



**Detroit Wayne
Integrated Health Network**

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**FULL BOARD MEETING
Wednesday, November 18, 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 – October 21, 2020
- VI. RECEIVE AND FILE – Approved Finance Committee Minutes – October 7, 2020
Approved Program Compliance Committee Minutes – October 14, 2020
- VII. ANNOUNCEMENTS
 - A) Network Announcements
 - B) Board Member Announcement
- VIII. SWEARING IN CEREMONY NEW BOARD MEMBER – Ms. Michelle Jawad
- IX. BOARD COMMITTEE REPORTS
 - A) Board Chair Report
 - 1) Update City of Detroit, Detroit Police Department and DWIHN Meeting
 - 2) Update Formal Response to Northeast Integrated Health Letter
 - 3) Board 2021 Meeting Schedule
 - 4) December Meetings – Cancellation
 - 5) BA #18-34 (Revised) Medversant Contract Extension *(Exigent Approval)*
 - 6) BA #20-35 (Revised) Crisis Center Architect Tetra Tech *(Exigent Approval)*
 - B) Executive Committee
 - 1) School Initiative Report
 - 2) Michigan Consortium for Healthcare Excellence (MCHE) 2018 Contract
 - 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

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

XI. AD HOC COMMITTEE REPORTS

A) Policy/Bylaw Committee

XII. RESOLUTION #1 FY 2020-2021 AMENDING AND RATIFYING THE BYLAWS - Article V-Board Officers Section 3 -Chairperson and Article VII Board Committees - Section 3- Appointment to Committees

XIII. PRESIDENT AND CEO MONTHLY REPORT

XIV. UNFINISHED BUSINESS

Staff Recommendations:

- A. **BA #18-34 (Revised)** Medversant Contract Extension (*Exigent Approval*)
- B. **BA #20-35 (Revised)** Crisis Center Architect – TetraTech (*Exigent Approval*)
- C. **BA #20-54 (Revised)** HEDIS/NCQA Professional Consultant Services (*Program Compliance*)
- D. **BA #21-32 (Revised)** Substance Use Disorder Treatment Services Network Fiscal Year 2021 (*Program Compliance*)
- E. **BA #21-33 (Revised)** Substance Use Disorder Prevention Services Network Fiscal Year 2021
- F. **BA #21-38 (Revised)** – Self-Determination Services-Community Living Services (CLS) (*Program Compliance*)

XV. NEW BUSINESS

Staff Recommendations:

- A. **BA #21-44** – MI-Health Link Demonstration Project – Various Providers (*Program Compliance*)
- B. **BA #21-45** – Michigan Child Collaborative Care Program (MC3) and the Behavioral Health Consultant (*Program Compliance*)
- C. **BA #21-47** – Michigan Consortium for Healthcare Excellence (MCHE) (*Finance*)
- D. **BA #21-48** – Community Foundation for Southeast Michigan’s Philanthropic Grant for Opioid Use Disorders in Wayne County Jails – DWIHN Providers’ Network List included in Board Action (*Program Compliance*)
- E. **BA #21-49** – DWIHN COVID-19 Building Renovations (*Finance*)
- F. **BA #21-50** – DWIHN Employee Health Benefits (*Finance*)

XVI. PROVIDER PRESENTATION – Education Training Research Services (SUD Provider)

XVII. REVIEW OF ACTION ITEMS

XVIII. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

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

XIX. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING**

Meeting Minutes

Virtual Meeting

Wednesday, October 21, 2020

1:00 p.m.

BOARD MEMBERS PRESENT

Bernard Parker, Chair
Dr. Iris Taylor, Vice Chair
Commissioner Tim Killeen, Treasurer
Dora Brown, Secretary
Dorothy Burrell

Lynne F. Carter, M.D.
Angelo Glenn
Kevin McNamara
William T. Riley, III
Kenya Ruth
Dr. Cynthia Tauieg

BOARD MEMBERS EXCUSED:

GUESTS: Ms. Catherine L. Liesman, PhD., CEO and Ms. Theadia L. Carey, MD, MS; Medical Director – Development Centers

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 Ms. Brown and supported by Mr. Glenn to accept the agenda as presented. Motion carried unanimously.

MOMENT OF SILENCE

The Board Chair, Mr. Parker called for a moment of silence and asked that everyone remember those that are dealing with COVID-19 and those that may have passed away. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes of the Full Board meeting of September 16th, 2020. **It was moved by Mr. McNamara and supported by Mr. Riley, III approval of the Full Board minutes of September 16, 2020. Motion carried unanimously.**

RECEIVE AND FILE

The Chair called for a motion to Receive and File the approved Finance Committee minutes of September 2, 2020; the Program Compliance minutes of September 9, 2020 and the Program Compliance Committee minutes of August 12, 2020. **It was moved by Commissioner Killeen and second by Ms. Brown to “Receive and File” the approved minutes from the Finance Committee meeting of September 2, 2020; the Program Compliance Committee minutes of September 9, 2020 and the Program Compliance Committee minutes of August 12, 2020. The motion carried unanimously.**

ANNOUNCEMENTS

Network Announcements

T. Devon, Director of Communications reported the 5th Annual Opioid and Substance Use Disorder Virtual Summit “Engaging in a Time of Crisis” will be held on November 12th and 13th 2020. Mr. Ken Daniels, the Redwing Announcer that lost his son to Opioid addiction; Daniel Ament, who had a double lung transplant due to vaping and Sheriff Dennis Lemma will be Keynote speakers. The Summit is scheduled from 8:00 a.m. to 12:30 p.m. each day. The Summit is being held with Detroit Wayne Integrated Health Network in partnership with the Greater Detroit Area Health Council. Ms. Devon will send a flyer for distribution to the Board.

Board Announcements

Mr. Parker, Board Chair encouraged everyone to vote and to call others that may not traditionally vote to do so in the upcoming election on November 3rd 2020. He noted the Network is doing an outstanding job at encouraging our clients to vote. Ms. Burrell and Commissioner Killen noted the mail is somewhat slower and that individuals should go directly to their City Clerk’s office or place their ballots in the ballot drop boxes that are located within the city.

BOARD COMMITTEE REPORTS

Board Chair Report

Mr. Parker gave a verbal report. He provided an update on the City of Detroit, Detroit Police Department and DWIHN meeting, a meeting was held last week and it was requested that they look at additional areas to work with on the program. It was his understanding that they may have information by the November meeting. There should be more clinical people that go out with the Police when responding to Mental Health and Substance Use Disorder 911 calls. Mr. Doeh reported that there was a three prong approach that was being utilized; the first prong was the Crisis Intervention Team which would include Behavioral Health Specialists and Police Officers trained in Mental Health CIT responding to people we serve; the second prong would be having a Behavioral Health Specialist embedded in the 911 Dispatch Call Center responding to the calls and directing those persons to services as needed; the third prong would be the Detroit Homeless Team which would consist of DWIHN; the Police Department; the City of Detroit and the Homeless Network around the City, this team would be able to link those individual that call to services. An Executive level meeting would be taking place next month which would include Mr. Parker and Mr. Brooks.

Mr. Riley, III inquired about the program; if an organization has been identified and if this was the same program that had been budgeted for \$400,000 when DWIHN approved the budget. Mr. Doeh noted that this was the program that monies had been budgeted for however it would take more than the \$400,000 that was allocated; it was noted that \$1.2 million dollars had been identified as being needed for prong one and the budget was going to be much larger than the \$400,000. It was also noted by Mr. Doeh that many providers would be participating and it was not just one provider that would be selected. Mr. Riley referenced the letter from Northeast Integrated Health and asked if they would be included and how would other cities in Wayne County be included. Mr. Brooks gave an overview of the program and noted because of the Black Lives Matter movement and with some of the issues we were having with the community and the Police Department that discussions took place regarding a program. There was an initial meeting held with the City of Detroit to try to improve the process. The city was already working with a plan so it became a joint effort. It was noted that DWIHN did not have the funding to spread the program around as this is not covered by Medicaid funds and the monies would be coming from General Fund – there are several counties that have expressed an interest in having this program; the goal is to show a successful program and be able to show the

State that this is needed to be able to get funds for other cities. Discussion ensued regarding going to Wayne County to be able to include some of the smaller cities and if a meeting was held with the Wayne County Executive. Mr. Brooks noted that this information was discussed at the County Diversion meetings which includes the Wayne County Executive and they are awaiting results to determine expansion into other areas. Mr. Parker noted that the intent is to not only to expand the program into other Wayne County cities, but also expand the program across the State.

Mr. Parker noted that the letter from Northeast Integrated Health had been received by Board members and was discussed at the Executive Committee meeting; the program that is provided by Northeast Integrated Health is doing some of the same functions and are in several precincts, but it is not as expansive; however they definitely want them included in the program as it moves forward; the dollars they receive are approximately \$300,000 and maybe those dollars could be pooled and increased. Administration has been requested to respond formally to the letter from Northeast Integrated Health.

Mr. Parker noted the Executive Committee would meet on Monday, November 16, 2020 at 1:00 p.m. this would be a date change and would place the Board Executive Committee meeting after the Program Compliance Committee meeting.

It was reported the Metro Region meeting was held on October 8th and hosted by Macomb. Mr. McNamara noted that updates were provided by all of the Regions and that several board members were in attendance. Mr. Brooks noted that the counties spoke about the achievements that were being made in the midst of COVID; also discussed the major issues that were going on in relation to COVID; integration and that the Specialty Integrated Plan (SIP) is no longer on the table; he thought it was a pretty good meeting that lasted about an hour and that it is essential that we continue to talk about the items that are going on in the State.

Mr. Parker reported on the Open Meeting Act (OMA) and noted the Michigan Supreme Court ruled against the Governor and the issuance of Executive Orders. One of the Executive orders that was issued was virtual meetings and if it any of the meetings held and decisions made after the ruling were impacted. C. Ollie, Deputy Legal Counsel reported the passing of Senate Bill 1108 that the OMA was amended to allow organizations to have virtual meetings through December 31, 2020; beginning January 1, 2021 under limited circumstances will a virtual meeting be allowed and includes the declaration of an emergency by a public /state official; all of the actions taken since March are valid and ratified. Mr. Parker noted that we will continue to meet virtually until December 31st 2020.

Mr. Parker reported that by this meeting it was thought the Wayne County New Board member would be appointed; the Wayne County Commission cancelled some of its meetings and there was no meeting to confirm the appointment; however, Ms. Jawad had been recommended. Commissioner Killeen noted that the appointment was confirmed at the Health and Human Services meeting that was held yesterday and the appointment will be on the Wayne County Commission agenda that will meet on November 5th. Ms. Jawad was on the call and introduced herself. The Chair thanked her for participating.

Mr. Parker, reported the Community Mental Health Association of Michigan Virtual Conference was scheduled for October 26th through October 30th. The Chair noted that any Board member that was interested in attending should notify the Board Liaison so that one can be registered. There are no delegates required for this meeting as there will be no voting taking place.

Executive Committee

Mr. Parker gave a verbal report. It was reported the Board Executive Committee met on Monday, October 21st and the letter from Northeast Integrated Health was discussed and direction was provided to Administration to prepare a formal response. An Advocacy report was received which noted some of the activities that are taking place in Lansing. The Building Committee did meet and the direction that we are taking was reaffirmed; it was requested that we hold back on the new building until we understand what the environment will look like -there have been no monies invested however there have been numerous discussions with developers. We are moving ahead on the Milwaukee building to make it social distancing compliant and are moving forward with the loan. A School Initiative report was received from the Program Compliance Committee. The initial dollar amount requested at Program Compliance was for the entire budgeted amount however, there were only commitments for four months. The Board action was revised to request money for four months of programming while the additional components were developed; the Board Executive Committee supports the action and the dollar amount was changed for four months of programming. Dr. Taylor noted there was no information to add and Board Action #21-40 Success Initiatives - Arab-American and Chaldean Council is on the agenda and is being presented today.

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

Finance Committee

Commissioner Killeen, Chair of the Finance Committee reported the committee met virtually on Wednesday, October 7th 2020. The Operational Efficiencies Report was reviewed and he thought that overall about \$2 million dollars in savings have been garnered in Operational Efficiencies. CFO Durant to provide a summary report on the Operational Efficiencies and savings at the next Finance Committee meeting. The Quarterly Report for purchases under \$50,000 and all Cooperative Purchasing was reviewed as well as the Financial statements and the cash flow statements. The Death recoupment is on the Financial statement and is on hold from the department. We have requested the State to allow us to cost settle with the Autism program and we are requesting a waiver that limits the GF carryover so any unspent General Fund monies will not have to be sent back. The Direct Care Worker payment has gone out. The Community Living Supports per diem was discussed by the CFO. It was noted that effective October 1, 2020 the State mandated the per diem code would no longer be used for unlicensed homes and now reporting must be done every 15 minutes. This reporting will be a cumbersome billing process for some Providers and some Providers will be unhappy. This change may result in decreased revenues as some Providers have not recognized the shared living arrangements. DWIHN was recognizing some savings from the Shared Living arrangements. DWHIN has addressed some of the concerns from Providers; however, there are some outstanding issues that cannot be resolved like the billing and the decreased revenues. In some instances, we may have overpaid some Providers. The Committee Chair noted there were three board actions; Board action #21-37 MDHHS; Board Action #21-41 and Board Action #41-42 which are both Medial contracts were approved and moved to Full Board for approval and are on the agenda. There was no further discussion.

The Board Chair noted that he would take the Finance Committee; the Program Compliance Committee and Recipient Rights reports together for acceptance.

Program Compliance Committee

Dr. Taylor, Chair of the Program Compliance Committee reported verbally. It was reported the Program Compliance Committee met virtually on Wednesday, October 14, 2020. The Chair noted the committee received several reports which included the Corporate Compliance Report; the Quarterly Substance Use Disorder report; a written report from the Medical Director; the Access and Crisis Services Quarterly Report; the Utilization Management Quarterly Report and an update on the Schools Success Initiative; all of the reports will be placed on the website. There were no major findings to report to the Full Board. The Medical Director has had to resign; however, there will be no adverse actions to services as the Network will be contracting with a Medical Director.

The Quarterly Pillar report was received we are almost on target and a corrective action plan is in place; the committee reviewed and moved to Full Board for approval Board Actions #21-01; #21-08; #21-13; #21-17; #21-36; #21-38; #21-39; and #21-40. It was noted that M. Moody, Chief Clinical Officer will be joining us fully in November and we are on target for Board Actions and all annual renewals. The last meeting of the Program Compliance Committee will be the month of November and there will be no meeting in the month of December. There was no further discussion.

Recipient Rights Advisory Committee

Mr. Riley, III Chair of the Recipient Rights Advisory Committee (RRAC) gave a verbal report and noted the committee met virtually on September 21st 2020. They had been advised by the State of Michigan that guidelines needed to be developed for meeting remotely. The committee has prepared and is currently reviewing the guidelines and will vote at their next meeting and forward to Full Board and the Bylaw Committee. The Recipient Right trainers registered 1,077 individuals; trained 586; had 420 no shows and 71 cancellations from March through July. The department has requested Providers ensure that individuals that sign up participate in the classes. The department had 590 site reviews to complete; 348 reviews have been completed and 229 reviews are outstanding. There were 86 allegations filed; 18 allegations were found to be outside of the jurisdiction of the Provider; three had no rights involved; there were 65 cases opened and three have been closed with 62 remaining. The semi-annual report was prepared and submitted in June and the tri-annual assessment was submitted in September. Recipient Rights and Substance Use Disorder had their first meeting in June and are working together to address the Recipient Rights complaints filed against Substance Use Disorder Providers. The phone number was given to file a Recipient Rights complaint which is 313-344-9099 x3112. Recipient Rights will receive complaints and forward to Substance Use Disorder for processing. Recipient Right trainers will discuss the duties, challenges, needs and goals for 2021. The following staff was highlighted for outstanding work L. Hicks; S. Proud; J. Frazier; M. Scott; M. Over and Dr. McAllister. The Chair noted a final decision had been rendered from the State and he thanked the legal department for their assistance on this challenging case.

The Chair called for a motion on the reports from the Finance Committee; the Program Compliance Committee; and Recipient Rights Advisory Committee. **It was moved by Ms. Ruth and supported by Mr. Riley, III to accept the reports from the Finance Committee; the Program Compliance Committee and the Recipient Rights Advisory Committee.** There was no further discussion. **Motion carried unanimously.**

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, October 19, 2020. The SUD Board welcomed two new board members Ms. M. Avila and Mr. R. Taylor. There were no board actions to report. D. Owens, Director of SUD reported on 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. The FY21 Provider contract status was reviewed. An update on a new Philanthropic grant for Wayne County Jails was provided and SUD is waiting on a new opioid grant for intervention. The SUD Director provided outcomes on the SAMHSA grant for COVID Emergency. A report was provided on Prevention by Ms. K. Thomas; a Treatment report was provided by Ms. J. Davis and a State Opioid Response (SOR) report was provided by Ms. D. Owens. Mr. Glenn noted that full reports on Prevention, Treatment and SOR were available from Ms. Owens; Ms. Blackshire or Ms. Smith. Discussion ensued regarding the Philanthropic grant for the Jails. The Board requested information be provided on the Philanthropic grant for the jails.

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

AD HOC COMMITTEE REPORTS

Policy/Bylaws Committee

Dr. Taueg, Chair reported the Policy Committee did not meet this month; however, there was one policy, the Board Mail Policy that was presented at the October Full Board meeting that was pulled from consideration after a small error was noted in the Policy. The Board Mail Policy had been deferred until a review with Legal Counsel could take place. The Policy committee was recommending for approval of the Full Board the Board Mail Policy which covers how incoming Board mail would be handled. The Policy had been reformatted and re-edited by the Legal department. The Board Mail Policy is 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 Board Mail Policy, the one recommendation from the Committee being taken as a separate agenda item.** There was no further discussion. **Motion carried unanimously.**

Board Mail Policy (New) - Policy #2020 -023

The Policy/Bylaw Committee Chair, Dr. Taueg noted the committee recommended the new Board Mail Policy for approval of the Full Board. The policy had been referred back to Legal Counsel as a small error was noted. The Policy had some reformatting and some re-edits that were performed by the Legal department. C. Ollie, Deputy Legal Council noted there were no additional changes to report and the policy was ready for approval by the Full Board. The Chair called for a motion on the new Board Mail Policy – Policy #2020-023. **It was moved by Commissioner Killen and supported by Dr. Taylor approval of the new Board Mail Policy – Policy #2020-023.** There was no further discussion. **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 has been focused on determining the impacts of released inmates to the community and ensuring that people are safe. The Council is observing the project with the City of Detroit and Wayne County to determine

if the project can be spread throughout the state. They are also trying to reduce the number of cases of COVID as this is the flu system.

The Wayne County Diversion Council met yesterday. Staff presented information and discussed the CIT training that is occurring throughout the state. There are approximately 1,000 people in the Wayne County Jail which is down from 2,000 people; they have increased the use of tethers; they also discussed the Wayne County Jail Project and the goal is to spread the program throughout Wayne County. There was also discussion regarding the need for a Crisis Center. Some of the team went to Common Ground and toured the center.

The Telehealth Workgroup met to come up with deliverables - many of the kids in Detroit were given computers and internet so that they can continue school on the virtual level. There are still general concerns with the elderly and they also want to make sure the Providers are connected.

Health Plan Integration – the State has cancelled the Specialty Integrated Plan (SIP) program; this is a high priority to make sure the department ensures the PIHP's are a part of the design. The CCBHC's will be a part of the new design and heavily involved. In the past years there has been legislation that has changed the system.

This is the first month that we should receive funding for the FY2021 and it is his hope that it is in line with the predictions of what should be received. It was noted that DWIHN does not have reserves and we cannot afford to have many swings in funding.

We are still looking at the death audit and have not received any decision on this from the State. We have eliminated the 7% rate reduction. The General Fund allows us to do different programs and lowers the need to use Medicaid funds.

The Crisis Center will be an important move for the organization and the community; we are fortunate to have the support provided by the board and we are making modifications to the Milwaukee building for board meetings and future events. Staff is still working effectively remotely and all ELT have met with their teams to ensure that work will continue.

A brief overview of the Healthcare indicators was provided and it was reported that the inpatient cost has gone down which is directly related to COVID-19; the incarceration rate; the homelessness rate and suicide rate is going down; however school trauma has gone up as many students and parents are experiencing some anxiety -this is closely being monitored.

The Chair called for a motion on the President and CEO Report. **It was moved by Ms. Ruth and supported by Mr. Riley, III to accept the President and CEO Report. Discussion ensued regarding the incarceration rates. The motion carried unanimously.**

Board member Riley, III requested and Board Chair Parker agreed that if there is list of providers that accompanies the Board action that it be noted by Administration to so that Board members could abstained if necessary.

XII. UNFINISHED BUSINESS

Staff Recommendations:

- A. **BA# 21-01 (Revised) – Wayne County Jail** – The Vice Chair called for a motion on BA#21-01. **Motion:** It was moved by Dr. Taylor and supported by Mr. Riley, III approval of BA #21-01. This

Board Action 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; Northeast Integrated Health for Detroit Co-Response Team; Team Wellness for Detroit Co-Response Team; and City of Southgate 28th District Court Regional Veterans Treatment Court. There was no further discussion. **The motion carried unanimously.**

- B. **BA# 21-08 (Revised) Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool Vendor Solution – Vital Data Technology, LLC.** The Chair called for a motion on BA#21-08 (Revision) **Motion:** It was moved by Dr. Taylor and supported by Ms. Ruth approval of BA #21-08 (Revised). This Board Action is requesting to enter into a contract with Vital Data Technology 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. There was no further discussion. **The motion carried unanimously.**

NEW BUSINESS

Staff Recommendations:

- A. **BA# 21- 13 – Wayne County CFS, Jails, and Third Circuit Court.** The Chair called for a motion on BA#21-13. **Motion:** It was moved by Commissioner Killeen and supported by Dr. Taueg approval of BA #21-13. This Board action is requesting approval for Detroit Wayne Integrated Health Network (DWIHN) to enter into a one year renewal contract 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. There was discussion regarding the Clinic for Child Study; the program and why the program was important. The Board asked that follow-up on the program and its importance be provided at the Program Compliance Committee meeting in November. **The motion carried unanimously.**
- B. **BA# 21-17 – Multicultural Integration and Veteran’s Navigator -**The Chair called for a motion on Board Action #21-17. **Motion:** It was moved by Dr. Taylor and supported by Ms. Ruth approval of BA #21-17. The Board Action 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 Multicultural Integration vendors were selected through MDHHS to provide services for the “Priority Population” who were identified as high risk. There was no further discussion. **The motion carried unanimously.**
- C. **BA #21-36 – Independent Evaluator for Autism Spectrum Disorder.** The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Ms. Ruth approval of BA#21-36. This Board Action is requesting board approval 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. There was no further discussion. **The motion carried unanimously.**
- D. **BA# 21-37 – Michigan Department of Health and Human Service and Detroit Wayne Integrated Health Network and Community Mental Health Services Program (CMHSP) Grant Agreement.** The Chair called for a motion. **Motion:** It was moved by Mr. Riley, III and supported by Mr. Glenn

approval of BA #21-37. This Board action is requesting approval for the fiscal year ended September 30, 2021 contract between the Michigan Department of Health and Human Services (MDHHS) and the Detroit Wayne Integrated Health Network 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. There was no further discussion. **The motion carried unanimously.**

- E. **BA# 21-38** – Self-Determination Services – Community Living Services. The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Ms. Ruth approval of Board Action #21-38. This Board Action is requesting approval for a one year contract renewal with Community Living Services, Inc. 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. **The motion carried unanimously.**
- F. **BA#21-39** – PIHP: Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network. The Chair called for a motion. **Motion:** It was moved by Dr. Taylor and supported by Mr. Riley, III approval of Board Action #21-39. This Board action is to approve 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), Healthy Michigan Plan (including HRA), Autism Medicaid, SED Waiver, SUD Block Grant and Children’s Waiver. There was no further discussion. **Motion carried unanimously.**
- G. **BA#21-40** – School Success Initiative - The Chair called for a motion. **Motion:** It was moved by Dr. Taueg and supported by Ms. Ruth approval of BA #21-40. This Board Action is requesting approval of a four- 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 months of FY20-21 until a further plan can be developed. **Motion carried with Mr. Riley, III abstaining from Hegira.**
- H. **BA#21-41** –Scripps Media. The Chair called for a motion. **Motion:** It was moved by Commissioner Killeen and supported by Mr. Riley, III approval of Board Action #21-41. Ms. T. Devon reporting. This Board Action is requesting approval of a one-year contract. This contract would provide educational messaging across Scripps Media three TV stations throughout FY 2020-2021. Messages include anti-stigma, suicide prevention, substance use prevention, treatment and recovery and general access to care. There was no further discussion. **Motion carried unanimously.**
- I. **BA#21-42** – Graham Media Group. The Chair called for a motion. **Motion:** It was moved by Commissioner Killeen and supported by Mr. Riley, III to approve Board Action #21-42. Ms. T. Devon reporting. This Board Action is requesting approval of a one year contract. The Communications department would like to enter into a contract with Graham Media Group to

provide educational messaging on its NBC affiliate station, WDIV-TV4. Messages will focus on disability, autism; mental health awareness, suicide prevention, substance use prevention, treatment and recovery and general access to care. There was no further discussion. **Motion carried unanimously.**

J. BA#21-43 – Michigan Municipal Risk Management Authority. The Chair called for a motion and noted that this Board action had been given exigent approval because of the timing. **Motion:** It was moved by Dr. Taueg and supported by Commissioner Killeen approval of Board Action #21-43. Ms. C. Ollie reporting. This Board action 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. MMRMA is a public entity self-insurance pool that provides property and liability coverage to local governmental entities in the state of Michigan. **The motion carried unanimously.**

Mr. Parker, Board Chair left the meeting at this time and Dr. Taylor assumed and continued as Chair of the remainder of the meeting.

PROVIDER PRESENTATION - DEVELOPMENT CENTERS

Ms. Catherine L. Liesman, Ph.D. CEO and Dr. Theadia L. Carey, Medical Director of Development Centers provided a presentation to the Board. A PowerPoint presentation was provided for the record. Ms. Liesman reported on the mission, history and services of Development Centers. She gave an overview of the Behavioral Health Services; Workforce Development; and Early Childhood Programs. She also provided information on the number of persons served and shared individual stories of persons who have successfully used their services. The financials were discussed which included revenue from different sources and their partnerships. Dr. Carey provided an overview of her role and responsibilities along with their training activities; position on equity and their vision. Discussion ensued regarding the number of schools that Development Center participated with and the number of schools with wrap-around services. The Board Vice Chair, Dr. Taylor thanked Drs. Liesman and Carey for their services and for sharing information about Development Centers with the Board.

FOLLOW UP ON ACTION ITEMS

Provide information to the Program Compliance Committee on Board Action #21-13 Wayne County CFS; Jails and Third Circuit Court on the Child Study Program and its importance.

Provide information to the Board Executive Committee on the Substance Use Disorder Philanthropic grant.

GOOD AND WELFARE/PUBLIC COMMENT

The Board Vice Chair, Dr. Taylor, read the Good and Welfare/Public Comment statement. The following individuals addressed the Full Board for Good and Welfare/Public Comment.

Ms. D. Hunt (2078) expressed her concern to the board regarding the relocation of individuals from the St. Louis Facility located in Chelsea, Michigan.

Ms. M. Sampey expressed her concern to the board regarding the relocation of individuals from the St. Louis Facility and noted this was a violation of the individuals rights.

Ms. M. Wysocki expressed her concern to the board regarding the relocation of individuals from the St. Louis Facility and noted there was no information provided as to the reason this was or would occur.

Ms. J. Autley expressed her concern to the board regarding the relocation of individuals from the St. Louis Facility and noted her loved one had a rare genetic disorder and had thrived at this location.

Written comments were also received from individuals after the Full Board meeting had concluded.

ADJOURNMENT

There being no further business, the Vice Chair, Dr. Taylor called for a motion to adjourn. It was moved by Mr. McNamara and second by Mr. Riley, III 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

OCTOBER 7, 2020

1:00 P.M.

**VIRTUAL
CONFERENCE(BLUEJEANS)**

MEETING CALLED BY	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:02 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Commissioner Tim Killeen, Chair – Finance Committee
NOTE TAKER	Lillian M. Blackshire, Board Liaison
ATTENDEES	<p>Finance Committee Members Present: Commissioner Tim Killeen, Chair Mr. McNamara, Vice Chair Ms. Dorothy Burrell Ms. Dora Brown Mr. Angelo Glenn</p> <p>Committee Members Excused: None</p> <p>Board Members Present: Mr. William Riley, III and Dr. Cynthia Taueg;</p> <p>Board Members Excused: None</p> <p>Staff: W. Brooks, CEO; E. Doeh, DCEO/COO; S. Durant, CFO; C. Ollie, Deputy Legal Counsel; B. Blackwell, Chief of Staff; S. Zawisa; M. Singla, CIO; Dhannetta Brown, DCFO; J. Davis; J. Pascaretti and J. Mira;</p> <p>Guests: None</p>

AGENDA TOPICS

II. Roll Call Ms. Lillian Blackshire, Board Liaison

DISCUSSION	Roll Call was taken by Ms. Blackshire and a quorum was present.
<p>III. Committee Member Remarks The Chair, Commissioner Killeen called for any Committee remarks. There were no Committee remarks.</p> <p>IV. Approval of Agenda The Chair, Commissioner Killeen called for any changes to the agenda. There were no changes to the agenda. The Chair called for a motion. Motion: It was moved by Mr. Glenn and supported by Ms. Brown approval of the agenda. Motion carried.</p> <p>V. Follow-up Items: Items Follow-up Item A: Update Operational Efficiency Plan (S. Durant) A written report was provided for the record. The following was reported:</p>	

Substance Use Disorder – Rates for two codes H0023 and T102 were - Peer Directed Services and Recovery Supports respectfully.

Home Help – There were no substantive changes reported for Home Help.

Autism – As a result of the RFP there will be a Board Action presented to the Program Compliance Committee for two providers for assessment services.

Shared Living Arrangements – There were no changes reported; however, discussion ensued regarding the audit recoupment.

Utilization Guidelines - K. Flowers and J. Pascaretti reporting –An overview was provided and it was reported that training has taken place and a number of questions were asked – answers have been posted to the website under frequently asked questions.

Habilitation Waiver –An overview was provided of those that met the requirements and the amount of monies that would be garnered when individuals are placed in the correct categories. Effective July 1, 2020 DWIHN implemented an MDHHS approved incentive payment program for the HSW program. There are two components to the incentive program (1) the T1016 Supports Coordination will receive an enhanced rate and (2) the second component includes a one-time \$1,000 payment of which a minimum of 50% must be shared with the support coordinator, for any new HSW consumer approved by MDHHS. This will allow DWIHN to adhere to the 95% PIHP contractual requirement and reduce the risk of DWIHN losing HSW slots.

Eligibility and Benefits Unit – It was reported the FY2020 Operating Budget included establishing an Eligibility and Benefits unit with three staff whereby the duties would include but not be limited to (1) ensuring consumers are properly enrolled in Medicaid (i.e. DAB); (2) managing the DHS Outstation workers and (3) working with the Provider Network to ensure consumers recertify their Medicaid benefits and reduce lapse in coverage. To date, dual eligible consumers are automatically considered DAB consumers; DWIHN has submitted a list of 520 dual eligible consumers listed on the eligibility file as HMP/TANF to MDHHS. – MDHHS has switched 135 consumers to DAB; 315 consumers were identified with the incorrect insurance – MDHHS has switched over 79 consumers to DAB; and a new list of 925 individuals were identified as potential DAB.

The Chair asked that a chart be added at the end of the Operational Efficiency Report that shows the total amount of dollars saved for each category and a grand total of dollars saved. (Action)

Discussion ensued regarding the Operational Efficiencies list and items that should be removed; it was recommended by the Chair that the discussion be held at the Board Executive Committee meeting and the chart with the summary information be presented at the Full Board meeting. (Action)

VI. Approval of the Meeting Minutes

The Chair called for a motion on the Finance Committee minutes from the meeting of Wednesday, September 2, 2020. **Motion:** It was moved by Ms. Brown and supported by Ms. Burrell approval of the Finance Committee minutes from the meeting of Wednesday, September 2, 2020. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. 3rd Quarter FY19/20 Board Report for Procurements under \$50,000 and all Cooperative Purchasing

J. Mira, Procurement Director reporting. A written document was provided for the record. The report shows Comparative Source and Cooperative Purchases. It was reported that contracts over \$50,000 were not included in the report as procurements were previously approved by the Board via Board Action. The report shows Purchase Orders and Blanket Orders – a Purchase Order is a one-year contract that expires at the end of the fiscal year and a Blanket Order is a multi-year contract. It was reported that 17.40% of contracts were with Wayne County and 82.60% were out Wayne County. A brief discussion ensued regarding the IT contracts. The Chair called for a motion on the 3rd Quarter FY19/20 Board Report for Procurements under \$50,000 and Cooperative Purchasing. **Motion:** It was moved by Ms. Brown and supported by Mr. McNamara to Receive and File the 3rd Quarter FY 19/20 Board Report for Procurements under \$50,000 and all Cooperative Purchasing. **Motion carried.**

VIII. Strategic Plan Pillars – Finance/IT/Workforce

D. Brown, DCFO reported on the Finance Pillar. A written document was provided for the record. The Finance Pillar is under the direction of S. Durant, CFO. It was reported that Finance has three high-level goals and overall Finance is at 33% completion on this Pillar. The goals range from 9% to 68% completion. The three high level goals are Ensure Facilities Management by December 31st 2019 which is at 68%; ensure fiscal accountability internally and of partners – 100% by December 31st, 2021 which is at 0% and maximize efficiencies/control costs by December 31, 2021 which is at 31%. An overview of the sub goals under each Pillar was provided. Discussion ensued regarding the Risk assessment tool. The Chair asked when a discussion regarding the tool would take place with the Board – E. Doeh noted the tool came from the Program Compliance Committee and that the tool would be implemented throughout the Network. The Committee Chair requested that a discussion be held with the Finance Committee regarding the tool so that the committee has a working knowledge of the risk assessment tool. A report on the Risk Assessment Tool is to be provided at the January Finance Committee meeting (Action).

Workforce Pillar – B. Blackwell, Chief of Staff, Workforce Pillar Lead and Andrea Smith, Director of Workforce Development reported. A written document was provided for the record. It was reported the Workforce Pillar has two high-level organizational goals – Create a Happy, Healthy and Engaged Workforce and secondly to Create a Learning Health System; overall the Workforce Pillar is at 48% completion. The goals range from 25% to 54% completion. An overview of each of the sub goals was provided. An overview of the trainings and process of moving platforms to virtual meetings was discussed. They have also developed methods for providing continuing Professional development courses to individuals.

IT Pillar – M. Singla, CIO and IT Lead reported. A written document was provided for the record. It was reported the IT Pillar has fourteen high-level goals and is at 73% completion. An overview of each of the sub goals was provided. Key initiatives being addressed are in developing and implementing an automated provider score, and collaborating with Finance in developing a financial forecasting model. IT has been working diligently to develop a system to track over/underutilization and is focused on achieving our aim on our TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year.

The Chair called for a motion to accept the Strategic Plan – Finance/IT/Workforce Pillars **Motion:** It was moved by Ms. Brown and supported by Mr. McNamara to accept the Strategic Plan Finance/IT/Workforce Pillars. **Motion carried.**

IX. Presentation of the Monthly Finance Report

S. Durant, CFO presented the Monthly Finance report. A written report was provided for the record for the eleven months ended August 31, 2020 which noted the Network Finance accomplishments and noteworthy items and financial statements.

1. Per MDHHS mandate, effective October 1, 2020 Community Living Supports (H0043 per diem) is longer in use and services must be transitioned to H2015 (15 minutes). This is a significant change and will result in a reduction in revenue to residential providers in unlicensed homes. The reduction is due to the MDHHS model requiring PIHP's to take into consideration the shared living concept, which is valid and necessary. However, the model does not take into consideration the acuity of the consumer (number of staff persons), which is not valid and a concern. DWIHN is developing a 90 days interim approach to ensure providers are not negatively impacted while we address the valid concerns yet adhere to MDHHS mandates. The CFO noted there will be a working session with Providers to address the valid concerns.
2. Finance will begin its year end closing process. As a result, CFO will not report the September 30, 2020 financial statement at the November meeting. Consistent with the past, the September 30, 2020 audited statements will be presented on/around April 2021.
3. DWIHN leaders will be developing a provider stability plan for approximately 26 autism, skill building and supportive employment providers as they have been disproportionately affected by the pandemic due to their inability to provide telehealth services. DWIHN has notified the providers and requested specific information to evaluate their need. In January 2021, CFO will be in a better position to estimate the unspent Medicaid revenue available to allocate for these purposes. (Refer to the attachment for financial impact in various lines of business). Telehealth provided most lines of business the opportunity to sustain operations. S. Zawisa provided a written document on Telehealth Trends and gave a comparison of the non-telehealth services to telehealth services. The report showed that some services were not able to pivot to Telehealth which has impacted Providers and there is a difference in some programs being able to transfer to Telehealth. Discussion ensued regarding the Stability Plan and the efficacy of evaluating Telehealth.
4. DWIHN identified approximately 8,000 consumers that (1) had a LOCUS level of 1 and 2 (mild to moderate); and (2) had no LOCUS level in the system. Similar to the process in October 2017, DWIHN will disenroll all consumers with no LOCUS and mild to moderate consumers and notify their respective health plans, if applicable. The COO and CCO is working with departments to develop a process to ensure DWIHN serves the consumers we are responsible for serving in accordance with our PIHP contract with the MDHHS.
5. DWIHN received the July 1 – September 30, 2020 \$2.00/hr. Direct Care Worker (DCW) increase on September 24, 2020. DWIHN has requested all services shall be billed in MHWIN by October 9; payments to the provider should be made by the end of October. DWIHN will reimburse providers based on hours billed in MHWIN; MDHHS has yet to clarify hours worked verses billed. In an effort to pay providers, DWIHN will follow the same method as prior distribution which is the same as other PIHP's.
6. MDHHS has yet to respond to the letter sent on July 20, 2020 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.

7. MDHHS has yet to respond to the letter sent in February 2020 (follow up letter in July 2020) requesting to cost settle FY18 and FY19 Autism program.
8. MDHHS continues to put death recoupment on hold until further notice. Detroit Wayne owes \$8 million to MDHHS which includes the January 2020 recoupment at \$900,000. The recoupment has been reported in the financial statements.

Discussion ensued on the Financial statements. CFO Durant reported on and discussed the cash and investments; the IBNR Payable which represented incurred by not reported claims from the provider network; the cash flow statements; the balance sheet; and statement of revenues.

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.**

X. Unfinished Business – Staff Recommendations: None

XI. New Business – Staff Recommendations:

a. **BA #21- 37** Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network and Community Mental Health Service Programs (CMHSP) (Grant agreement) C. Ollie, Deputy Corporate Counsel reported. This contract is for CMHSP and is for approval to approve the execution of the agreement which is the General Fund dollars. This CMHSP controls our service programs where there may be a shortfall of Medicaid dollars The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Ms. Brown to move Board Action #21-37 to Full Board for approval. **Motion carried unanimously.**

b. **BA #21-41** – Scripps Media, Inc. T. Devon, Director of Communications reporting. This Board action is requesting approval of a one-year contract for an amount not to exceed \$50,000. This Board action will allow DWIHN to continue media efforts regarding mental Health services. The Chair called for a motion. **Motion:** It was moved by Ms. Brown and supported by Mr. McNamara to move Board action #21-41 to Full Board for approval. There was no further discussion. **Motion carried unanimously.**

c. **BA #21-42** – Graham Media- WDIV -TV 4 T. Devon, Director of Communications reporting. This Board action is requesting approval of a one-year contract for a not to exceed amount of \$50,000. Services provided will include education messaging and will focus on disability, autism and mental health awareness. The Chair called for a motion. **Motion:** It was moved by Ms. Brown and supported by Mr. McNamara to move Board action #21-42 to to Full Board for approval. **Motion carried unanimously.**

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

There were no members of the public to address the committee verbally and there were no written comments.

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

The meeting adjourned at 2:59 p.m.

FOLLOW-UP ITEMS	<p>A. Update the Operational Efficiency Plan with a chart that shows the total amount of dollars saved for each category and a grand total of overall dollars saved. (S. Durant)</p> <p>B. Place Operational Efficiency Plan on Board Executive Committee agenda under Finance Report to discuss items that can be removed from Efficiency Plan report. Requested chart to be presented at Full Board meeting.</p> <p>C. Provide a report on the Risk Assessment Tool at the January Finance Committee meeting.</p>

PROGRAM COMPLIANCE COMMITTEE

MINUTES

OCTOBER 14, 2020

1:06 P.M.

VIRTUAL MEETING

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

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	The Chair called for a moment of silence.
CONCLUSIONS	Moment of silence was taken. The Chair wanted to support and acknowledge the families of the Pershing High School students who were in a car accident on the way home from work yesterday morning. There was one fatality and the other two are in critical condition.

III. Roll Call

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

IV. Approval of the Agenda

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

DISCUSSION/ CONCLUSIONS	<p>A. 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 – Completed and on target</p> <p>B. Third quarter report (April-June) on the Children’s Initiative School-Based program to be sent to board members – Crystal Palmer – Mrs. Palmer reported that during FY 19/20, 8,182 students received services for all 3-Tier Levels. Specifically, in quarter 3, 982 unique students were served. A total of 3,967 services were delivered; Tier 1 – 409; Tier 2 – 1,237, and Tier 3 – 2,321. The services included case management, classroom observation (only 1), consultation, crisis intervention, family therapy, individual therapy, psychoeducation therapy.</p> <p>C. SUD quarterly report to be sent to board members – Darlene Owens – COMPLETED</p> <p>D. Provide Program Compliance Committee with follow-up on the bed bug infestation – April Siebert – Ms. Siebert reported that the bed bug infestation has been resolved and will provide supported documentation to the committee.</p>
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VI. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the August 12, 2020 and September 9, 2020 meeting minutes. Motion: It was moved by Dr. Tauog and supported by Chief Riley to approve the August 12, 2020 and September 9, 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. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Corporate Compliance Report - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> 1. Telehealth and Public Facing Platforms – A number of telehealth providers reported using public-facing remote communication products (Tik Tok, Facebook Live, Twitch, or a public chat room) to provide telehealth. The U.S. Dept. of Health and Human Services, Office of Civil Rights (OCR), the enforcement agency for HIPAA violations has identified those formats in a notification as unacceptable forms of remote communication for telehealth. DWIHN is instructing all telehealth providers currently using public-facing platforms to provide telehealth to transition to the use of a non-public facing remote communication product on or before November 16, 2020. Non-public facing remote communication products are Apple Face Time, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, Zoom or Skype. 2. Internal Audit Function for 2020-2021 – Corporate Compliance is preparing a list of proposed compliance objectives to present to the Compliance Committee. This is to implement an internal audit function to review compliance with business procedures that correspond to NCQA standards. Corporate Compliance and Quality Improvement will monitor the practice of telehealth through the network. 3. Number of Opened cases with the OIG – There are more than 10 open matters with the OIG. The results have been submitted to the OIG, but they
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have not yet closed the cases. They will be seeking to close those matters in the next quarter with follow-up information from DWIHN if any is required.

4. **Quarter 3 report to the OIG** - The report was submitted to the OIG in a timely manner and was accepted without comment. Discussion ensued. Dr. Taylor opened the floor for further discussion. There was no discussion.
- B. **Medical Director's Report** - Dr. Margaret Hudson-Collins, Medical Director submitted her written Medical Director's report. Willie Brooks, CEO, informed the committee that Dr. Margaret Hudson-Collins has resigned as the Medical Director for DWIHN. Dr. Hudson-Collins' last day as the Medical Director will be October 30, 2020. DWIHN are looking to fill the position soon.
- C. **Access and Crisis Services' Quarterly Report** - Jacquelyn Davis, Director of Access and Crisis Services submitted and gave highlights on the Access and Crisis Services' Quarterly report. Ms. Davis reported that since August, the hospital liaison staff and COPE mobile intervention teams have resumed face-to-face visits at most hospitals. Meetings have been established with the CRSP providers to provide technical assistance on how to enter crisis alerts and develop plans to address individual needs and make an impact on recidivism. DWIHN is in the process of implementing the transition plan to provide Access Call Center services internally. Ms. Davis also informed the committee of areas of concerns and the plans for FY 20/21 (Q1). Dr. Taylor opened the floor for discussion. There was no discussion.
- D. **Utilization Management's Quarterly Report** - John Pascaretti, Director of Utilization Management submitted and gave highlights on the Utilization Management's quarterly report. There are 1,084 slots assigned to DWIHN and 95.4% of those slots are filled for the Habilitation Supports Waiver. Mr. Pascaretti reported on the authorization requests, admissions and screenings for the following programs - Autism; Evidence Based Supported Employment; County of Financial Responsibility (COFR); General Fund; Provider Network Hospital admissions; MI-Health Link; State Facilities, MCG; and SUD. There were 26 denials for Denials/Appeals throughout Q4, which is a 400% increase from Q3. All denials did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services. Utilization Management's staff is preparing for the upcoming NCQA "Mock Review" (10/16-10/30/2020). Discussion ensued.
- E. **School Success Initiative's Report** - Eric Doeh, Deputy CEO/COO submitted and gave highlights of the School Success Initiative's Report. Ebony Reynolds, Clinical Officer of Clinical Practice Improvement reported that DWIHN staff met with eleven (11) CMH providers for the School Success Initiative on Friday, September 25, 2020 to discuss the redesign of Children's Services. Staff will continue to collaborate with the CMH providers to enhance children's services to ensure the four identified risks (depression/anxiety; bullying; dating violence; and suicide) are being addressed. Eric Doeh, Deputy CEO/COO reported that DWIHN's and CMH's clinical team will develop four mental health prevention training modules to address the identifiable risks. There will be three versions of the identifiable risks to accommodate the unique developmental needs of the elementary, middle and high school populations. A pre/post test will be developed county-wide using a survey platform and everything will be linked back to the Strategic Plan. The providers will only receive funding for the first four months (October 2020-January 2021) in order to continue to serve students currently in identified schools. DWIHN will evaluate the progress, performance, and create a more cohesive plan to ensure accessibility to services to more children, youth and their families within the Wayne County system during these four months. A recommendation will be

	<p>made on how to allocate the remaining funds for the remainder of the fiscal year once this is developed. A timeline for this initiative was included in the report. 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; Access and Crisis Services and Utilization Management's Quarterly reports and the School Success Initiative's update. Motion: It was moved by Dr. Tauveg and supported by Chief Riley to accept the Corporate Compliance and Medical Director's reports; Access and Crisis Services' quarterly reports and the School Success Initiatives' update. Motion carried.</p>
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VIII. Quality Review(s) - None

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Strategic Plan-Quality Pillar – April Siebert, Director of Quality Improvement submitted and gave highlights on the Strategic Plan-Quality Pillar Report. Ms. Siebert reported that the goal of the Quality Pillar is to improve the quality in safety and clinical care services provided to our clients. There are four high level organizational goals under the Quality Pillar. They range from 43%-95%. Since the last reporting cycle in July, there has been a 16% increase for the Quality Pillar bringing the overall percentage from 45% to 65% completion. There are 17 sub-goals under this pillar with an overall goal completion of 55%. The Chair called for a motion to accept the Quality Improvement's Quarterly report. Motion: It was moved by Dr. Tauveg and supported by Chief Riley to accept the Strategic Plan-Quality Pillar report. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p>
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IX. Chief Clinical Officer's (CCO) Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Kimberly Flowers, Provider Network Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer's report in the absence of Melissa Moody, Chief Clinical Officer. Ms. Flowers reported that:</p> <ol style="list-style-type: none"> 1. COVID-19 and Inpatient Psychiatric Hospitalization – Hospitalization data shows an increase in admissions for the month of September by 2.5%. No reported cases of COVID-19 patients. 2. COVID-19 Intensive Crisis Stabilization Services – COPE had a 10% increase for the month of September – 216 served; and Team Wellness had a 24% increase for the month of September – 42 served. 3. COVID-19 Pre-Placement Housing – There were no admissions for Forever Care Home for the month of September; and four admissions for the Detroit Family Homes for the month of September. 4. Residential Department Report of COVID-19 Impact – From 3/30/20 to 9/30/20, 169 positive cases were reported and 34 reported deaths. Total number of cases in residential placement increased by three and number of deaths increased by one since the last report. 5. COVID-19 Recovery Housing/Recovery Support Services – There were 29 clients served through September 30th for Quality Behavioral Health and six (6) served for the Detroit Rescue Mission Ministries (DRMM). 6. COVID-19 Urgent Behavioral Health Urgent Care Sites – There were six (6) adults served in September for Community Care Services; 17 adults served in
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	<p>Northeast Integrated Health; and 13 youths served for The Children’s Center. There was a decrease in admissions and no COVID positive cases for the month of September.</p> <p>7. COVID-19 Testing, Tracing and Reporting – DWIHN collaborated with the City of Detroit Health Department and the Wayne County Health Department to provide COVID-19 testing for persons served in residential or community living arrangements, as well as staff.</p> <p>Discussion ensued. The Chair called for a motion to accept the Chief Clinical Officer’s report. Motion: It was moved by Dr. Taueg and supported by Chief Riley to accept the Chief Clinical Officer’s Report. Dr. Taylor opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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X. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-01 (Revised) – Wayne County Jail Diversion– The Chair called for a motion on BA #21-01 (Revised). Motion: It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-01 to Full Board for approval. Staff requesting a continuing and modified contract with the providers listed in the board action for the jail diversion program. Dr. Taylor opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>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 – The Chair called for a motion on BA #21-08 (Revised). Staff requesting board approval to amend the contract with Vital Data Technology to add the Care Coordination platform. Motion: It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-08 (Revised) to Full Board for approval. Staff is requesting approval to amend the contract with Vital Data Technology to add the Care Coordination platform. This platform will support DWIHN’s pilot projects with Medicaid Health Plans and enable DWIHN to perform Care Coordination activities more efficiently. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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XI. New Business: Staff Recommendation(s) -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-13 – Wayne County CFS, Jails and Third Circuit Court – Wayne County – The Chair called for a motion on BA #21-13. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-13 to Full Board for approval. Staff requesting board approval to enter into a one-year renewal contract with Wayne County Third Circuit Court-Clinic for Child Study, Wayne County Department of Health Human and Veteran’s Services and Wayne County Jail. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA# 21-17 – Multicultural Integration and Veteran’s Navigator – <i>Provider list included in Board Action</i> - The Chair called for a motion on BA #21-17. Motion: It was moved by Dr. Taueg and supported by Chief Riley to move BA #21-17 to Full Board for approval. Staff requesting board approval of the revised contract with the Association of Chinese Americans to increase the</p>
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	<p>amount to \$19,625.00 from \$12,000.00 in General Fund. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA# 21-36 – Independent Evaluator for Autism Spectrum Disorder – The Children’s Center - The Chair called for a motion on BA #21-36. Motion: It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-36 to Full Board for approval. Staff requesting board approval for a two-year period, including a two-year renewal option to perform the Autism assessments. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>D. BA# 21-38 – Self-Determination Services – Community Living Services (CLS) – The Chair called for a motion on BA #21-38. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-38 to Full Board for approval. Staff is requesting approval for a one-year contract renewal with CLS for continued implementation of the Self-Determination initiatives and provision of a comprehensive Wayne County wide direct care training for FYs 2020/21 (October 1, 2020 through September 30, 2021). Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>E. BA# 21-39 – PIHP Contract – Michigan Department of Health and Human Services (MDHHS) - The Chair called for a motion on BA #21-39. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-39 to Full Board for approval. Staff request approval for 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 2020/21. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>F. BA# 21-40 – School Success Initiatives – Arab-American and Chaldean Council - The Chair called for a motion on BA #21-40. Motion: It was moved by Dr. Tauieg and supported by Chief Riley to move BA #21-40 to Full Board for approval. Staff is requesting approval of one-year contract for the School Success Initiative with the providers listed in the board action. Dr. Taylor opened the floor for discussion. Discussion ensued. The committee requested that staff make language changes and dollar amounts in BA #21-40 and bring before the Executive Committee next Monday for review and approval. (Action) The Chair called for a motion to bring BA #21-40 before the Executive Committee for further discussion and approval. Motion: It was moved Dr. Tauieg and supported by Mrs. Ruth to bring BA #21-40 with the recommended changes before the Executive Committee for further discussion and approval. Motion carried.</p>
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XII. Good and Welfare/Public Comment

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair asked if there were any Good and Welfare/Public Comment. Lillian Blackshire, Board Liaison informed everyone that the next month’s Program Compliance Committee meeting will be held on Thursday, November 12, 2020 due to Veteran’s Day being on Wednesday, November 11, 2020 in which the office will be closed.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. New Business: BA #21-40 School Success Initiatives - Make language changes and dollar amounts in BA #21-40 and bring before the Executive Committee next Monday for review and approval	Ebony Reynolds	Executive Committee October 19, 2020

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

ADJOURNED: 2:53 p.m.

NEXT MEETING: Thursday, November 12, 2020 at 1:00 p.m. (*Virtual Meeting*)

Over the years, Detroit Wayne Integrated Health Network (DWIHN) has worked in partnership with the Third Circuit Court – Clinic for Child Study (Clinic) to ensure children, youth and families who are involved or are at-risk of being involved in the Juvenile Justice System have access to services. In years past, the Clinic has provided intensive outpatient mental health services to children with a Serious Emotional Disturbance and their families that 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. These services included the following:

- Face-to-face psychiatry or psychiatry via telemedicine to conduct Psychiatric evaluations, medication monitoring and medication review
- Individual, group and family therapy
- Crisis intervention
- Linking, coordinating and monitoring of services
- Sexual Awareness Information and Treatment
- Assessment and treatment for families involved in protective hearings
- Trauma-Focused Treatment

While the majority of these services have been provided as the standardized fee for service model for the other Community Mental Health (CMH) Agencies, the Clinic was still providing the service through a different funding model. During Fiscal Year 2017-2018, in order to ensure DWIHN was maximizing Medicaid funding, we began to review the funding model and services provided through the Clinic. It was determined that the Clinic was indeed providing standard services as other CMH agencies; therefore, the Clinic would move to the standard fee for service model.

During this transition, Wayne County, both the Clinic and the Department of Health, Human and Veteran's Services, evaluated programs that were being offered to the Juvenile Justice population in order to reduce duplicative services. After a thorough evaluation with outside stakeholders, it was determined that the Clinic would no longer provide traditional outpatient services but instead would only provide assessment services (pre-dispositional assessments including psychological testing/social history/GAINS) per the request of the court. In addition to providing only assessment services, DWIHN requested that the Clinic continue to provide the Sexual Awareness Information and Treatment because there isn't another program that offers this specialized treatment to all youth in Wayne County. This transition of services officially occurred June 8, 2020.

During Fiscal Year 2019-2020, the Clinic provided both set of services and served the following number of children and youth:

- 1st Quarter: 305
- 2nd Quarter: 177
- 3rd Quarter: 119
- 4th Quarter: 114
- FY total: 490



**Detroit Wayne
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Angelo Glenn, Chair

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

November 2020 Report

The SUD Board meeting was held Monday November 9, 2020.

Agenda Items Presented:

Board Action Items: 21-06

SUD Provider Contracts

The SUD Department requested \$295,000 in PA-2 funding for Prevention, Treatment, and Recovery providers contracts for fiscal year 2021.

Abundant Recovery: \$77,000.
Detroit Recovery Project: \$20,000.
Growth Works: \$138,000.
Hegira Health: \$50,000.
Personalized Nursing: \$10,000.
Total: \$295,000.

This board action was approved

Board Action: 21-07

National Council on Alcoholism and Drug Dependence (NCADD)

The SUD Department requested an additional \$70,000 in PA 2 funds for for the National Council on Alcoholism and Drug Dependence (NCADD) to service the Latin community in Southwest Detroit and provide after-school and multi-cultural children of excellence summer programs; ESL Classes; Translation Services for Spanish, Arabic and Maltese; collaboration with 36th District Court Substance Abuse services, outreach for the Calumet Juvenile Justice Center, along with advocacy and outreach for DHS and Military Veteran Outreach Services. NCADD will complete the monthly Michigan Prevention Data System activities, evaluation outcomes and sustainability

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efforts. NCADD will target youth ages 5 to 18 with educational messages through curriculums, websites, interpretive, and virtual services. **This board action was approved**

Highlights

Director's Report:

1. DWIHN received a new grant for Partnership for Success for the Empowerment Zone. The grant is for \$63,000.
2. DWIHN received a philanthropic grant from the Community Foundation of Southeast Michigan for an opioid intervention for two Wayne County jails. Inmates leaving out of jail with an Opioid Use Disorder will be transported to treatment services based on a 24 hours service model.

The following entities are a part of this grant:

Wayne State University will be providing facilitation and evaluation services of this grant for \$28,000 and the designated FQHC, Wayne County Healthy Communities, will provide Wayne County Jails inmates the initial question of the Rapid Opioid Dependence Screen (RODS), conduct COVID testing and tracing for \$30,000 for 6 months using a Disease Intervention Specialist (DIS). The DIS will provide authorization of release to DWIHN's Mobile Unit Providers: Quality Behavioral (QBH) or Abundant Community Recovery Services (ACRS) with \$43,000 per provider. QBH and ACRS will provide mobile services, MAT, OP, referral, and transportation services. DWIHN admin cost is \$7,984.

The total amount of this grant is \$151,984. There is a possibility for additional funding.

3. SUD wrote on a HIDTA Grant from the University of Baltimore entitled: Combating Opioid Overdose through Community-Level Intervention (COOCLI), uploaded October 30th for \$300,000. The focus of this grant is to support and promote the partnership of law enforcement and public health agencies, whose collaboration is critical in identifying areas that need assistance in evaluating and preventing overdose and other harms of opioid (mis) use.

DWIHN will provide the following services for the proposed project utilizing our mobile units: 1. Reduce the number of overdose deaths caused by opioid usage; 2. Engage persons at risk for opioid overdose; 3. Refer persons for primary medical care and ancillary services; 4. Train and distribute Naloxone kits within our target populations. 5. Provide on-demand outpatient and relapse recovery services. 6. To provide needle exchange services. 7. To increase accessibility to SUD services.

The SUD Director highlighted SUD Year-end Report for Fiscal Year 20.

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Willie F. Brown, Jr., President and CEO





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FY 2020-2021 RESOLUTION NUMBER 1

RESOLUTION TO AMEND, RESTATE AND RATIFY THE BYLAWS

WHEREAS, the Detroit Wayne Integrated Health Network (“DWIHN”) Board of Directors (the “Board”) desires to amend Article V, Section 3 and Article VII, Section 3 of the DWIHN Bylaws to allow the Board Chairperson to serve as a voting *ex-officio* member of all committees and be counted for quorum purposes;

WHEREAS, in accordance with Article XII of the Bylaws, the proposed amendment was submitted to the Policy Committee for review and recommendation constituting notice to the Board;

WHEREAS, in accordance with Article XII, the Policy Committee has reported to the Board and recommends that the Board approve an amendment to the Bylaws;

WHEREAS, the Board has discussed and reviewed the proposed amendment and, based on its review of all relevant factors, the Board deems it is in the best interest of DWIHN to amend, restate, and ratify the DWIHN Bylaws; and

WHEREAS, in accordance with Article XII, the Board approved the amendment to the Bylaws by Supermajority vote.

NOW, THEREFORE, BE IT RESOLVED that the terms and provisions of the DWIHN Bylaws are hereby amended; restated and ratified such that Article V, Section 3 and Article VII, Section 3 shall read as follows:

Article V, Section 3 – Chairperson

“The Chairperson shall, in general, supervise the affairs of the Board. The Chairperson will preside at all meetings of the Board; appoint the chairperson, vice chairperson, and membership of all standing committees and special committees; call meetings of the Board in accordance with these Bylaws and all applicable law and serves as a voting *ex officio* member of all committees and count for quorum purposes. The Chairperson shall execute the contracts between the Board and the State of Michigan for or on behalf of the Board; and, in general, the Chairperson shall perform all duties incident to the office of Chairperson and such other duties as may be prescribed by the Board from time to time.”

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Article VII, Section 3 – Appointment to Committees

“Members of each committee, with exception of the Recipient Rights Advisory Committee, shall all be members of the Board. The Chairperson of the Board shall appoint the members of each Committee. Any members of a committee may be removed by the Board whenever in the Board’s judgment the best interests of the Network shall be served by such removal. The Chairperson of the Board shall serve as a voting *ex officio* member of each committee and shall be counted for quorum purposes.

Appointments to the Executive Committee shall be governed by the provisions of Article V, Section 7. Appointment to the Recipient Rights Advisory Committee shall be governed by the provisions for Section 1.1 (c) of this Article VII. Any Board member may attend any Board committee meeting and participate in discussions; however, a Board member who is not an appointed committee member will not have the right to vote on committee matters and will not be counted for quorum purposes.”

I HEREBY CERTIFY that the foregoing Resolution was adopted on November 18, 2020, by the Board of the Detroit Wayne Integrated Health Network.

Bernard Parker, Chair

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**Board of Director's Report
Willie E. Brooks, Jr.
November 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 is focused on partnerships with Mental Health Agencies and Law Enforcement Agencies.

The following communication was published in support of partnerships:



For Immediate Release

Contact: Brenda Duong with Lambert
Bduong@lambert.com; 517-599-1360

Michigan’s Mental Health System, Law Enforcement Agencies, Call on Policymakers to Invest in Existing Mental Health and Public Safety Partnerships

LANSING, Mich. – November 5, 2020 – Amid continued conversations on racial justice and meaningful support for minority communities, Michigan’s law enforcement and mental health organizations are calling on policymakers to invest in existing, proven state public health and safety programs. In a [joint statement](#) issued today to all of Michigan’s elected officials and policy makers, the organizations highlighted best-practices and longstanding partnerships that merit more attention and more funding.

The letter is signed by the Michigan Sheriffs’ Association, the Michigan Association of Chiefs of Police, the Michigan Commission on Law Enforcement Standards, the Prosecuting Attorneys Association of Michigan and the Community Mental Health Association of Michigan. It outlines the vital and productive partnerships between mental health professionals and law enforcement—partnerships that have existed for years but without truly sufficient policy engagement and funding from lawmakers and other leaders.

The mission of law enforcement officers is to preserve peace, address criminal activity and protect the constitutional rights of all citizens while ensuring safe communities. However, law enforcement has been called to address several growing mental health challenges—homelessness, engaging and assessing persons with mental health challenges, resolving domestic disputes, and assisting persons with substance use disorders—that go far beyond law enforcement capacity and training.

“Today’s extensive range of community needs burdens law enforcement with an ever-growing and unfair list of expectations. These expectations far exceed their core responsibilities,” said Robert Sheehan, CEO of the CMHA. “By recognizing and fully funding the partnerships of local mental health and law enforcement professionals in communities across the state, Michigan has the ability to lead the nation in addressing these fundamental issues. We have an opportunity to build on critical partnerships and programs whose promise has been repeatedly undercut by underfunding. It’s time for leaders to take a closer look at what is working and invest in proven approaches to public safety and mental health services.”

Existing initiatives between mental health professionals, law enforcement professionals, prosecuting attorneys and community mental health systems throughout Michigan include:

- More than 50 mobile mental health crisis teams with skilled clinicians, or persons with lived mental health experiences, working in tandem with law enforcement agencies
- Co-responder initiatives—skilled clinicians from the community mental health system participating in local road patrols for immediate and community crises response
- Advanced training for law enforcement and medical personnel on how to recognize and interact with persons facing mental health challenges (tactics covering verbal de-escalation, crisis intervention training for adults and youth, responding to mental health emergencies)—endorsed by the Michigan Mental Health Diversion Council
- Mental health and substance use disorder courts, sobriety courts, in-jail mental health and reentry programs

These initiatives use nationally recognized evidence-based practices and aim to build effective community partnerships while encouraging public safety, mental health support and crisis prevention. The intersection of law enforcement and mental health is now at the forefront of public discussion. To read the joint letter, please visit CMHAM.org.

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 looking at methods of alternative settings for individuals with mental illness.

Wayne County currently have 842 inmates, down from +1400 pre-COVID-19.

DPD currently has plans to train 20% of police responders in Crisis Intervention training (CIT) by the end of 2021. DWIHN funds four (4) training sessions per year.

The group discussed the new jail being built with a capacity for over 2000 beds and whether there was any conversation at the county about re-appropriating the beds.

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 SIP's, including public behavioral systems, providers, hospitals, and other care entities. SIP's 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. The October payments are in line with projected amounts.

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
- All staff and security Are being tested on regular intervals.
- DWIHN is continuously reviewing building policies in light of current COVID-19 situations.

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 is currently occurring
- Constant evaluating mobile staff and internal staff requirements
- Establishing a functional onsite work force
- Review processes learned from offsite processing.
- 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

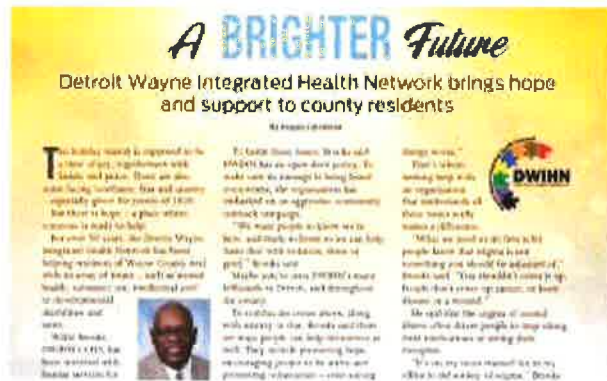
Provider Contracting

DWIHN is working out the details and transition of the SUD provider network changes. 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 for FY 2022.

Communications

In the Media

Today Magazine which is distributed in 15 cities reached out to DWIHN President/CEO Willie Brooks for an interview about mental health and coping during the COVID pandemic. The article will run in the Van Buren issue of Today Magazine as well as in other cities including Allen Park, Livonia, Woodhaven, Northville and Taylor, reaching more than 116,000 households. It will also be posted on the DWIHN website and social media.



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. The latest stories in the Latino Press and Hamtramck Review focus on DWIHN partner, Southwest Solutions and its Parent Support Partners.

8 WELLNESS 6321 Michigan Ave. Detroit www.inallinc

Parents Need Support During These Times

COVID-19 has impacted education and families around the world forcing many working parents to rise before school, home-schooling teachers. Parent support is crucial now more than ever, especially for those parents whose children may have an intellectual or developmental disability, such as autism, cerebral palsy, down syndrome, multiple disabilities, etc.

Southwest Counseling Solutions, one of 400 Providers to the Detroit Wayne Integrated Health Network (DWIHN) offers the Parent Support Partner (PSP) service to parents of children receiving mental health services with SED/ID, including autism, in the public mental health system.

- Facilitating access to services
- Providing a variety of credible information
- Demonstrating effective communication & collaboration
- Assisting with systems navigation
- Offering individuality with families whose children are receiving community-based health services and who need additional supports and strategies to partner with service providers
- Building and nurturing relationships with the family

Other Voices: Guest Editorial

Parents need support during these trying times

COVID-19 has impacted education and families around the world forcing many working parents to rise before school, home-schooling teachers. Parent support is crucial now more than ever, especially for those parents whose children may have an intellectual or developmental disability, such as autism, cerebral palsy, down syndrome, cerebral palsy, etc.

Southwest Counseling Solutions, one of 400 Providers to the Detroit Wayne Integrated Health Network (DWIHN) offers the Parent Support Partner (PSP) service to parents of children receiving mental health services with SED/ID, including autism, in the public mental health system.

- Facilitating access to services
- Providing a variety of credible information
- Demonstrating effective communication & collaboration
- Assisting with systems navigation
- Working individually with families whose children are receiving community-based health services and who need additional supports and strategies to partner with service providers

SUD Campaign -The SUD Oversight Policy Board approved a Board resolution where funds would be distributed across six different media during FY 20-21. These partnerships are with: Fox 2, iHeart Radio, Ask the Messengers, MEA-TV, Latino Press and the Michigan Chronicle. Opioid use messaging on Fox News over-delivered, with 45 spots and over 1,290,200 impressions and 16 spots ran at no charge. Three of these bonus spots aired on the 10:00 pm news, which is a value of \$6,000 by themselves! In total, it cost DWIHN less than \$4 to reach 1,000 people, which is an incredible value.



The iHeart media campaign delivered in several different cities with a digital social media campaign as well as on air message. This campaign included 50,000 social media impressions in Detroit, Dearborn, Lincoln Park, Redford and Wyandotte.

Weekly schedule
7/8 -8/2 (4-week campaign)

Day/Time	Length	Value/Spot
M-F 4am-6am	30	\$4
M-F 6am-8am	30	\$4 (no charge)
Sat-Sun 10am-12pm	30	\$5
M-F 10am-12pm	30	\$4 (no charge)
M-F 12pm-2pm	30	\$4 (no charge)
M-F 2pm-4pm	30	\$4 (no charge)
M-F 4pm-6pm	30	\$4 (no charge)
Weekend Total		45

CAMPAIGN SUMMARY

STATION	TOTAL SPOTS	INVESTMENT
M-F WALK	140	\$4,200
TOTALS	140	\$4,200

*This report is based on actual program spots and does not include any pre-empted spots. All advertising spots are subject to change without notice. ©2020 DWIHN. All rights reserved.

Two spots run per show during the Sunday morning Ask the Messengers show shown on YouTube and social media. Eight (8) DWIHN spots that aired in October. All messages were related to substance use. This partnership is for 52 weeks.



OutFront Media – 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 – DWIHN began a new partnership with EqualSign Partners. EqualSign Partners is a Detroit-based social media management company. The top performing posts for October were the interview WXYZ-TV reporter Simon Shayket did with Mr. Brooks and former inmate Rick “White Boy Rick” Wershe discussing the lack of mental health services available to those that are incarcerated. Also popular was information about getting free rides to the election polls for people with disabilities as well as a free school supply giveaway in Detroit. Instagram posts saw a lot of activity with the various awareness months. The DWIHN LinkedIn page saw significant engagement after several job postings were listed for the DWIHN Access Center.

Facebook Top Performing Posts



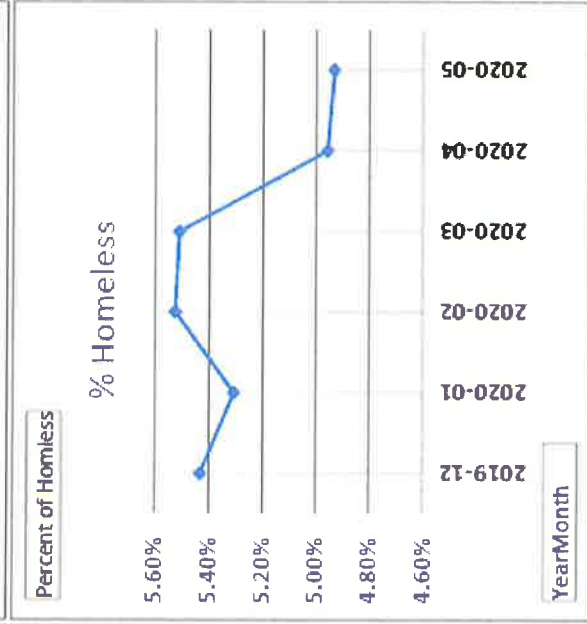
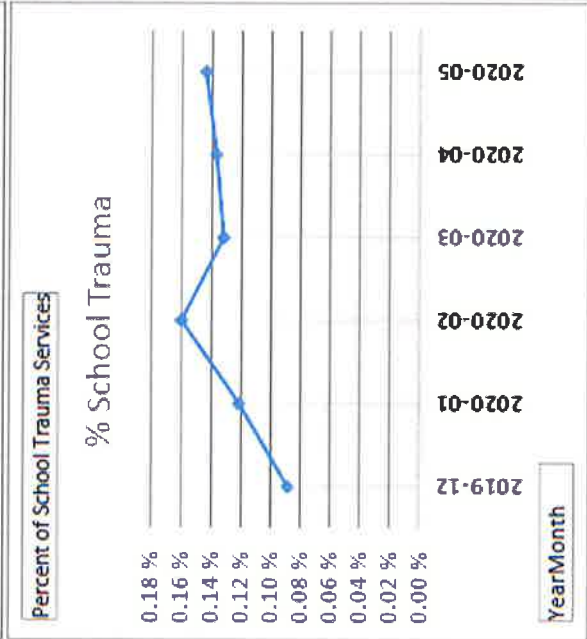
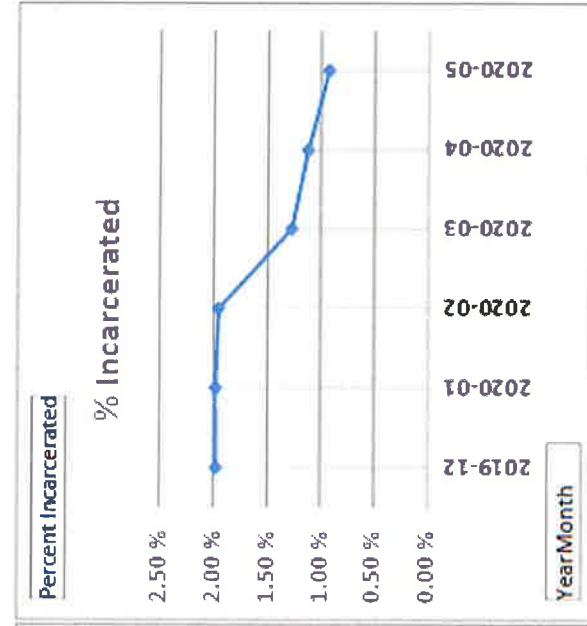
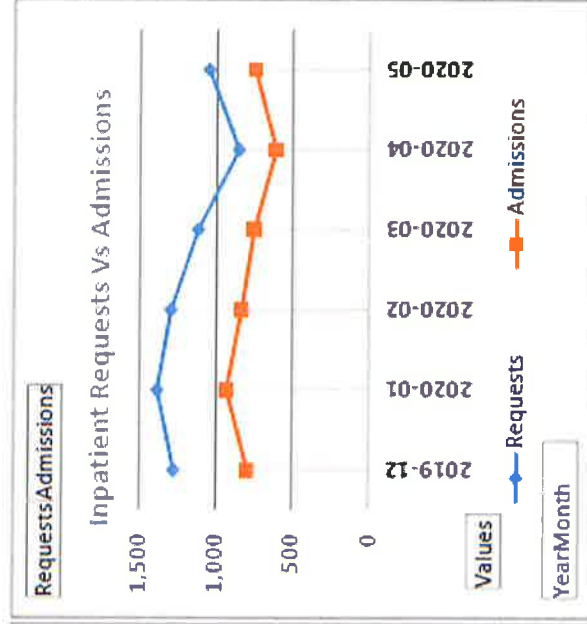
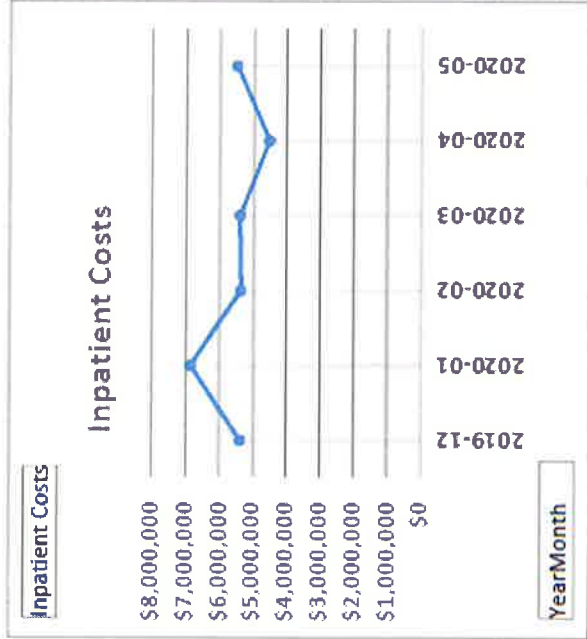
Instagram Top Performing Posts



Community Outreach – DWIHN held several community outreach events in which they were promoted on iHeart radio. One was a free school supply giveaway at a local Detroit barbershop and the other was another fun event geared toward young people. DWIHN Ambassadors also distributed mental health during a drive-through event sponsored by State Senator Stephanie Chang. This event was held at the Salvation Army on Connor in Detroit.



Key Mental Health Indicators



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 18-34R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Medversant Technologies LLC

Contract Title: Medversant Technologies LLC

Address where services are provided: 'None'__

Presented to Program Compliance Committee at its meeting on: 11/12/2020

Proposed Contract Term: 11/1/2020 to 10/30/2021

Amount of Contract: \$ 791,000.00 Previous Fiscal Year: \$ 791,000.00

Program Type: Continuation

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

Date Contract First Initiated: 11/1/2017

Provider Impanled (Y/N)?

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

This revised board action is requesting a one year extension of the existing contract to 10/31/2021. For the purpose of provider credential verification, we request a contract extension of the web-based credentialing services and related support to manage credentialing and re-credentialing of healthcare providers for the Detroit Wayne Integrated Health Network. In addition to the services will include upgrades to the service to meet MDHHS and NCQA credentialing requirements.

The initial contract terms were from 11/1/17 - 10/31/20; 3 year cost of \$791,000. This action extends the term of the contract to 10/31/21.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Multiple	\$ 791,000.00	\$ 791,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 791,000.00	\$ 791,000.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

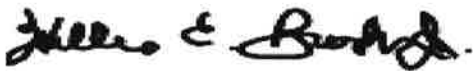
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:




Signed: Thursday, November 12, 2020

Signed: Thursday, November 12, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Blackshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-35R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Tetra Tech Inc

Contract Title: Architectural and Engineering Services

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 11/16/2020

Proposed Contract Term: 10/1/2019 to 5/31/2021

Amount of Contract: \$ 1,148,400.00 Previous Fiscal Year: \$ 1,078,400.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2019

Provider Impaneled (Y/N)?

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

The Facilities Department is requesting a modification to Board Action #20-35 with TetraTech of Michigan, our existing architectural and engineering firm.

TetraTech is currently facilitating the necessary renovations, design and construction support services for the DWIHN Crisis Center project in our Woodward building.

This modification would allow them to better evaluate the building design by performing some exploratory demolition within the Woodward facility.

The requested amount is not to exceed \$1,148,400, increase of \$70,000 for these demolition and abatement services. The initial board action was \$1,078,400.

TetraTech's current scope of services include the following:

- Schematic Design Development
- Civil Design Drawings/Zoning Approval
- Design Documents and Specifications
- Construction Contract Assistance
- Construction Design Support
- Closeout Documentation

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
VARIOUS	\$ 1,148,400.00	\$ 1,148,400.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,148,400.00	\$ 1,148,400.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.158000.00000

In Budget (Y/N)? Y

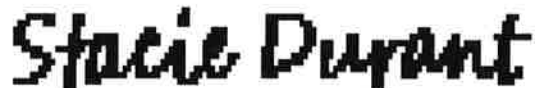
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, November 16, 2020

Signed: Monday, November 16, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *Allison M. Blackshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-54R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Barr, Joseph J.

Contract Title: HEDIS/NCQA Professional Consultant Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2020

Proposed Contract Term: 1/1/2021 to 6/30/2021

Amount of Contract: \$ 146,470.00 Previous Fiscal Year: \$

Program Type: Continuation

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

Date Contract First Initiated: 8/19/2019

Provider Impaneled (Y/N)?

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).

For purposes of NCQA Compliance, this Board Action is to request an extension of contractual services for the period from 1/1/21 - 6/60/21, at the amount of \$41,470.00.

Previous Board action was approved to extend funding provided by Detroit Wayne Integrated Health Network to obtain professional IT services from Mr. Joe Barr for development work related to HEDIS measures that are must required as part of our NCQA compliance. These services are required to get us in compliance with HEDIS 2020 measures.

The initial contract began August 19, 2019 was below the \$50,000 that required board approval. This board action is requesting an additional contract extension from January 1, 2021 for a total amount of \$146470, an increase of \$41470 through June 30, 2021.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
	\$ 146,470.00	\$ 146,470.00
	\$ 0.00	\$ 0.00
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER:

In Budget (Y/N)? Y

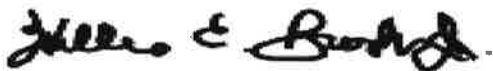

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Wednesday, November 11, 2020

Signed: Wednesday, November 11, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Blackshire*
Board Liaison

Date 11/18/2020

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: BA #21-32R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Hegira Programs Inc., Growth Works Inc, Personalized Nursing Light House, Detroit Recovery Project, DWIHN
Provider Network - see attached list

Contract Title: Substance Use Disorder Treatment Services Network Fiscal Year 2021

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 4,443,575.00 Previous Fiscal Year: \$ 16,427,733.00

Program Type: Continuation

Projected Number Served- Year 1: 10,000 Persons Served (previous fiscal year): 10,000

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

This revised board action is a request increase the amount by \$295,000 from the initial amount of \$4,148,575 to \$4,443,575. The action is requesting to allocate the additional funds to Abundant (\$77,000), Detroit Recovery Project (\$20,000), Growth Works (\$138,000), Hegira Programs (\$50,000) and Personalized Nursing Lighthouse (\$10,000).

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

Source of Funds: PA2

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Block Grant	\$ 3,409,575.00	\$ 3,409,575.00
PA2	\$ 1,034,000.00	\$ 1,034,000.00
Total Revenue	\$ 4,443,575.00	\$ 4,443,575.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

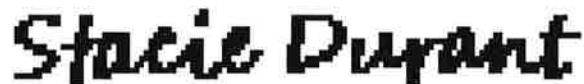
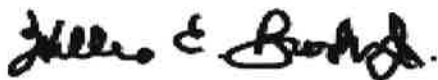
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, November 6, 2020

Signed: Friday, November 6, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

Approved

Rejected

Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *Lillian M. Blackshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA #21-33R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Substance Use Disorder Prevention Services Network Fiscal Year 2021

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 4,925,054.00 Previous Fiscal Year: \$ 5,574,906.00

Program Type: Continuation

Projected Number Served- Year 1: 400,000 Persons Served (previous fiscal year): 300,000

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).

Requesting board approval to amend the FY21 SUD Prevention Services board action by (1) adding an additional \$70,000 in PA2 funds for the National Council on Alcohol Drug Dependence (NCADD) to service the Latin community in Southwest Detroit; and (2) add \$63,000 in Partnership for Success (PFS) funds per the FY21 SUD Award from the Michigan Department Of Health & Human Services (MDHHS) for DWIHN partnership with Primary Care Organizations to implement Screening and Referral services and individual family programs. Funds will be distributed as follows: Empowerment Zone (\$59,110.00) DWIHN Admin (\$1,890.00) and Mangallan Consultancy, Evaluator (\$2,000.00)

The revised amount of the FY21 SUD Prevention Services program is \$4,925,054 and was increased by \$133,000 from the initial amount of \$4,792,054 .

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

Source of Funds: PA2,PFS

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Block Grant	\$ 2,916,054.00	\$ 2,916,054.00
PA2	\$ 2,009,000.00	\$ 2,009,000.00
Total Revenue	\$ 4,925,054.00	\$ 4,925,054.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

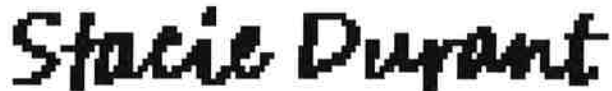
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, November 9, 2020

Signed: Sunday, November 8, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

Approved

Rejected

Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Blackshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA#21-38 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Community Living Services

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

Address where services are provided: "35425 Michigan Ave, W .Wayne, MI 48184, U.S.A"

Presented to Program Compliance Committee at its meeting on: 11/11/2020

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

Amount of Contract: \$ 59,906,443.00 Previous Fiscal Year: \$ 55,628,442.40

Program Type: Modification

Projected Number Served- Year 1: 1,600 Persons Served (previous fiscal year): 1,519

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).

Detroit Wayne Integrated Health Network staff recommends board action #21-38, be revised to increase the annual funding by \$8.1 million dollars. Service Provider (CLS) has increased the number of consumers who are receiving Habilitation Support Waiver (HSW) Services under this contract. Since July 2020, CLS has enrolled over fifty (50) new HSW consumers and believes that reduced amounts paid over the past several months due to COVID-19, will increase over the upcoming months. The term of this contract is from October 1, 2020 through September 30, 2021. The total funding will not exceed \$59,906,443.00.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Multiple	\$ 59,906,443.00	\$ 59,906,443.00
0	\$ 0.00	\$ 0.00
Total Revenue	\$ 59,906,443.00	\$ 59,906,443.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

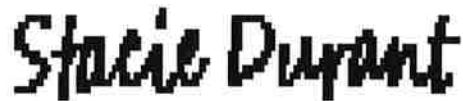
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, November 4, 2020

Signed: Wednesday, November 4, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Blackshire*
Board Liaison

Date 11/18/2020

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 21-44 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: All Well-Being Services, Community Care Services Inc., Detroit Central City C.M.H., Inc., Development Centers Inc., Hegira Programs Inc., Neighborhood Serv. Organizatio, Southwest Counseling Solutions, Services to Enhance Potential, Lincoln Behavioral Services, Northeast Integrated Health , Arab Community Center for Economic & Social Services, Community Living Services, The Futures Health Core LLC, Star Center Inc., Nardin Park Recovery Center, Metro East Drug Treatment Corp, Rainbow Center of Michigan Inc, New Light Recovery Center, Inc., Quality Behavioral Health Inc, Health Alliance Plan Dept. 2771101, Macomb Oakland Regional Center, Inc., Wayne Center, St. Mary Mercy Hospital, Havenwyck Hospital, Inc., Goodwill Industries of Greater Detroit, T & G Corporation - BCOM, Samaritan Behavioral Center, POCS-Professional Outreach Counseling Services, Henry Ford - Kingswood Hospital, Henry Ford - Wyandotte Hospital, VHS Detroit Receiving Hospital, Inc., VHS Sinai Grace Hospital Inc, St. John Providence, St. John Macomb Oakland Hospital Corp., Molina Healthcare of Michigan, Inc, Seniors Wellness Group of Michigan, P.C., Senior Psychiatric Services of Michigan, Coventry Health Care, BCA StoneCrest Center, Harbor Oaks Hospital, New Oakland Child Adolescent and Family Ctr, Jewish Vocational Service and Community Workshop, PsyGenics Inc, BCS of Michigan LLC, Behavioral Care Solutions for Adults and Seniors, Inc, St. John Hospital and Medical Center, Team Mental Health Services, Arab-American & Chaldean Council, William Beaumont Hospital, CNS Healthcare, Wayne State University, Michigan Complete Health Inc, AmeriHealth Michigan Inc, Community Programs Inc., The Guidance Center

Contract Title: MI Health Link Demonstration Project

Address where services are provided: See Attachment

Presented to Program Compliance Committee at its meeting on: 11/12/2020

Proposed Contract Term: 1/1/2021 to 12/31/2021

Amount of Contract: \$ 7,216,050.00 Previous Fiscal Year: \$ 7,301,450.00

Program Type: Continuation

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

Date Contract First Initiated: 5/1/2005

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 recommending a one year continuation contract with the 5 Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for 2021 of the MI Health Link Demonstration Project for an estimated amount of \$7,216,050.

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

Demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Medicare	\$ 7,216,050.00	\$ 7,216,050.00
	\$ 0.00	\$ 7,216,050.00
Total Revenue	\$ 7,216,050.00	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? Y

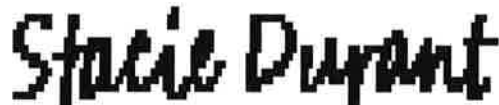
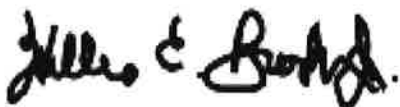
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, October 29, 2020

Signed: Thursday, October 29, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *Lillian M. Blackshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-45 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Starfish Family Services (MH)

Contract Title: Michigan Child Collaborative Care Project (MC3) and the Behavioral Health Consultant

Address where services are provided: 30000 Hiveley, Inkster, Michigan 48141

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 83,488.00 Previous Fiscal Year: \$ 89,015.00

Program Type: Continuation

Projected Number Served- Year 1: 765 Persons Served (previous fiscal year): 549

Date Contract First Initiated: 6/1/2015

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).

The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. Note the State of Michigan identified the agency to provide the Behavioral Health Consultant.

Services include:

- Regional Outreach to eligible providers to ensure utilization of the MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrist;
- Coordination of care for children, adolescents, and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

This contract is for \$83,488 (the Behavioral Health Consultant-Starfish: \$75,488 and Tele-Psychiatry: \$8,000)

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Multiple	\$ 83,488.00	\$ 83,488.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 83,488.00	\$ 83,488.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

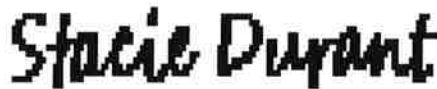
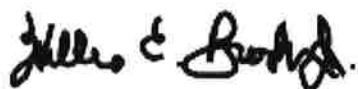
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, November 4, 2020

Signed: Wednesday, November 4, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *Lillian M. Blackshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-47 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Michigan Consortium for Healthcare Excellence

Contract Title: Michigan Consortium for Healthcare Excellence (MCHE)

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 11/4/2020

Proposed Contract Term: 10/3/2018 to 9/30/2021

Amount of Contract: \$ 464,434.00 Previous Fiscal Year: \$ 364,434.00

Program Type: Continuation

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

Date Contract First Initiated: 10/3/2018

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 to request an increase of \$100,000 to the Michigan Consortium for Healthcare Excellence (MCHE) three-year contract amount of \$464,434, initially approved in January 2019 through exigent approval of the board chair. The amount approved in the original request was based on an anticipated cost of \$121,477.73 per year, for a total of \$364,434.19. However, the year two and three amounts were higher than anticipated. This leaves a balance of \$100,000 to cover year three of the contract.

Background: DWIHN is a member of MCHE, as are the other ten PIHPs. MCHE has a contract with MCG to provide the ten PIHPs with a utilization management software tool called Indicia. This software is a clinically validated and evidence based tool for clinical decision-making.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
VARIOUS	\$ 464,434.00	\$ 464,434.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 464,434.00	\$ 464,434.00

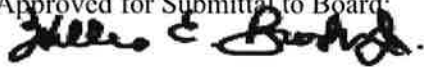
Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:



Willie E. Brooks, President/CEO
Signed: Monday, October 26, 2020

Signature/Date:

Stacie Durant

Signed: Monday, October 26, 2020

Signature/Date:

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *Lillian M. Buckshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA #21-48 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Community Foundation for Southeast Michigan's Opioid Partnership

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 151,984.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 100 Persons Served (previous fiscal year): 0

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).

This board action is requesting the approval of a one-year contract for an amount not to exceed \$151,984 with Wayne State University (\$28,000), Quality Behavioral Health (\$43,000), Wayne County Healthy Communities (\$30,000) and Abundant Recovery Services (\$43,000).

DWIHN received a philanthropic grant from the Community Foundation of Southeast Michigan for an opioid intervention for two Wayne County jails. Inmates leaving out of jail with an Opioid Use Disorder will be transported to treatment services based on a 24 hours service model.

Wayne State University will be providing facilitation and evaluation services of this grant and the designated FQHC, Wayne County Healthy Communities, will provide Wayne County Jails inmates the initial question of the Rapid Opioid Dependence Screen (RODS), conduct COVID testing and tracing for 6 months using a Disease Intervention Specialist (DIS). The DIS will provide authorization of release to DWIHN's Mobile Unit Providers- Quality Behavioral (QBH) and Abundant Community Recovery Services (ACRS). QBH and ACRS will provide mobile services, MAT, OP, referral, and transportation services. DWIHN admin cost is \$7,984.

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

Source of Funds: Other

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Local Grant	\$ 151,984.00	\$ 151,984.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 151,984.00	\$

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64932.580000.06890

In Budget (Y/N)? Y

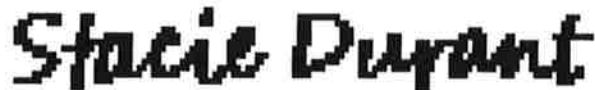
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, November 4, 2020

Signed: Wednesday, November 4, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Blackshire*
Board Liaison

Date 11/18/2020

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 21-49 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: DWIHN COVID-19 Building Renovations

Address where services are provided: 707 Milwaukee

Presented to Finance Committee at its meeting on: 11/4/2020

Proposed Contract Term: 11/1/2020 to 10/31/2022

Amount of Contract: \$ 500,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 10/27/2020

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).

Due to the effects of the COVID-19 pandemic, the DWIHN Facilities Department is asking for a separate budgeted line item to allow for renovations to 707 W. Milwaukee, the primary administrative site for DWIHN. Necessary accommodations for our workforce, administrative operations and board accommodations will be needed in order to meet the health and safety demands of our employees and the general public.

DWIHN will work with our Procurement Department in securing vendors to perform the various below services needed during the renovation process. Work is to be completed within 6 months utilizing local Wayne County vendors whenever possible in accordance with DWIHN policies.

Preliminary plans for renovation and construction to the Milwaukee Building to be COVID-19 compliant in accordance with local, state and federal guidelines include.

- Mechanical - expansion of our current HVAC/Plumbing, increased building filtration in workspaces and public areas in compliance with CDC's HVAC operating recommendations.
- Electrical – Relocate and rework electrical, lighting, low voltage data and audio-visual equipment throughout the board room as well as employee workstations.
- Carpentry – Drywall, metal stud, ceiling repair/replacement in employee work areas/board room area.
- Painting – Painting and refinishing of all required board room surfaces.
- Board Room Furniture – fix/modify/update existing furnishings in board room.
- Flooring – Remove and replace flooring as required in board room and employee workstations
- Workstation – Furnish and install cubicle workstation layout modifications and glass partitions on all 5 floors partitions.

The amount of the Milwaukee COVID-19 Building Renovations over a two year period ending October 31, 2022. This board action approval allows DWIHN to make purchases in excess of \$50,000 without board approval for an amount not to exceed \$500,000.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Multiple	\$ 500,000.00	\$ 500,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 500,000.00	\$ 500,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.136000.00000

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 28, 2020

Signed: Wednesday, October 28, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 18th day of November, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Blackshire*
Board Liaison

Date 11/18/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-50 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Fidelity Security Life Insurance Company, Blue Cross Blue Shield of Michigan, Golden Dental Plans, Inc., Blue Care Network, Delta Dental Plan of Michigan Inc

Contract Title: DWIHN Employee Health Benefits

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 11/4/2020

Proposed Contract Term: 1/1/2021 to 12/31/2021

Amount of Contract: \$ 3,236,358.00 Previous Fiscal Year: \$ 3,539,891.00

Program Type: Continuation

Projected Number Served- Year 1: 322 Persons Served (previous fiscal year): 252

Date Contract First Initiated: 1/1/2021

Provider Impaneled (Y/N)?

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

This contract is for the provision of comprehensive health (BCBS \$2,955,618), dental (Delta Dental \$188,996/Golden Dental \$68,626, and optical (EyeMed \$23,118) benefits to qualifying DWIHN employees. Current Labor agreements require that DWIHN provide healthcare coverage to all of its qualifying, active employees. Providers were selected through a bid process conducted by Daly Merritt. The estimated amount of \$3,236,358 is based on three hundred twenty-two (322) actual employee count. Amounts will increase/decrease based on staffing levels, however, the costs are in accordance with PA152 Hard Cap.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
VARIOUS	\$ 3,236,358.00	\$ 3,236,358.00

	\$ 0.00	\$ 0.00
Total Revenue	\$ 3,236,355.00	\$ 3,236,358.00

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

Type of contract (Business/Clinical): Business


ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submit to Board


Willie E. Brooks, President/CFO
 Signed: Monday, November 9, 2020

Signature/Date:



Signed: Monday, November 9, 2020

Signature/Date:

EDUCATION TRAINING RESEARCH SERVICES

ETRS

DWIHN-2020

WHO ARE WE?

- ✓ **OPENED IN 1986 AS A PROVIDER OF COURT ORDERED DRUG SCREENING AND LEVEL 1 SUBSTANCE USE EDUCATION PROGRAMS.**
- ✓ **IN 1995, IT WAS PURCHASED BY THE CURRENT OWNER WHO ADDED ADDITIONAL PROGRAMS, SUCH AS: BATTERER INTERVENTION SERVICES; MORALITY CRIMES; LARCENY AND THEFT; ANGER MANAGEMENT; AND OUTPATIENT SUBSTANCE ABUSE SERVICES, AND SCREENING AND ASSESSMENT.**
- ✓ **IN 2000, WE WERE ASKED TO DEVELOP, IMPLEMENT, AND FACILITATE A JAIL-BASED PROGRAMMING FOR VIOLENT DOMESTIC VIOLENCE OFFENDERS AT THE WAYNE COUNTY JAIL. THE DOMESTIC VIOLENCE TRANSITIONS (DVT) PROGRAM IS NOW IN ITS 21ST YEAR AND HAS SEEN OVER 2500 CLIENTS.**

- ✓ In 2005, ETRS was awarded the contract to provide a jail-based treatment-readiness program for felony offenders who have a substance use disorder. Focus is to ready sentenced inmates for placement into community-based residential programs, with the goal to reduce relapse and recidivism. We are in our 15th year and have seen over 4000 clients.
- ▶ ✓ While we had been providing outpatient level 1 education and relapse prevention services to MDOC referred clients since 2000, in 2008 we were awarded a contract with MDOC to provide early intervention and outpatient substance use disorder services. We maintained that contract until May 2020, averaging 150 active clients per month.

▶ **ETRS STRENGTHS**

- ▶ **INNOVATIVE-** A leader in developing programs for specific populations, including: jail-to-community programs, gender specific, veteran and sobriety court clients, Young Adult Male program, Parent Impact Panel, etc.
- ▶ **COLLABORATIVE STAKEHOLDER-**embraces a “sharing of resources and services philosophy. Engaged in community outreach programs
- ▶ **EXPERIENCED-** have been providing services in Wayne Co. for almost 40 years
- ▶ **LOCATIONS-** Until the time that ETRS went to telehealth services (4/20) we maintained offices in Livonia, Taylor, Detroit, Hazel Park, and Pontiac
- ▶ **Qualified and Trained Staff-** ETRS combines staff with a variety of degrees, certifications, and experience. We have very little turn over and most staff have been with us for 15 plus years. We combine professionals, peer recovery coaches, clinicians, and a support staff that are well trained and efficient. Many of our staff are in recovery.
- ▶ **ARRAY OF SERVICES-** ETRS offers over 25 behavior change and support programs

- ▶ We utilize the following evidence-based best practices interventions:

SAMHSA TIP 35-Enhancing Motivation for Change in Substance Use Disorder Treatment

Wanberg and Milkman, *Criminal Conduct and Substance Abuse Treatment-Strategies for Self-Improvement and Change*

SAMHSA- *Brief Counseling for Marijuana Dependence for Treating Adults*

SMART Recovery-Science Based 4 Point Program

Hazelden, *Criminal and Addictive Thinking Journaling Program*

Thinking Matters Cognitive Behavior Therapy

Hazelden-Betty Ford- Mindfulness-Based Cognitive Therapy

Change Companies Interactive Journals

Certified Peer Recovery Coaches

SAMHSA TIP 35- Enhancing Motivation for Change in Substance Abuse Treatment

Motivational Interviewing and Motivational Enhancement Therapy

ETRS SERVICES FOR DWIHN REFERRED CLIENTS

EARLY INTERVENTION SERVICES (4-Week)

- ~ Utilizes **Motivational Enhancement (MET) Stages of Change Modality** and **Motivational Interviewing** to assist clients in determining their need and readiness for change
- ~ Facilitator will walk client's thru completing an autobiography and complete the Change Company *My Change Plan* Interactive Journal
- ~ Utilizes the following testing instruments: **MAST/DAST; AUDIT; SOCRATES**
- ~ Provides for an individualized clinical assessment for the client's level of need based on **ASAM** criteria. **Bio-Psycho-Social Assessment**
- ~ Blends clinical staff with **Certified Peer Recovery Coach's**, providing an environment conducive to enhancing a client's response to program involvement

▶ RELAPSE PREVENTION/PEER RECOVERY SERVICES-

ETRS utilizes a variety of recovery support services.

- 1) **18 Week Relapse Prevention (Renewal Program)-** Includes a case plan, weekly recovery groups by a substance abuse treatment professional, and up to two individual sessions per month
- 2) **Brief Counseling for the Marijuana User-8 Week SAMHSA Evidence-Based Practice**
- 3) **12 Step Prep Group-ongoing (generally 4 weeks) facilitated by a Peer Recovery Coach**
- 4) **SMART Recovery Support Groups-(ongoing 4-weeks) Facilitated by a CPRC**
- 5) **Thinking Matters CBT Program-used to provide an understanding of how our thinking drives our behavior and promotes emotional management techniques. (6 weeks)**
- 6) **Peer Recovery Coach Direct Support Services-individual sessions, mentoring, engaging client in positive community activities that promotes recovery**
- 7) **Strong Mind Program- Mindfulness CBT Program-ongoing 8-weeks**
- 8) **Family Recovery Support Services-lead by CPRC-forum for family/support persons to better understand addiction, co-dependency, the process of recovery, sobriety support.**

