



Detroit Wayne Integrated Health Network

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FULL BOARD MEETING
Wednesday, February 19, 2020
707 W. Milwaukee
2nd Floor Conference Room
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 – January 15, 2020
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – January, 9, 2020
Approved Special Finance Committee Minutes – January 24, 2020
Approved Program Compliance Committee Minutes – January 8, 2020
- VII. ANNOUNCEMENTS**
 - A) Authority Announcements
 - B) Board Member Announcements
- VIII. NOMINATING COMMITTEE** – Election of Officers
- IX. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Update Metro Region Meeting – January 16, 2020
 - 2) Update Community Mental Health Association of Michigan Winter Conference Kalamazoo, Michigan February 4th & 5th 2020
 - 3) National Behavioral Health Conference NatCon20, Austin, TX April 5th-7th 2020
 - 4) Mackinac 2020 Policy Conference – May 26th –29th 2020, Mackinac Island
 - 5) National Behavioral Health Hill Day – Washington, DC, June 23rd & 24th 2020
 - B) Executive Committee
 - 1) CEO Annual Performance Appraisal
 - 2) CEO Incentive Compensation Performance Objectives
 - 3) Board Self-Assessment
 - C) Finance Committee
 - 1) Revised General Fund List
 - D) Program Compliance Committee
 - E) Recipient Rights Advisory Committee

Board of Directors

Bernard Parker, Chairperson
Dora Brown
Kevin McNamara

Dr. Iris Taylor, Vice-Chairperson
Dorothy Burrell
William T. Riley, III

Timothy Killeen, Treasurer
Lynne F. Carter, M.D.
Kenya Ruth

Ghada Abdallah, RPh Secretary
Angelo Glenn
Dr. Cynthia Tauog

Willie E. Brooks, Jr., President and CEO



- X. SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT**
- XI. AD HOC COMMITTEE REPORTS**
 - A) Policy/Bylaw Committee
- XII. FY 2019-2020 RESOLUTION NUMBER 4 – RESOLUTION TO RATIFY AND AMEND THE BYLAWS**
- XIII. PRESIDENT AND CEO MONTHLY REPORT**
 - A) Michigan Department of Health and Human Services (MDHHS) Proposed State Integrated Plan (SIP)
 - B) Building Expansion Update
 - C) Plan to reduce Medicaid Expenditures
 - D) Integrated Health Plans
- XIV. UNFINISHED BUSINESS**

Staff Recommendations:

 - A. **BA#16-48 (Revised)** Services to Enhance Potential (STEP) *(Finance)*
 - B. **BA#19-24 (Revised)** Relias Learning, LLC ProAct/Interoperability *(Program Compliance)*
 - C. **BA#19-25 (Revised)** New Center, LLC Lease Renewal *(Finance)*
 - D. **BA#19-42 (Revised)** Relias Learning, LLC ProAct Sub Portals *(Program Compliance)*
 - E. **BA#20-19 (Revised 2)** Multicultural Integration *(Program Compliance)*
 - F. **BA #20-43 (Revised)** DWIHN Clubhouse Spenddown/Deductible Assistance *(Program Compliance)*
- XV. NEW BUSINESS**

Staff Recommendations:

 - A. **BA#20-45** HUD Supportive Housing *(Program Compliance)*
 - B. **BA#20-47** Wayne Parking LLC *(Finance)*
- XVI. PROVIDER PRESENTATION - Lincoln Behavioral Services**
- XVII. REVIEW OF ACTION ITEMS**
- XVIII. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS**

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



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, January 15, 2020
707 W. Milwaukee
Detroit, MI. 48202
1:00 p.m.**

BOARD MEMBERS PRESENT

Bernard Parker, Chair	Angelo Glenn
Dr. Iris Taylor, Vice Chair	Kevin McNamara
Commissioner Tim Killeen, Treasurer	William Riley, III
Ghada Abdallah, RPh, Secretary	Kenya Ruth
Dora Brown-Richards	Dr. Cynthia Tauieg

BOARD MEMBERS EXCUSED: Ms. Dorothy Burrell and Lynne F. Carter, M.D.

GUESTS: Ms. Annette Downey, CEO, Community Living Services

CALL TO ORDER

The meeting was called to order at 1:03 p.m. by the Chair, Mr. Bernard Parker.

ROLL CALL

Roll call was taken by Ms. Abdallah and a quorum was established.

APPROVAL OF THE AGENDA

The Chair Mr. Parker called for a motion on the agenda.

A motion was offered by Mr. McNamara and supported by Ms. Ruth approve the agenda. Motion carried unanimously.

MOMENT OF SILENCE

The Board Chair, Mr. Parker called for a moment of silence and noted that it was the actual birthday of Dr. Martin Luther King and if possible we could reflect on the contributions that he has made to the world. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes of the Full Board meeting of November 20, 2019. **A motion was offered by Dr. Tauieg and supported by Dr. Taylor to approve the Full Board minutes of November 20, 2019. Motion carried unanimously.**

RECEIVE AND FILE

The Chair called for a motion to Receive and File the approved Finance Committee minutes of November 6, 2019. **A motion was offered by Commissioner Killeen and second by Ms. Abdallah to "Receive and File" the approved minutes from the Finance Committee meeting of November 6, 2019. The motion carried unanimously.**

The Chair called for a motion to Receive and File the approved Program Compliance Committee minutes of November 13, 2019. **A motion was offered by Commissioner Killeen and second by Ms. Abdallah to "Receive and File" the approved minutes from the Program Compliance Committee meeting of November 13, 2019. The motion carried unanimously.**

ANNOUNCEMENTS

Authority Announcements

T. Devon, Director of Communications gave an overview of upcoming events; Detroit Wayne Integrated Health Network (DWIHN) will cohost along with the Michigan Department of Health and Human Services an Opioid Regional Town Hall Meeting on Friday January 17th at WC3. The Michigan Developmental Disabilities Council will host "Crucial Conversations" on February 13th from 9:30 a.m. to 3:00 p.m. at Greater Grace Temple.

Board Announcements

Mr. Parker, Board Chair recognized former Board member Ms. Heather Underwood who was in the audience. It was noted that she was still a member of the Recipient Rights Advisory Committee and was very active. He thanked her for attending the meeting.

BOARD COMMITTEE REPORTS

Board Chair Report

Mr. Parker gave a verbal report. It was reported that the Nominating Committee appointments had been made according to the Bylaws which stated that the Chairperson shall annually appoint members to the Nominating Committee consisting of four Board members, prior to the January regular Board meeting. The Chairperson's slate of appointments shall be submitted for Board confirmation at the Board's regular January meeting. The Chairperson's slate of appointments was sent to the Full Board in December and per the Bylaws the slate which consisted of Dr. Cynthia Taueg, Chair; Mr. Kevin McNamara, Vice-Chair; Ms. Kenya Ruth; and Dr. Iris Taylor are being presented as per the Bylaws to the Full Board at its January meeting for confirmation. The Chair called for a motion on the proposed slate of appointments for the Nominating Committee. **A motion was offered by Commissioner Killeen and second by Mr. Glenn to confirm the slate of appointments which consisted of Dr. Cynthia Taueg, Chair; Mr. Kevin McNamara, Vice-Chair; Ms. Kenya Ruth; and Dr. Iris Taylor for the Nominating Committee. The motion carried unanimously.**

It was reported that Detroit Wayne will host the Metro Region Meeting taking place tomorrow, January 16th here on the 2nd Floor. He encouraged as many board members as possible to attend; there will be a dinner at 6:30 p.m. and the meeting will begin at 7:30 p.m. The three CEO's from each county will present information. Meetings are held quarterly and are hosted by Detroit Wayne, Oakland and Macomb.

It was reported the Community Mental Health Association of Michigan (CMHAM) Annual Winter Conference in Kalamazoo Michigan will be held on February 4th & 5th and there are several board members and staff that will be attending. There was still availability for Board members to attend and if anyone was interested in attending the conference to contact the Board Liaison.

It was reported the National Behavioral Health Council NatCon 20 Conference will take place in Austin, TX April 5th -7th 2020 and there are four board members that will be attending.

It was reported the Mackinac 2020 Policy Conference was being held May 26th – May 29th on Mackinac Island and there are four board members that have been identified as attending.

It was reported the National Behavioral Health Hill Day was being held in Washington, DC June 23rd & 24th 2020. The maximum number of four board members has not been identified as of yet, if board members are interested in attending please contact the Board Liaison.

It was reported that he as the Chair had formed an Ad Hoc Board Building Committee during the month of December; however after a review by the Legal department he was informed that only the Board could form an Ad Hoc Committee and not the Chair which he was unaware of because in the past the Chair had formed Ad Hoc Committees. It was noted that there is a resolution under the Executive Committee that hopefully will pass to recognize the existing Ad Hoc Committees and all of the actions taken by the committees.

The Chair reported on the motion that would be made to create the Ad Hoc Building Committee. The Committee would deal with the expansion of space and recommendations that are coming to the Executive; have discussions and forward those recommendations to the Full Board. The first task of the Committee would be to determine the course of action to be taken to accommodate all of our staff which hopefully would be in one building. The committee would also take up items that may come up in regards to buildings; change contracts and any other buildings that we own and make recommendations to the Full Board and where appropriate make recommendations to the Executive Committee. The Chair called for a motion. **A motion was offered by Dr. Taylor and second by Mr. Glenn to establish an Ad Hoc Building Committee (Committee). The Committee will review the proposals presented by the Executive Director and recommend to the board a course of action regarding all matters in such proposals pertaining to the expansion of space, including purchase of land and/or building, construction of any new facilities, leases of space, renovations of a building, sale of properties and all contracts addressing items above in accordance with established Board policies. The Board Chairperson will appoint board members to serve on the Committee.**

Discussion ensued regarding a space study and future needs with the changes that have been coming from the State. CEO Brooks noted that a space and future needs study had been conducted; he noted that in this process there would be many changes and he felt the Committee would facilitate the process and allow complete transparency with communicating with the Board and secondly he requested that the Board allow the Committee to have the authority to approve a deposit in lieu of waiting for a formal board meeting because some of the real estate activity occurs spontaneously. Mr. McNamara requested to see the Space and Needs study. Discussion ensued regarding clarity on the deposits and actions of the Committee. The Chair noted that the motion would have to be amended if the delegation of authority was given to the Committee regarding a deposit on Real Estate. Discussion ensued regarding whether or not the deposit would be refundable.

It was moved by Dr. Taylor and second by Ms. Abdallah to amend the motion to include the Committee having the authority to approve a refundable good faith deposit if the Board agrees to the creation of the Committee. Motion carried by General Consent.

Discussion ensued regarding the breadth of the Committee and the Committee being able to be nimble with meetings. Discussion ensued regarding the term of the Committee and how often the Committee would meet. The Chair noted the Committee would meet as necessary and would not be

a standing committee and there is no time limit on the committee. Discussion ensued regarding the Specialty Integrated Plan (SIP) and if the Network would be in existence in 20 to 30 years. Mr. Riley, III raised his concerns about the Committee being involved in day to day operations. The Chair called for a vote on the main motion as amended. **The Committee will review the proposals presented by the Executive Director and recommend to the board a course of action regarding all matters in such proposals pertaining to the expansion of space, including purchase of land and/or buildings, construction of any new facilities, leases of space, renovations of a building, sale of properties and all contracts addressing items above in accordance with established Board policies. The Board Chairperson will appoint board members to serve on the Committee. The Board delegates to the Committee the authority to issue any good faith deposits as long as the deposit is refundable. Motion carried with Mr. Riley, III voting Nay. The Full Board established the Building Committee at the Full Board meeting held on Wednesday, January 15, 2020.**

The Chair called for a motion on the Board Chair report. **A motion was offered by Commissioner Killeen and supported by Dr. Taylor to accept the Board Chair report. The motion carried unanimously.**

Executive Committee

Mr. Parker gave a verbal report. It was noted the Board Executive Committee met on Monday, January 13, 2020. It was reported that the Board Outing took place on December 6, 2019 at the Rattlesnake Club for both the PIHP Board and SUD Oversight Policy Board. The event began at 6:00 p.m. there was no formal business discussed and it seemed that everyone that was in attendance had a good time. The event provided an opportunity for board members to meet one another. The plan may be to schedule the event for next year.

The Chair reported that a copy of Resolution #3 – Resolution Ratifying the Establishment of Special and Ad Hoc Committees had been distributed. The Resolution was to ratify the existing Ad Hoc Committees that had been established prior to the legal opinion being rendered. It was noted that in the past at least four committees had been formed; Strategic Planning Committee; Best Practices Task Force; Quality Care Task Force and possibly others prior to the legal department rendering a decision and the Board did not want any of those decisions to be challenged therefore he felt it was necessary to have a Resolution. This Resolution established by the legal department would ratify those committees and all of the decisions from those committees.

The Chair called for a motion on FY 2019-2020 Resolution #3 – Resolution Ratifying the Establishment of Special and Ad Hoc Committees. **A motion was offered by Dr. Taueg and second by Commissioner Killeen to accept Resolution #3 Resolution Ratifying the Establishment of Special and Ad Hoc Committees . The motion carried unanimously.**

The Chair reported on the Michigan Department of Health and Human Services (MDHHS) Future Behavioral Health concept that was going to be put into place which detailed how behavioral health and physical health would function in the State of Michigan. Mr. Gordon gave a presentation on the types of roles people would have or not have; finances; and provided information that he would like to receive feedback on. A session was held last week and other sessions are being held around the state. This plan would not go into effect immediately, however it is a major change and if totally implemented it could mean the end of DWIHN and how we function. The State has slated 2022 for implementation. The CEO will cover this topic in more detail in his report and possibly a study session will be scheduled to discuss the topic as well.

The Chair called for a motion on the Executive Committee report. **A motion was offered by Commissioner Killeen and seconded by Mr. Glenn to accept the Executive Committee report. The motion carried unanimously.**

Finance Committee

Commissioner Killeen, Chair of the Finance Committee gave a verbal report and noted that the Finance Committee met on Thursday, January 9, 2020. It was noted a document entitled DWIHN Division of Management and Budget and Statement of Cash Flows had been distributed. It was reported that per the Board Bylaws the Committee approved the RFP Work Plan for HEDIS Certified Population Health Management & Data Analytics Tool Vendor. T. Forman, Director of Integrated Healthcare gave an overview of the RFP. She noted for the record that HEDIS stands for Healthcare Effectiveness Data and Information Set. It was reported that the RFP was being issued because the current vendor was not HEDIS certified. A question was posed by the Board Chair that since this RFP was approved by the Finance Committee did it need to have the approval of the Full Board as a separate item. E. Doeh, Deputy CEO reported and noted that it was being reported here as an item that the Finance Committee vetted. It was noted by the Board Liaison that there is a Board Policy that states that RFP's must have the approval of the Full Board once vetted by the Committee and all three RFP's, as there were two from the Program Compliance Committee, are on the agenda as separate items for Board approval. The Committee Chair, noted that there were four board actions that were also approved and moved to Full Board for approval; the financial statements were reviewed and are being audited; the Committee did review the first months statements for the fiscal year; however the CFO did advise that because of the audit there may be some changes to the first months financial statements. CFO Durant gave an overview of the cash flow statement that was distributed. It was reported that there was a negative outflow of cash and they are monitoring the cash; monies from MDHHS was not received for October and November; additional cash flow was received in December. An overview and discussion ensued regarding the Death Benefit invoice and the changes in Substance Use Disorder (SUD) Block Grants payments.

The Committee also discussed the letter that was sent to the Network on December 5, 2019 advising that effective January 1, 2020 the Authority will no longer use General Fund to pay consumer's deductible/spend down. It was noted that over the last several days Board members may have received a letter from nine of our Providers regarding this issue in which preliminary information was given on the impact of this action. A recommendation was made by the Committee Chair that within the next week or two a Special Finance Committee meeting would be held and management and the providers would have an opportunity to discuss the matter of spend down. The Board Chair noted that a budget had been approved and a reduction in spend down had taken place; however the budget is a living document and as impact occurs we may have to make changes. The Chair noted that he thought it would be a good idea to have a Special Finance Committee meeting to address this topic. Discussion ensued regarding the matter of spend down and if we could delay the implementation of the letter that was sent out to the Providers. CFO Durant gave an overview of the financial situation which indicated that there were no funds to pay spend down and noted for the record that she would not recommend DWIHN to pay spend down by delaying the action that was noted in the letter from DWIHN to Providers. Further discussion ensued regarding the process that was used in the past to pay spend down and the recoupment process. Mr. Brooks gave an overview of how the State views spend down and General Fund issue and why DWIHN's General Fund was reduced. Discussion ensued regarding inviting someone from the State to attend the Special Finance Committee meeting.

The Chair called for a motion on the Finance Committee report. There was no discussion on the Finance Committee report.

A motion was offered by Mr. Glenn and supported by Ms. Abdallah to accept the Finance Committee Report. The motion carried unanimously.

Program Compliance Committee

Dr. Taylor, Chair of the Program Compliance Committee gave a verbal report. The Program Compliance Committee met on Wednesday, January 8, 2020. It was reported the Committee continues to focus on Access and Crisis services. A report was received from Corporate Compliance and it was noted that they had completed their first quarterly review and established their priorities for moving forward and were looking at recouping dollars from Providers that are repeatedly non-compliant. The Committee discussed the roll out of the Trails model and its implementation into the School System and the integration of the Strategic Plan along with the Quality Compliance plan for the program. A media report was provided and Utilization Review gave its Annual Plan for 2018/2019 which was accepted and approved by the Committee as well as the Quality Improvement Work Plan and the demonstrated objectives and goals. There were two RFP's that were reviewed by and moved to Full Board for approval by the Committee - RFP/RFQ Work Plan Questionnaire for OBRA/PASRR and the RFP/RFQ Work Plan Questionnaire for Independent Autism Spectrum Disorder (ASD) Evaluation. The following Board Actions were reviewed and moved to the Board for approval BA#20-06 (Revised) Michigan Department of Health and Human Services (MDHHS)-PIHP Contract FY 19/20; BA#20-14 (Revised) Early Autism Services - Autism Spectrum Disorder (ASD) Benefit Waiver; BA#20-15(Revised) Substance Use Disorder (SUD) Prevention -Empowerment Zone Coalition, Inc.; BA#20-19 (Revised 1) Multicultural Integration; BA#20-41-Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR); BA#20-42-Michigan Opioid Partnership-Wayne County Jail: Hegira Programs, Inc., Quality Behavioral Health; Wayne State University (WSU); and WellPath; and BA#20-43 CMH Clubhouse - MDHHS, Behavioral Health & Developmental Disabilities Administration. The Chair called for a motion on the Program Compliance Committee report. There was no discussion regarding the Program Compliance Committee report.

A motion was offered by Ms. Abdallah and supported by Mr. Riley, III to accept the Program Compliance Committee report. The motion carried unanimously.

Recipient Rights Advisory Committee

Mr. Riley, III Chair of the Recipient Rights Advisory Committee provided a verbal report. It was reported that the Office of Recipient Rights (ORR) will be under assessment October 5th - 9th and the Department feels it will pass the assessment. There are six vacancies - the department is working with Human Resources and is in the process of hiring and filling the positions. Training will now be offered for those who sign-up versus a first come; first served basis. It was reported that Recipient Rights Advisory Committee (RRAC) membership has several members that have not participated in meetings; after reviewing attendance sheets it was determined that they would be seeking to replace those members and grow the membership. It was reported that since October 1, 2019 there were 313 investigations; 83 investigations have been closed 52 complaints were substantiated; there were 79 sites monitored of those sites 70 received complaints and six were non-compliant. An update for the first quarter was provided on the number of training classes held and the number of attendees. The Chair called for a motion on the Recipient Rights Advisory Committee report. There was no discussion.

A motion was offered by Dr. Taylor and supported by Ms. Abdallah to accept the Recipient Rights Advisory Committee report. The motion carried unanimously.

SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT

Mr. Glenn, Chair of the Substance Use Disorder Oversight Policy Board reported. A written report was provided for the record. It was reported the SUD Oversight Policy Board met on January 13, 2020. A presentation on the My Strength App was provided by Mr. Chuck Tepper, VP of Public Partnerships. The My Strength App is a highly interactive, individually-tailored application which empowers users to address depression, anxiety, stress, substance use, chronic pain and sleep challenges along with other aspects. The SUD department requested \$25,000 in PA-2 funding to

provide SUD/HIV community outreach services for the LGBT population in the hotel and motels, apartment buildings and public spaces located in the Palmer Park area. Some of the services to be provided included; General Support; Health Insurance Enrollment Assistance; HIV and STI Testing; Risk Reduction/Safe Sex Kits and SUD/Mental Health options and resources. The Board Action was approved. Informational reports were received from prevention and treatment services; the SUD Director; the State Opioid Response Coordinator and the State Opioid Response Individual Placement Support Worker. The Chair called for a motion on the Substance Use Disorder Oversight Policy Board report. The Board Chair noted that he would like to receive the SUD Agenda packets and the meeting notices.

A motion was offered by Dr. Taueg and supported by Ms. Abdallah to accept the SUD Oversight Policy Board report. The motion carried unanimously.

AD HOC COMMITTEE REPORTS

Policy Committee

Dr. Taueg, Chair reported the Policy Committee did not have a report at this time.

Strategic Planning Committee

Dr. Taylor, Chair of the Strategic Planning Committee reported there was no report and the Committee should not be on the agenda for the next five months. The Committee can be removed from the agenda until that time.

PRESIDENT AND CEO MONTHLY REPORT

Mr. Brooks reported. A written report was provided for the record. The CEO reported on the Governor's Mental Health Diversion Task Force. It was noted that there were a number of issues the Task Force reviewed including a series of recommendations to reduce the state's jail population that was sent to the Legislature. It was reported that Attorney General Nessel abstained from the voting on a number of items. He reported that he is also on the Wayne County Jail Diversion Council that is doing a lot of work on crisis services. Mr. Brooks gave an overview of the MDHHS restructuring program; he noted that 298 had been vetoed by the Governor and the new proposal is the Specialty Integrated Plan (SIP). A high level overview was provided that noted that MDHHS would be looking to preserve the public safety net – changes would occur to promote consistency of service and benefits throughout the state. It was noted that the SIP would take the place of the PIHP's and only the CMHSP would exist. There are three PIHP's that also function as CMHSP which are Wayne, Oakland and Macomb; therefore we would only function as a CMHSP. 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. He gave an overview of the financial shift that would take place.

It was also reported that there would be a focus on specialty populations; the new program will focus on individuals formerly managed by the PIHP's but will now include both physical and behavioral care. There will also be multiple SIP options; MDHHS is pursuing 3-5 statewide SIPs that will function simultaneously and provide choice to attract and retain members. SIP's must be a licensed MCO and will be a statewide program. MDHHS is seeking statewide provider networks to assure consistency of care and choice. CMH's can participated as providers within the SIP structure. The first SIP program has a launch date of October 2022.

Mr. Brooks also reported on some of his concerns – it was noted that this is a statewide program versus a regional program which will require the SIP's to compete against each other as there will be multiple statewide SIP's competing for the approximately 300,000 PIHP lives in Michigan. The PIHP's will be eliminated; however the new SIP's must be a MCO and will be required to maintain a substantial reserve from 20-30% of annual spend. The new MDHHS proposal will require

partnerships between, providers, health care, behavioral care and a MCO; there was no mention of start-up cost; however SIP's and providers must establish a statewide network and infrastructure at their own expense and risk. The MDHHS proposal will have a separate process for non-behavioral individual which could result in segregation of health care; this process can open the door for out of state organizations to bid and potentially profit in the system by reducing services.

It was reported that DWIHN is taking the following steps; continue to work with MDHHS; work with key legislatures on modifying state laws; looking at the best role for DWIHN and the people we serve; seeking and looking at partnerships or a combination of roles; and strengthening our reserves to prepare for future roles. It was reported that the State is making this change because they want to make sure they have consistent benefits throughout the state; integrate physical health care with mental health care; have some type of savings; limit their cost and have a system that is risk bearing where they do not have to add any additional monies and they are looking at changing the mental health code.

The Chair noted that the Board would continue to receive updates and information and strongly noted that the Network would have options, but we will not function as we do today.

An update was provided on funding and it was noted that we did not receive funding in the first two months. We were hoping to receive \$54 million dollars in Medicaid and we had a \$4 million dollar reduction. There were some errors and multiple changes occurred in the system; because of the number of changes made, the system rejected the changes. He gave an update on how the correction was being made and the monies that DWIHN had received. An update was provided on the Death Audit. An update was provided on General Fund and the \$4.5 million dollar reduction and the need to reverse this process. It was noted that a meeting will be taking place in Lansing next week to discuss the General fund dollars. Commissioner Killeen attended and gave an update on the SIP program and his disappointment in the Governor's administration for bringing this program forward. Discussion ensued regarding the bail bond issue and the impact that it may have on the operations of DWIHN. He asked that the Board Executive Committee be briefed on the Lansing conversations. Ms. Abdallah noted that this project had been implemented in other states and had been successful. The Chair called for a motion on the President and CEO Monthly Report.

A motion was offered by Ms. Abdallah and supported by Ms. Dora Brown-Richards to accept the President and CEO Report. The motion carried unanimously.

The Chair noted that the three RFP/RFQs Work Plans had all been vetted by a standing committee. The items were listed on the agenda as item XII -RFP/RFQ Work Plan Questionnaire for OBRA/PASRR; and item XIII- RFP/RFQ Work Plan Questionnaire for Independent Autism Spectrum Disorder (ASD) Evaluation both had been vetted by Program Compliance; item XIV - RFP/RFQ Work Plan for HEDIS Certified Population Health Management & Data Analytics Tool Vendor Solution had been vetted by the Finance Committee. Discussion ensued regarding the bundling of the Work Plans. The Chair called for a motion on the three RFP/RFQs Work Plans.

A motion was offered by Dr. Taueg and supported by Ms. Abdallah to bundle and approve the three RFP/RFQ Work Plans item XII -RFP/RFQ Work Plan Questionnaire for OBRA/PASRR; item XIII- RFP/RFQ Work Plan Questionnaire for Independent Autism Spectrum Disorder (ASD) Evaluation; and item XIV - RFP/RFQ Work Plan for HEDIS Certified Population Health Management & Data Analytics Tool Vendor Solution. The motion carried unanimously.

UNFINISHED BUSINESS
Staff Recommendations:

BA#18-32 (Revised) Milo Detroit (*Finance*) This Board Action is requesting an additional \$5,500 be added to the original approved contract amount for two projects that were executed in FY18/19. **A motion was offered by Dr. Taueg and second by Mr. McNamara to approve BA #18-32 (Revised)** There was no discussion. **The motion carried unanimously.**

BA#19-26 (Revised) Detroit Wayne Integrated Health Network (DWHN) Provider Network (*Finance*) This Board Action is requesting to add additional dollars to the Hospital Rate Adjustment (HRA) providers. **A motion was offered by Dr. Taylor and second by Ms. Ruth to approve BA #19-26 (Revised)** S. Durant noted this was a pass-through adjustment. There was no discussion. **The motion carried unanimously.**

BA#19-38 (Revised) My Strength (*Finance*) This Board action is requesting a renewal of My Strength which meets the NCQA accreditation requirement as well as fulfillment of Grant obligations. **A motion was offered by Ms. Abdallah and second by Mr. Glenn to approve BA #19-38 (Revised)** There was no discussion. **The motion carried unanimously.**

BA#20-06 (Revised 1) Michigan Department of Health and Human Services (MDHHS)- PIHP Contract FY 19/20 Amendment (*Program Compliance*) Detroit Wayne Integrated Health Network received amended language from Michigan Department of Health and Human Services to the current Prepaid Inpatient Health (PIHP) contract for FY 2020. **A motion was offered by Dr. Taueg and second by Dr. Taylor to approve BA #20-06 (Revised)** There was no discussion. **The motion carried unanimously.**

BA #20-14 (Revised) Early Autism Services –Autism Spectrum Disorder (ASD) Benefit Waiver (*Program Compliance*) This Board Action is requesting approval of a one year contract renewal for the Autism Spectrum Disorder (ASD) Benefit provider contracts to add Early Autism Services to the current ASD provider network of 16 providers. **A motion was offered by Dr. Taylor and second by Ms. Ruth to approve BA #20-14 (Revised)** There was no discussion. **The motion carried unanimously.**

BA#20-15 (Revised) Substance Use Disorder (SUD) Prevention- Empowerment Zone Coalition, Inc. (*Program Compliance*) This board action is being revised to reflect an increase in MDHHS Community Block Grant/Partnership for Success (PFS) funds. **A motion was offered by Mr. Glenn and second by Ms. Brown-Richards to approve BA #20-15 (Revised)** There was no discussion. **The motion carried unanimously.**

BA#20-19 (Revised 1) Multicultural Integration – *Providers listed in board action (Program Compliance)* This Board action is requesting approval of the Memorandum of Understanding between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN) and Multicultural Providers formerly known as the Multicultural Programs. **A motion was offered by Dr. Taylor and second by Ms. Brown-Richards to approve BA #20-19 (Revised 1)** There was no discussion. **The motion carried unanimously.**

BA#20-26 (Revised) FY 2019-2020 Operating Budget (*Finance*) This Board action is an amendment between the Michigan Department of Health and Human Services and the Detroit Wayne Integrated Health Network. **A motion was offered by Commissioner Killeen and second by Mr. Riley, III to approve BA #20-26 (Revised)** There was no discussion. **The motion carried unanimously.**

NEW BUSINESS

Staff Recommendations:

BA#20-41 – Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) (*Program Compliance*) This Board Action is requesting approval to enter into a contract with various vendors for the continuation of Mental Health First Aid (MHFA) and QPR – Question, Persuade, Refer and Trauma Informed Care. **A motion was offered by Dr. Taylor and second by Ms. Ruth to approve BA #20-41.** There was no discussion. **The motion carried unanimously.**

BA#20-42 – Michigan Opioid Partnership – Wayne County Jail; Hegira Programs, Inc; Quality Behavioral Health; Wayne State University (WSU); and WellPath (*Program Compliance*) This Board action recommends approval to partner with Michigan Opioid partnership to develop an Opioid Treatment Ecosystem, which will require partnership between criminal justice systems, behavioral health providers and Community Foundation for Southeast Michigan. **A motion was offered by Mr. Glenn and second by Ms. Abdallah to approve BA #20-42).** There was no discussion. **The motion carried unanimously.**

BA#20-43 – CMH Clubhouse – MDHHS, Behavioral Health & Developmental Disabilities Administration (*Program Compliance*) This board action recommends approval to accept and disburse grant funding from Michigan Department of Health and Human Services (DHHS), Bureau of Community Based services. **A motion was offered by Dr. Taylor and second by Ms. Ruth to approve BA #20-43.** There was no discussion. **The motion carried unanimously.**

BA#20-46 – Black Family Development, Detroit Recovery Project and Positive Images – Wayne County Department of Health, Veterans and Community Wellness – Jail Plus Program (*Finance*) This Board Action is recommending approval to be the fiduciary for Wayne County Department of Health, Veterans and Community Wellness. This project is a collaborative initiative with Black Family Development, Detroit Recovery Project and Positive Images. **A motion was offered by Ms. Abdallah and second by Ms. Ruth to approve BA #20-46** There was no discussion. **The motion carried unanimously.**

PROVIDER PRESENTATION – Community Living Services – Powerpoint handout was distributed to the Board for the record. Presentation was provided by Ms. Annette Downey, CEO. She gave an overview of her background and experience. She provided an overview of the services offered by Community Living Services. The PowerPoint noted the number of persons served by city in Wayne County; the training offerings given by Community Living Services which included CPR; First Aid; nutrition and basic health. She also gave an overview of what the agency stood for regarding inclusion and invited the Board to view their video. The Board thanked Ms. Downey for the presentation especially for the data that was a part of the presentation and their work performed in the community.

FOLLOW UP ON ACTION ITEMS

- A. Schedule a Special Finance Committee meeting to discuss spend down and its impact on Providers.
- B. Schedule a Board Building Committee meeting within the next two weeks.

GOOD AND WELFARE/PUBLIC COMMENT

Ms. Jenine Walker addressed the board regarding outstanding issues that were outlined in the letter that was read at the November meeting regarding Central City.

Mr. Darnell Boynton, Chief Compliance Officer and General Counsel CNS on behalf of CEO Michael Garrett extended an invitation to the Board of Directors to attend the ribbon cutting ceremony of the new office located at 15560 Joy Road, Detroit, Michigan. Facility will provide adult and youth services.

ADJOURNMENT

There being no further business, the Chair called for a motion to adjourn. **A motion was offered by Dr. Taylor and seconded by Ms. Abdallah to adjourn. The motion carried unanimously and the meeting was adjourned at 3:05 p.m.**

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

JANUARY 9, 2020

1:00 P.M. 2ND FLOOR BOARD ROOM

MEETING CALLED BY	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:03 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Commissioner Tim Killeen, Chair – Finance Committee
NOTE TAKER	Nicole Smith, Management Assistant
ATTENDEES	<p>Finance Committee Members Present: Commissioner Tim Killeen, Chair Mr. Kevin McNamara, Vice Chair Ms. Ghada Abdallah, Secretary Ms. Dorothy Burrell Dr. Cynthia Taueg</p> <p>Committee Members Excused: Ms. Dora Brown-Richards</p> <p>Board Members Present: None</p> <p>Board Members Excused: Bernard Parker, Board Chair</p> <p>Staff: Stacie Durant, CFO; Willie Brooks, CEO</p> <p>Guests: None</p>

AGENDA TOPICS

II. Roll Call Ms. Lillian Blackshire, Board Liaison

DISCUSSION	Roll Call was taken by Ms. Blackshire, Board Liaison and a quorum was present.
III. Committee Member Remarks	<p>Commissioner Killeen gave information regarding MDHHS public forum held on January 18, 2020 in Detroit. The Forum was to inform the public about legislation for the State plan on Integrated Health.</p> <p>Discussion ensued regarding the program Specialty Integrated Plan(SIP). Mr. Brooks gave an overview of his concerns regarding DWIHN not qualifying for the program. Talking points were requested for the committee members on the SIP program from Mr. Brooks.</p>
IV. Approval of Agenda	<p>Commissioner Killeen requested an amendment to the agenda to add Board Action #20-46 - Wayne County Jails. Discussion ensued regarding the urgency of Board action approval it was noted that this was a timing and monies issue.</p> <p>Motion: It was moved by Mr. McNamara and supported by Ms. Burrell approval of the revised agenda. Motion carried unanimously.</p>

V. Items Follow-up

Item A: Update on State Budget Adjustments (S. Durant)

Awaiting budget adjustments from the State of Michigan regarding actual amount from the Milliman rate increase. S. Durant reported receiving retroactive payments in December 2019 for months October & November 2019 from the State of Michigan. S. Durant anticipates a recoupment from the State of Michigan. The recoupment is due to a State system's error that paid wrong amounts to PIHPs.

Discussion ensued regarding the anticipated amounts and due date of information from the State of Michigan. S. Durant has requested to give report on the updated Budget Adjustments upon receipt of new information from the State of Michigan.

Item B: Update Operational Efficiency Plan (S. Durant)

Pursuant to the adoption of the fiscal year ended September 30, 2020 Budget, management outlined several operational opportunities to better manage the system and reduce costs. The following details the changes and status of each area:

Substance Use Disorder – D. Owens - The SUD Oversight Policy Board approved a plan whereby rates were reduced for two codes – H0023 and T1012 for Peer Directed services and Recovery Supports, respectively. As of December 20, 2019 rates were adjusted and will the department will continue monitoring of the services.

Home Help (D. Lasenby) – Approximately 2,800 consumers that reside in an unlicensed setting, if eligible, must receive personal care services directly from DHS Adult Services; Medicaid does not reimburse personal care in an unlicensed setting. DWIHN believes that many providers are billing these services through other Medicaid eligible billable codes. There was no update as of December 20, 2019. This item will be deferred until the February meeting.

Autism (E. Lawson) - Many of the consumers enrolled in the Autism program do not meet the minimum participation as required by the State of Michigan. DWIHN inquired from MDHHS whether there could be a disenrollment policy associated with the program whereby if a consumer failed to comply with the guidelines within a 60- day period, the consumer would be dis-enrolled from the more intensive Autism program and moved to an equally suitable IDD program whereby the participation was not as restrictive. Per the State, a disenrollment policy is not allowable, however DWIHN will continue to work with the providers to ensure fidelity is met. It was reported that as of December 16, 2019 the RFP and work plan have been completed and reviewed by senior clinical staff. The work plan will be presented to the next Program Compliance Committee meeting in January of 2020 and upon approval the RFP will be posted.

Shared Living Arrangements (S. Durant and M. Singla) – Many consumers reside in residential settings with roommates. Currently, the staffing tool used by the supports coordinators, with the exception of Community Living Services, do not take into consideration shared living arrangements. This allows providers to bill services for several consumers performed by the same DCW worker at the same time. DWIHN must make several changes including but not limited to: (1) performing a payroll audit to determine a baseline for each home and (2) create a staffing tool in MHWIN that incorporates shared living arrangements. It was reported that as of December 20, 2019 Update: Status 12/20/19 – the Accounting firm is completing payroll templates and Finance staff is analyzing and comparing to authorizations. Project will likely continue through February 28, 2020, with expected retroactive recoupment from providers. CFO

will meet with each provider, review audit results with the provider and obtain November 30, 2019 bank statements to determine collection period.

Utilization Guidelines (D. Lasenby) – The UM department uses written criteria based on sound clinical evidence from a national coverage determination tool, MCG – Indicia to review and authorize treatment and care. Utilization management decisions are documented using specified procedures for appropriately assessing individuals, applying American Society of Addiction Medication (ASAM) criteria to validate the appropriate level of care. In addition, the guidelines will be aligned with a Standardized IPOS. The combination of UM guidelines and the IPOS in MHWIN, will require prior authorization of services and services outside of guidelines will require a clinical review. It was reported that as of December 20, 2019 - The Standardized IPOS is scheduled to go live by January 31, 2020 and all lines of business will require prior authorization.

Item D: Certificate of need (CON) – Staff B. Blackwell read letter from staff D. Lasenby regarding the update on the impact the new Mental Health hospitals in Oxford and Dearborn will have on Detroit Wayne Integrated Health Network.

VI. Approval of the Meeting Minutes

Meeting minutes submitted to the committee members for review today prior to the scheduled meeting. Commissioner Killen deferred meeting minutes approval, in order to give members time to review minutes from November 6, 2019 meeting. **Motion:** Moved by Mr. McNamara and supported by Ms. Burrell to defer approval of the minutes for Wednesday, November 6, 2019. **Motion carried unanimously.**

VII. RFP/RFQ Work Plan for HEDIS Certified Population Health Management & Data Analytics Tool Vendor Solution.

Work Plan presented by staff T. Forman, Director of Integrated Care. Departments are required to submit a Work Plan to the Detroit Wayne Integrated Health Network Board (“Board”) for review prior to the issuance of a competitive solicitation (i.e. request for proposals, request for qualifications etc.) for the procurement of services that exceed a cumulative contract amount of \$250,000.

The purpose is to obtain a population health management and data analytics tool with a vendor that is HEDIS certified. The vendor currently utilized by DWIHN is not HEDIS certified.

Vendor will provide online access to HEDIS certified performance measures that are in alignment with DWHIN Quality Improvement Plans and MDHHS Performance Measures as well as part of NCQA compliance. Vendor will provide a solution on a platform to view both behavioral and medical health care claims along with various analysis performed on the data provided. Vendor will offer portals for DWHIN CRSP providers to access all claims data, performance measures regarding their members and their performance on HEDIS measures. Vendor will enable interface with using claims data to MHWIN and any other DWIHN Information repository. Vendor solution will provide educational and reference materials regarding HEDIS measures. In collaboration with DWIHN staff, vendor will also provide training on tool to DWIHN providers.

Budget was estimated based on the cost of services provided by the current population health tool vendor and quotes previously received from other vendors.

Providers will be able to access their member's claims data to assist in coordination of care efforts, which will contribute to members receiving holistic care. The population health management tool will also assist DWHIN in meeting NCQA accreditation requirements.

The vendor's performance will be measured based on ability to deliver services identified in the scope of work.

Anticipated Budget Amount is \$1,400,000 Proposed, with a contract term of 3 years with, (2) 1 year renewal options. The Chair called for a motion.

Motion: It was moved by Dr. Tauveg and supported by Ms. Abdallah for approval of the **RFP/RFQ Work Plan for HEDIS Certified Population Health Management & Data Analytics Tool Vendor Solution. Motion carried.**

VIII. Presentation of the monthly Finance Report

Monthly Finance report presented by Ms. Durant, CFO. The following noteworthy items were reported.

Authority Finance accomplishments and noteworthy items:

1. Authority discovered IDD Staffing Planning Guide completed by the supports coordinators at the provider level had outdated forms, which resulted in the overstatement of consumer's level of care. A letter went out on December 13, 2019 instructing the supports coordinators to complete the calculation page only; all associated authorizations were expired on 12/31/19 and the corrected 1/1/20 authorizations will reflect the correct level of care. The financial impact is unknown at this time however it could provide some financial relief.
2. Letter went out to the network on December 5, 2019 advising that effective January 1, 2020 the Authority will no longer use General Fund to pay consumer's deductible/spend down. Staff met with Michigan Assisted Living Association (MALA) and several residential providers whereby they expressed their concerns; staff has developed a process to reduce payment delays due to time delay in CHAMPS regarding Medicaid eligibility.

Discussion ensued regarding the Death benefit payment for December 19th. The IBNR payable was incurred but not received. A recommendation was made by Ms. Abdallah to meet with State Representative Tate regarding the matter.

Next reporting will be March 31, 2020 due to annual audit. The Chair for a motion on the monthly Finance Report. **Motion:** It was moved by Ms. Abdallah and supported by Mr. McNamara to accept the monthly Finance Report. **Motion carried.**

IX. Unfinished Business – Staff Recommendations:

A. Board Action #18-32 (Revised): Milo Detroit, Inc – Vendor provides Social Media Management and Engagement services to DWIHN. Contract modification request an additional \$5,500 to be added to the original approved contract amount of \$57,800. Services rendered FY 18-19 for Video production services in the amount of \$4,500 and for Social Media hashtag events in the amount of \$1,000.00 Board Action presented by staff. Commissioner Killeen called for a motion on Board Action #18-32 (Revised). **Motion.** It was moved

by Mr. McNamara and supported by Ms. Abdallah approval of Board Action #18-32 (Revised). **Motion carried.**

A. Board Action #19-26 (Revised): DWIHN Provider Network – S. Durant reporting. Revision request to add additional dollars to the Hospital Rate Adjustment (HRA) providers. The previously revised Board Action in June 2019 was approved by Board of Directors. The HRA payment is pass through payment from the State of Michigan to Hospital providers. Commissioner Killeen called for a motion on Board Action #19-26 (Revised). **Motion.** It was moved by Mr. McNamara and supported by Ms. Abdallah approval of Board Action #19-26 (Revised). **Motion carried.**

A. Board Action #19-38 (Revised): My Strength – D. Owens reporting. Contract renewal for online application support system. My Strength meets NCQA accreditations requirements for Q18, Q19, and CC4 as well as fulfillment of Grant obligations. Renewal cost is \$70,000 per year for annual licensing for the FY 20, and funded through SUD Block Grant. The Chair called for a motion on Board Action #19-38 (Revised). **Motion.** It was moved by Dr. Taueg and supported by Mr. McNamara approval of Board Action #19-38 (Revised). **Motion carried.**

A. Board Action #20-26 (Revised): FY 2019-2020 Operating Budget – MDHHS State General Funds(GF) Reduction Amendment. S. Durant reporting. The Chair called for a motion on Board Action #20-26 (Revised). **Motion.** It was moved by Ms. Abdallah and supported by Mr. McNamara approval of Board Action #20-26 (Revised). **Motion carried.**

X. New Business – Staff Recommendations:

A. Board Action #20-45: Wayne Parking – B. Blackwell reporting. This Board Action will be deferred to the February 5, 2020 Finance Committee Meeting.

Board Action #20-46: Wayne County Jails – E. Doeh reporting. Request to be fiduciary for Wayne County Department of Health, Veterans and Community Wellness in the amount of \$388,500.00. The project is a collaborative initiative with Black Family Development, Detroit Recovery Project and Positive Images. The Chair called for a motion on Board Action #20-46. **Motion.** It was moved by Ms. Abdallah and supported by Dr. Taueg approval of Board Action #20-46. **Motion carried.**

XI. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. No one addressed the Finance Committee during Good and Welfare/Public Comment.

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

Meeting adjourned at 2:49 p.m.

FOLLOW-UP ITEMS	<ul style="list-style-type: none"> A. Provide an update of the impact the new Mental Health hospitals in Oxford and Dearborn B. Update on DAB transformation (March 2020) (S. Durant) C. Update on Operational Efficiency Plan (February 2020) (S. Durant) D. Committee Request Talking Points on Specialty Integrated Plan(SIP) (March 2020)(Mr. Brooks) E. Information request by the Chair, to determine if the state rules/guidelines are the same for both the private health plans and the PIHPs. (T. Forman) 	

SPECIAL FINANCE COMMITTEE MEETING

MINUTES

JANUARY 24, 2020

1:00 P.M. 2ND FLOOR BOARD ROOM

MEETING CALLED BY	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:04 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. Kevin McNamara, Vice Chair Ms. Ghada Abdallah, Secretary Ms. Dora Brown-Richards Ms. Dorothy Burrell Dr. Cynthia Taueg</p> <p>Committee Members Excused: None</p> <p>Board Members Present: None</p> <p>Board Members Excused: Mr. Bernard Parker, Board Chair</p> <p>Staff: Stacie Durant, CFO; Willie Brooks, CEO; Dana Lasenby, Chief Clinical Officer</p> <p>Guests: None</p>

AGENDA TOPICS

II. Roll Call L. Blackshire Board Liaison

DISCUSSION	Roll Call was taken and a quorum was present.
III. Committee Member Remarks	The Chair deferred Committee remarks to the February meeting.
IV. Approval of Agenda	The Chair, Commissioner Killeen called the meeting to order. There was no discussion on the agenda. The Chair called for a motion on the agenda. Motion: It was moved by Dr. Taueg and supported by Ms. Burrell approval of the agenda. Motion carried.
V. New Business	
a. Provider Spend down	The Chair gave an overview of the purpose of the meeting which was to gather information so that over the next several weeks the Board would be able to make some decisions regarding spend down. He noted that he had spoken to CFO Durant earlier this week and he explained the process that would be used during this meeting; he wanted an explanation of spend down dollars and what they were used for; the CFO has been asked to prepare a response to the document received from the collaborative and he has asked for a representative from the collaborative to provide information.

However, no decisions would be made at this meeting. CFO Durant gave an overview of spend down. It was reported that spend down is a monthly deductible and is for consumers. The State has a calculation that determines whether a person is eligible for spend down depending on assets and income level. In order to become Medicaid eligible the State has to recognize that the deductible has been met and spend down is specific to the individual. It was noted that the other PIHP's do participate in paying spend down. An overview was provided on how spend down was paid in the past and how it is currently handled. CFO Durant gave her response to the letter received from the collaborative and indicated that she did not disagree with it; the information was factual; it gave an explanation of how spend down works; and would be a loss to the Providers. It was noted that the Provider would try to collect what monies they could from the individual; for example if an individual's spend down was \$800.00 the Provider would attempt to get the \$800.00; however they may not collect it all and that portion would be a loss to the Provider. Discussion ensued regarding whether or not a person would qualify for Medicaid if they could not meet spend down. CFO Durant gave an overview of steps that had been taken in the past to mitigate spend down and gave an example of what was done in May, 2018. She gave an overview of what would currently occur with Providers that submitted claims in January, 2019. Providers that submitted claims in January for individuals with spend down would be paid. In February, the IT department will run a report of submitted claims up to the spend down amount; the DHS worker will input the claims, the claims will go the CHAMPS systems and will note that spend down was met January 5th we will reconsider the claims from January 1st through the 5th and recoup the amounts from the Providers; this will allow Providers to be paid, but the funds will be taken back from the Providers. Discussion ensued regarding where the funds were coming from to pay spend down. It was noted that this came from cash. It was noted that if the Provider does not get the monies from the consumer it will be a loss to the Provider. Discussion ensued regarding the use of cash; where it came from and how it was used in day to day operations. Further discussion took place regarding different scenarios of how spend down was captured.

Ms. Cathy Liesman, CEO Development Centers and Co-Chair of the Collaborative; named all of the Providers that were a part of the collaborative which included Goodwill; Neighborhood Services Organization; ACC; Services to Enhance Potential; Lincoln Behavioral; Northeast Integrated Health; Black Family Development; Development Centers; Community Care Services; Starfish Family Services; The Children's Center; All Well Being; Southwest Solutions; the Guidance Center; Wayne Center and Heigra Health. She thanked the Chair for the opportunity to present the information on spend down.

Carol Zuiniga from Heigra Health addressed the Committee and gave the purpose which was to request that the Committee re-evaluate the perspective on how to apply the General Fund Prioritization list. She noted that there were 21 items on the list, which had been published, however all of the financial deductions were taken from the number two item on the list. It was noted that there may be some other ways to make up some of the deficits. The providers have been around for a very long time and are very experienced; they understand budgetary constraints but believe the constraints could be spread in a different manner. They are concerned about the volume of people that may be impacted which according to the document sent is 2500 people and on average the spend down is over \$800.00. The collaborative does not include the other large Providers such as Team Wellness and Central City. She gave an overview of the number of people in Residential settings and noted that the number in their letter is not accurate. She gave an overview of their Case Management staff and reported a lot of time is spent monitoring spend down individuals and ensuring services are rendered along with the collection of receipts and getting them to the DHS staff. They are

concerned about individuals losing their residential homes. She gave an overview of Residential Providers and the possibility of them not being paid if spend down is not met. Discussion also ensued regarding the annual amount that would be lost if Providers did not receive spend down and what would happen to individuals who may lose their residential setting homes. Discussion also ensued regarding the in-patient hospitalization cost that could be incurred.

D. Lasenby gave an overview from the consumers perspective of what could happen if a person is not continuously engaged in the correct level of care and services; if a person is met with cost that they cannot afford the likelihood of them continuing services and treatment decreases so they will not seek services; when they do seek care they will need more care and potentially have to go to the hospital which could potentially put them into needing Crisis services. The Chair noted that by not doing services we are potentially moving people into the Crisis services category which is a more expensive level of care. D. Lasenby noted that this has been a long term problem and credited the CFO and her team for working out a process to work on this issue. She noted the process has improved however working on these challenges does make it difficult.

Discussion ensued regarding the ability to pay and how the formula may be off in determining what a person can actually pay. It was noted that there are two different systems; ability to pay and spend down; the question was posed as to whether or not the two different systems can work together and if anyone has gone to the legislature on this matter. It was noted that possibly the Community Mental Health Association of Michigan has attempted to address this issue. CFO Durant noted that it was her understanding the State had looked at spend down; however it would have an impact on the health plans; thus there have been changes with the State.

Discussion ensued on getting accurate information on the number of individuals in Residential settings that are on spend down; the number given by the CFO of individuals that may be impacted in Residential settings was approximately 1,900 people. The Chair requested that staff and the Collaborative provide a set of numbers that everyone agrees on for hospitalization costs and the number of people that could be impacted. Discussion ensued regarding persons that could not meet spend down and if they could be turned down for services. It was explained that there was a limited benefit plan that was available for the uninsured and the underinsured which would be provided by the Providers; however Providers have continued to provide the full array of services in hopes that would receive payment. The Chair requested that all information be documented including hospitalization cost; the impact on consumers and the impact on Providers if spend down is not provided.

Mr. D. Smith, COO of NSO addressed the committee and noted that spend down can be met if there is a one day hospital stay for that month; however the hospital stays are very expensive.

Mr. Brooks gave an overview of how the each State came up with their own requirements for spend down. Michigan came up this plan of a lower amount for one to be eligible to participate in Medicaid and provided General Fund. General Fund was reduced because of how we were using it. The \$4.5 million dollar reduction in General fund will continue over the next several years and he is lobbying the State regarding the reduction.

Discussion ensued regarding the total number of Providers that would be impacted; CFO Durant noted that there would be approximately 40 Providers and 240 Residential

Providers that would be impacted. Discussion ensued regarding the total dollar amount of the reduction. The Chair noted that spend down will be an item on the Finance Committee agenda. CFO Durant noted that any changes that were going to be made needed to be made quickly as contracts will be entered into with Providers and were being processed based on the approved Priority list. It was noted that the Finance Committee should have recommendations prepared at their February meeting to be presented to the Full Board at the meeting in February.

It was noted that the Collaborative will collect as much data as necessary and provide the information that was not in the document and will assist in any needed advocacy on this issue in Lansing.

Management should be prepared at the Finance Committee meeting with recommendations on solutions that they have on this issue along with recommendations on the best use of General Funds. It was also requested that information be provided on the total amount of the reduction.

X. Good and Welfare/Public Comment –Commissioner Killeen read the Good and Welfare/Public Comment statement.

Mr. D. Rousell, CFO - Services to Enhance Potential addressed the board and gave an overview of how S.T.E.P would be impacted if they did not receive spend down. He referenced the letter that was received from E. Doeh.

The Chair requested that the information be presented in written form and any other Provider who wanted to present information should send it to the Board Liaison. The Chair thanked everyone for taking the time to attend the meeting on this critical issue.

XI. Adjournment – There being no further business; the Chair called for a motion to adjourn. **Motion:** It was moved by Ms. Abdallah and supported by Mr. McNamara to adjourn the meeting. **Motion carried.** Meeting adjourned at 2:53 p.m.

FOLLOW-UP ITEMS		

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JANUARY 8, 2020

1:00 P.M.

2ND FL TRAINING ROOMS A & B

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: Angelo Glenn, Chief William Riley, III; Dr. Cynthia Taueg and Dr. Iris Taylor</p> <p>Committee Member(s) excused: Dr. Lynne Carter</p> <p>Board Member(s) Present: Dorothy Burrell and Board Chair, Bernard Parker</p> <p>Staff: Brooke Blackwell, Willie Brooks, Donna Coulter, Jacquelyn Davis, Tiffany Devon, Eric Doeh, Kimberly Flowers, Tina Forman, Shareace Hill, Bernard Hooper, Dana Lasenby, Ebony Lawson, Alicia Oliver, Callana Ollie, Darlene Owens, Crystal Palmer, April Siebert, Andrea Smith, and Ortheia Ward</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

DISCUSSION	The Chair called for a roll call.
CONCLUSIONS	Roll call was taken by Vice-Chair, Dr. Cynthia Taueg. There was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the agenda. Motion: It was moved Dr. Taueg and supported by Mr. Glenn 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

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access and Crisis Services Quarterly Report – Provide correct number of clinical eligibility total for 2018: Jacquelyn Davis, Director of Access and Crisis Services reported that the correct number of clinical eligibility total for 2018 is 58, 476 and in line with previous practice.</p> <p>B. Corporate Compliance Report – Provide information on the number of ICO audits that are ongoing in connection with mental health: Bernard Hooper, Corporate Compliance Officer reported:</p> <ol style="list-style-type: none">1. DWIHN had an Annual Assessment from ICO Molina Healthcare on April 24, 2019 and received a total score of 95.29% on the assessment. Corrective Actions were submitted in the area of Network Management (Provider Online Directory) and Critical Incidents. The UM File Review did not meet requirements but no Corrective Action was requested as the UM category had an overall score of 91.49%2. DWIHN had a Delegation Audit from ICO Aetna on May 16, 2019 and all areas passed the requirements.3. DWIHN had an Annual Audit from ICO Aetna on November 18, 2019 and DWIHN was in compliance with operational and/or performance standards.4. ICO Michigan Complete Health completed an Annual Audit in November 2019. DWIHN sent requested information to Michigan Complete and is awaiting the summary results of the audit.5. DWIHN was notified in July 2019 that ICO Aetna was having an audit with CMS. DWIHN submitted requested information to Aetna. In September, DWIHN participated in the audit as the behavioral health provider for Aetna members. The CMS audit is still ongoing.6. DWIHN was notified in September 2019 that ICO Molina was having an audit with CMS. DWIHN submitted requested information to Molina and is awaiting the summary results of the audit. <p>Mr. Hooper will provide updates on ongoing audits once the results are received.</p> <p>C. Provide report laying out the Work Plan/Strategic Plan so that the board can understand what is related to what for educational purposes: April Siebert, Director of Quality Improvement submitted and gave an overview of the crosswalk between the Work Plan and Strategic Plan. Ms. Siebert reported that the Workplan is based on the following six pillars (Access, Customer, Finance, Quality and Workforce) with support from the focus areas under each pillar identified in the Strategic Plan. The tasks addressed are identified in the QAPIP Work Plan and are aligned with the Strategic Plan.</p> <p>D. Provide a report on the Trails program outlining strategy to move into all schools (response is to be sent to all schools by the end of November): Crystal Palmer, Director of Children’s Initiatives reported that they are waiting on U of M to provide them with a training timeline and to insure they have funding to train staff for next fiscal year. The program is currently in 22 schools</p>
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	<p>and 10 more clinicians will be trained in January so that they can be put into other schools. Mrs. Palmer stated that they should have a report from U of M in February 2020 and will provide it to this committee. (Action) Discussion ensued. The committee requested that Mrs. Palmer provide them with the total number of schools in the geographic area and when the program will be in all the schools for the next Program Compliance Committee meeting in February. (Action)</p>
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VI. Approval of Meeting Minutes

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair called for approval of the meeting minutes for November 13, 2019. Motion: It was moved by Dr. Tauog and supported by Chief Riley to approve the November 13, 2019 meeting minutes. Dr. Taylor asked if there were any changes/modifications to the minutes. There were no changes/modifications to the minutes. Motion carried.</p>
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VII. Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Corporate Compliance Report – Bernard Hooper, Director of Corporate Compliance submitted and gave an update on his Corporate Compliance report. Mr. Hooper reported that Corporate Compliance and the Deputy CEO/COO, Eric Doeh continue to monitor the investigation of allegations of misappropriation and mismanagement by the former CEO/President of Central City Integrated Health (CCIH), Ryan Lepper. Mr. Hooper will update this committee when this investigation is completed. The Corporate Compliance Committee has convened for the first quarter of FY 19/20 to review the initiatives for DWIHN and network providers. Mr. Hooper has prepared the annual compliance plan based on the recommendations of the committee and published these priorities in the Simply Compliance article for December 2019. Corporate Compliance and Quality Improvement met with Wayne Center regarding a number of findings in their Performance Monitoring report dated April 29, 2019. Wayne Center is preparing a plan of correction for these matters and a follow-up review is pending. The Risk Management Committee had two meetings to discuss a new IT security regime for provider access to MH-WIN. Implementation will occur on or before January 15, 2020. Discussion ensued. The Chair called for a motion to accept the Corporate Compliance report. Motion: It was moved by Mr. Glenn and supported by Chief Riley to accept the Corporate Compliance report. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p> <p>B. Media and Community Outreach – Tiffany Devon, Director of Communications submitted and gave an update on the Media and Community Outreach report for November and December 2019. Mrs. Devon reported a story aired on WWJ Radio on Christmas Eve Morning regarding Central City Integrated Health. Mr. Brooks was interviewed before break regarding Central City. The interview was very balanced and informative. Mrs. Devon also reported they will be working very closely with schools this year to provide information about vaping, suicide and mental health. Michigan Department of Health and Human Services will hold five public forums to discuss community behavioral health and how they would like to change the system. One public forum will be held this evening at 6:30 p.m. at the Cadillac Place. A virtual forum will be held on February 6th. The Chair called for a motion to accept the Media and Community Outreach report.</p>
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	<p>Motion: It was moved by Mr. Glenn and supported by Chief Riley to accept the Media and Community Outreach report. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p>
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VIII. FY 2018/19 Utilization Management Annual Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Kimberly Flowers, Provider Network Clinical Officer submitted and gave a report on the FY 2018/19 Utilization Management Annual Report. Ms. Flowers reported that the UM department’s role is to manage and monitor utilization of services which include Outpatient Authorization Requests, Inpatient Hospitalization, Partial Hospitalization, Crisis Residential Services, SUD services, Autism, Habilitation Support Waiver (HSW) and County of Financial Responsibility (COFR). They are continuously monitoring service utilization and quality of care for populations served in preparation for NCQA survey scheduled for 2021. They have bi-weekly meetings with the Network’s NCQA team to ensure compliance with the standards, policy and procedure revision timelines. Staff currently manages 560 community hospital in-patient admission for the MI-Health Link members. There are currently 1,659 cases opened in the Autism Spectrum Disorder Benefit program. Dana Lasenby, Chief Clinical Officer informed the committee that staff is working with the State on a Corrective Action Plan and to see how to increase utilization of the HAB Waiver program. Discussion ensued. The committee requested a Corrective Action Plan and explanation for the hospitalization numbers and average length of stay and the target percentage for HAB Waivers. (Action) The Chair called for a motion to accept the FY 2018/19 Utilization Management Annual Report. Motion: It was moved by Mr. Glenn and supported by Chief Riley to accept the FY 2018/19 Utilization Management Annual Report. Dr. Taylor opened the floor for further discussion. Discussion ensued. Motion carried.</p>
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IX. Quality Review(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>E. FY 2018/19 Critical/Sentinel Event Year-End Summary Report – April Siebert, Director of Quality Improvement submitted and gave highlights on the five-year comparison from FY 2014/15 through FY 2018/19 Critical/Sentinel Year-End report. Ms. Siebert reported this report reflects a comparison of data for five years (2014-2019) and gives a breakdown by provider location. There are a total of 4,939 critical events reported in the Network’s Critical Event Model System. There was a 2135 decrease from the previous year and it’s contributed to training and educating our providers to ensure they are not over/under reporting critical/sentinel events. For interventions/strategies, staff will continue efforts to improve data reporting, track, trend and analyze critical incidents and other events that put members at risk; continue to educate and train our provider system including outpatient and residential providers to ensure data completeness and accuracy; continue to monitor and provide technical assistance in order to make certain that providers are not over/under reporting events; and holding the Clinically Responsible Service Providers (CRSP) for coordinating and entering all CE/SE information into MH-WIN. Discussion ensued. Motion: It was moved by Dr. Taueg and supported by Chief Riley to accept the FY 2018/19 Critical/Sentinel Event Year-End Summary</p>
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	<p>Report. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p> <p>F. Quality Assurance Performance Improvement Program (QAPIP) Work Plan Goals and Objectives FY 2018-19 Update – April Siebert, Director of Quality Improvement submitted and gave highlights on the Quality Assurance Performance Improvement Program (QAPIP) Work Plan, Goals and Objectives FY 2018-19. Ms. Siebert reported that FY 2020 Work Plan is based on the six pillars and is in line with the Strategic Plan. The Work Plan includes a continuation of some identified goals from the 2019 Work Plan and new goals for FY 2020. Ms. Siebert demonstrated to the committee the alignment between the Work Plan and the Strategic Plan as requested. Ms. Siebert also informed the committee that the FY 2020 QAPIP Evaluation Plan will be presented to the Quality Improvement Steering Committee (QISC) on February 4th and to this committee on February 12th for review and approval. Discussion ensued. Motion: It was moved by Dr. Tauog and supported by Chief Riley to accept the Quality Assurance Performance Improvement Program (QAPIP) Work Plan, Goals and Objectives FY 2018-19 update. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p>
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X. Review/Approval of RFP/RFQ Work Plan Questionnaire for OBRA/PASRR

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Tina Forman, Director of Integrated Health Care and Alicia Oliver, Clinical Specialist for OBRA/PASRR submitted and presented the RFP/RFQ Work Plan Questionnaire for Omnibus Budget Reconciliation Act/Pre-Admission Screens Resident Review (OBRA/PASRR) to the committee for review and approval. The anticipated budget amount is \$2, 561,462 for a continuation of services. The proposed contract term is April 1, 2020 through March 31, 2021. The purpose of the procurement is to obtain an organization can provide the Level II Assessments for individuals that are supported in the community with a mental health concern to make sure that they meet requirements for nursing facility care and to also determine what mental health services they may require while receiving services in that facility. Mrs. Oliver informed the committee that for FY 2019, the Neighborhood Service Organization (NSO) have seen a total of 578 consumers with MI or DD and 496 consumer have received PASRR services to date. Discussion ensued. Motion: It was moved by Dr. Tauog and supported by Chief Riley to move the RFP/RFQ Work Plan Questionnaire for OBRA/PASRR to Full Board for approval. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p>
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XI. Review/Approval of RFP/RFQ Work Plan Questionnaire for Independent Autism Spectrum (ASD) Evaluation

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Ebony Lawson, Program Administrator for Autism Spectrum Disorder (ASD) submitted and presented the RFP/RFQ Work Plan Questionnaire for Independent Autism Spectrum Disorder Evaluation to the committee for review and approval. The purpose of this procurement is to provide independent initial and Annual Re-evaluation Diagnostic Testing to identify autism in children aged 18 months to 21 years old in Wayne County. The independent assessment is performed by a psychologist who is fully-licensed, limited-licensed or temporary limited licensed by the State of Michigan (MCL 333.182 et seq.) The independent assessment by the psychologist will determine recommendations for the intensity of the Applied Behavior Analysis (ABA) service. The anticipated budget amount is \$785,000.00.</p>
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	<p>The proposed contract term is two years. The Network will contract with two providers, one primary and one secondary in the event a second opinion is required. We currently receive 100-230 referrals a month. Motion: It was moved by Dr. Taueg and supported by Mr. Glenn to move the RFP/RFQ Work Plan Questionnaire for Independent Autism Spectrum (ASD) Evaluation to Full Board for approval. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p>
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XII. Chief Clinical Officer’s (CCO) Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Dana Lasenby, Chief Clinical Officer submitted and gave highlights on her Chief Clinical Officer’s report. Mrs. Lasenby reported that the Clinically Responsible Service Providers (CRSP) is a part of our process and improvements to make sure we do a better job at managed care. Staff have developed a project to identify individuals with no CRSP to ensure clients are engaged in services by attempts from a provider and clean out our system of individuals who have not been engaged in services after attempts to engage them. They will be finalizing the definition of CRSP to providers during the month of January. A plan has been developed to determine the baseline number of individuals needing to be assigned to an active CRSP and re-engaged in services. A more detailed report will be presented in February. For the month of November, there were 4,310 Request for Service (RFS) for Children’s Crisis Services with 73% diverted to lower levels of care. Staff is working with Crisis Providers to ensure CRSPs are being notified that individuals they serve have been hospitalized and/or in the ED. Staff will continue to monitor. For adults, there were 1007 requests with 742 going into inpatient including seven due to no CRU bed available and 379 diverted to lower levels of care. Beaumont Hospital had a groundbreaking ceremony on December 16th for a full service psychiatric hospital that will serve all populations. The location will be in Dearborn and should be completed in 2022. Staff will be reaching out to Beaumont to discuss partnering with them to provide services for our clients. Staff is seeing an improvement in the management of crisis calls and attributed that to additional staffing and improvements in call software. The total submissions for the DHS Outstation locations for the month of November were 197 cases and 78 cases (partial total) for the month of December. Discussion ensued. The Chair called for a motion to accept the Chief Clinical Officer’s report. Motion: It was moved by Chief Riley and supported by Mr. Glenn to accept the Chief Clinical Officer’s Report. Dr. Taylor opened the floor for further discussion. Motion carried.</p>
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XIII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #20-06 (Revised) – Michigan Department of Health and Human Services (MDHHS) – PIHP Contract FY 19/20 Amendment - The Chair called for a motion on BA #20-06. Motion: It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #20-06 to Full Board for approval. The Network received amended language from MDHHS to the current PIHP contract for FY 2020. The amount of the contract is \$747,944,461.00 and the proposed contract term and period of the amendment of (October 1, 2019 – September 30, 2020) will remain the same. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #20-14 (Revised) – Early Autism Services – Autism Spectrum Disorder (ASD) Benefit Waiver – The Chair called for a motion on BA #20-14. Motion: It was moved by Mr. Glenn and supported by Chief Riley to move BA #20-14 to</p>
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	<p>Full Board for approval. Network staff recommends approval of a one-year contract renewal for the ASD Benefit Provider contracts to add Early Autism Services to the current ASD Provider Network of 16 providers. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #20-15 (Revised) – Substance Use Disorder (SUD) Prevention – Empowerment Zone Coalition, Inc. – The Chair called for a motion on BA #20-15. Motion: It was moved by Mr. Glenn and supported by Chief Riley to move BA #20-15 to Full Board for approval. This board action is being revised from \$5,501,795.00 to reflect an increase of \$69,111.00 for a total of \$5,570,906.00 in MDHHS Community Block Grant/Partnership for Success (PFS) funds. Empowerment Zone Coalition will receive \$69,111.00. Dr. Taylor opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>D. BA #20-19 (Revised 1) – Multicultural Integration – <i>Providers listed in board action</i> – The Chair called for a motion on BA #20-19. Motion: It was moved by Mr. Glenn and supported by Chief Riley to move BA #20-19 to Full Board for approval. Network staff is requesting approval of the Memorandum of Understanding between Community Mental Health Association of Michigan (CMHAM), MDHHS and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator and Multicultural Providers formerly known as the Multicultural Programs for a revised total of \$491,434.00 for the fiscal year ending September 30, 2020. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIV. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #20-41 – Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) – The Chair called for a motion on BA #20-41. Motion: It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #20-41 to Full Board for approval. Network staff requesting board approval to enter into a contract with various vendors (list of providers included in board action) for the continuation of MHFA and QPR. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #20-42 – Michigan Opioid Partnership – Wayne County Jail; Hegira Programs, Inc.; Quality Behavioral Health; Wayne State University (WSU); and Wellpath – The Chair called for a motion on BA #20-42. Motion: It was moved by Mr. Glenn and supported by Chief Riley to move BA #20-42 to Full Board for approval. Network staff is requesting board approval to partner with Michigan Opioid Partnership to develop an Opioid Treatment Ecosystem, which will require partnership between criminal justice systems, behavioral health providers and Community Foundation for Southeast Michigan. Dr. Taylor opened the floor for discussion. Discussion ensued. A question was raised by the committee as to when a RFP be submitted for SUD to give other providers a chance to provide SUD Services. Eric Doeh, Chief Operating Officer informed the committee that they are in the process of developing a risk assessments for SUD Providers and will provide an update. (Action) Motion carried.</p> <p>C. BA #20-43 – CMH Clubhouse – Michigan Department of Health and Human Services, Behavioral Health & Developmental Disabilities Administration - The Chair called for a motion on BA #20-43. Motion: It was moved by Mr. Glenn and supported by Chief Riley to move BA #20-43 to Full Board for approval. Network staff is requesting board approval to accept and disburse grant funding from MDHHS, Bureau of community Based Services for \$140,409.00 to support individuals who are receiving Clubhouse services but has either lost their</p>
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	Medicaid eligibility and/or may lose eligibility due to not meeting their Medicaid Spend-down/Deductible. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.
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ACTION ITEMS	Responsible Person	Due Date
1. TRAILS Program – Provide U of M report on Program; total number of schools in the geographic area and a when the Program will be in all schools.	Crystal Palmer	February 12, 2020
2. FY 2018/19 Utilization Management Annual Report – A. Provide a Corrective Action Plan and explanation for the hospitalization numbers and average length of stay B. Provide the target percentage for HAB Waivers.	Kimberly Flowers	February 12, 2020
a. Provide update on Risk Assessments for SUD Providers and plan for RFP for new SUD Providers	Eric Doeh	TBD

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

ADJOURNED: 2:33 p.m.

NEXT MEETING: Wednesday, February 12, 2020 at 1:00 p.m. in the 2nd Floor Conference Room 200A.



**Detroit Wayne
Integrated Health Network**

707 W. Milwaukee St.
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FY 2019-2020 RESOLUTION NUMBER 4

RESOLUTION TO RATIFY, RESTATE, AND AMEND THE BYLAWS

WHEREAS, the Detroit Wayne Integrated Health Network (“DWIHN”) Board of Directors (the “Board”) desires to amend Article V, Section 7 of the Bylaws in order to allow the Board Chairperson to appoint a Board member to the Executive Committee in the event the position of the immediately preceding Chairperson is vacant;

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 ratify, restate, and amend 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 ratified, restated, and amended such that Article V, Section 7 shall read as follows:

The officers of the Board and the immediately preceding Chairperson of the Board shall compose the Executive Committee; except where the position of the immediately preceding Chairperson is vacant, the Board Chairperson shall recommend the appointment of a current Board member to fill such vacancy, which shall be ratified by simple majority vote by the full Board. The Executive Committee shall meet monthly, or as the Chairperson or, in her/his absence, the Vice Chairperson, may deem necessary or appropriate. The Executive Committee shall facilitate the dissemination of data and information relevant to Board matters to the Board and other committees by gathering, considering and sorting such data and information, and distributing such data and information to the Board and other committees. The Executive Committee shall have no power or authority to deliberate toward, or render a decision on, a

Board of Directors

Bernard Parker, Chairperson
Dora Brown
Kevin McNamara

Dr. Iris Taylor, Vice-Chairperson
Dorothy Burrell
William T. Riley, III

Timothy Killeen, Treasurer
Lynne F. Carter, MD
Kenya Ruth

Ghada Abdallah, RPh, Secretary
Angelo Glenn
Dr. Cynthia Taueg

Willie E. Brooks, Jr., President and CEO





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public policy, unless the Executive Committee is expressly authorized by the Board, in advance of an Executive Committee meeting, to render a decision as to a specific issue. It may submit reports and make recommendations to the full Board, however, except as set forth in the preceding sentence, such reports and recommendations shall have no binding effect on the Board.

I HEREBY CERTIFY that the foregoing Resolution was adopted on February 19, 2020, by the Board of the Detroit Wayne Integrated Health Network.

Bernard Parker, Chair

Board of Directors

Bernard Parker, Chairperson
Dora Brown
Kevin McNamara

Dr. Iris Taylor, Vice-Chairperson
Dorothy Burrell
William T. Riley, III

Timothy Killeen, Treasurer
Lynne F. Carter, MD
Kenya Ruth

Ghada Abdallah, RPh, Secretary
Angelo Glenn
Dr. Cynthia Taueg

Willie E. Brooks, Jr., President and CEO





Board of Director's Report
Willie E. Brooks, Jr.
February 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.

Committee 2: Wayne County Diversion Council (WCDC) (No update. Meeting occurred February 11, 2020)

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).

Training

The WCDC is coordinating Crisis Intervention Training for Wayne County. The goal is to train trainers and then train the workforce.

Model

WCDC is structuring a model that will provide a structured alternative to incarcerating individuals with mental illness. This process will involve allowing judges to give individuals the choice of services versus incarceration.

Data

WCDC is reviewing data sharing capabilities between the correction system, DWIHN and providers in an effort to better administer service at all three levels.

Health Plan Integration

Requests for Information (RFI)

DWIHN is finalizing agreements with two Health Plans. Currently working with clinicians, on the program design and implementation.

DWIHN is also assessing partnerships with two hospitals.

MDHHS Behavioral Health Restructure (SIP)

298 State Pilots

The Governor vetoed the 298 language that favored health plan privatization, along with numerous other items in the budget. Although the 298 proposal is no longer active, MDHHS is pursuing an alternative to integrating Behavioral Health with Physical Health.

New Proposal: Specialty Integrated Plan (SIP) Model

MDHHS announced a new 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.
- **Launch Date.** MDHHS is planning on launching the first SIP program in October of 2022

Concerns with new SIP Program

I have several concerns with the new SIP program as follows:

- **Statewide versus Regional.** The proposal from MDHHS requires multiple statewide SIP's that will compete against each other. This will require each SIP to have a provider network and infrastructure for the entire state. There are approximately 300,000 PIHP lives in Michigan. Forming multiple SIP's to compete against a comparably small population is not cost effective. Regional settings would be more cost effective if multiple SIP's are used. The other option would be to have one Sip for the entire state.

- **Elimination of PIHP.** The new proposal of SIP's will eliminate the ten (10) PIHP's in the state and promote SIP partnerships with Community Mental Health Service Programs (CMHSP). Three of the PIHP's in the state including DWIHN are both PIHP's and CMHSP's. PIHP's are the legal entities that control Medicaid dollars and reserves; this function will pass over to the newly developed SIP's. DWIHN will have to pursue either becoming a SIP through partnership or becoming a partner in service delivery with several SIP's.
- **Reserve and Risk.** The new SIP must be a MCO and will be required to maintain a substantial reserve from 20-30% of annual spending. The current public system does not allow for high levels of reserves. Special consideration is required to allow the building up of reserves for public entities to participate as a SIP.
- **Partnerships.** The new MDHHS proposal will require partnerships between, providers, health care, behavioral care, and a MCO. MDHHS will potentially send out request for proposals and allow bidders to collaborate on the partnerships. This process increases the risk in light of the limited dollars in the system, vast coverage area statewide, and limited amount of individuals served.
- **Start-up Cost.** There is no mention of start-up cost associated with the MDHHS proposal. SIP's and providers must establish a statewide network and infrastructure at their own expense and risk.
- **Segregated System.** The MDHHS proposal will have a separate process for non-behavioral individuals. This could result in segregation of health care. This will also require a separation of dollars for health care administration for each system, behavioral and non-behavioral.
- **Outside Take Over.** This process can open the door for out of state organizations to bid and potentially profit in the system by reducing services to increase profits.

DWIHN Next Steps:

- Continue to work with MDHHS in expressing concerns of the SIP proposal and potential modifications to the program
- Work with key legislatures in voicing concerns of the new proposal
- Establish the best role to promote the continuance of quality care within the community
- Establish the best role for DWIHN in the Specialty Integrated Plan as a SIP, CMH provider, partner or combination of roles
- Strengthening reserves to prepare for future roles as a SIP partner and/or SIP provider
- Accessing regional participation and statewide participation
- Accessing collaborate with existing PIHP's and CMHSP's in the public entity portion of the SIP
- Accessing collaboration with Health Plans and potential MCO's
- Accessing new benefit structures and funding models to meet SIP needs of statewide consistency
- Develop a plan that is acceptable by MDHHS indicating the role of DWIHN in the new SIP environment.

2020 Funding Updates

Medicaid:

MDHHS is struggling to produce accurate monthly payouts as DWIHN enters the fifth month of the fiscal year. DWIHN is evaluating budget proposals to accommodate potential shortages in revenue in result to the following:

1. The Federal death audit indicating a \$9 million reduction dating back to 2014.
2. Changes in Medicaid revenue
3. Changes in General Fund revenue
4. MDHHS inability to provide consistent and predictable revenue stream

I expressed concerns with MDHHS with this process that presents additional risk to PIHP's.

DWIHN is still pursuing cost efficiency measures to assure optimum use of Medicaid dollars along with building adequate reserves after years of depleting reserves.

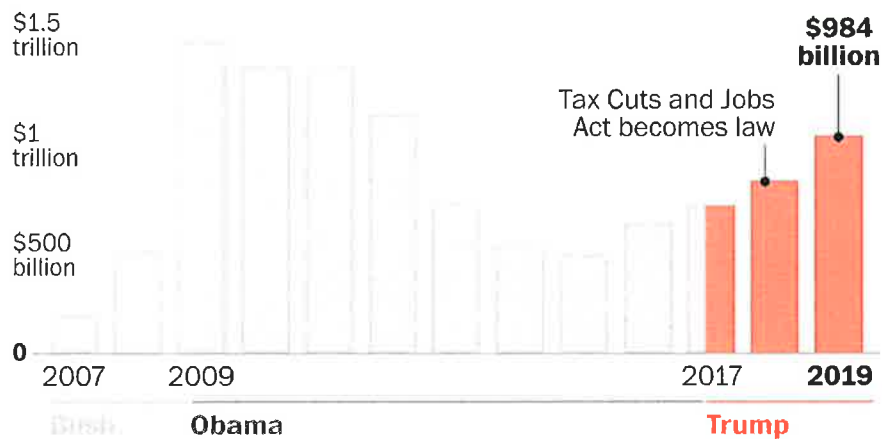
1. Executive staff is preparing a budget efficiency plan. This plan will include:
 - a. Administrative efficiencies
 - b. Provider efficiencies
 - c. Clinical guideline efficiencies
 - d. Provider monitoring efficiencies (both electronically and procedural)
 - e. Reviewing losses associated with the Autism benefit administration
 - f. Reviewing losses associated with Substance Use Disorder benefit administration
 - g. Network Management (assuring provider volume match service need volume)
 - h. Improved Audit Procedures
2. Initiate lobbying efforts with our political consultants and key politicians concerning the budget reduction.
3. Establish a long-term plan of a new contracting process for FY21 that will take in consideration actual provider capacity needs.

Other Federal Concerns:

1. The new budget proposal from President Trump calls for cutting Medicaid and the Affordable Care Act by about \$1 Trillion over the next decade. This includes a Medicaid \$844 billion cut over ten (10) years and an additional \$150 billion in Medicaid work requirement cuts.
2. The Federal legislature vetoed the previous Medicaid cut proposal.
3. Each budget proposal from President Trump consistently decreases Medicaid spending and increases military appending.
4. President Trump is proposing a block grant system that will allow individual states to control Medicaid policy and match requirements.
5. For Fiscal Year (FY) 2018-19, Michigan's State share (also known as Federal Medical Assistance Percentage (FMAP) for the program is 35.55% (for the non-Medicaid expansion population). This means that every \$1 of State expenditure generates about \$1.80 in Federal matching funds. (A Block Grant system will eliminate the mandatory State match)
6. The governments is borrowing a record 22 cent for every dollar spent. (See Deficit below)

The U.S. budget deficit has more than doubled since 2015

Fiscal-year deficit (The federal fiscal year runs from Oct. 1 to Sept. 30).



Sources: Treasury Department, Office of Management and Budget

THE WASHINGTON POST

<https://www.washingtonpost.com/business/2019/10/25/us-deficit-hit-billion-marking-nearly-percent-increase-during-trump-era/>

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.

The first year of the reduction, DWIHN lobbied to have a supplemental payment in place to hold DWIHN harmless. That supplemental should carry over to FY20, which will still create a **\$4.5 million General Fund deficit**.

DWIHN is currently pursuing a long-term solution for the overall \$22.5 million slated reduction. A meeting with MDHHS will occur in February/March to address the General Fund long-term reduction issue.

The next meeting with MDHHS will occur in early March. The goal is pursue a long-term equitable solution for DWIHN.

Crisis Continuum/Building

DWIHN will review the Crisis Continuum project and the building requirements to assure it meets the needs of the new MDHHS SIP proposal.

Staffing

DWIHN is reviewing all positions to assure we meet the future needs of the SIP restructure.

Provider Network

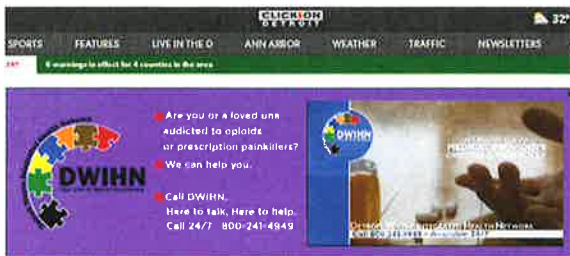
Provider Contracting:

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

Communications

In the Media:

WDIV-TV-4 – Educational messaging on Channel 4 continued in January with a message of hope for people struggling with addiction. Between television, digital and mobile, there were over one million, five hundred thousand impressions in just one month. Additionally, our Access Center helpline was featured on the Channel 4 home page of the website for 24 hours and saw good engagement.



Scripps-WXYZ-TV7 & TV 20 - Late last year, DWIHN began working on a half hour special related to opioid use. The 30-minute educational program began airing in February and will continue through April. This initiative called *Hitting Home: Fighting the Opioid Addiction* features several SUD Providers and people in recovery who were interviewed by Channel 7 host Erin Nicole. Seen here is Andy Hopson who is in recovery and works with Families Against Narcotics. Here are the air dates for the month of February.



WXYZ Dates & Times:

Saturday 2/1 – 2:30am -3:00am
Sunday 2/2 – 5:00am – 5:30am
Sunday 2/2 - 130am – 2:00am
Sunday 2/9 – 12:30pm –1:00pm
Sunday 2/16 5:00am-5:30am
Sunday 2/16 12:30p-1:00pm

WMYD TV 20 Dates & Times:

Sunday 2/2 – 11:30am-12:00pm
Sunday 2/9 – 6:30am-7:00am
Sunday 2/16 – 11:30am-12:00pm
Sunday 2/25 – 5:00am-5:30am

WWJ Newsradio 950 did a three part series at the end of January on the issues facing provider Central City Integrated Health. Reporter Vickie Thomas interviewed DWIHN President/CEO Willie E. Brooks about what plans are in place to make sure people receiving services are not affected. Below are the three stories that aired multiple times throughout the day and weekends.

<https://wwjnewsradio.radio.com/media/audio-channel/detroit-health-center-under-investigation-mentally-ill-clients-fighting-back>

<https://wwjnewsradio.radio.com/media/audio-channel/ceo-of-central-city-health-center-responds-to-federal-and-state-investigations>

<https://wwjnewsradio.radio.com/media/audio-channel/as-feds-investigate-mental-health-center-residents-call-for-more-help>

Community Outreach/Events:

Chandler Park Academy Health Fair – 50 medical students from Oakland University William Beaumont School of Medicine hosted this 8th annual Health Fair. The students, along with several OUWB faculty and staff members, provided basic screenings (vision, cholesterol, glucose, and blood pressure), flu shots, and other activities and educational opportunities related to health care. DWIHN was one of the new vendors this year with Youth United of Children’s Initiatives as the health fair continues to grow in size. DWIHN was also mentioned on Oakland University’s School of Medicine’s blog on their website.



MDHHS Opioid Town Hall – The Michigan Department of Health and Human Services (MDHHS) in partnership with DWIHN held an Opioid Town Hall at Wayne County Community College in January. The purpose was to allow people receiving services to share their concerns with MDHHS and DWIHN leadership. President and CEO Willie Brooks was interviewed by WWJ Newsradio 950’s Medical reporter Dr. Deanna Lites about the event.



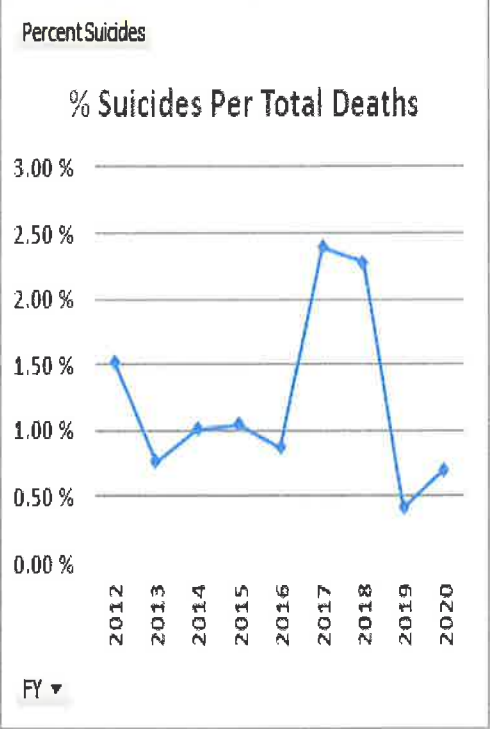
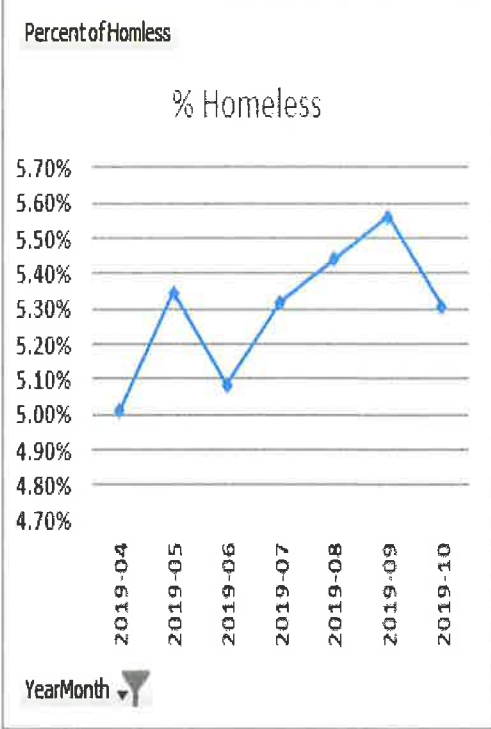
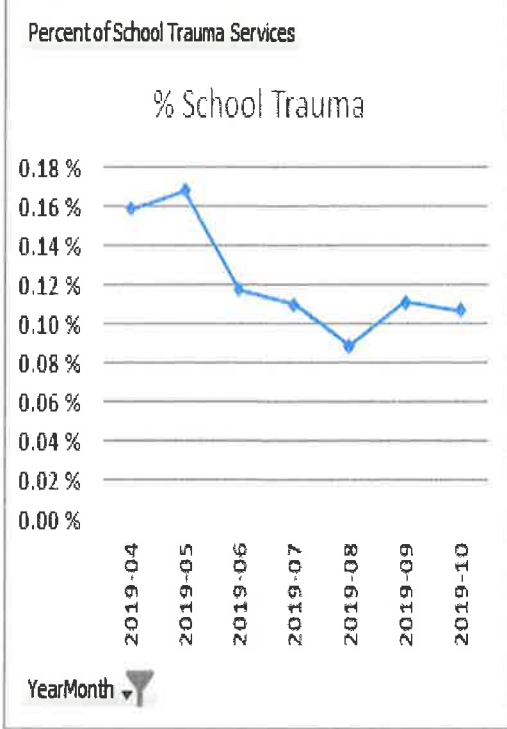
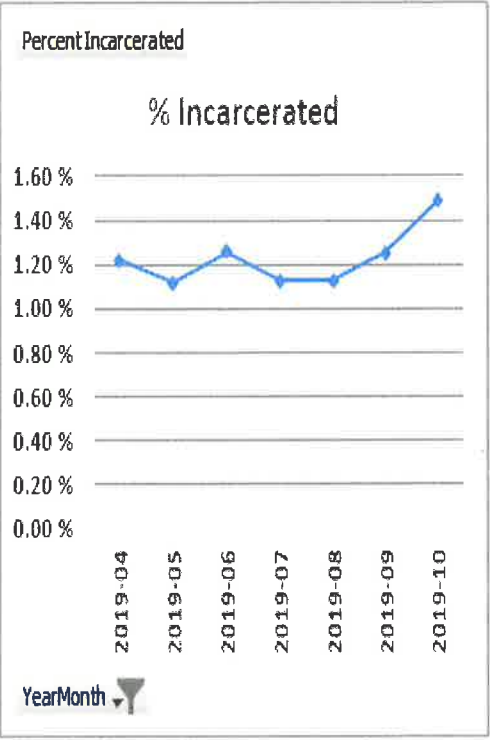
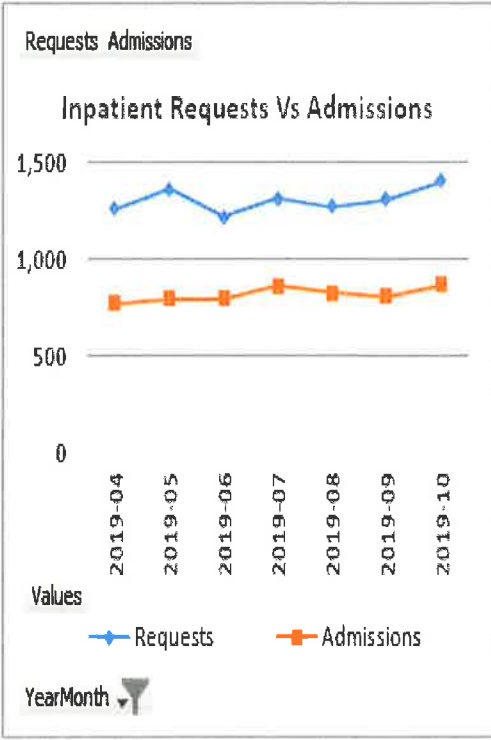
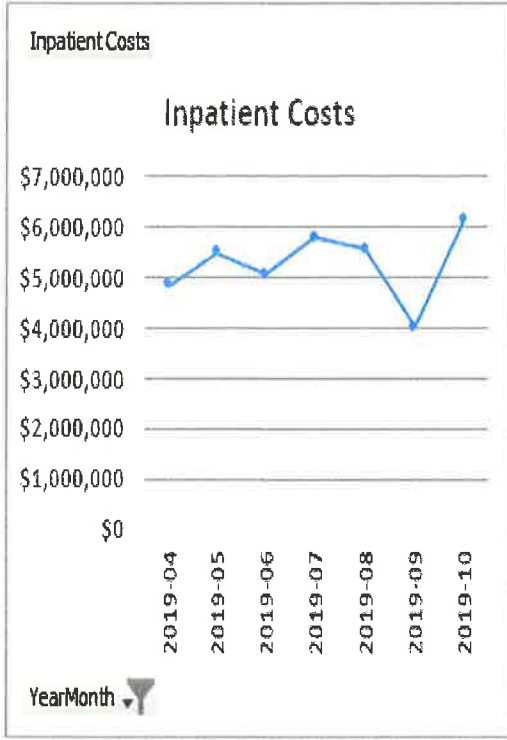
Youth Census & Election Rally - Wayne County Executive Warren C. Evans brought together 500 students from several school districts including: Romulus, River Rouge, Detroit, Harper Woods. The County Executive “swore in” 100 student ambassadors to encourage civic engagement in their schools for the upcoming 2020 Census and Election. Children’s Initiatives’ Youth United attended as a vendor and distributed information and resources at the rally.



Upcoming Events:

Event	Date	Location
A Day at the Movies-Youth Suicide Prevention event	Feb. 20, 2020	Bel Air Theater
Tabernacle Spirituality Weekend	Feb. 22, 2020	Tabernacle Church
Men’s Mental Health Summit	Feb. 29, 2020	Hartford Memorial Church
Self-Advocacy Day	March 3, 2020	State Capitol, Lansing
Western Wayne Resource Fair	March 12, 2020	Western Wayne Skill Center
NAMI MI Honors	March 14, 2020	Renaissance Center, Detroit
Autism Conference	April 9, 2020	Doubletree Dearborn/Detroit

Key Mental Health Indicators



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 16-48R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

Name of Provider: Services to Enhance Potential

Contract Title: Services to Enhance Potential (STEP)

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 2/5/2020

Proposed Contract Term: 2/1/2020 to 6/30/2020

Amount of Contract: \$ 24,375.00 Previous Fiscal Year: \$ 138,600.00

Program Type: Continuation

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

Date Contract First Initiated: 2/1/2016

Provider Impaneled (Y/N)? N

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

DWIHN staff recommends contract extension for Services to Enhance Potential to continue our daily janitorial services at 707 W. Milwaukee from February 1, 2020-June 30, 2020. The contract expired on January 31, 2020 and there is approximately \$19,375.00 remaining on the current blanket order. To ensure for any unexpected costs, we are requesting an additional \$5,000 for the total extension to not exceed the amount of \$24,375.00. The requested time period will allow us to meet the procurement requirements in securing bids for building cleaning services.

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

See Board Portal for additional information (Y/N)? Y *(Indicate all that apply)*

Scope of Service and/or Statement of Work ; Program Information ; Outcome Data/Quality Concerns ; Procurement Information

Source of Funds: Multiple

Fee for Service (Y/N): N

Board Action #: 16-48R

Revenue	FY 19/20	Annualized
All funding sources	\$ 24,375.00	\$ 24,375.00
	\$	\$
Total Revenue	\$ 24,375.00	\$ 24,375.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

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, February 5, 2020

Signed: Tuesday, February 4, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Blackshire*
Board Liaison

Date 2/19/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 19-24R Revised: Y Requisition Number: 11,807

Presented to Full Board at its Meeting on: 2/12/2020

Name of Provider: Relias Learning, LLC

Contract Title: ProAct / Interoperability

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/12/2020

Proposed Contract Term: 10/1/2019 to 9/30/2020

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

Program Type: Continuation

Projected Number Served- Year 1: 50,000 Persons Served (previous fiscal year): 50000

Date Contract First Initiated: 2/1/2015

Provider Impaneled (Y/N)?

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

DWIHN is requesting approval to continue funding Relias and their ProAct Analytics tool. ProAct supports our strategic plan initiatives surrounding integrated care and NCQA accreditation. Proact targeted measures were utilized in our NCQA Performance Improvement Plans (PIPs). Additionally, ProAct allows the Authority to monitor performance expectations of the PHIP contracts.

ProAct is a web-based behavioral health analytics solution that uses evidence-based algorithms to identify clinically actionable metrics on individuals served by DWIHN. They process these metrics using claims data; not just behavioral health claims submitted by DWIHN, but all Medicaid claims, including physical health and pharmacy claims submitted to Medicaid for the individuals that we serve.

These actionable metrics are identified by ProAct and imported directly into MHWIN.

It is requested that the contract with Relias be approved for the fiscal year ended September 30, 2020 with a not to exceed amount of \$197,000.

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

Board Action #: 19-24R

See Board Portal for additional information (Y/N)? N (Indicate all that apply)

Scope of Service and/or Statement of Work ; Program Information ; Outcome Data/Quality Concerns ; Procurement Information

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 2020	Annualized
Medicaid/General Fund	\$ 197,000.00	\$ 197,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 197,000.00	\$ 197,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Willie E. Brooks Jr.

Stacie Durant

Signed: Tuesday, February 11, 2020

Signed: Monday, February 10, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

Approved

Rejected

Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Blackshire
Board Liaison

Date 2/19/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 19-25R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

Name of Provider: NCO Parking Acquisition, LLC

Contract Title: New Center, LLC Lease Renewal

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 2/5/2020

Proposed Contract Term: 10/1/2018 to 9/30/2021

Amount of Contract: \$ 965,090.00 Previous Fiscal Year: \$ 480,090.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2018

Provider Impacted (Y/N)? N

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

This board action is to request (1) an additional \$175,000 to cover the lease and parking through 9/30/2020 and (2) approval of a one-year renewal option for lease through 9/30/21 for \$310,000 for the 14,772 sq. ft. office space at New Center, LLC. The amount of the option is \$16.50 per sq. ft. This brings the total amount to \$965,090 for the three year period.

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

See Board Portal for additional information (Y/N)? Y (Indicate all that apply)

Scope of Service and/or Statement of Work Y; Program Information ; Outcome Data/Quality Concerns ; Procurement Information Y

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
Multiple	\$ 965,090.00	\$ 965,090.00
	\$ 0.00	\$ 0.00

Total Revenue	\$ 965,090.00	\$ 965,090.00
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Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.941000.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, January 30, 2020

Signed: Wednesday, January 29, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

Approved

Rejected

Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Blackshire
Board Liaison

Date 2/19/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 19-42R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

Name of Provider: Relias Learning, LLC

Contract Title: ProAct Sub Portals

Address where services are provided: 111 Corning Rd. Suite 250 Cary, NC 27518

Presented to Program Compliance Committee at its meeting on: 2/12/2020

Proposed Contract Term: 10/1/2019 to 1/30/2020

Amount of Contract: \$ 50,000.00 Previous Fiscal Year: \$ 155,000.00

Program Type: Continuation

Projected Number Served- Year 1: 14 Persons Served (previous fiscal year): 14 Providers

Date Contract First Initiated: 10/1/2017

Provider Impaneled (Y/N)? N

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

This revised board action is to request four (4) months funding for Relias Learning, LLC beginning 10/1/19 through 1/31/2020 in the amount of \$50,000 for a total amended amount of \$205,000. The initial board action amounted to \$155,000 through 9/30/19.

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

See Board Portal for additional information (Y/N)? Y (Indicate all that apply)

Scope of Service and/or Statement of Work ; Program Information ; Outcome Data/Quality Concerns ; Procurement Information

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
All funding sources	\$ 50,000.00	\$ 50,000.00

Board Action #: 19-42R

	\$ 0.00	\$ 0.00
Total Revenue	\$ 50,000.00	\$ 50,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64933.822513.06425

In Budget (Y/N)? Y


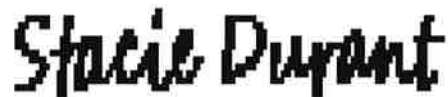
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Friday, February 7, 2020

Signed: Friday, February 7, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

Approved

Rejected

Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Blackshire
Board Liaison

Date 2/19/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-19 R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

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

Contract Title: Multicultural Integration

Address where services are provided: 4880 Lawndale St., Detroit, MI 48210

Presented to Program Compliance Committee at its meeting on: 2/12/2020

Proposed Contract Term: 10/1/2019 to 9/30/2020

Amount of Contract: \$ 818,226.00 Previous Fiscal Year: \$ 808,226.00

Program Type: Modification

Projected Number Served- Year 1: 2,000 Persons Served (previous fiscal year): 2000

Date Contract First Initiated: 10/1/2019

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of the Memorandum of Understanding between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN) and Multicultural Integration Providers formerly known as the Multicultural Programs.

MDHHS restored the reduction to \$618,601; the amount was previously reduced to \$371,809.

Revenue for these services are supported by E-Grants and Management Systems (EGrAMS) categorical and supplemental funds for Ethnic Services. The proposed term and amount of this Memorandum of Understanding is October 1, 2019 through September 30, 2020 and will not exceed \$818,226.00. This amount includes the General Fund Supplement of \$119,625 and the \$80,000 for the Veterans Navigator.

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

See Board Portal for additional information (Y/N)? N (Indicate all that apply)

Scope of Service and/or Statement of Work ; Program Information N; Outcome Data/Quality Concerns ; Procurement Information Y

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
State Grant	\$ 698,601.00	\$ 698,601.00
General Fund	\$ 119,625.00	\$ 119,625.00
Total Revenue	\$ 818,226.00	\$ 818,226.00

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: Tuesday, January 28, 2020

Signed: Monday, January 27, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Blackshire
Board Liaison

Date 2/19/2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA#20-43R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

Name of Provider: Arab Community Center for Economic & Social Services

Contract Title: DWIHN Clubhouse Spend-down/Deductible Assistance

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/12/2020

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

Amount of Contract: \$ 154,109.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 52 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 1/1/2020

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 is a revision to Board Action #20-43, that was approved by the Board of Directors at it's Full Board Meeting held on Wednesday, January 15, 2020. This action is being revised to add three Drop In-Centers that were approved and included in this grant award. This revision will also add allocated funds of \$13,700. This will increase the total grant award from \$140,409 to \$154,109. The funds will be used to meet the individuals' Deductible/Spend-down and to activate the individuals' Medicaid coverage for all covered services.

The three Drop-In Centers are: Harvest Retreat Drop-In Center; Our Place Drop-In Center and Perfect Place Drop-In Center. Total funding is not to exceed \$154,109, for the term of this contract-(January 1, 2020 through September 30, 2020). Continue funding of this initiative is at the discretion of Detroit Wayne Integrated Health Network-DWIHN.

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

See Board Portal for additional information (Y/N)? Y (Indicate all that apply)

Scope of Service and/or Statement of Work Y; Program Information ; Outcome Data/Quality Concerns Y; Procurement Information Y

Board Action #: BA#20-43R

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 19/20	Annualized
Block Grant	\$ 154,109.00	\$ 154,109.00
0	\$ 0.00	\$ 0.00
Total Revenue	\$ 154,109.00	\$ 154,109.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64933.822513.06425

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, January 28, 2020

Signed: Monday, January 27, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

Approved

Rejected

Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature

William M. Blackshire

Date

2/19/2020

Board Liaison

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 20-45 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

Name of Provider: Detroit Central City C.M.H., Inc., Development Centers Inc., Southwest Counseling Solutions, Wayne Metropolitan Community Action Agen, Coalition on Temporary Shelter

Contract Title: HUD Supportive Housing

Address where services are provided: Various Scattered Sites Throughout Wayne County

Presented to Program Compliance Committee at its meeting on: 2/12/2020

Proposed Contract Term: 2/1/2020 to 1/31/2021

Amount of Contract: \$ Previous Fiscal Year: \$

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)? 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 recommends Board approval to accept, renew and disburse U.S. Department of Housing and Urban Development (HUD) Supportive Housing funds for existing grant programs: Coalition on Temporary Shelter (COTS), Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions and Wayne Metropolitan Community Action Agency.

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

Approval of this Board Action will allow for renewal, acceptance and disbursement of HUD supportive housing grant funds in the amount of \$1,972,621 approved by the U.S. Department of Housing and Urban Development (HUD) and the Detroit Wayne Integrated Health Network state general fund match of \$104,785 for an amount not to exceed \$2,077,406.

The Providers listed in this Board Action submitted applications for renewal to HUD and were approved to continue to provide housing and supportive services to individuals and families in Detroit and Wayne County who have a serious mental illness and are experiencing homelessness.

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

See Board Portal for additional information (Y/N)? Y (Indicate all that apply)

Scope of Service and/or Statement of Work Y; Program Information ; Outcome Data/Quality Concerns Y; Procurement Information Y

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
HUD federal grant	\$ 1,972,621.00	\$ 1,972,621.00
General Fund	\$ 104,785.00	\$ 104,765.00
Total Revenue	\$ 2,077,406.00	\$ 2,077,406.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER:

In Budget (Y/N)? Y

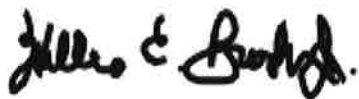
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, February 7, 2020

Signed: Thursday, February 6, 2020

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Blackshire Date 2/19/2020
Board Liaison

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: **20-47** Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/19/2020

Name of Provider: Wayne Parking LLC

Contract Title: Employee Parking - Wayne Parking LLC

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 2/5/2020

Proposed Contract Term: 1/1/2020 to 12/31/2020

Amount of Contract: \$ 75,600.00 Previous Fiscal Year: \$ 93,000.00

Program Type: New

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

Date Contract First Initiated: 1/1/2020

Provider Impanaced (Y/N)? N

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

This board action is to request approval of a contract with Wayne Parking, LLC for 70 parking spaces for DWIHN employees in the lot located at 707 Milwaukee and New Center One. Wayne Parking (formerly CS Parking) was contracted with for better parking accommodations for staff. The previous parking structure had improvements that were needed to insure parking access and safety for our employees, as well as a recent increase in their monthly rate. Moving to this lot from the prior parking structure will provide approximately \$17,400 per year in cost savings.

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

See Board Portal for additional information (Y/N)? Y (Indicate all that apply)

Scope of Service and/or Statement of Work Y; Program Information Y; Outcome Data/Quality Concerns N; Procurement Information Y

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
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All funding sources	\$ 75,600.00	\$ 75,600.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 75,600.00	\$ 75,600.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64922.961000.00000

In Budget (Y/N)? Y

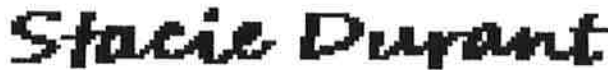
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Thursday, January 30, 2020

Signed: Wednesday, January 29, 2020

BA #20-47

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 19th day of February, 2020

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Blackshire
Board Liaison

Date 2/19/2020



History of Lincoln Behavioral Services

Suburban West 1978
Project Paradigm/Fairlane Behavioral Health Centre 1978
Deinstitutionalization
1985 Assertive Community Treatment
1986 Case Management/Hospital Liaison
1994 Clubhouse
Suburban West Community Center and Fairlane Behavioral Services
merged in 2000, becoming Lincoln Behavioral Services



Lincoln Behavioral Services is also:

CARF accredited since 2001
Accredited by Clubhouse International since 2012
Member, US Psychiatric Rehabilitation Association
Member, Michigan Association of Clubhouses
Affiliated with National Alliance for the Mentally Ill
and
Named Detroit Free Press Top Work Place 2019



Lincoln Behavioral Services offers:

Adult

Psychiatric Evaluation
Medication Management
Case Management
Peer Support
Individual Therapy
Group Therapy
Art Therapy

Assertive Community Treatment
Psychosocial Rehabilitation (PSR)
Supported Employment
Supportive Housing
Fairweather Lodge
Telepsychiatry
Co-occurring Service Array



Lincoln Behavioral Services offers:

Child & Family

Psychiatric Evaluation
Medication Management
Individual Therapy
Group Therapy
Case Management
Wraparound

School Based-3 districts and 3 charters
DBT for Adolescents
Homebased
Infant Mental Health
PMTO
Parent Support Partner



Lincoln Behavioral Services offers:

Evidence Based Practices

Cognitive Enhancement Therapy
Dialectical Behavior Therapy
Parent Management Training Oregon
Assertive Community Treatment
Permanent Supportive Housing
Illness Management and Recovery

Psychosocial Rehabilitation
Cognitive Processing Therapy
Prolonged Exposure Therapy
Motivational Interviewing
Individual Placement and Supports
Supported Employment



Lincoln Behavioral Services offers:

Trauma Informed Care

Seeking Safety
Cognitive Processing Therapy
Prolonged Exposure Therapy
Mindful Yoga Therapy



Lincoln Behavioral Services offers:

Integrated Care

Primary Care
On-site Lab
On-site Pharmacy
Spiritual Center



Lincoln Behavioral Services

Thanks you for your time

9315 Telegraph Road
Redford, Michigan 48239
LBScares.com
313-450-4500