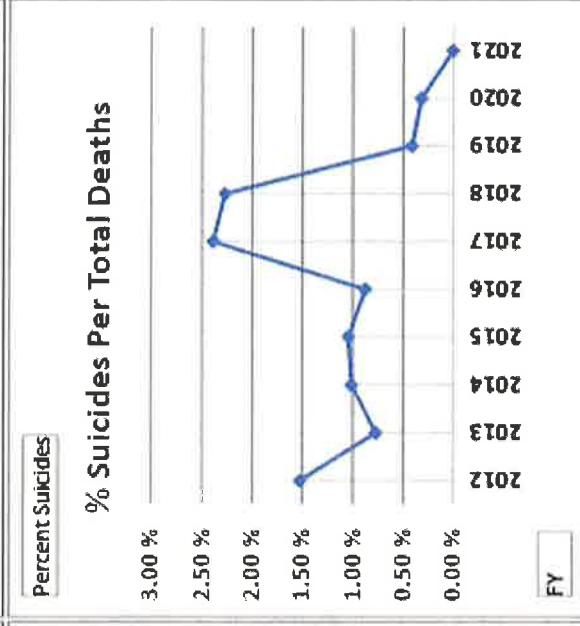
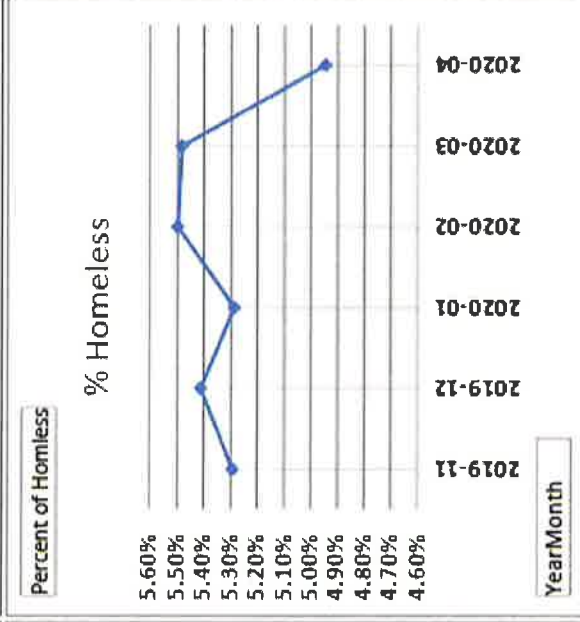
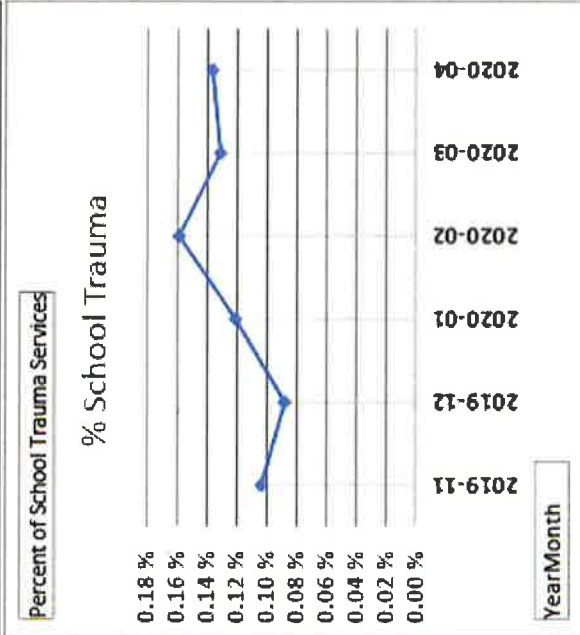
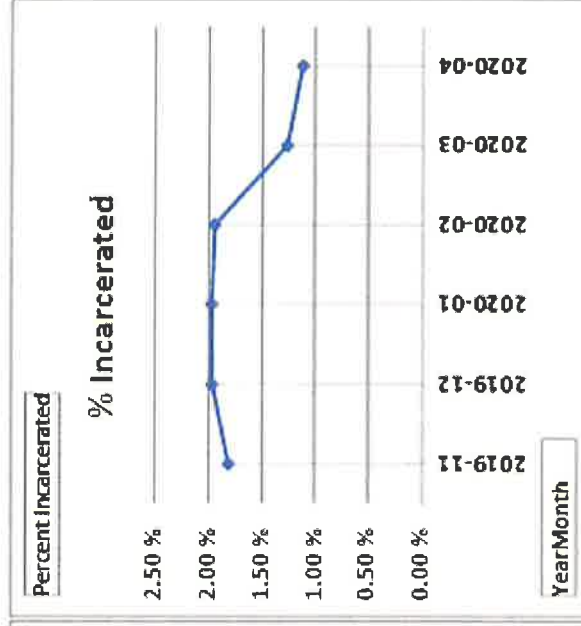
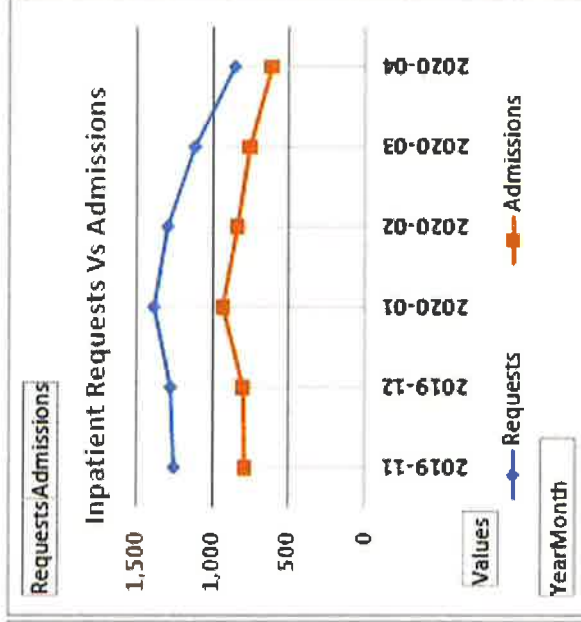
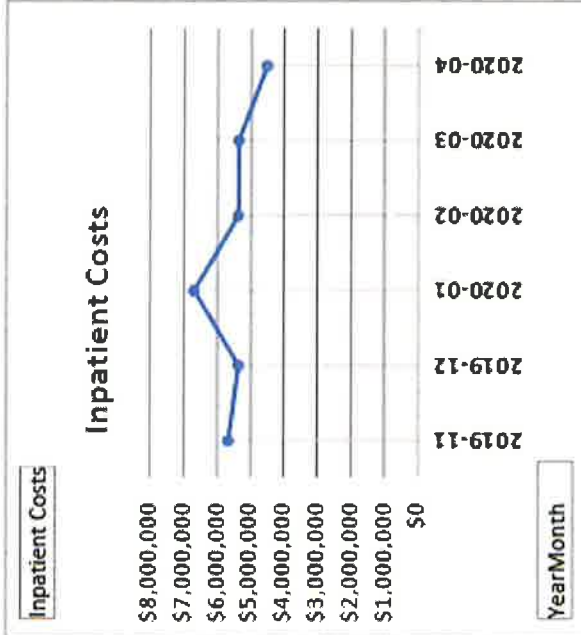
DW HN held a Community Day of Hope at Conant Gardens where almost 500 book bags were distributed to local students in the community. DWIHN was also out at Harris Park giving away school supplies.



Van Buren Township also created a short video about its R.E.A.L. Summer Youth program sponsored by DWIHN. The video was posted on social media and on You Tube.



# Key Mental Health Indicators



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-01 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Detroit Central City C.M.H., Inc., Northeast Integrated Health , City of Southgate

Contract Title: Jail Diversion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 905,000.00 Previous Fiscal Year: \$ 903,363.00

Program Type: Continuation

Projected Number Served- Year 1: 2,090 Persons Served (previous fiscal year): 4299

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).

Detroit Wayne Integrated Health Network is requesting a continuing and modified contract with the following providers for jail diversion programs: Central City Integrated Health for Detroit Homeless Outreach Pilot Program \$225,000; Northeast Integrated Health for Detroit Co-Response Team \$300,000.00; Team Wellness for Detroit Co-Response Team \$300,000 and City of Southgate 28<sup>th</sup> District Court Regional Veterans Treatment Court \$80,000 for a total amount not to exceed \$905,000. Amounts may be reallocated between listed providers without board approval.

The scope of this contract is to work with the new Detroit Homeless Outreach (DHOT) pilot project, to bridge the gaps that exist between the police, homeless, and the service providers. The collaboration between the City of Detroit, homeless outreach providers and behavioral health providers will bring DWIHN closer to the goal of getting more people off of the streets by utilizing available resources more efficiently, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD).

Providers Northeast Integrated Health and Team Wellness will work through a Co-Response Program model in multiple precincts within the Detroit Police Department. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond most appropriately to the needs of individuals in the community who are in crisis. Behavioral health specialists can provide rapid assessment and de-escalation. This allows for a reduction in costly and unnecessary transportation to hospital emergency departments for mental health assessment. Cross-training between the police and the behavioral

health staff will result in mutual understanding and respect for each other's roles, and help respond to crises and determine appropriate outcomes.

City of Southgate 28<sup>th</sup> District Court Downriver Regional Veterans Treatment Court is a jail diversion for individuals who have served in the United States Armed Services. Participants will receive mental health treatment; peer support; judicial supervision; medication; job placement; and education. Court staff work with stakeholders including probation officers; veterans administration; attorneys; behavioral health and substance use providers to develop and implement a plan that will result in community stability.

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

Source of Funds: General Fund

Fcc for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
State General Funds	\$ 905,000.00	\$ 905,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 905,000.00	\$ 905,000.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)?

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, October 9, 2020

Signed: Thursday, October 8, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature Lillian M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-08 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2020

Name of Provider: Vital Data Technology, LLC

Contract Title: Healthcare Effectiveness Data And Information Set (HEDIS) Certified Population Health Management And Data Analytics Tool Vendor Solution

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/12/2020

Proposed Contract Term: 10/1/2020 to 9/30/2023

Amount of Contract: \$ 630,000.00 Previous Fiscal Year: \$ 197,000.00

Program Type: New

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

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? N

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

DWIHN requests to enter into a contract with Vital Data Technology, LLC for a Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool vendor solution. The contract will be for three years with two, one year renewal options. Vital Data Technology was the vendor selected from the RFP process as the most responsive and responsible Proposer/most qualified Respondent. This tool will support DWIHN's initiatives regarding integrated care and NCQA accreditation.

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

Source of Funds:

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Various	\$ 630,000.00	\$ 630,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	<b>\$</b>	<b>\$ 630,000.00</b>

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

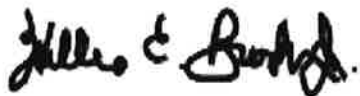
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, August 7, 2020

Signed: Friday, August 7, 2020



BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature Lillian M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Wayne County

Contract Title: Wayne County CFS, Jails, and Third Circuit Court

Address where services are provided: 500 Griswold Street #10, Detroit, Michigan 48226

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 8,700,000.00 Previous Fiscal Year: \$ 14,050,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,325 Persons Served (previous fiscal year): 4978

Date Contract First Initiated: 1/1/1998

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval for Detroit Wayne Integrated Health Network (DWIHN) to enter into a one year renewal contact with Wayne County Third Circuit Court Clinic for Child Study, the Wayne County Department of Health Human and Veteran's Services and the Wayne County Jail for an amount not to exceed \$8,700,000.

DWIHN contracts with 1. Wayne County Third Circuit Court for Child Study (\$600,000); 2. Wayne County Department of Health, Human and Veteran's Services (\$3,850,000) and 3. Wayne County Jail Mental Health Services (\$4,250,000).

1. The Clinic for Child Study provides the pre-dispositional assessments including psychological testing/social history/GAINS (CPT codes: H0001, H0031, 96130, 96131) for youth and their families who have come to the attention of the juvenile justice system through the Court in order to prevent and/or decrease the number of youth that re-offend, which may result in incarceration or out of home placement. For youth who have come to the courts' attention because of sexual misconduct, the Clinic for Child Study provides the Sexual Awareness Information and Treatment (SAIT) Group Therapy program. The targeted population are children and adolescents with Serious Emotional Disturbance (SED) and their families who have come to the attention of the Third Circuit Court, or who are at risk of contact with the Court.
2. Wayne County Department of Health, Human and Veteran's Services coordinates' service provision for identified youth in three programs: (a) Children Mental Health Services provided through Assured Family

Services CHOICES program to Medicaid eligible youth for \$3,200,000, (b) Juvenile Inventory for Functioning (JIFF), which is a standardized assessment tool for assessing the functioning and need for mental health services of all youth (age 0-18) across domains - school, home, social settings, potential self-harm, potential substance use, etc. for \$450,000 (General Fund) and (c) Service Coordination, i.e target case management /service coordination for \$200,000 (Medicaid). The program provides improved access into the community mental health system for children and youth in the juvenile justice system and their families. Once an individual is diagnosed with a Serious Emotional Disturbance (SED), they are able to rapidly access much needed mental health intervention. The program also improves coordination and collaboration between Community Mental Health providers and Care Management Organizations (CMOs in the juvenile justice system), in support of assisting youth and families accessing mental health services.

3. Wayne County Jail Mental Health Services (General Fund) for the provision of mental health services for Wayne County residents that have been detained at the jail and have been screened, assessed and determined to meet the criteria for an Intellectual Developmental Disability (I/DD), a Serious Emotional Disturbance (SED), a Co-Occurring Disorder, a Substance Use Disorder (SUD) or at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by appropriately credentialed clinicians. Services include evaluation, diagnosis, crisis intervention, therapy, medication management, education and referrals.

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

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
State General Funds	\$ 4,700,000.00	\$ 4,700,000.00
Medicaid	\$ 4,000,000.00	\$ 4,000,000.00
<b>Total Revenue</b>	<b>\$ 8,700,000.00</b>	<b>\$ 8,700,000.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, September 24, 2020

Signed: Thursday, September 24, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature Lillian M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-17 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Assoc. of Chinese Americans, Inc., Southwest Counseling Solutions, Detroit Wayne Integrated Health Network, Community Health and Social Services Center, Inc., American Indian Health and Family Serv.

Contract Title: Multicultural Integration and PIHP Veteran Navigator

Address where services are provided: Varies

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 738,226.00 Previous Fiscal Year: \$ 818,226.00

Program Type: New

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

Date Contract First Initiated: 10/1/2020

Provider Impacted (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of the revised contract with the Association of Chinese Americans to increase the amount to \$19,625 from \$12,000 in General Fund. The total board action is for an amount not to exceed \$738,226.

The Multicultural Integration vendors were selected through MDHHS to provide services for the "Priority Population" who were identified as high risk. The services that will be performed will include outpatient services, case management services, psycho-behavioral treatment, outreach, mental health services, referrals, coordination and treatment services, mental health treatment for victims of trauma, poverty and parental abandonment, Drop-In Center availability, preventive community based mental health service options and assistance with the Healthy Michigan enrollment process.

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

Board Action #: 21-17R

Source of Funds: General Fund,Block Grant

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Block Grant	\$ 718,601.00	\$ 718,601.00
General Fund	\$ 19,625.00	\$ 19,625.00
<b>Total Revenue</b>	<b>\$ 738,226.00</b>	<b>\$ 738,226.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

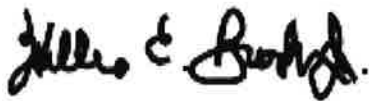
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, October 12, 2020

Signed: Monday, October 12, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature Lillian M. Blackshire  
Board Liaison

Date 10/21/2020



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-36 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Children's Center of Wayne County Inc., Social Care Administrators LLC

Contract Title: Independent Evaluator for ASD

Address where services are provided: See attached list

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2023

Amount of Contract: \$ 1,400,000.00 Previous Fiscal Year: \$

Program Type: New

Projected Number Served- Year 1: 2,200 Persons Served (previous fiscal year): 1879

Date Contract First Initiated: 10/1/2020

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).

DWIHN is requesting the approval of the board action for a two year period, including a two year renewal option for an amount not to exceed \$1,400,000 (excludes renewal option).

A RFP was completed with a recommendation for two providers to perform the Autism assessments. Three proposers responded, with one deemed non-responsive. The Children's Center and Social Care Administrators were recommended and awarded the contract.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
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Medicaid	\$ 1,400,000.00	\$ 1,400,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 1,400,000.00	\$ 1,400,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:




Signed: Wednesday, October 7, 2020

Signed: Wednesday, October 7, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature Lillian M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-37 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Michigan Department of Community Health

Contract Title: Grant Agreement between Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network for Community Mental Health Services Program - FY 21

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 10/7/2020

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 30,449,269.00 Previous Fiscal Year: \$ 34,937,641.00

Program Type: Continuation

Projected Number Served- Year 1: 30,000 Persons Served (previous fiscal year): 30000

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

This board action is for the approval of the fiscal year ended September 30, 2021 contract for an amount not to exceed \$30,449,269 between the Michigan Department of Health and Human Services (MDHHS) and the Detroit Wayne Integrated Health Network (DWIHN) for the Community Mental Health Services Program (CMHSP). This contract is for the provision of a comprehensive array of mental health services and supports.

The contract also includes the required Medicaid drawdown and local portion for state facility costs payment to the state of michigan in accordance with the Mental Health Code.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
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State General Funds	\$ 30,449,269.00	\$ 30,449,269.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	<b>\$ 30,449,269.00</b>	<b>\$ 30,449,269.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submittal to Board:



Willie E. Brooks, President/CEO  
Signed: Tuesday, September 29, 2020

Signature/Date:



Signed: Tuesday, September 29, 2020

Signature/Date:

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature Lillian M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA#21-38 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Community Living Services

Contract Title: Community Living Services, Inc; Self Determination Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 51,806,443.00 Previous Fiscal Year: \$ 55,628,442.40

Program Type: Continuation

Projected Number Served- Year 1: 1,600 Persons Served (previous fiscal year): 1519

Date Contract First Initiated: 10/1/2019

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network(DWIHN) staff recommends a one year contract renewal with Community Living Services, Inc; (CLS) for continued implementation of the Self-Determination initiatives and provision of a comprehensive Wayne County wide direct care training for Fiscal Year 2020/2021 (October 1, 2020 through September 30, 2021).

This contract will allow continued provision of Self-Determination Services and implementation of comprehensive Training for Direct Care Workers across Wayne County. By the end of 3rd Quarter in FY 2019/2020(June 30, 2020) these program has served (1,519 Self-Determination Services and 179 Direct Care Workers). CLS has also provided Self -Determination trainings to DWIHN staff.

Recommended budget for the term of this contract is not to exceed \$51,806,433. Self-Determination \$49,336,443, Direct Care Worker Training \$600,000.00 and Self-Determination Administration of Service Costs, AOS \$1,870,000.00. Funding for this contract is from multiple sources including (Medicaid, Healthy MI, and State General Fund).

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

Source of Funds:

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 51,806,443.00	\$ 51,806,443.00
	\$	\$
<b>Total Revenue</b>	\$ 51,806,443.00	\$ 51,806,443.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

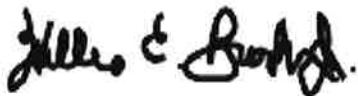
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, September 28, 2020

Signed: Friday, September 25, 2020



BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature

Lillian M. Blackshire  
Board Liaison

Date

10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-39 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Michigan Department of Community Health

Contract Title: PIHP: Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network

Address where services are provided: Varies

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 783,102,882.00 Previous Fiscal Year: \$ 775,688,672.00

Program Type: New

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): 70000

Date Contract First Initiated: 10/1/2020

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 approved the Detroit Wayne Integrated Health Network's (DWIHN) Prepaid Inpatient Health Plan (PIHP) contract with the State of Michigan's Department of Health and Human Services (MDHHS) for Fiscal Year 2020/2021. The purpose of these contracts are for MDHHS to obtain DWIHN's services to manage the following: Medicaid (including HSW, HRA and DHS), Health Michigan Plan (including HRA), Autism Medicaid, SED Waiver, SUD Block Grant and Children's Waiver. The estimated value of this contract is \$783,102,882.00 and is contingent upon and subject to enactment of legislative appropriations and availability of funds.

This board action encompasses the mandated payments for Hospital Rate Adjustment (HRA) to the community hospitals, and Medicaid drawdown and IPA tax payments to the State of Michigan.

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

Source of Funds: Medicaid,Block Grant

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Multiple	\$ 783,102,882.00	\$ 783,102,882.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 783,102,882.00	\$ 783,102,882.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

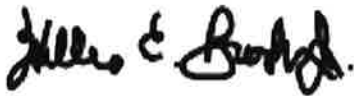
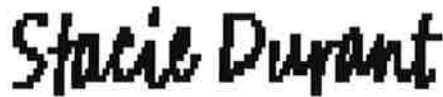
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Monday, September 28, 2020

Signed: Friday, September 25, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

Approved

Rejected

Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature William M. Blackshire  
Board Liaison

Date 10/21/2020

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 21-40 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Black Family Development, Children's Center of Wayne County Inc., Community Care Services Inc., Development Centers Inc., Guidance Center, The, Hegira Programs Inc., Southwest Counseling Solutions, Starfish Family Services (MH), Northeast Integrated Health , Access Behavioral Healthcare LLC, Arab-American & Chaldean Council

Contract Title: School Success Initiative

Address where services are provided: Various

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 1/31/2021

Amount of Contract: \$ 1,161,637.00 Previous Fiscal Year: \$ 6,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 8,182 Persons Served (previous fiscal year): 5285

Date Contract First Initiated: 2/1/2015

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval of a four (4) month contract for Community Mental Health (CMH) entities to provide school-based services to children and their families, across Wayne County, who are affected by a behavioral health condition. In an effort to not disrupt the School Based services, the eleven CMH providers, who were used during the previous fiscal year, were retained to continue with providing behavioral and mental health services for the first four (4) months of FY20-21 until a further plan can be developed. The funds allotted for the first four (4) months of FY20-21 are a total of \$1,161,637.

Once a plan is developed to ensure children, youth and their families have access to mental health services, a revised board action will be submitted outlining the services that will be provided for the remaining eight (8) months of the fiscal year and the additional \$2,438,363. The combined totals are not to exceed \$3,600,000. Amounts can be reallocated between the listed providers to ensure the budgeted amounts are spent within the fiscal year without board approval

Based on the collected data from two assessments, the focus will be to address the top four risks factors which were identified as depression/anxiety, bullying, dating violence, and suicide.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
State General Fund	\$ 1,161,637.10	\$ 1,161,637.10
	\$	\$
<b>Total Revenue</b>	\$ 1,161,637.10	\$ 1,161,637.10

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06200

In Budget (Y/N)? Y

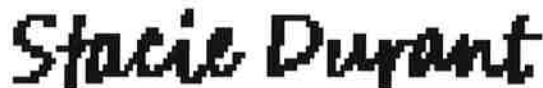
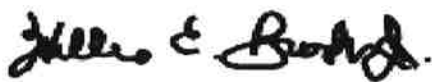
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, October 19, 2020

Signed: Monday, October 19, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature William M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-41 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Scripps Media, Inc.

Contract Title: Scripps Media, Inc.

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 10/7/2020

Proposed Contract Term: 11/1/2020 to 10/31/2021

Amount of Contract: \$ 50,000.00 Previous Fiscal Year: \$ \_\_\_\_\_

Program Type: New

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

Date Contract First Initiated: 10/21/2020

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of one year contract for an amount not to exceed \$50,000. The Communications department would like to enter into contract with Scripps Media to provide educational messaging across its three TV stations throughout FY '20-'21. Messages include anti-stigma, suicide prevention, substance use prevention, treatment and recovery and general access to care.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
State General Funds	\$ 50,000.00	\$ 50,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 50,000.00	\$ 50,000.00

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



Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y


Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, September 29, 2020

Signed: Tuesday, September 29, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

Approved

Rejected

Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature William M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-42 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Graham Media Group

Contract Title: Graham Media Group

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 10/7/2020

Proposed Contract Term: 11/1/2020 to 10/31/2021

Amount of Contract: \$ 50,000.00 Previous Fiscal Year: \$ 200,000.00

Program Type: New

Projected Number Served- Year 1: 1,000,000,000 Persons Served (previous fiscal year): 100000000

Date Contract First Initiated: 10/21/2020

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of a one year contract for an amount not to exceed \$50,000. The Communications department would like to enter into contract with Graham Media Group to provide educational messaging on its NBC affiliate station, WDIV-TV 4. Messages will focus on disability, autism and mental health awareness, suicide prevention, substance use prevention, treatment and recovery and general access to care.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
General Funds	\$ 50,000.00	\$ 50,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 50,000.00	\$ 50,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

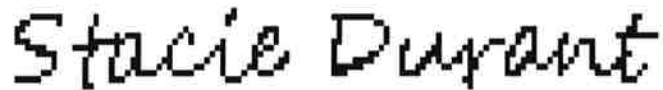
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, September 29, 2020

Signed: Tuesday, September 29, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature William M. Blackshire  
Board Liaison

Date 10/21/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-43 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Michigan Municipal Risk Management Authority

Contract Title: Michigan Municipal Risk Management Authority

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 10/19/2020

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 225,592.00 Previous Fiscal Year: \$ 241,620.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? N

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

The Detroit Wayne Integrated Health Network ("DWIHN") is requesting approval of the Michigan Municipal Risk Management Authority ("MMRMA") to provide comprehensive casualty and property insurance to Detroit Wayne Integrated Health Network ("DWIHN") for FY 2020-21. The total premium payment is \$225,592.00. MMRMA is a public entity self-insurance pool that provides property and liability coverage to local governmental entities in the state of Michigan.

DWIHN has been a member of MMRMA since FY 2014-15. As a member of MMRMA, DWIHN has access to MMRMA's risk management program and risk control services, which assists members to identify, prevent, and mitigate losses. MMRMA provides training in all areas of risk management, along with claims management and up to date information on trends and strategies in public risk management.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 225,592.00	\$ 225,592.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$	\$ 225,592.00

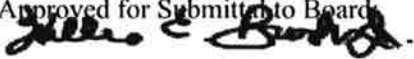
Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.911000.00000

In Budget (Y/N)? Y

Approved for Submission to Board



Signed: Monday, October 12, 2020

Signature/Date:



Signed: Monday, October 12, 2020

Stacie Durant, Chief Financial Officer

Signature/Date:

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 21st day of October, 2020

- Approved
- Rejected
- Modified as follows: \_\_\_\_\_  
\_\_\_\_\_

Executive Director - Initial here: \_\_\_\_\_

Tabled as follows: \_\_\_\_\_

Signature Lillian M. Blackshire  
Board Liaison

Date 10/21/2020





## Today's Presenters

Catherine L. Liesman, Ph.D.  
Chief Executive Officer



Theadida L. Carey, MD, MS  
Medical Director





**Behavioral Health**



**Early Childhood**



**Workforce Development**



**Mission:** Helping children, adults and families live healthier, happier lives.

**History:** Development Centers was incorporated in 1983 as a 501c3 nonprofit from the result of a merger between two long-standing agencies: The Children's Orthogenic Center and Phoenix Place.

# Behavioral Health Services

Development Centers offers comprehensive programs to enhance the overall functioning of individuals and families based out of an office, home or school environment. All of our Behavioral Health programs have been CARF accredited since 1991.

- ▶ Early Childhood & Infant Mental Health
- ▶ Children's Services
- ▶ Adult Services
- ▶ Intellectual and Developmental Disabilities

***"Their services are amazing, both my therapist and psychiatrist are very helpful and always there to help no matter what" - Janet***



# Early Childhood Programs

Our programs provide a full range of prevention, early intervention, and education and treatment services for families with young children, between the ages of birth and five years.

- ▶ Brightmoor Quality Initiative
- ▶ Early Head Start & Head Start
- ▶ Early On
- ▶ Infant and Early Childhood Mental Health Consultation
- ▶ Infant Mental Health/Early Childhood development

***“Development Centers gives me so many opportunities to grow alongside my child. They help me in so many ways to be a better parent”. – Nicholas***



# Workforce Development



Our services focus on helping people gain independence through employment readiness, training and connecting any Detroiters to meaningful employment opportunities.

Detroit at Work Career Center

\*One of eight organizations contracted by Detroit Employment Solutions Corporation.

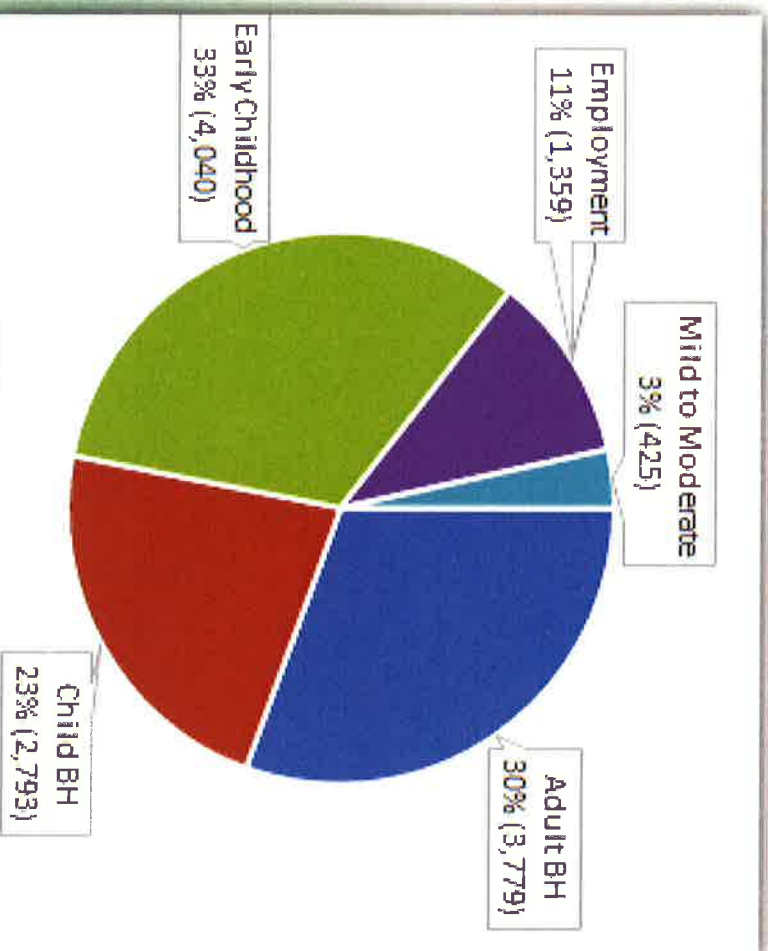
***"Before Development Centers I struggled a lot with depression and feeling helpless. The minute I walked through Development Centers' door, I was welcomed and overwhelmed with people who wanted me to succeed"***

**- Courtney**

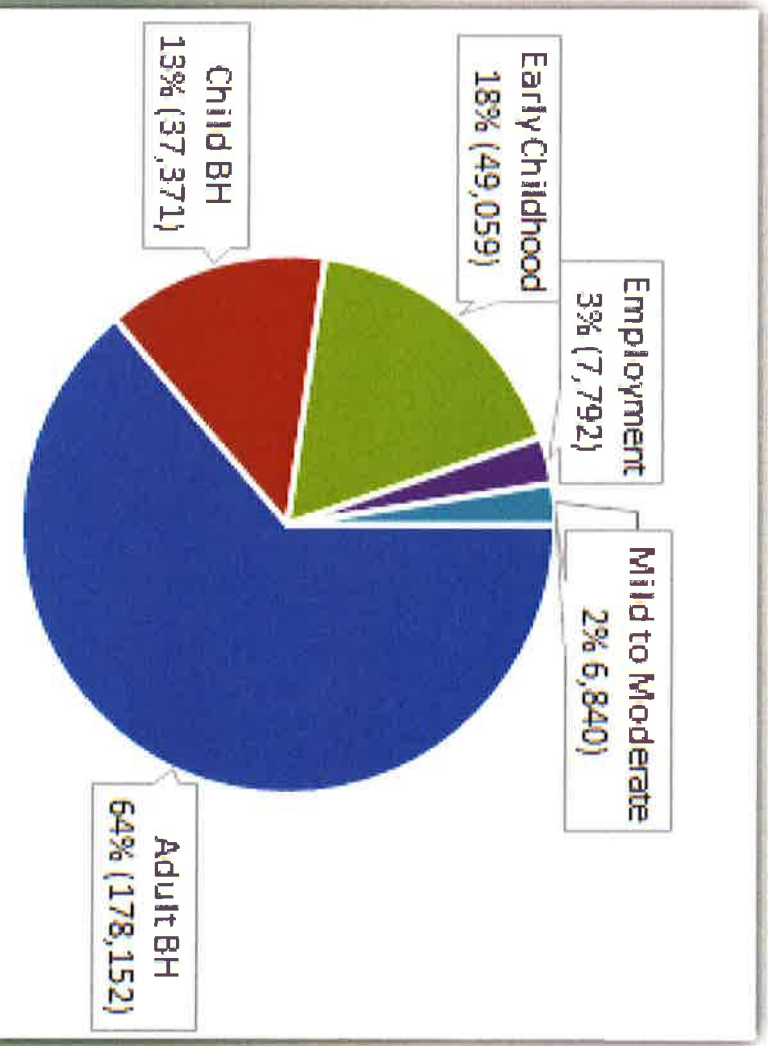


# Persons Served

**Total Persons Served: 12,396**  
**Total Staff: 290**



**Total Units: 279,214**



# The Stories

## **Infant Mental Health**

After a referral to the Wayne County Baby Court, our Infant Mental Health Therapist worked diligently to help reunite a mother with her three young children. The mother and Therapist spent over a year working tirelessly together in order to help the mother learn and use the skills necessary to be the best parent for her children. Now that the mother and her three children are reunited, our support services are working on meeting the concrete needs of the family to "make their house a home."

## **School Based Program**

As a teenager, our School-Based Consumer had been sexually assaulted in the bathroom of her high school. The trauma of this experience left her anxious, depressed and deeply afraid of returning to school. Development Centers' School Based Therapist worked intensely with this young lady to help address the trauma and develop coping skills that would allow her to return to school. Her mother felt that having a therapist on-site, to address any issues in "real time" was the key helping her through this difficult time. This consumer is now more comfortable at school and more successful at working through the challenges from this experience.

# The Stories

## Employment

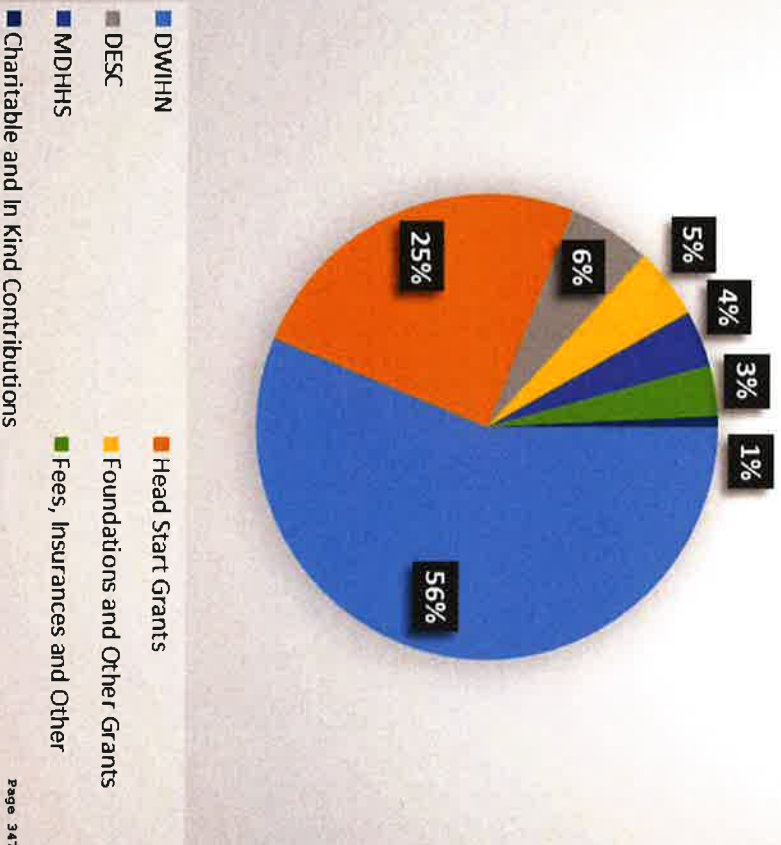
Deris was referred to the Offender Success Program through Development Center's Career Center in June after losing his landscaping job during the pandemic. He was previously incarcerated for 25 years and had the goal to obtain his Commercial Driver's License to work as a truck driver. Working with our Career Center staff, Deris began the CDL Training Program in July and graduated in September. Our staff helped him secure a career as a truck driver with a \$3,000 signing bonus and a salary of approximately \$1,000 per week. Deris' motivation, coupled with the guidance and support of the Career Center have helped him build a solid foundation for future success.





# Financials

## Development Centers Revenue Sources



### FY 2020 Revenue

Detroit Wayne Integrated Health Network	12,459,980
Head Start Grant	5,493,726
Detroit Employment Solutions Corporation	1,297,999
Foundations and Other Grants	1,091,843
Michigan Dept. of Health and Human Services	868,416
Fees, Insurances and Other	770,227
Charitable and In Kind Contributions	174,753

**Total Support and Revenue:**

**22,156,944**

# Partnerships

**Education:**

Detroit Public Schools Community District, Redford Union School District, Wayne Westland School District

**Employment:**

Detroit Employment Solutions Corporation

**Food:**

Forgotten Harvest, Gleaners, Higher Hopes

**Health:**

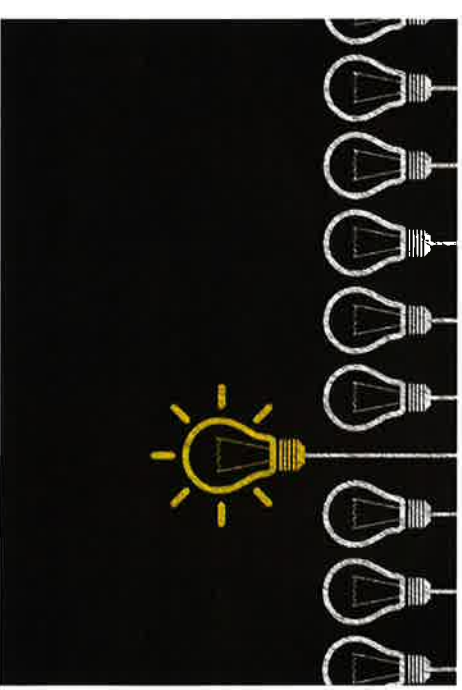
DWIHN, Authority Health, Genoa Healthcare, Park Medical, The Health Center at McKenny

**Housing:**

MSHDA-MI, Homeless Action Network of Detroit, Coalition on Temporary Shelter

# Dr. Carey's Roles & Responsibilities

- Coordinating schedules for trainees (doctors, med students and NPs)
- Teach lectures for (doctors and social workers)
- Oversee clinical services provided by trainees
- Collaborative physician for NPs
- Supervise medical support staff (RN, MA, CNA)
- Development Center Medical Director



# Development Centers Training Activities

- We are committed to training the next generation of mental health professionals.
- HRSA social worker in training at University of Michigan, also Wayne State University
- Nurse Practitioners from Wayne State University, University of Michigan, and Frontier Nursing University
- Medical Students from Michigan State University and Oakland University  
Beaumont School of Medicine
- Podiatry Residents from Ascension – St. John Main
- Family Medicine Residents from Ascension – Providence
- Psychiatry Residents from Authority Health GME

# Why Train Others

- It replenishes our staff
- To be effective teachers, staff must remain up-to-date on Evidence-based treatment and effective treatment guidelines
- Teaching increases job satisfaction
- Research indicates 50% of doctors and other trainings work where they trained. This has increased our staffing.
  - Hired about 1/3 of the NPs trained
  - Hired about 1/3 of SW trained
  - Authority Health Psychiatrist 50 % graduates have stayed locally at Veterans Affairs hospital or CMHs in the area.
- 2/3 of current graduating residents (June 2021) are looking for local positions (4 psychiatrist).

# Position on Equity

**We believe** in the fair and just distribution of resources and opportunities needed to achieve wellbeing.

**We engage** with compassion to confront and dismantle oppression interpersonally, institutionally, and systemically.

**We commit** to building a culture of equity and belonging.



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# Vision



**Development  
Centers**  
Inspiring Hope...Improving Lives

**Because young children's emotional well-being is tied so closely to the mental health of their parents and non-family caregivers, the emotional and behavioral needs of infants, toddlers, and preschoolers are best met through coordinated services that focus on their full environment of relationships.**

**WORKING PAPER: Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood.**

Center on the Developing Child  HARVARD UNIVERSITY

