



Detroit Wayne Integrated Health Network

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**FULL BOARD MEETING
Wednesday, November 20, 2019
707 W. Milwaukee
2nd Floor Conference Room
1:00 P.M. – 3:00 P.M.
REVISED AGENDA**

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF THE AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES** ~ Full Board Meeting – October 16, 2019
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – October 2, 2019
Approved Program Compliance Committee Minutes – October 9, 2019
- VII. ANNOUNCEMENTS**
 - A) Authority Announcements
 - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Metro Region Meeting
 - 2) Update Community Mental Health Association of Michigan Fall Conference Traverse City, Michigan October 21st & 22nd
 - 3) National Behavioral Health Conference NatCon20, Austin, TX April 5th-7th
 - B) Executive Committee
 - 1) General Fund Revision 2019-20
 - 2) Board Outing – December 6, 2019
 - 3) Staff Recommendation – Building Expansion
 - C) Finance Committee
 - D) Program Compliance Committee
 - E) Recipient Rights Advisory Committee
- IX. OTHER STANDING COMMITTEE REPORTS**
 - A) Policy Committee
 - B) SUD Oversight Policy Board
 - C) Strategic Planning Committee

Board of Directors

Bernard Parker, Chairperson
Dora Brown-Richards
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 Tauzeg

Willie E. Brooks, Jr., President and CEO



X. STRATEGIC PLAN – MISSION, VISION AND VALUES

XI. PRESIDENT AND CEO MONTHLY REPORT

XII. UNFINISHED BUSINESS

Staff Recommendations:

- A. **BA#19-22 (Revised)** Michigan Municipal Risk Management (*Finance*)
- B. **BA#20-15 (Revised)** Substance Use Disorder Prevention – Taylor Teen (*Program Compliance*)
- C. **BA#20-29 (Revised)** Protocall (*Program Compliance*)

XIII. NEW BUSINESS

Staff Recommendations:

- A. **BA#20-36** Floyd Allen – The Allen Law Group, PC (*Finance*)
- B. **BA#20-37** Blue Cross Blue Shield 2020 (*Finance*)
- C. **BA#20-38** Premier Group Associates (Snow Removal) (*Finance*)
- D. **BA#20-39** Rene Vanassche & Sons (Perimeter Heating Repair) (*Finance*)
- E. **BA#20-40** Gambling Disorder Residential – Shar House and Mariner's Inn (*Program Compliance*)

XIV. PROVIDER PRESENTATION - Community Care Services

XV. REVIEW OF ACTION ITEMS

XVI. 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.

XVII. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, October 16, 2019
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, Secretary	Kenya Ruth
Dr. Lynne Carter (via phone)	Dr. Cynthia Taueg

BOARD MEMBERS EXCUSED: Ms. Dora Brown-Richards; and Dr. Iris Taylor

GUESTS: Mr. Scott Barry, CEO Centria Autism

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. Ghada Abdallah, Board Secretary 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. Glenn and supported by Ms. Abdallah to approve the agenda. Motion carried unanimously.

MOMENT OF SILENCE

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

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes. **A motion was offered by Commissioner Killeen and supported by Ms. Burrell to approve the minutes of September 25, 2019. Motion carried unanimously.**

RECEIVE AND FILE

The Chair called for a motion to Receive and File the approved Finance Committee minutes of September 4, 2019. **A motion was offered by Ms. Abdallah and second by Commissioner Killeen to "Receive and File" the approved minutes from the Finance Committee meeting of September 4, 2019. The motion carried unanimously.**

The Chair called for a motion to Receive and File the approved Program Compliance Committee minutes of September 11, 2019. **A motion was offered by Ms. Abdallah and supported by Commissioner Killeen to "Receive and File" the approved minutes from the Program Compliance Committee meeting of September 11, 2019. The motion carried unanimously.**

ANNOUNCEMENTS

Authority Announcements

T. Devon, Director of Communications gave an overview of three upcoming events; Reaching for the Stars will be held on October 18th at Fellowship Chapel this event recognizes the people we serve for their accomplishments; Drug Take Back Day will be held on October 26th - Take Back Boxes will be located throughout Wayne County; a conference will be held for the LGBT community on November 7th. Ms. Vasconcellos, Director of Customer Service wished the board happy bosses day and informed them that the Customer Service Member Engagement Unit received the Michigan Department of Health and Human Services Director's Innovation Award at the 26th Annual Recipient Rights Conference. The award was in reference to our innovation and Ambassadors Program - to date we have trained and certified 23 ambassadors and have facilitated 80 events in the community on integrated health care and the eradication of stigma. Ms. Vasconcellos extended kudos to Dr. Coulter for initiating the program.

Board Announcements

Chief Riley, III publicly thanked Mr. Kip Kliber, Director of Recipient Rights, who is retiring for his service and presented him with a gift from the Board members who sit on the Recipient Rights Advisory Committee.

Commissioner Killeen noted that while he and Mr. Evans, Wayne County Executive were at a census event in Hamtramck the City Manager of Hamtramck and a council member thanked him and the Detroit Wayne Integrated Health Network for all of the work being done in their City. Commissioner Killen noted he was recognized as being a part of DWMHA as he was wearing his DWMHA jacket at the time.

BOARD COMMITTEE REPORTS

Board Chair Report

Mr. Parker gave a verbal report. He noted the Metro Region Meeting will be taking place in January as we were unable to secure an earlier date from Macomb and Oakland. Detroit Wayne will host the meeting and it will be held here on the 2nd Floor. The public was invited to attend. At this meeting all of the counties work collectively on issues. Meetings are held quarterly and hosted by Detroit Wayne, Oakland or Macomb.

It was also noted the Community Mental Health Association of Michigan Annual Fall Conference in Traverse City, Michigan was being held on October 21st and 22nd there are number of board members and staff that will be in attendance. This is an opportunity to learn about issues in Michigan and the Director of MDHHS, Mr. Gordon will be a presenter.

It was also noted that the National Behavioral Health Council NatCon 20 Conference would take place in Austin, TX April 5th -7th 2020 and it was his hope to have four board members in attendance.

Mr. Parker noted that at the last meeting there was discussion regarding the language that was put in the budget regarding 298 that was very detrimental to us and everyone in the state. He gave an overview of the request that was made at the last meeting which was to call the Governor and request her to veto the language. The Governor did in fact veto the language and it was removed. He thanked those in attendance that were able to make calls to the Governor's office. The Chair called for a motion on the Board Chair report.

A motion was offered by Commissioner Killeen and supported by Mr. Glenn 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, October 14, 2019 and a number of items were discussed. The Chair reported on the Board Scholarship and noted the scholarship recipient from last year had been rescheduled from the September meeting to attend the meeting today, however the individual was unable to do so because of tests. It was noted that we wanted to meet her and find out if her plans potentially included behavioral health; it is the goal to possibly have her attend a future meeting.

General Fund

The Chair gave an overview of the General Fund (GF) and noted it allows the Authority to provide services that are not covered under Medicaid as the rules for Medicaid are more restrictive. General fund dollars allows the Authority to provide behavioral health services for those that may not be Medicaid eligible as well as provide preventative services and services to those with behavioral health concerns that are in the jails. He noted that if the monies are reduced by \$4.5 million dollars a year for the next three years a number of the programs currently offered would be placed in jeopardy. The Chair noted a resolution had been drafted which spoke against the General Fund distribution.

Resolution #1 FY 2019/2020 General Fund Allocation Reduction

Board Secretary, Ms. Abdallah read FY 2019-2020 Board Resolution No. 1 General Fund Allocation Reduction into the record and a written copy was provided for the record. "Whereas, Detroit Wayne Integrated Health Network (DWIHN) is a quasi-governmental entity pursuant to the laws of the State of Michigan and its authorizing resolution which pursuant to certain annual contracts is the Prepaid Inpatient Health Plan (PIHP) and the Community Mental Health Service Program (CMHSP) for Wayne County;

Whereas, Detroit Wayne Integrated Health Network as a PIHP and CMHSP for Wayne County provides services and supports to approximately 75,000 citizens of Wayne County including adults with severe mental illness, individuals with intellectual and developmental disabilities, children with serious emotional disturbances and persons with substance use disorders, and over twenty-five percent of all Medicaid eligible clients in the State of Michigan;

Now Therefore Be It Resolved,

That Detroit Wayne Integrated Health Network believes that the current General Fund redistribution will have severe negative impacts on DWIHN's ability to service our population and control cost through preventive treatment not otherwise covered by Medicaid funding. The current Michigan Department of Health and Human Services (MDHHS) 5 year Phased-In General Fund Allocation Plan that is underway is doing harm to the people of Wayne County and that programs and services will be interrupted if a change is not instituted. DWIHN initially conveyed our opposition with the changes when they were first implemented, in an August 16, 2017 letter to Thomas Renwick (former MDHHS Director), and will continue to do so if reductions remain.

The proposed reduction over the 5-year term amounts to approximately \$22 million. As we are entering the second year, we are already facing potential decreases to some of our region's most vulnerable populations. Programs that are potentially in jeopardy are those that impact our schools, jail diversion programs, community outreach, developmentally disabled persons and overall ability to function as a PIHP and CMHSP.

DWIHN understands the need for funding equity; as the largest PIHP/CMHSP Wayne County represents over 25% of the Medicaid Eligible population and the proposed distribution only represents 15% of the total General Funding. Wayne County's population is being severely impacted by below average economic conditions and high severity of mental conditions, which demonstrates the need for proportional General funding allocation. Historically, funding equity formulations were

impacted by proxies for need, the re-distribution added dollars to the DWIHN community. The elimination of any services as a result of a General Fund reduction will continue to place the individuals we serve in Wayne County in an increasingly dangerous and deplorable situation.

This resolution is to be sent to Governor Gretchen Whitmer, MDHHS Director Robert Gordon, State Legislators, Wayne County Executive Warren Evans, Mayor Mike Duggan, Wayne County Commissioner Alisha Bell, Wayne County elected officials, local schools, major foundations and the media.

I hereby certify that the foregoing Resolution was adopted on the sixteenth day of October 2019, by the Board of Directors of the Detroit Wayne Integrated Health Network. The Chair called for a motion on Resolution #1 FY 2019/2020 General fund Allocation Reduction.

A motion was offered by Mr. Glenn and supported by Ms. Ruth to accept Resolution #1 FY 2019/2020 General Fund Allocation Reduction. There was no further discussion. The motion carried unanimously.

The Chair noted there was a second Resolution that was brought to the Board by the SUD Oversight Policy Board regarding changing the requirements for licensed professional counselors. The Chair noted the Department came out with different standards and if implemented would cause major changes to the agency, providers and throughout the state. It has been opposed by everyone that the standards they are looking to implement would not necessarily provide the services for the population we serve. A written copy was provided for the record. Resolution #2 FY 2019/2020 House Bill 4325 Licensed Professional Counselors was read into the record by the Board Chair, Mr. Parker.

Resolution #2 FY 2019/2020 House Bill 4325 Licensed Professional Counselors

“Whereas, Detroit Wayne Integrated Health Network (DWIHN) is a quasi-governmental entity pursuant to the laws of the State of Michigan and its authorizing resolution which pursuant to certain annual contracts is the Prepaid Inpatient Health Plan (PIHP) and the Community Mental Health Service Program (CMHSP) for Wayne County;

Whereas, Detroit Wayne Integrated Health Network as PIHP and CMHSP for Wayne County provides services and supports to approximately 75,000 citizens of Wayne County including adults with severe mental illness, individuals with intellectual and developmental disabilities, children with serious emotional disturbances and persons with substance use disorders, and over twenty-five percent of all Medicaid eligible clients in the State of Michigan;

Whereas, Detroit Wayne Integrated Health Network works with over 400 Provider Partners and within these agencies, hundreds of Licensed Professional Counselors (LPCs) are employed and nearly 50,000 people in Michigan require LPC counseling services throughout Michigan.

Now Therefore Be It Resolved,

Detroit Wayne Integrated Health Network is opposed to the Michigan Department of Licensing and Regulatory Affairs (LARA) proposed rule changes for Licensed Professional Counselors (LPC) that have significant consequences on the counseling profession and the workforce in Michigan’s public mental health system. There have been a number of conflicting reports as to what these proposed rule changes actually mean. Under the proposed rule changes, the definition of “counseling techniques” moves to the Education section; moving counseling techniques from the Definitions section to the Education section could mean LPCs can be educated on diagnosing but cannot diagnose within the “Scope of Practice” which is defined in statute and not in the proposed rule changes.

Detroit Wayne Integrated Health Network recognizes the need for LPCs throughout Michigan and, as this legislation makes its way through Lansing, is hopeful that HB 4325 passes swiftly and is signed by Governor Whitmer. If this is not approved and LARA implements the proposed rule changes, hundreds of LPCs would lose their jobs and the lives of thousands would be harshly and negatively impacted throughout our region.

This resolution is to be sent to Governor Gretchen Whitmer, MDHHS Director Robert Gordon, State Legislators, Wayne County Executive Warren Evans, Mayor Mike Duggan, Wayne County Commissioner Alisha Bell, Wayne County elected officials, local schools, major foundations and the media.

I hereby certify that the foregoing Resolution was adopted on the sixteenth day of October 2019, by the Board of Directors of the Detroit Wayne Integrated Health Network. The Chair called for a motion on Resolution #2 FY 2019/2020 House Bill 4325 Licensed Professional Counselors. Commissioner Killeen gave an overview of the bill and noted that it had passed unanimously in the House and now had to go through the Senate.

A motion was offered by Mr. Glenn and supported by Ms. Ruth to accept Resolution #2 FY 2019/2020 House Bill 4325 Licensed Professional Counselors. The motion carried unanimously.

The Board Gathering is scheduled for December 6, 2019 at the Rattlesnake Club for both the PIHP Board and SUD Oversight Policy Board. The event will begin at 6:00 p.m. there will be no formal business taking place and will be an opportunity for board members to mingle. The Chair called for a motion on the Executive Committee report.

A motion was offered by Ms. Abdallah and supported by Mr. Riley, III 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 Budget was discussed at length and Mr. Brooks will give an update. The Finance Committee reviewed and approved the financial statements; noted the cash flow has been good and continues to look good. Discussion took place regarding the general cost reductions; the eight items where efficiencies could be improved and that management will provide a monthly report to the Finance Committee that will be reported to the Board and the public. The Chair called for a motion on the Finance Committee report.

A motion was offered by Mr. McNamara and supported by Mr. Riley, III to accept the Finance Committee Report. The motion carried unanimously.

Program Compliance Committee

Dr. Taueg, Vice Chair of the Program Compliance Committee gave a verbal report. The Program Compliance Committee met on Wednesday, October 9, 2019 there were a number of follow up items. The Committee received a complete report on the activities of WellPlace including the number of calls received and handled. A report was also received on whether or not there was a correlation between recidivism and individuals discharged from the hospital that did not receive services within seven days. The report showed there was a correlation and a deeper dive into the information will take place. The staff will work with Quality to determine some of the underlying issues and will bring a report to the Program Compliance Committee. The Committee received reports from the Chief Medical Officer; the Compliance Officer and the Chief Clinical Officer. The Committee moved to Full Board for approval Board Actions #19-02(Revised); 20-19; 20-28; and 20-33. There was no

discussion regarding the Program Compliance Committee report. The Chair called for a motion on the Program Compliance Committee report.

A motion was offered by Mr. Riley, III and supported by Ms. Ruth 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 did not have a report at this time.

OTHER STANDING COMMITTEE REPORTS

Policy Committee

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

SUD Oversight Policy Board

Mr. Glenn reported. A written report was provided for the record. It was reported the SUD Oversight Policy Board met on Friday, October 4, 2019 and this was not the regularly scheduled board meeting date. There were two items presented on the agenda – the Communications department requested \$150,000 in PA2 funds for billboards and bus signage for Outfront Media. The prevention messages highlights the 1-800 access number for SUD and mental health services and has prevention messaging that educates and informs Wayne County residents about the negative effects of alcohol, tobacco and other drugs. The SUD department requested \$85,000 in PA2 funding be approved for the Beaumont/Taylor Teen for Romulus middle school services; this was a transfer of funds from a Provider that left the network to the one that took over its responsibilities. These funds will be used to provide prevention services as well as Synar services in the Romulus Community and the middle school. Both requests were approved by the SUD Oversight Policy Board. Wellplace Access Center, Chief Operations Officer, Kelly Quinn provided an update on the call centers total call volume, SUD screenings, type of SUD referrals and staffing updates. Reports were received from prevention and treatment services and the SUD Director. There was no further discussion on the report. The Chair called for a motion.

A motion was offered by Ms. Burrell and supported by Mr. Riley, III to accept the SUD Oversight Policy Board report. The motion carried unanimously.

Strategic Planning Committee

Mr. Parker, Board Chair in the absence of the Committee Chair, Dr. Taylor reported that the Strategic Planning Committee did not have a report at this 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 Council. It was noted that a list of individuals that were on the committee was provided as a part of the report. He reported the Jail Diversion effort is making progress on the removal of a bond which can cost individuals large sums of money and many individuals are incarcerated before they are found guilty. It was reported that they are looking to make better use of the incarceration process for the state and want to include community mental health; 83% of people in Wayne county jail have been a part of the mental health system. There is a new program called Youth Advocate Program (YAP) that will start next year. YAP will look at reducing incarceration rates for youth. Wayne County will be a part of the program and he will be the representative. There is a three year investment plan that the Diversion Committee is working on to determine the best pilots and programs to fund in the state. He also reported that there are a number of veterans in jail and a Summit is to be held on October 24, 2019. Crisis Training is being coordinated throughout the state and sessions are to be held in Wayne County in October. He also reported the Council discussed issues related to "prison max outs" which are inmates that serve their maximum sentence and are released without parole or supervision requirements; it was noted that "maxed out"

inmates have a higher rate of becoming repeat offenders versus inmates that receive parole.; the council is seeking solutions to this issue. An overview of the Wayne County Diversion Council was given; it was reported that the group meets monthly and is dedicated to diverting non-violent people with Mental illness and Co-occurring mental illness and substance abuse from the criminal legal system and into the appropriate level of treatment.

An update was provided on data collection and reporting that supports a continuous quality improvement process focused on increased pre-booking diversion. An update was provided on the Health Plan Integration, it was noted that negotiations are occurring with five potential partners. Negotiations have been productive with hopes of securing an initial agreement in the 4th quarter of 2019. The Governor vetoed the 298 language that favored health plan privatization along with numerous other items in the budget. Supplemental budgets are now being discussed in Lansing and a conference call is being scheduled. An update was provided on funding and it was noted that we were looking at a funding reduction of \$13 million and it now appears that reduction will go away; at this time we are not sure of the dollars we will receive so we have now gone from a reduction plan mode to an efficiency plan mode. Mr. Brooks provided a high level report of the measures being taken to reduce costs; it was noted that the Medicaid dollars are the largest portion of the budget and the other portion of the budget is General Fund; the Michigan Department of Health and Human Service (MDHHS) is looking at ways to assist us with the funding issues; however until a decision is received from Lansing the General Fund budget for DWIHN will be reduced by \$4.5 million dollars.

It was reported that the Crisis Continuum should have a building by FY20/21 and it has been his viewpoint that Wayne County based on need should have at least two or three Crisis units. It was also reported that with the overall budget of the State there was a \$25 million dollar supplement added to the PIHP's and hopefully Detroit Wayne will receive 25% of those monies which could be as high as \$6 million dollars.

It was noted that with Staffing a potential \$1 million in savings has occurred from the elimination of unfilled positions. Mr. Eric Doeh will fill the position of Deputy Executive Director otherwise known as the Chief Operating Officer effective immediately and two attorneys have been hired to meet the legal requirements as part of our reorganization. It was reported that we are looking at ways to improve the contracting process for the Provider Network; at the beginning of the year we will look at the SUD and Mental Health contracts to make sure that we have an open bidding process that will allow our provider network to be healthy to meet the needs of our population. The Board Chair gave kudos to the CEO for his advocacy efforts in Lansing in turning the budget around and he hopes he is able to do the same with the General Fund. Further discussion ensued regarding the General Fund Priority list and its use. A brief discussion ensued regarding the changes that were made to the SUD budget. The Chair called for a motion.

A motion was offered by Dr. Taueg and supported by Ms. Abdallah to accept the President and CEO report. The motion carried unanimously.

UNFINISHED BUSINESS

BA#19-02 (Revised) DWIHN Substance Use Disorder (SUD) Prevention and Coalition Provider Network – Beaumont Health Foundation - This Board Action is being revised to reflect an increase of \$3,500 in Michigan Department of Health and Human Services (MDHHS) Community Block Grant funds for SUD prevention. The funds will be allocated to Beaumont Health Foundation (Taylor Teen) to conduct the tobacco coverage study surveying 35 tobacco retailers in the City of Taylor. The Chair called for a motion. **A motion was offered by Dr. Taueg and second by Ms. Abdallah to approve BA #19-02 (Revised)** There was no discussion. **The motion carried unanimously.**

BA#19-59 (Revised) Signature Associates Services –This Board Action is requesting the approval for management to sell the former New Center donated properties located at 10001 Puritan Ave; Detroit, Michigan. The Chair called for a motion. **A motion was offered by Ms. Abdallah and second by Mr. Riley, III to approve BA #19-59 (Revised)** Discussion ensued regarding the asking price. **The motion carried unanimously.**

NEW BUSINESS

BA#20-19 Multicultural Services (Providers are listed in the Board Action) – This Board Action is requesting approval of the memorandums of understanding between Community Mental Health Association of Michigan (CMHAM); Michigan Department of Health and Human Services (MDHHS) and Pre-paid In-Patient Health Plan (PIHP) for the PIHP Veteran Navigator (PHIP VN) and Multicultural Integration Providers formerly known as the Multicultural Programs. The Chair called for a motion. **A motion was offered by Dr. Taueg and second by Mr. Glenn to approve BA#20-19.** Discussion ensued regarding the funding and it was recommended that discussions be held with the Providers regarding the possibility that there may be reductions in their funding. **The motion carried unanimously.**

BA#20-28 Treatment Foster Care Oregon – The Guidance Center -This Board Action is requesting approval of a one year contract between DWIHN and the Guidance Center to continue implementation of the Treatment Foster Care Oregon (TFCO) model pilot initiative for FY2019/2020. The Chair called for a motion. **A motion was offered by Commissioner Killen and second by Ms. Abdallah to approve BA #20-28.** Discussion ensued regarding the Request for Information (RFI) and funding from the previous year. **The motion carried unanimously.**

BA#20-30 Long Insurance Services –This Board Action is requesting an approval of a one-year contract renewal between DWMHA and Long Insurance Services for Professional Liability Insurance. The Chair called for a motion. **A motion was offered by Ms. Abdallah and second by Commissioner Killen to approve BA #20-30.** Discussion ensued. It was noted the Board Action reads DWMHA instead of DWIHN and requested the name be updated on the board action. **The motion carried unanimously.**

BA#20-32 Scripps Media – This Board Action is requesting approval of a campaign with SCRIPPS Digital; WXYZ – Channel 7; TV20 Detroit & Bounce TV to provide the “Fighting the Opioid Crisis” which is a multi-media campaign that was developed to bring awareness to the public on the most current issues around Opioid addiction in our communities. The Chair called for a motion. There was no discussion. **A motion was offered by Commissioner Killeen and second by Ms. Abdallah to approve BA #20-32. The motion carried unanimously.**

BA#20-33 Outfront Media, Inc. - This Board Action is requesting board approval of \$150,000 in PA2 funds for billboards and bus signage for Outfront Media. The billboards and mass transit bus signage have prevention messages that discourages smoking tobacco products and using illicit drugs. The Chair called for a motion. **A motion was offered by Dr. Taueg and second by Ms. Abdallah to approve BA #20-33.** Discussion ensued regarding the number of billboard locations and that the billboards was the most used referral source. It was also noted that we could increase our presence on social media including Facebook; Twitter; and LinkedIn. **The motion carried unanimously.**

BA#20-34 Detroit Wayne Integrated Health Network Hard Cap Waiver– This Board Action is requesting an exemption from PA 152 of 2011(The Act) to permit DWIHN to subsidize the healthcare coverage for the upcoming 2020 plan year. Passed in 2011, the Act limits a public employer’s expenditures for medical benefits for its employees by imposing a “hard cap” on those expenditures. The Chair called for a motion noting that a 2/3 roll call vote was required of the Board. **A motion was offered by Commissioner Killeen and second by Mr. Glenn to approve BA #20-34.** Discussion ensued regarding the cost that employees would pay with and without approval of the

waiver. **A roll call vote was taken.** The motion carried with Ms. Abdallah; Ms. Burrell; Dr. Carter; Mr. Glenn; Commissioner Killeen; Mr. McNamara; Mr. Parker; Mr. Riley, III; Ms. Ruth and Dr. Taueg voting Yea and Dr. Taylor and Ms. Brown-Richards were not present at the meeting. **The motion carried unanimously.**

BA#20-35 Tetra Tech Inc.– This Board Action is requesting board approval of the current contractual agreement with our existing architectural and engineering firm, TetraTech of Michigan based in Detroit. The contract will allow TetraTech to facilitate the necessary renovations, design and construction support services. The Chair called for a motion. **A motion was offered by Commissioner Killeen Dr. Taueg and second by Commissioner Killeen to approve BA #20-35.** Discussion ensued. **The motion carried unanimously.**

PROVIDER PRESENTATION – Centria Autism – A video was provided by Mr. Scott Barry, CEO that gave an overview of the services offered by Centria Autism and showed a success story of a recipient who receives services from Centria. A PowerPoint presentation was also provided for the record and presented to those in attendance. The PowerPoint noted the mission and vision of Centria as well as some of the results of those receiving ABA Therapy; the amount invested in quality care which included monies spent for training, innovation and development; quality, clinical oversight and programs and the number of autism therapy centers in the community along with the number of community outreach events. The Board Chair thanked Centria Autism for the presentation and the work performed in the community.

FOLLOW UP ON ACTION ITEMS

- A. Board Action #20-19 Requested that Providers be placed on notice of potential reductions. *(referred to Finance Committee)*
- B. Board Action #20-30 Change name of Authority to Detroit Wayne Integrated Health Network on Insurance.
- C. Board Action #20-33 Begin efforts to maximize our presence on social media; Communications to look at linking to Facebook; Twitter and LinkedIn
- D. Board Action 20-34 Develop a list of Employee's and Benefit Cost by category. *(referred to Finance Committee)*

E. GOOD AND WELFARE/PUBLIC COMMENT

Mr. Andre; a member from the Residential community expressed his appreciation to CFO Durant and others on helping to minimize the problems and provide assistance to those that were impacted with some of the changes and also wanted to "Thank" the Board for their service.

ADJOURNMENT

There being no further business, the Chair called for a motion to adjourn. **A motion was offered by Commissioner Killeen and seconded by Ms. Abdallah to adjourn. The motion carried unanimously and the meeting was adjourned at 3:15 p.m.**

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

OCTOBER 2, 2019

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

MEETING CALLED BY	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:02 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Commissioner Tim Killeen, Chair – Finance Committee
NOTE TAKER	Nicole Smith, Management Assistant
	Finance Committee Members Present: Mr. Kevin McNamara, Vice Chair Ms. Ghada Abdallah, Secretary Ms. Dora Brown-Richards Ms. Dorothy Burrell
ATTENDEES	Committee Members Excused: Dr. Cynthia Taueg Board Members Present: Mr. Bernard Parker, Board Chair Board Members Excused: None Staff: Stacie Durant, CFO; Willie Brooks, CEO Guests: None

AGENDA TOPICS

II. Roll Call Mr. Kevin McNamara, Vice Chair

DISCUSSION Roll Call was taken by Mr. Kevin McNamara, Vice Chair and a quorum was present.

III. Approval of Agenda

Commissioner Killeen called meeting to order and recommended an amendment to the agenda. Agenda item added and placed between items V. and VI. Agenda Item to be added: Brief Update on Outstanding Issues in Lansing as it relates to the Budget (Staff). The Chair called for a motion on the agenda as amended. **Motion:** It was moved by Ms. Abdallah and supported by Ms. Brown-Richards approval of the agenda as amended. **Motion carried.**

IV. Items Follow-up

Item A Provide and update of the impact the new Mental Health hospitals in Oxford and Dearborn will have on Detroit Wayne Mental Health Authority. This item is from the July meeting and will be deferred to the November meeting.

Item B: Provide a comparison of the template used by the State and the Health Plans and the other PIHP's MLR(Medicaid Loss Ratio) numbers and any other information that is available on the Health Plans. Ms. Durant requested item to be deferred in order to obtain additional information. This item will be deferred to the November meeting.

Item C Cash Flows Projections –Provide a schedule and explanation of what is included in cash. Item will be addressed in the Presentation of the Monthly Report by CFO Durant.

V. Approval of the Meeting Minutes

The Chair called for a motion on the minutes from the meeting of Wednesday, September 4, 2019. **Motion:** It was moved by Mr. Parker and supported by Ms. Brown-Richards approval of the minutes of Wednesday, September 4, 2019. **Motion carried.**

VII. Brief Update on Outstanding Issues in Lansing as it relates to the Budget

The chair requested the information from DWIHN Staff. Mr. Eric Doeh, CNO. An update was given to the committee regarding Section 298 of the Michigan Legislature Proposal, the proposal was vetoed by Governor Whitmer in its entirety. The veto was a victory for DWIHN. Mr. Doeh also confirmed meeting appointments with staff from MDHHS for ongoing discussions regarding the Budget.

VI. Presentation of the Monthly Finance Report

CFO Durant reporting. A written Monthly Finance Report ended August 31, 2019 was included in the Finance Agenda packet. Financial reports were also available in the packet. The following accomplishments and noteworthy items were discussed.

1. Quarterly Projected Use of Medicaid ISF at 9/30/19
2. Quarterly Projected Cash Flows as of 12/31/19
3. On September 24, 2019 sold former New Center Grand Blvd site for \$1.250 Million; net proceeds to DWIHN of \$1.137 million.
4. Former Carelink rates were calculated incorrectly by DWMHA Finance and as a result, recouped approximately \$1.8 million in Medicaid over payments to 140 Providers that span over approximately ten months. Finance will recoup amounts over three check run cycles 9/13, 9/25, and 10/11 and additional if necessary.
5. DWMHA reviewing a possible recoupment with CLS. In the process of determining the amounts however it could be as high as \$3 million.
6. Discussion of the \$9 million dollar reduction in General fund was added to the list of noteworthy items by CFO Durant.

Presentation of Milliman “Impact of Change” Summary – Annualized SFY 2019 Expenditures using April effective rates. A written document was provided for the record. Discussion ensued regarding the report.

Presentation of Milliman “Comparison of Capitation Rates” Report – Capitation rate PMPM comparison (excluding HRA/IPA) –Impact of DAB (Disabled Aged and Blind) vs. TANF (Temporary Aid to Needy Families) – A written report regarding DAB & TANF was provided for the record. CFO Durant expressed the importance of having people enrolled in the correct program. Discussion ensued regarding the process of having individuals properly enrolled. DWIHN to hire three (3) employee as DAB Liaisons to enroll consumers into the program. The Committee requested an update on the hiring of the DAB/TANF staff in three months. **(Action)** Discussion ensued regarding the use of Medicaid ISF; as the changes that will be made to address the deficit; the cash flow projections which was a follow up item and is included in the CFO report and General Fund \$9 million dollar reduction. A brief history of the fund was provided by CFO Durant. The Committee requested the trends of the General Fund over the last 7-8 years. **(Action)** The Chair called for a motion on the Monthly Finance Report. **Motion:** It was moved by Mr. Parker and supported by Ms. Abdallah to accept the October Monthly Finance Report. **Motion carried.**

VIII. Unfinished Business – Staff Recommendations:

A. Board Action #19-59 (Revised) – Signature Associates Services This Board Action is requesting the approval for management sell the former New Center donated properties located at 10001 Puritan Ave; Detroit, Michigan. The Chair called for a motion on Board Action #19-59 (Revised). **Motion.** It was moved by Ms. Abdallah and supported by Ms. Brown-Richards approval of Board Action #19-59 (Revised). **Motion carried.**

IX. New Business – Staff Recommendations:

A. Board Action #20-30 – Long Insurance Services This board Action is requesting an approval of a one-year contract renewal between DWMHA and Long Insurance Services for Professional Liability Insurance. Chair called for a motion on Board Action #20-30. **Motion.** It was moved by Mr. Parker and supported by Ms. Brown-Richards approval of Board Action #20-30. There was no discussion. **Motion carried.**

B. Board Action #20-32 – Scripps Media This Board Action is requesting approval of a campaign with SCRIPPS Digital; WXYZ – Channel 7; TV20 Detroit & Bounce TV to provide the “Fighting the Opioid Crisis” Which is a multi-media campaign that was developed to bring awareness to the public on the most current issues around Opioid addiction in our communities. The Chair called for a motion on Board Action #20-32. **Motion.** It was moved by Ms. Abdallah and supported by Mr. McNamara approval of Board Action #20-32. Discussion ensued regarding the Board Action. **Motion carried.**

X. Good and Welfare/Public Comment –The Chair read the Good and Welfare/Public Comment statement. There were no members of the public for Good and Welfare/Public comment. The Chair requested DWIHN staff, Darlene Owens to give the Committee an update regarding LARA regarding Licensed Professional Counselors elimination. Impact to mental health and SUD. The counselors will no longer be able to diagnose. (10,000 Counselors affected in State of Michigan). The Chair request Management to draft talking points or public statement on DWIHN position of the Bill for the Committee Members. Staff, Brooke Blackwell volunteered to compose requested statement.

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 2:47 p.m.

FOLLOW-UP ITEMS

- A. Provide an update of the impact the new Mental Health hospitals in Oxford and Dearborn will have on Detroit Wayne Integrated Health Network(D.Lasenby)
- B. Provide update on Budget adjustments due December 12th .(S.Durant)
- C. Provide a history of the General Fund (S. Durant)
- D. Provide a comparison of Healthcare premiums with and without waiver approval (S. Durant)
- E. Provide for comparison purposes the template used by the State and the Health Plans and the other PIHP’s MLR numbers and any other information that is available on the Health Plans. (W. Brooks)
- F. Provide an update on DAB transformation (January 2020)

PROGRAM COMPLIANCE COMMITTEE

MINUTES **OCTOBER 9, 2019** **1:00 P.M.** **2ND FL TRAINING ROOMS A & B**

MEETING CALLED BY

I. Dr. Cynthia Taueg, Program Compliance Vice-Chair at 1:00 p.m.

TYPE OF MEETING

Program Compliance Committee

FACILITATOR

Dr. Cynthia Taueg, Vice-Chair

NOTE TAKER

Sonya Davis

TIMEKEEPER

Committee Members: Dr. Lynne Carter; Angelo Glenn, Chief William Riley, III; and Dr. Cynthia Taueg

Committee Member(s) excused: Dr. Iris Taylor

ATTENDEES

Board Member(s) Present: Dorothy Burrell and Dora Brown-Richards

Board Member(s) Excused: Board Chair, Bernard Parker

Staff: Brooke Blackwell, Willie Brooks, Jacquelyn Davis, Eric Doeh, Bernard Hooper, Dana Lasenby, Darlene Owens, April Siebert and Lorraine Taylor-Muhammad

AGENDA TOPICS

II. Moment of Silence

DISCUSSION

The Vice-Chair called for a moment of silence.

CONCLUSIONS

Moment of silence was taken.

III. Roll Call

DISCUSSION

The Vice-Chair called for a roll call.

CONCLUSIONS

Roll call was taken by Board Liaison, Lillian Blackshire. There was a quorum.

IV. Approval of the Agenda

**DISCUSSION/
CONCLUSIONS**

The Chair called for approval of the agenda. **Motion:** It was moved Dr. Carter and supported by Mr. Glenn to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. **Motion carried.**

V. Follow-Up Items from Previous Meetings

A. Quality Assurance Performance Improvement Program (QAPIP) Work Plan Goals and Objectives FY 2018/19 Update:

1. Page 2: Michigan Mission Based Performance Indicator PIHP Quarter 3 (Preliminary Data) – Indicator #4 – The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within seven days (64%):

- a) Is there any relationship to the number of re-admissions that might have occurred because they didn't receive a visit within the seven days?

April Siebert, Director of Quality Improvement reported that after analyzing the data they found that there is a correlation between Indicator 4a (seven-day follow-up) and Indicator 10 (Recidivism). A total of 27 out of 122 members who did not make their seven-day follow-up appointment were identified as not having a CRSP (MH-WIN) assignment. The Quality Unit will:

- A. Collaborate with the Integrated Health Care Unit in reaching out to members to assist with receiving necessary services;
- B. Reach out to CRSPs with members readmitted requesting a root cause analysis report; and
- C. Continue to provide technical assistance and training as required.

DISCUSSION/ CONCLUSIONS

The committee requested Ms. Siebert report back the number of members that didn't make the seven-day appointment because they were readmitted within the first six days. **(Action)**

- #### 2. Provide an update on Wellplace's Plan of Correction – Dana Lasenby, Chief Clinical Officer informed the committee that Wellplace did not have a formal Plan of Correction but based on the feedback they received from the SUD Oversight Policy Board and this committee, they have taken upon themselves to make corrections on their own **(report included in the packet)**. The report included focuses on SUD but Wellplace will be submitting a full report on all corrections and improvements for this organization. Discussion ensued. Mrs. Lasenby will submit the report to this committee once she receives the full report. **(Action)**

VI. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS

The Vice-Chair called for approval of the meeting minutes for September 11, 2019. **Motion:** It was moved by Mr. Glenn and supported by Dr. Carter to approve the September 11, 2019 meeting minutes. Dr. Tauzeg asked if there were any changes/modifications to the minutes. There were no changes/modifications to the minutes. **Motion carried.**

VII. Reports

DISCUSSION/ CONCLUSIONS

- #### A. Chief Medical Officer's Report – Dr. Barika Butler, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer's report. Dr. Butler reported that the Hep A PIP was presented and approved at the September

Improving Practice Leadership Team (IPLT) Committee meeting. They are finalizing the Clinical Practice Guidelines and coordinating with Workforce Development on educating the Network on best practice guidelines. The Vice-Chair called for a motion to accept the Chief Medical Officer's report. **Motion:** It was moved by Dr. Carter and supported by Mr. Glenn to accept the Chief Medical Officer's report. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

- B. **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, Quality Improvement and Finance continue to conduct an analysis of the changing patterns of service provision to services bundled in the Per Member Per Month (PMPM) payment regime. Finance is currently in discussion with the former MCPN – Community Living Services (CLS) regarding potential recoupment of funds. The I.T. department has identified a list of 90 claims submitted by seven providers for which the date of death is earlier than the date of service. The Claims department has contacted these providers and anticipate a recoupment in the amount of \$4335.50. Corporate Compliance and the Finance department are investigating allegations that have resulted in the former President/CEO of Central City Integrated Health, Ryan Lepper being placed on administrative leave without pay. Corporate Compliance also reports that they have been in communication with the U.S. Secret Service regarding the theft from DWMHA in 2016 of more than \$165,000.00 by means of bank fraud. Corporate Compliance will provide an update to this committee on all opened investigations. The Vice-Chair called for a motion to accept the Corporate Compliance report. **Motion:** It was moved by Mr. Glenn and supported by Dr. Carter to accept the Corporate Compliance report. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**
- C. **Media and Community Outreach** – Brooke Blackwell, Chief of Staff submitted and gave an update on the Media and Community Outreach report on behalf of Tiffany Devon, Director of Communications. Mrs. Blackwell reported that the top performing post for the month of September dealt with peer recovery specialists and how they help children that have undergone some kind of trauma. That post reached over 15,000 people. The Communications department continues to partnership with social media marketing firm, MILO Detroit (Facebook, Twitter, Instagram, Linked-In, and DWIHN Blog), WDIV-TV4, SCRIPPS, Outfront Media, The Michigan Chronicle, The Arab American News, The Latino Press and Hamtramck Review newspapers. All messaging focuses on overall access to care, substance use and suicide prevention messaging. The Vice-Chair called for a motion to accept the Media and Community Outreach report. **Motion:** It was moved by Mr. Glenn and supported by Dr. Carter to accept the Media and Community Outreach report. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**
- D. **Customer Services Quarterly Report** – Michele Vasconcellos, Director of Customer Services submitted and gave an update on her Customer Services Quarterly report. Ms. Vasconcellos reported that the Customer Service unit is responsible for the Call Center operations; Member Welcome Center; Member Grievances; Member Appeals/Medicaid Fair Hearings; Family Support Subsidy, Member Engagement Member Experience; and Customer Service Standards Monitoring and Reporting. The mission of the Customer Service Unit is to assure the accessibility of effective behavioral health services and to continuously exceed the members' expectations. The Vice-Chair called for a motion to accept the Customer Services Quarterly report. **Motion:** It was

moved by Mr. Glenn and supported by Dr. Carter to accept the Customer Services report. Dr. Taueg opened the floor for discussion. Discussion ensued. **Motion carried.**

- E. **Integrated Health Care Quarterly Report** – Tina Forman, Director of Integrated Health Care submitted and gave a report on the OBRA-PASARR Quarterly report and the MI Health Link Quarterly report. Ms. Forman reported that DWIHN contracts with Neighborhood Services Organization (NSO) to provide Pre-Admission Screening/Annual Resident Reviews for DWIHN members residing in extended care facilities. Around June 2018, MDHHS placed NSO on a Corrective Action Plan (CAP) as a result of concerns regarding the assessments. Staff have had ongoing communication with staff from MDHHS and NSO since the CAP began. Conference calls are currently scheduled on a monthly basis between DWIHN, NSO and MDHHS to review the status of the CAP. There are currently 9723 persons with MI Health Link enrolled with DWIHN. Of those persons, 4228 received services from DWIHN within the last 12 months. Also, there are 49 MI Health Link members currently enrolled in the Habilitation Waiver. The Vice-Chair called for a motion to accept the Integrated Health Care Quarterly report. **Motion:** It was moved by Dr. Carter and supported by Chief Riley to accept the Integrated Health Care Quarterly report. Dr. Taueg opened the floor for discussion. Discussion ensued. **Motion carried.**

VIII. Quality Review(s)

- A. **Quality Assurance Performance Improvement Program (QAPI) 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 (QAPI) Work Plan, Goals and Objectives FY 2018-19. Ms. Siebert reported that the Quality Improvement staff reviewed the Wayne County Jail on Wednesday, October 2, 2019 for the purpose of monitoring the provision of mental health services to the inmates with mental health issues. Staff is tentatively scheduled to review Wellplace Access Center on or about October 16, 2019 to ensure compliance with delegated functions of the Network's contract and customer service standards. The Network received a score 100% compliance on the 2018-2019 HSAG Performance Improvement Project (PIP) Validation Report. The Vice-Chair called for a motion on the Quality Assurance Performance Improvement Program (QAPI) Work Plan, Goals and Objectives FY 2018-19. **Motion:** It was moved by Chief Riley and supported by Dr. Carter to accept the Quality Assurance Performance Improvement Program (QAPI) Work Plan, Goals and Objectives FY 2018-19 update. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

DISCUSSION/ CONCLUSIONS

IX. Chief Clinical Officer's (CCO) Report

Dana Lasenby, Chief Clinical Officer submitted and gave highlights on her Chief Clinical Officer's report. Mrs. Lasenby reported that the committee will receive formal updates on the service delivery model for behavioral health homes formerly Clinically Responsible Service Provider (CRSP). A formal report will be given on Children and Adult Crisis Services in November. **(Action)** Mrs. Lasenby also informed the committee that the information on page one regarding COPE is more accurate than the information on page seven. The Vice-Chair called for a motion to

DISCUSSION/ CONCLUSIONS

accept the Chief Clinical Officer's report. **Motion:** It was moved by Chief Riley and supported by Dr. Carter to accept the Chief Clinical Officer's Report. Dr. Tauveg opened the floor for discussion. Discussion ensued. **Motion carried.**

X. Unfinished Business

**DISCUSSION/
CONCLUSIONS**

- A. **BA #19-02 (Revised)** – DWIHN Substance Use Disorder (SUD) Prevention and Coalition Provider Network – The Vice-Chair called for a motion on BA #19-02. **Motion:** It was moved by Mr. Glenn and supported by Chief Riley to move BA #19-02 to Full Board for approval. This board action is being revised from \$5,892,170.00 to \$5,895,670.00 which reflect an increase of \$3,500.00 in the Michigan Department of Health and Human Services (MDHHS) Community Block Grant funds for SUD Prevention. The funds will be allocated to Beaumont Health Foundation (Taylor Teen) to conduct the tobacco coverage study surveying 35 tobacco retailers in the City of Taylor. Mrs. Taylor-Muhammad informed the committee that the last sentence in the Program Description (Beaumont Health Foundation/Taylor Teen was selected through the DWIHN RFI procurement process) was incorrect. The Michigan Department of Health and Human Services (MDHHS) selected the City of Taylor as the recipient for this Block Grant in which the City of Taylor selected Taylor Teen to conduct the survey. This will be corrected before going to Full Board for approval. **(Action)** Dr. Tauveg opened the floor for discussion. There was no discussion. **Motion carried.**

XI. New Business: Staff Recommendation(s)

**DISCUSSION/
CONCLUSIONS**

- A. **BA #20-19** – Multicultural Services – **Providers are listed in the board action** – The Vice-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 requesting board approval of the memorandums of understanding between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Prepaid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN) and Multicultural Integration Providers formerly known as the Multicultural programs. Dr. Tauveg opened the floor for discussion. There was no discussion. **Motion carried.**
- B. **BA #20-28** – Treatment Foster Care Oregon – The Guidance Center – The Vice-Chair called for a motion on BA #20-28. **Motion:** It was moved by Chief Riley and supported by Mr. Glenn to move BA #20-28 to Full Board for approval. Network staff is requesting board approval of a one-year contract between (DWIHN) and The Guidance Center to continue implementation of the Treatment Foster Care Oregon (TFCO) Model Pilot initiative for FY 2019-20. Dr. Tauveg opened the floor for discussion. Discussion ensued. **Motion carried.**
- C. **BA #20-33** – Outfront Media, Inc. – The Vice-Chair called for a motion on BA #20-33. **Motion:** It was moved by Mr. Glenn and supported by Chief Riley to move BA #20-33 to Full Board for approval. DWIHN is requesting \$150,000 in PA 2 funds for billboards and bus signage for Outfront Media. The messages educate and inform Wayne County residents especially our youth of the harmful effects of smoking and the diseases associated with its use. Dr. Tauveg opened the floor for discussion. Discussion ensued. **Motion carried.**

XII. 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.

ACTION ITEMS	Responsible Person	Due Date
<p>1. Follow-up from Previous Meeting: A. Quality Assurance Performance Improvement Program (QAPIP) Work Plan Goals and Objectives FY 2018/19 Update:</p> <p>1. Page 2: Michigan Mission Based Performance Indicator PIHP Quarter 3 (Preliminary Data) - Indicator #4 - The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within seven days (64%):</p> <p>a) Provide the number of members that didn't make the seven-day appointment because they were readmitted within the first six days.</p>	April Siebert	November 13, 2019
<p>2. Provide full report on Wellplace's corrections and improvements for this organization</p>	Dana Lasenby	TBD
<p>3. Chief Clinical Officer's Report: A. Present formal report on Children and Adult Crisis Services</p>	Dana Lasenby	November 13, 2019
<p>4. Unfinished Business (BA #19-02-Revised): Correct last sentence in Program Description before going to Full Board for approval - (Beaumont Health Foundation/Taylor Teen was selected through the DWIHN RFI procurement process) to The Michigan Department of Health and Human Services (MDHHS) selected the City of Taylor as the recipient for this Block Grant in which the City of Taylor selected Taylor Teen to conduct the survey.</p>	Lorraine Taylor-Muhammad	COMPLETED

The Vice-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: 2:15 p.m.

NEXT MEETING: Wednesday, November 13, 2019 at 1:00 p.m. in the 2nd Floor Conference Room 200A.



DETROIT WAYNE INTEGRATED HEALTH NETWORK

Facilities Update – November 2019



OBJECTIVE

1. To establish a crisis center that meets the behavioral health needs of the people served by DWHHN in Detroit and Wayne County.
2. To consolidate staff from our New Center One (NCO) Building.
3. To allow space for future growth for DWHHN

WOODWARD BUILDING



- In working with our project engineers and design team we have determined that this building, at 24,000 sq ft, does not meet our current and future administrative needs. We would need to invest additional money into a third building to address this shortfall, which is not cost effective.
- After the charrette process, which is to resolve conflicts and map solutions, it was established that while we could house our crisis stabilization, we would have to drastically consolidate and reduce staffing space to accommodate departments that work to support the crisis unit. These modifications would inhibit future growth needs of DWIHN.
- During the Rough Order Magnitude, which estimates a project's level of effort and cost to complete, we determined the need to excavate the lower level to accommodate sleeping quarters, relocate and add additional elevators, extensive drainage was required to meet code, put up barrier walls around residential homes, repair neighboring streets and alleyways. Improvements included upgrading and replacing the HVAC, electrical and plumbing. The estimated architectural, engineering, design and construction would be \$11.7 million.

MILWAUKEE BUILDING



- Our current administrative site was determined to be ideal for our future crisis center at nearly 70,000 square feet. We remain in the heart of Detroit, surrounded by local hospitals.
- We own our four surrounding parking lots with ample parking for the public, staff and emergency vehicles.
- We are in a business/commercial district.
- Near major freeways, streets and bus lines.
- According to the architects everything that was slated to be in the Woodward Building could fit on the first three floors of the Milwaukee Building leaving roughly 28,000 square feet available for current DWIHN staff and those departments that support crisis services.

NEW ADMINISTRATIVE BUILDING RECOMMENDATION

Michigan Ave between (Southfield and Greenfield in Dearborn)
91,000 square foot listed price \$5.95 million

- The recommended administrative site would allow us to have two facilities, saving millions in building and renovation costs
- Enabling us to have both a crisis facility and administrative offices in the City of Detroit, as well as administrative offices in Dearborn.
- Additional cost savings: DWIHN holds roughly 50 – 75 trainings and conferences annually that could now be held internally with the added conference and meeting space.
- Factors we took into consideration in selecting a building was convenience for the people we serve, convenience for staff, comfort for staff, central location, ease of accessibility and being in a safe walkable neighborhood. In addition, we wanted a space that we could grow into that could accommodate our vast meeting needs.



NEW CENTER ONE (NCO)



- We currently lease space for **\$240,000** for approx. 70 DWHN staff members.
- We additionally pay about **\$60,000** annually in parking for staff.
- Our current lease expires in September 2020. DWHN has given notice to Farbman Real Estate Group of our intent to exercise the 1 Year Option Term and extend the lease for Suite 460 in the New Center One Building, located at 3031 W. Grand Blvd. in Detroit, Michigan.

PURITAN BUILDING



- Since the property was listed on Sept 13th, we have had numerous inquiries (approx. 16) and 3 showings. The current list price is \$295,000.

TIMELINE



Milwaukee

- Nov 2019 Design Charrette
- Dec 2019 - Feb 2020 Architect Charrette, ROM and Zoning
- Jan 2020 - May 2020 Permits and Zoning, Construction Documents
- Apr 2020 - Jul 2020 RFP, Procurement
- Dec 2020 Staff realignment to new administrative building
- Dec 2020 - May 2021 Construction of floors 1-3 for crisis center and floors 4-5 for administrative space

New Administrative Building

- Nov 2019 Board Presentation
- Jan 2020 - Mar 2020 Design Charrette Pending Board Approving
- Apr 2020 - Jul 2020 Demolition, Permits, RFP, Procurement
- Aug 2020 - Dec 2020 Construction of 2nd and 3rd floors for staff
1st Floor TBA

New Center One Bldg

- Dec 2019 Lease extension for NCO
- Dec 2020 Realignment to Milwaukee and new Administrative Building

FINANCIAL BREAKDOWN



BUILDING	COST / EXPENSES	IMPACT
Woodward Building	\$11.7m estimated renovation costs \$1.5 the market price if sold	
Milwaukee Building	* \$6m estimated renovation costs for new crisis and administrative offices \$75,000 additional annual parking for Milwaukee staff	\$36,000 *Amortization over 20 years
New Administration Building	\$5.9m listed sale price \$12-16m estimated renovation costs for new administrative offices	\$125,000 *Amortization over 20 years
New Center One (NCO)	\$240,000 annual lease \$60,000 annual parking for staff	
Puritan Building	\$295,000 listed sale price	

NOTE: With the expansion of administration space, DWHN has the capability of bringing in call center services in the next two (2) years which could eliminate \$7 million.



SUMMARY

The recommendation of staff is to:

1. Sell the Woodward Building using proceeds to offset the cost of future building purchase and renovation.
2. Renovate the existing Milwaukee Building as the new site for A combined Crisis Center with complimentary DWIHN administration functions.
3. Purchase new administration space to accommodate current and future DWIHN growth needs.

General Fund Allocation 2020

Services to Priority Populations including GF Pharmacy	11,450,000
Spend down for consumers	1,922,352
Required GF Match for Grants	679,000
Jail Diversion	903,363
CMHSP Administration	1,500,000
GF share of other PHIP/CMHSP requirements	1,200,000
DHS workers	385,500
Dept of Labor (MRS3 to 1 match	443,565
School based prevention and treatment program	6,000,000
Consumer housing	900,000
Jail services for persons in priority population	6,000,000
Autism	700,000
Homelessness	980,000
Guardianship Cost	550,000
Community education prevention activities, including MH billboards	485,000
CFS Juvenile inventory for Functioning	450,000
Summer youth programs (mostly employment	2,100,000
Stakeholder Advocacy Groups	673,000
Supplemental Ethnic funding	109,625
Mental Health First Aide	<u>1,000,000</u>
Grand Total	38,431,405
Revenue – State GF	34,937,641
Carry over	0
10% Local Funds	<u>3,493,764</u>
Total funds available	38,431,405

Recipient Rights Advisory Committee report of 11/4/19 meeting
For Board of Directors meeting held 11/20/19

RRAC met on November 4

ORR Staff update

- 5 ORR staff retired effective 10/31/19.
 - ORR Director, retired 10/31/19.
 - Interim ORR Director selected while hiring process begins for a new ORR Director.
 - 2 Recipient Rights Investigators (RRI's), retired 10/31/19.
 - ORR Trainer, retired 10/31/19
 - 1 ORR Clerical Support, retired 10/31/19
- Two new RR Trainers were hired 10/28/19 – Michael Olver and Jaqueline Frazier.
- Hiring process has begun to replace the 2 retired RRI's, to fill 3 remaining vacant RRI positions and to replace the 1 retired Clerical Support
- RRAC members recommended and will be participating in a Sub-committee meeting on December 3rd, 2019 to meet with representatives of HR and Legal to gain understanding of its role in the selection and hiring of a new ORR Director. There were a number of questions from RRAC Members regarding the hiring process for the ORR Director.

26th Annual Recipient Rights Conference

- 9/24 – 9/27 at McCamly Plaza Hotel (Battle Creek)
- 11 ORR staff attended
- Four RRAC members attended: Ms. Burrell, Ms. Underwood, Ms. Harmon, and Mr. Schuholz
- Announced at Conference: John Sanford, MDHHS ORR Director is retiring as of 1/31/20. No Interim identified of who will fill his seat as of the date of this report.
- In 2020 MDHHS ORR Conference will be held in Ypsilanti, MI.

Data through September 2019

Review of the (preliminary) Annual ORR Data Report occurred. RRAC started work on their section of the ORR Annual Report. Continued discussion will occur during the subcommittee meeting on 12/3/19 to finalize part of the report that the RRAC must complete.

- Investigations completed during FY 19 – 1315 investigations conducted with Staff making up the highest numbers of complainants. This represents a small increase in the number of complaints investigated last FY.
- Monitoring – 602 site reviews were completed during FY 19.
- Training – 156 New Hire Recipient Rights Training Classes were held, 4079 attendees were trained.

Next meeting is January 13th 2020

Recipient Rights Advisory Committee Meeting Minutes
Monday, November 4, 2019 1:00-3:00 pm
2nd floor Conference Room, 707 W. Milwaukee
Detroit, MI 48202

I. Call to Order 1:03 p.m.

II. Roll Call

Roll call was taken by RRAC Liaison Linda Taylor

Present

William Riley
Tim Killeen
Kenya Ruth
Maria Patterson
Gloria Mann
Janet Harmon
Heather Underwood

Absent

Dorothy Burrell –Excused
Ardra Hunter –Unexcused
Hassan Abdallah-Unexcused

III. Approval of Agenda

H. Underwood Move to accept Motion 2nd K. Ruth

Yes 7 No 0 Abstain 0

IV. Moment of Silence

V. Review and Approval of Meeting Minutes for September 9, 2019

H. Underwood moved to accept Motion 2nd K. Ruth

Yes 7 No 0 Abstain 0

VI. RRAC Chairperson's Report

The Chair wants to discuss at a later time to change the Vice-Chair according to the rules of DWIHN By-Laws and Rules and Regulations.

VII. ORR Director's Report

The Director's report was given by Mignon Strong, the Interim Director for the Office of Recipient Rights.

Mignon gave a staffing update on the new hires and the retiring of five staff members as well as several other vacancies in the ORR office.

She reported on the NHRRT changes to a 1st come 1st served basis which will begin in December. There were questions concerning the absentee rates. What kind of actions can the state take against us for this? What type of consequences could happen to us? Committee members also want to know if the absenteeism could show in the annual report as to such high numbers. The committee is looking to find a solution in the January RRAC meeting.

Jody Connally HR Director visited and spoke on the hiring process for the ORR Director which has been posted and now removed.

T. Killeen: What is the formal process and how does the hiring work? Also, can you tell us, what is the length of time the person would have according to the contract?

J. Connally: To my understanding there is no contract for the person hired into Recipient Rights, or at least it hasn't been. The hiring process includes the executive summary which outline the steps in the process. There is no formal process. There will be at least 2 stages. One being a prescreening the other an interview. If found to be necessary we will have a formal interview. It will be outlined in the executive summary.

T. Killeen: How does the actual hiring occur? Who has the final approval? How does that work?

J. Connally: The approval for hiring the candidate would be the CEO, with consultation. It is the CEO's job to hire.

T. Killeen: I think this body should have some clarity about the boundaries, there is a certain amount of independence between this body and management.

R. Schuholz: We need a person who can work with everyone, the trainers as well as listen not to just the staff but the people we support too.

T. Killeen: Mr. Chair, in the By-Laws Article III-Statutory Committee Responsibilities - item E, it says *"Recommend candidates for Director of the ORR to DWIHN's President/CEO and consult with the President/CEO regarding any proposal, dismissal of the Director of the ORR."* We do have some call here so we should lay that out with the Director of HR as he is plowing through the resumes. We need to have some discussion with him, because it says recommend candidate.

H. Underwood: Do you see us having a sub-committee to assist HR?

It was proposed that the Advisory committee create a sub-committee for hiring the ORR Director. The members in attendance that volunteered to sit on the sub-committee; Ray Schuholz, Janet Harmon, Tim Killeen, William Riley. For the members not in attendance an email will be sent to ask for their participation. Also a date was proposed to meet with Human Resources Director and Authority Legal staff to discuss what role the RRAC has in the process of selecting the next ORR Director.

T. Killeen: Will this match up with the timeline for our meeting in January, so we can make a formal recommendation. I agree a sub-committee that can work with Jody and work this out.

Chair: I love that we can balance this out with a sub-committee. Maybe we can have a director by January.

J. Harmon: This is why we need meetings every month so we can get this done.

Chair: Can I have a couple of people that would like to be on the sub-committee, so we can get a clear understanding of how this is done. We need to know what the role of the sub-committee will be and how often we will sit down and converse. Right now we have two competing ideas in what our role should be. The sub-committee would then understand how this is done. We want to be on the same page moving forward, no usurping of authority, we just want to weigh in on the process. Have a clean process.

T. Killeen: We do have a role according to the Mental Health Code, and the hiring and firing of the ORR Director. This board has a responsibility.

Continuing the Director's Report on NHRRT.

K. Ruth: Can there be something that shows what and why these people do not show? Can there be a footnote in the report?

T. Killeen moved to accept the Director's report Motion to 2nd K. Ruth

Yes 7 No 0 Abstain 0

The FY19 ORR Staff Investigations Report Card Data was given.
The committee discussed and agreed to change the January 6th meeting to January 13.

Vote to accept the Director's ORR report

Moved to accept T. Killeen Motion accepted by K. Ruth

Yes 7 No 0 Abstain 0

VIII. Unfinished Business

The FY/19 Annual Report Review was given by M. Scott

Development of the RRAC recommendations to the Governing Board was discussed.

Recommendations from previous years were looked at.

The committee discussed the outdated language on the previous Recommendations to the governing board should reflect that the recommendations have been implemented or changed once Recipient rights has a new Director.

It is approved to have a meeting in December to get up to date on the hiring and continue discussion of the committee's recommendations.

T. Killeen Motion to adjourn Moved by R. Schuholz

Yes 7 No 0 Abstain 0

Respectfully submitted

**Linda Taylor, Administrative Assistant-ORR
RRAC Liaison**



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Integrated Health Network**

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Angelo Glenn, Chair

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

November 2019 Report

The SUD Board meeting took place Monday November 18, 2019

Presentations:

I. Dr. Brian Spitbergen, from Crisis Q provided an overview of an app that would assist consumer's access to care during their moment of clarity.

II. Dr. Cynthia Arfken provided a report on Wayne County Drug Overdose Deaths: Comparison of 2018 to mid 2019.

III. April Siebert, Quality Improvement Director provided an update on the Access Center annual review and preliminary findings.

IV. Wayne State University students spoke during Public Comment about their survey of the University Physician Group clients on vaping.

V. New Business

Board Action: 20-76
Synar

The SUD Department is recommended an increase of \$48,000.00 in PA 2 funding for the following providers due to new requirements of Synar Program. The Synar program will now include education and monitoring the purchase of electronic nicotine device systems (ENDS). Providers will have to do research on who all in Wayne County sells ENDS. They will have to purchase an ENDS as a prop when educating merchants. They must revise their protocols to include ENDS (vaping), to train youth, merchants and law enforcement officers. In addition, this money will pay for the use of off duty officers on inspections and accompanying minors when attempting to purchase tobacco products from vendors.

Board of Directors

Bernard Parker, Chairperson
Dora Brown-Richards
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



DWIHN has three Designated Youth Tobacco Use Representatives (DYTUR): The Youth Connection \$10,000.00, LAHC \$10,000.00, SOOAR \$10,000.00, prevention that aid vendor education: Black Caucus \$3,000.00, Taylor Teen \$3,000.00, Access \$3,000.00, The Guidance Center \$3,000.00, Piast Institute \$3,000.00, Livonia Save Our Youth \$3,000.00. **That board action was approved.**

Informational

SUD Director's Report
Prevention Services Manager's Report
Treatment Services Administrator's Report
State Opioid Response Coordinator's Report
State Opioid Response Placement Worker's Report

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

VISION AND MISSION

Detroit Wayne Integrated Health Network
Ad-Hoc Strategic Planning Committee
Recommendation
November 20, 2019



11/20/2019

Presentation summary



Mission

Vision

Values

Goals by Pillar

- Tasks

Glossary

Mission



Tentatively Approved:

We are a **healthcare** safety net organization that provides access to a full array of integrated services that facilitate individuals to maximize their level of function and create opportunities for quality of life.

Vision



Tentatively Approved:

To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.

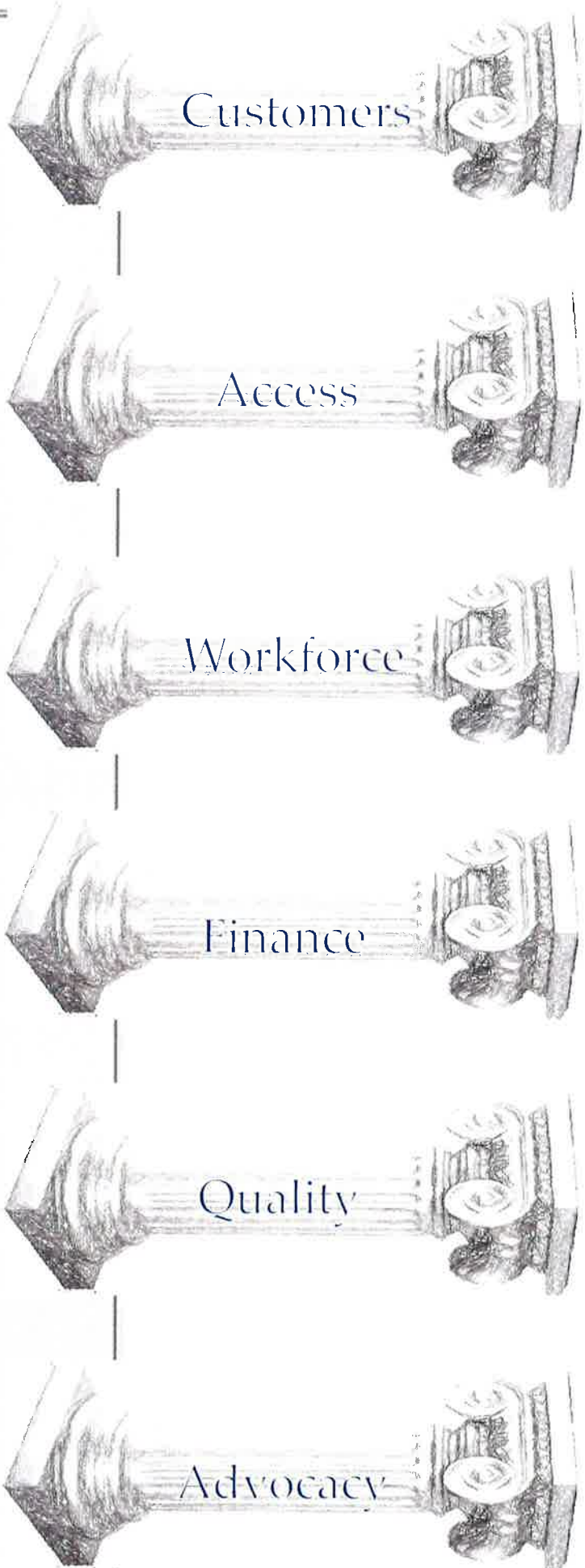
Values



Tentatively approved:

- *We are an advocate, person-centered, family and community focused organization.*
- *We are an innovative, outcome, data-driven, and evidence-based organization.*
- *We respect the dignity and diversity of individuals, providers, staff and communities.*
- *We are inclusive, culturally sensitive and competent.*
- *We are fiscally responsible and accountable with the highest standards of integrity.*
- *We achieve our mission and vision through partnerships and collaboration.*

The Mission and Vision Statements provide the inspirations for DWIHN and describe what we aim to achieve in the mid-to-long term. Values are the core principles and define the DWIHN culture and identity. The six Pillars are the focus areas that help realize the Vision and a call to action to point employees in the right direction with Information Systems as the foundation for supporting success across each of the Pillars.



Information Systems

11/20/2019

Access - Affordability, Availability, Accessibility, Accommodation, and Acceptability

- **Create infrastructure to support a holistic care delivery system (full array)**
 - Ensure full array of access and availability
 - Address gaps in care based on Annual Needs Assessment
 - Develop Behavioral Health Home Implementation Plan
 - Create a Satellite network
 - Ensure annually Behavioral Health Homes receive 80% or greater on Risk Assessment
- **Create Integrated Continuum of Care for Youth**
 - Deliver Integrated model of Care (InCK Model)
 - Establish means to enable interoperability using Health Information Exchange to share care plans across providers
- **Establish an effective crisis response system**
 - Implement Crisis Project Plan
 - Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations
- **Implement Justice Involved Continuum of Care**
 - Conduct gap-analysis of the Sequential Intercept Model
 - Implement improvements to existing programming
 - Ensure Discharge Planning/Coordination is in place
 - Implement new programs within the Sequential Intercept Model
 - Implement SIM for Juvenile Justice



Advocacy

– Raising awareness on mental health issues to improve policy, legislation and service development



- **Ensuring stakeholder voice**
 - Deliver Ambassador Program
 - Host Town Hall Meetings
 - Increase community presence and education
- **Influence policy and legislation**
 - Host Legislative lunches to influence policy
 - Partner and collaborate with like-minded advocacy groups
 - Secure appropriate financial resources to adequately & equitably fund the State's CMH system
- **Improve the Social Determinants of Health DWHIN members through public policy**
 - Conduct training of Network staff on how the practice will use social needs data to improve member health
 - Educate legislators on mental health parity



Customers — Maintaining a mutually respectful

relationship with members and providers

- **Ensure Inclusion and Choice for members**
- Build infrastructure to support the implementation of Self Determined/PCP/Shared Decision Making
- Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS
- Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning
- Self-Determination and Self-Directed Arrangements across all populations served.
- **Enhance the Provider experience**
- Ensure 80% Provider Satisfaction
- Improve level of support by conducting regularly scheduled system training across the network
- Provide tools and support to ensure providers have a more meaningful experience
- **Improve person's experience of care and health outcomes**
- Ensure 80% member satisfaction
- Ensure Access to Recipient Rights
- Deliver information about Provider Sites and Practitioners in appropriate formats
- Publish Member Handbook



Finance

– Commitment to financial stewardship and to the optimal prioritized allocation of scarce resources across a plethora of growing and competing needs to best fulfil its mission, vision and values

- **Maximize efficiencies/control costs**
 - Develop a system that helps tracks over and under Utilization
 - Developing a forecasting model
 - Deliver an automated Provider scorecard
 - Establish a risk-based /value-based funding model (APM)
 - Replenish our Internal Service Fund (ISF) to maximize savings for risk at 7.5%
- **Ensure fiscal accountability internally and of partners**
 - Monitor financial solvency of DWHN and Network Providers
- **Ensure Facilities Management**
 - Rehab existing properties
 - Sell existing properties

Quality

- Safe, Patient Centered, Efficient, Equitable, Timely,
Effective

- **Implement Holistic Care Model**
 - Ensure consistent and standardized model of care (Behavioral health Home)
 - Obtain leadership buy-in for the Behavior Health Home Model
- **Ensure consistent Quality**
 - Achieve NCOA Re-Accreditation
 - Deliver annual HEDIS measures to support NCOA requirements
 - External Quality Review
 - Ensure annually Behavioral Health Homes receive 80% or greater on Risk Assessment Tool
 - Ensure compliance with monitoring standards
 - Ensure fidelity Reviews are conducted
- **Ensure the ability to share/access health information across systems to coordinate care**
 - Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual
- **Improve population health outcomes**
 - Implement MED DROP Program (genoa healthcare)
 - Manage performance improvement outcomes



Workforce – Competent and engaged employees and providers

- **Create a learning health system**
 - Conduct training of Network Staff on how the practice will use social needs data to improve member health
 - Deliver Stage Wise Treatment Education
 - Expand the NAMI relationship to provider community based education and training
 - Adopt NAMI faith based care
 - Increase Integrated Care Competencies of the network practitioners
 - Increase Quality Improvement competencies of the network practitioners
 - Increase self-care for Caregivers / myStrength implementation
 - Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning
 - Revamp training portal to cover the holistic care for the individual
- **Create a happy, healthy, and engaged workforce**

Glossary

Access – Definition of the Dimensions of Access:

- *Affordability* is determined by how the provider's charges relate to the client's ability and willingness to pay for services.
- *Availability* measures the extent to which the provider has the requisite resources, such as personnel and technology, to meet the needs of the client.
- *Accessibility* refers to geographic accessibility, which is determined by how easily the client can physically reach the provider's location.
- *Accommodation* reflects the extent to which the provider's operation is organized in ways that meet the constraints and preferences of the client. Of greatest concern are hours of operation, how telephone communications are handled, and the client's ability to receive care without prior appointments.
- *Acceptability* captures the extent to which the client is comfortable with the more immutable characteristics of the provider, and vice versa

Advocacy – Raising awareness on mental health issues to improve policy, legislation and service development

Behavioral Health Home - SAMHSA defines a Behavioral Health Home as a behavioral health agency that serves as a health home for people with mental health and substance use disorders.

DWMHA definition: A Behavioral Healthcare delivery systems that provides member with the following:

- *Access to and coordination of care with multiple problems and complex needs*
- *Assistance with Adherence and compliance to treatment recommendations for chronic health conditions*
- *Wellness/Holistic Care (whole-person care)*

Glossary



Customers - Customer includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. The following terms may be used within this definition: Clients, Recipients, Enrollees, Beneficiaries, Consumers, Individuals, Persons Served, and Medicaid Eligible.

Finance – Value based care.

Holistic Care – “It has been defined in many ways, but in essence integrated health care is the *systematic coordination of physical and behavioral health care*. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served.”

Hogg Foundation for Mental Health, Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S., www.hogg.utexas.edu

DWHHN must have Quality of Service that provides Holistic Care that includes the following:

- *Behavioral* - Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person’s mental well-being (i.e., IDD, SUD, MI, SED)
- *Physical* – Treatment of/pertaining to genetics, biology, history of disease
- *Economic* – Financial security
- *Social* – ensuring social connectedness to family and a person’s circle of support
- *Spiritual* – How a person transcends to find meaning, purpose, and belonging

Glossary



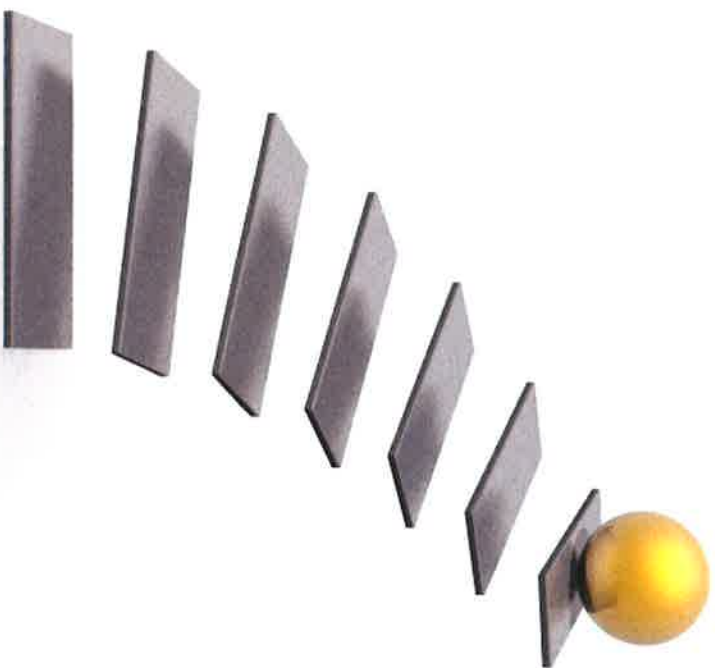
Integration of Care – is at the provider level not the payer level and that can be achieved by:

- *Satellite Clinics* - providing services to people directly in our communities.
- *Detailed Referral process* - to connect people with services they need.
- *Preventive Care* - Dental, Vision and Wellness.

Quality - Six domains of quality as defined by the Institute of Medicine: Safe, Patient Centered, Efficient, Equitable, Timely, Effective

Workforce – Competent and engaged employees and providers

Next steps





**Board of Director's Report
Willie E. Brooks, Jr.
November 2019**

Jail Diversion

Jail Diversion Projects

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

Committee 1: Governor Mental Health Diversion Council

Mental Health Diversion Council Members		
Name	Representing	Position
Meghan Groen	Governor's Office	Health and Human Services Policy Advisor
Curtis Bell	The judiciary	Circuit/Probate Judge for Kalamazoo County
Michele Bell	Juvenile Justice	Program Developer Midland Court
Jon Gale	Law enforcement	Chief of Police for the city of Norton Shores
Soleil Campbell	Michigan Department of Health and Human Services	Juvenile Justice Policy and Systems Manager
Ross Buitendorp	Adult Service Agencies (CMHSP's)	Director of Network Services Network 180, Kent County
Christopher Cooke	Licensed attorneys with experience in representing individuals with mental illness	Owner of Cooke Law, PLLC where he is a Corporate Counsel for several municipalities as well as a mental health agency.
Ronald Derrer	Education	School Psychologist
Larry Cameron	Advocates or consumer representatives.	Clinical Coordinator, Central City Integrated Health

Betsy Hardwick	Community prisoner or jail reentry	Professional Consulting Services (PCS). Program Administrator, Reentry Project for Offenders with Special Needs
Debra Pinals	Michigan Department Health and Human Services	Medical Director for Behavioral Health and Forensic Programs
John Searles	Midland County Educational Service Agency	Superintendent
Milton Mack	State Court Administrative Office.	State Court Administrator
Willie Brooks	Medicaid pre-paid inpatient health plan (PIHP)	Executive Director, Wayne County Mental Health Authority
Christopher Becker	Prosecutors	Kent County Prosecuting Attorney
Lia Gulick	Michigan Department of Corrections	Health Services Administrator
George Strander	Court Administrators	Court Administrator Ingham County Circuit Court
Steve Kempker	County Sheriffs	County Sheriff Ottawa County
Steven Mays	Michigan Department of Health and Human Services	Diversion Administrator/MHDC Liaison

The Governor Mental Health Diversion Council met on November 12 to discuss the Wayne State Report (see attached).

Committee 2: Wayne County Diversion Council (WCDC) (No update. Next Meeting Scheduled for November 19th)

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

Members:

Hon. Nancy Blount (Chief Judge, 36th District Court), Laura McLaughlin (Special Projects 36thDC), Hon. Freddie G Burton, Jr. (Chief Wayne County Probate Court Judge), Hon. Timothy Kenny (Chief Judge, 3rd Circuit Court), Andrea Cole (CEO Flinn Foundation), Dean Sheryl

Kubiak (Center for Behavioral Health and Justice at WSU) Scott Smith (Center for Behavioral Health and Justice at WSU), Nanci Hambrick (Center for Behavioral Health and Justice at WSU), Stacey Campbell (Center for Behavioral Health and Justice at WSU), Sojourner Jones (Community/Law Enforcement, DWIHN), Julie Black (Clinical Manager, DWIHN) Andrea Smith (Director of Program Services, DWIHN), Reid Wilson (Executive Manager, Detroit Police Department), Amanda Rzotkiewicz (Analyst, Detroit Police Department), Gary Bresnehan (Wayne County Prosecutor's Office) Alisha Bell (Chair, Wayne County Commission) Dr. Debra Pinals (Medical Director, MDHHS) Willie Brooks (CEO DWIHN).

The WCDC met on October 8, 2019.

Participate in a WCDC sub-committee:

Agreement to membership of the Wayne County Diversion Council and engagement in one of the following committees:

- Training Committee
- Data Integration Committee
- Crisis Response Hospital Committee
- Crisis Response Police Committee
- Jail Linkage Committee

Each committee will work to build effective strategies to safely reduce the number of people with Mental Illness and co-occurring Substance Misuse Disorder from the criminal legal system and into appropriate treatment in the community.

Support developing a Crisis Intervention Team (CIT) program in Wayne County.

CIT is a collaborative response that brings together law enforcement, first responders, 911 dispatch, mental health providers, persons identified with MI and/or CMISA and their families. Wayne County's training objectives include:

1. 20% of total Law Enforcement officers to be CIT trained
 - a. Data driven training by hot spot location
 - b. Officer training to be voluntary not mandated
2. 100% of the total Law Enforcement to receive basic training on MI/MICSA
 - a. Mental Health First Aid
 - b. Managing Mental Health Crisis
 - c. Other evidence-based training practices approved by the WCDC

Data collection and reporting:

Developing an effective strategy for cross systems data collection and reporting that supports a continuous quality improvement process focused on increased pre-booking diversion (connecting persons with MI or CMISA to care within the community) and/ or post-booking diversion (timely assessment and connections to care once in jail).

Collect and review prevalence numbers: Support the development and implementation of timely assessment to identify and address needs of those in jail with mental illness. This data will be used to guide the process at the system, program and case specific levels.

Continuous examination of capacity: Identify services and resources available and gaps in the continuum of care. Detect policy and budget challenges at the agency, county and state levels and advocate for change as agreed upon by the WCDC.

Financial analysis:

Work with a health economist to determine the total cost to the county for shifting treatment of individuals with MI and CMISA from interactions with law enforcement and/or the jail and into appropriate treatment in the community.

Participation on WCDC includes the following offers:

- Participation in network meetings and/or sub-committee meetings;
- Availability to send representatives from your organization to the respected and appropriate meetings;
- An opportunity for your organization to have a voice in coordinating systems across Wayne County while networking with other community-driven agencies and individuals.

Wayne County Proposal

The council is working with DWIHN to create and optimal jail diversion program utilizing the judicial system, hospitals, mental health providers and correction system.

Health Plan Integration

Requests for Information (RFI)

Ongoing negotiations are occurring with five potential partners. Negotiations have been productive with hopes of securing an initial agreement in the 4th quarter of 2019.

298 State Pilots

The Governor vetoed the 298 language that favored health plan privatization along with numerous other items in the budget vetoed the 298 language.

Although the 298 proposal is no longer active, MDHHS is pursuing an alternative to integrating Behavior Health with Physical Health. MDHHS asked me to participate in the system design along with the DWIHN team. Meetings are scheduled this month to discuss potential proposals.

2020 Funding Updates

Medicaid:

The initial budget indicated a \$13 million reduction in funding which amounted to a \$30 million deficit. After discussion with key MDHHS members, a new budget was issued that appears to have minimized or eliminated the deficit. DWIHN will monitor revenue to determine the exact changes for the next two months.

MDHHS stated that there were some problems with the initial calculation of funding which resulted in lower than expected funding for the entire state. Corrections are occurring now to restore funding amounts.

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
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.

Please note that several efficiencies are in place to reduce expenses.

- Funding model updates
 - Elimination of third party payers
 - Elimination of mild to moderate payments
 - Budget Reduction Plan
1. DWMHA initially requested MDHHS approval for the re-allocation of FY20 General Fund earmarked for spend down (deductible) to cover Medicaid overruns. *This request is no longer required in light of recent budget changes.*
 2. Development of a new procedure to Autism providers to reduce outlier cost by \$6 million.
 3. Letter sent to network requiring all providers in unlicensed homes must demonstrate proof (apply and receive) home help through MDHHS (DHS office) which is paid directly to providers from the State of Michigan through community living supports (H0043).
 4. Letter sent to network reminding providers that shared living arrangements and actual staffing costs are required consideration when billing for residential services. The amount of savings is unknown at this time. However, with increased training and monitoring of shared living arrangements, we believe there is potential savings.
 5. The SUD advisory board met and recommended significant changes to the delivery of care in addition to a reduction in certain rates, which equates to potentially \$7.5 million in savings. The council will monitor this process to assure that the changes do not have negative impacts to people served.
 6. Effective 10/1/19 - UM Guidelines will be applied to all populations served. Enter guidelines into MH-WIN for SMI, SED, I-DD and SUD to control utilization and allow the system to prevent claims that exceed the guidelines.

7. Develop a benefits management function (3 FTE's) to handle Medicaid re-certification, HAB Waiver slots, DAB/TANF insurance alignment, and managing the DHS workers. This will directly increase the loss of revenue in our system.
8. Discuss budget changes with Political Leaders and the head of MDHHS. The new rates submitted by MDHHS appear to have positive numbers.
9. Reduce DWMHA direct administrative cost by \$1.25 million and potentially reduce indirect administrative cost \$1.25 million, for a total of \$2.5 million in administrative cost reductions.

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 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 preparing General Fund budget reductions for FY20. DWIHN is currently pursuing additional funding for FY20 and DWIHN is working on a long-term solution for the overall \$22.5 million slated reduction.

Crisis Continuum

The ultimate goal is to have multiple crisis centers within Detroit and Out-Wayne County. The projected additional cost involved in this process is between \$20 -\$40 million. This revenue will come from various aspects such as:

- Provider Network Reduction and Restructuring
- Potential Additional Revenue from MDHHS
- Potential Reduction and Redirecting of Emergency Room / Inpatient Cost
- Maximizing the current use of Crisis Center revenue

Establishing an effective Crisis Continuum process remains a high priority for the five key objectives of improving community mental health care in Wayne County.

Building Update

DWIHN is seeking a long-term solution for staffing space requirements that will alleviate the need for leasing temporary space and accommodate the future holistic care needs.

Staffing

Open Positions

Management is currently reviewing open positions to determine which positions to fill and which to close out. The average open position percentage is high in result to Systems Transformation and internal movement. Potentially \$1 million in savings from the elimination of unfilled positions.

DWIHN has hired two attorneys to meet our legal requirements as part of our reorganization.

Provider Network

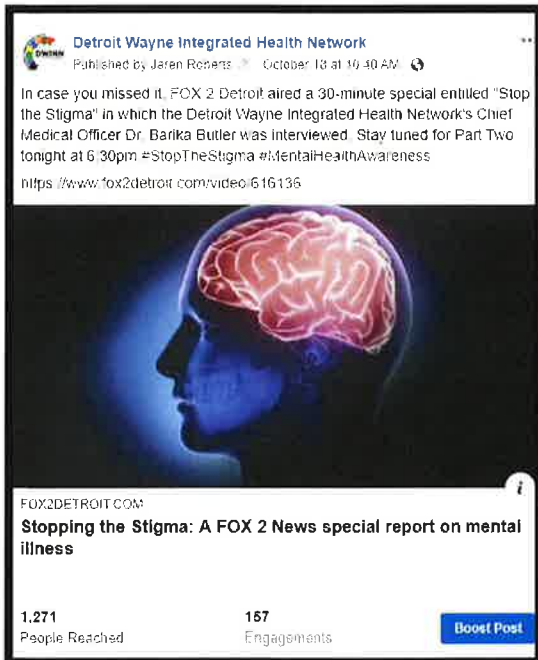
Provider Contracting

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

Communications

In the Media

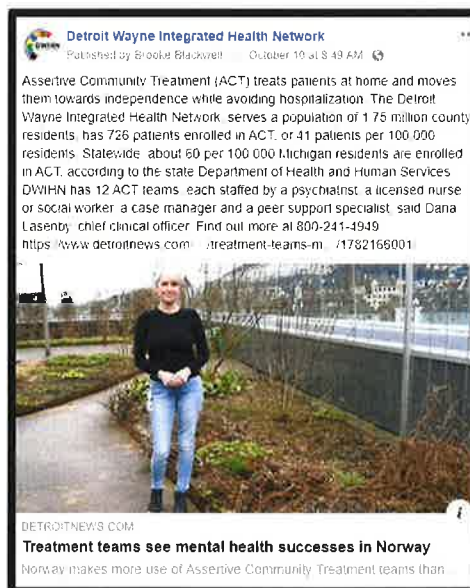
Fox 2 News Detroit – DWIHN’s Chief Medical Officer Dr. Barika Butler was featured in a two-part mental health special in which Fox 2 News Anchor Monica Gayle interviewed her about the science of the brain and how mental illness affects it.



Spotlight on the News with Chuck Stokes - DWIHN President and CEO Willie E. Brooks, Jr. was interviewed for the Sunday morning special that aired on Channel 7 on November 10th at 10 am. Brooks discussed the reduction of general funds by the Michigan Department of Health and Human Services. He also talked about the Crisis Continuum of Care that DWIHN is establishing throughout Wayne County.



The Detroit News – Reporter Karen Bouffard visited the country of Norway and reported on their System of Care. She interviewed Chief Clinical Officer Dana Lasenby about the DWIHN Assertive Community Treatment (ACT) programs. The story compared the two systems of care.



Community Newspapers-The Michigan Chronicle's "Ask the Doctor" series with DWIHN Chief Medical Officer Dr. Barika Butler focused on the dangers of vaping. The Latino Press continues to run information about our 24-hour HelpLine as does the Arab American News and the Hamtramck Review.



WDIV-TV-4 The November public service message on Channel 4 focused on PTSD, Depression and DWIHN’s Veteran Navigator program letting people know about the services we provide and how to contact our 24-hour helpline.



Scripps-WXYZ-TV7, TV 20 & Bounce – November’s SUD educational message focused on Youth and Healthy Living and how town hall meetings are effective for educating the public on youth and alcohol addiction. Clinical Supervisor of Piast Institute and SUD Provider Virginia Skrzyniarz was interviewed.



Outfront Media - The new billboards are located throughout Wayne County. Below are a few examples of the six different messages. We no longer have messages on bus wraps as DDOT has changed its contract terms.



Community Outreach/Events

5th Annual Reaching for the Stars

About 200 people attended the 5th Annual Reaching for the Stars ceremony. This annual event honors the people we serve and their accomplishments. Several people were celebrated for making great strides on their recovery journey and for reaching their goals this year.



Fall Fest at River Rouge High School - Over 300 people attended the annual Fall Fest where there were family friendly activities, an exotic petting zoo and raffle prizes. DWIHN was one of 15 vendors to provide community resources for those in need in collaboration with the DWIHN Ambassadors.



Youth Spotlight Awards - This event was a great success as Youth United highlighted young people for their contribution to the work being done through Connections System of Care. Guests included Public speaker and singer Nique Love Rhodes and Regional Director for Senator Gary C. Peters, James Jackson. Recipients recognized included: **Youth Peer Support Specialist**- Denasia Robinson, **Youth Advocate**- DeMariea Robinson, **Change Maker**- Destinee Dale, **Leadership**- Guadalupe Torres, **Advocacy**- JaBreona Mackie, **Perseverance**- Kiera Harris, **Volunteerism**- Brannon Carson, **Adult and Youth Champion**- Amy Johnson.



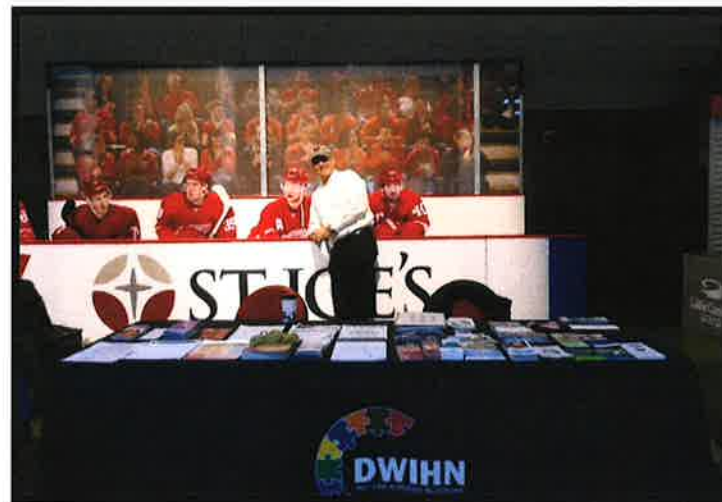
DEA Drug Take Back Day – DWIHN Provider The Piast Institute hosted the Hamtramck Drug Free Communities Coalition Prescription Drug Take Back Day. DWIHN has over 20 boxes located at various police departments and provider organizations.



Day of Restoration – Each year, CAPPA (Community and Police Partnership Advocacy) holds its Day of Restoration to provide access to services connecting homeless individuals to mental health and human service providers. About 300 people were in attendance as DWIHN and other providers attended. Attendees received haircuts, mobile phones, blankets, nonperishable food, and other resources to assist their needs.



Detroit Pistons Hoops for Troops – A year-round initiative to honor active and retired service men & women and their families. Chris Brown, DWIHN Veteran Navigator attended the third annual Military and Veteran Career Fair and Hoops for Troops where veterans and military personnel were recognized throughout the day. This event included a career and resource fair, where Veterans could seek and find assistance for housing, mental health, and assistance with applying for benefits.



LGBTQIA+ Clinical Care Mini Conference – This mini conference touched on the delivery of affirming care for individuals that identify as transgender, lesbian, gay, bisexual, queer, intersex, asexual, two-spirited, plus additional identities. An emphasis was placed on clinical care with transgender-identified individuals to ensure that services are delivered in a respectful and safe manner within our system of care.



Mind Matters Day – The Youth United division of Children’s Initiatives visited Trenton High School where an entire school day was dedicated to mental health & wellness. Students heard from professionals and engaged in conversations about the importance of mental health. Students also held a youth-led panel discussion and individual classroom sessions on trauma and mental health. Activities included arts and crafts where they created a trauma mask for them to understand the various phases of mental health. A pep-rally was also held in the gymnasium with vendor resource tables.



Detroit Mental Health Day – DWIHN staffed a resource table at the Detroit Artist’s Test Lab where an engaging panel discussion took place that was moderated by the renowned conversationalist and mental health advocate, **Que Morgan**. The panel consisted of local Detroit influencers, therapists, entrepreneurs and mental health experts who shared their personal stories and provided insight into breaking the stigma of suicide and mental health awareness in Detroit.



Upcoming Events

Event	Date	Location
Community Mental Health Day	Nov. 16	Second Ebenezer
Project Connect	Nov. 20	Our Lady of Angels, Taylor
Courageous Conversations: Bullying in Our Schools	Nov. 21	The Skillman Foundation
Youth United’s Arts & Poetry Night	Nov. 22	Motor City Java House
10th Annual Stakeholders Report to the Community	Dec. 5	Federal Reserve Bank Warren Ave.
Staff Appreciation Winter Party	Dec. 13	Crowne Plaza Downtown Detroit Riverfront Hotel



**Detroit Wayne
Integrated Health Network**

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

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

Key Mental Health Indicators

Chart Descriptions

Percent Incarcerated	Percent of total distinct members served each month that received at least one service from the Wayne County Jail during the month.
Percent Homeless	Percent of total distinct members served each month that identified their residential living arrangement as "Homeless."
Percent School Trauma	Percent of total distinct members served each month that received a service with a service modifier of "ST."
Percent Suicides Per Total Deaths	Percent of total deaths each year where the cause of death was identified as "Suicide."
Inpatient Costs	Monthly total of paid amount for inpatient services identified by Revenue Codes 0100, 0114, 0124, 0134, 0144, and 0154.
Inpatient Requests Vs Authorizations	Monthly count of distinct inpatient hospitalization requests Vs count of authorized inpatient admissions for all members.

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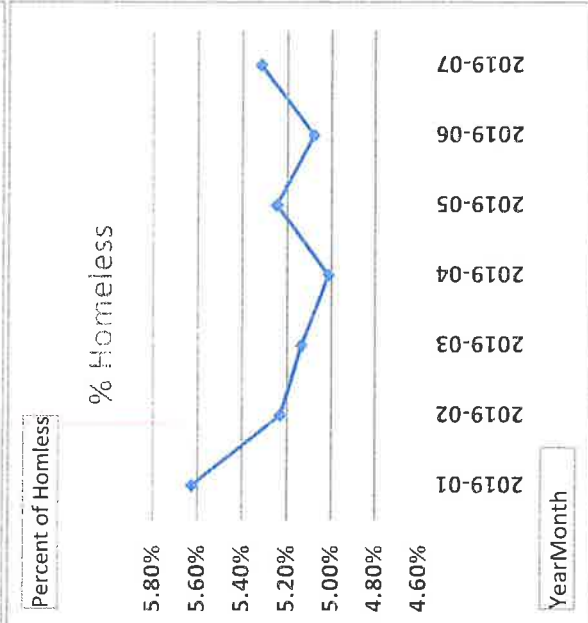
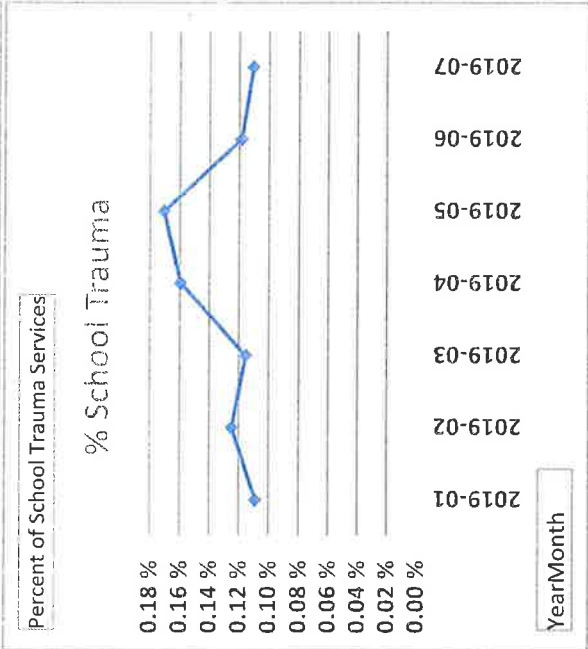
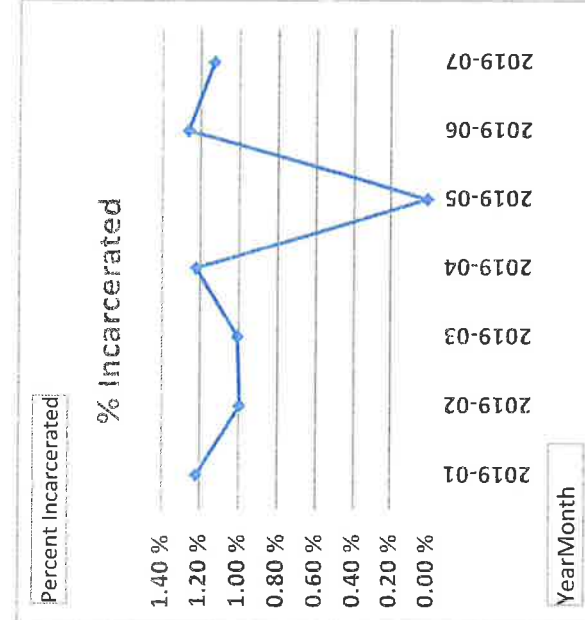
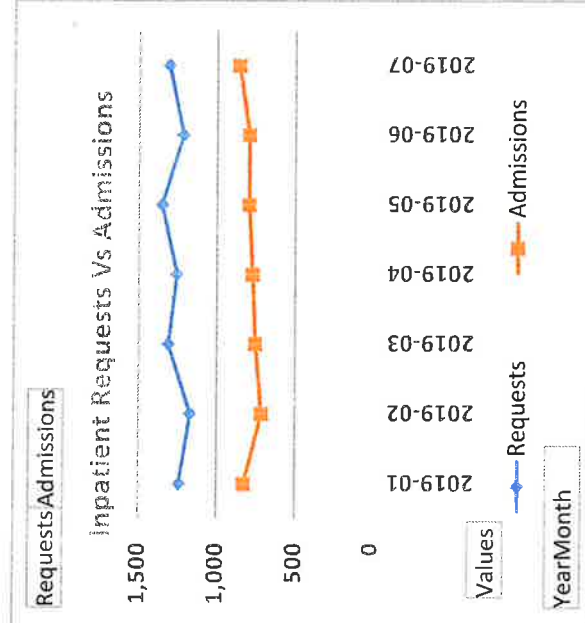
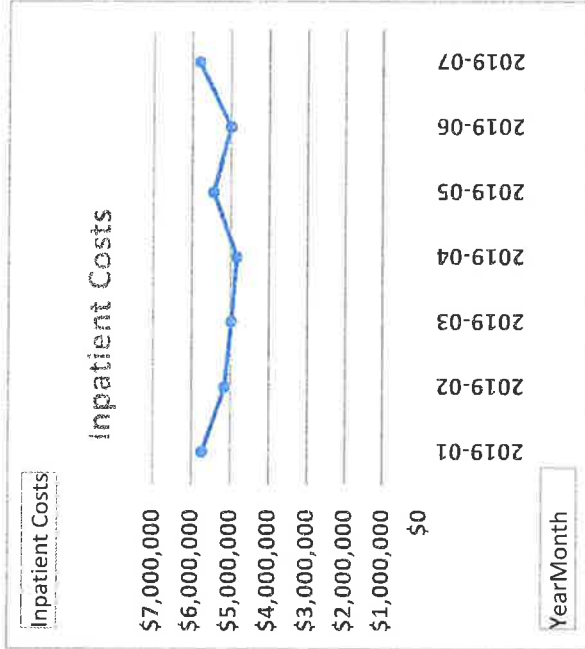
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Key Mental Health Indicators





Michigan Mental Health Diversion Council

Tuesday, November 12, 2019

Wayne State University Center for Behavioral Health and Justice

Introduction

- 1. Data Updates & Hot Topics (10 min)**
Jail data collection spring 2019
- 2. Stepping Up Initiative (10 min)**
Statewide Map
Process of Intervention
- 3. 'Inventory of Learning' (10 min)**
Using Sequential Intercept to Present Best/Promising Practices
- 4. Questions & Discussion (10 min)**
Rising from the field

Data Updates & Hot Topics

Kessler 6 (K6) Screening Instrument

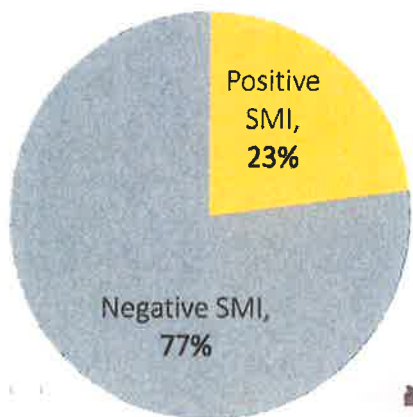
JAIL DIVERSION County Code: ## WSU ID: ##### Booking Number: _____
Date: _____ Last Name: _____ First Name: _____

Do you have any concerns about **withdrawal** from any drug while in jail? Yes No

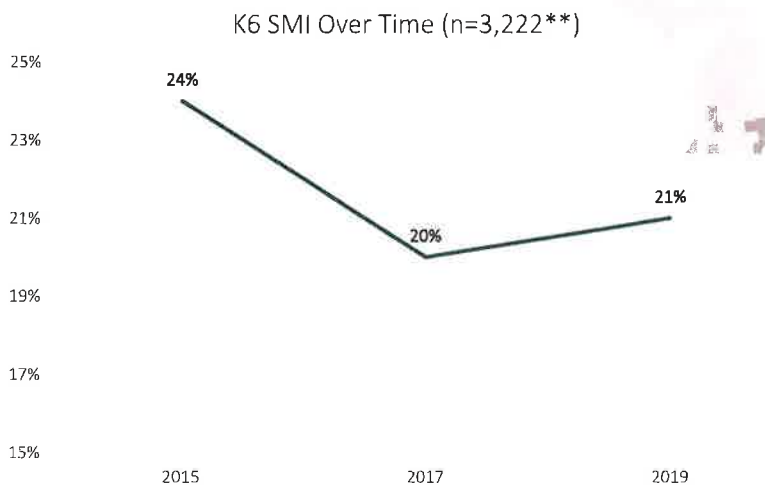
Given a choice to use any drug, would you choose an **opioid** first?
(Ex. Heroin, Vicodin, Oxycodone) Yes No

a. That everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times in the past year have you had five or more drinks in a day? _____ times					
How many times in the past year have you used an illegal drug or used a prescription drug for non-medical reasons? _____ times					
Do you have any concerns about withdrawal from any drug while in jail?	<input type="radio"/> Yes	<input type="radio"/> No			
Given a choice to use any drug, would you choose an opioid first? (Ex. Heroin, Vicodin, Oxycodone)	<input type="radio"/> Yes	<input type="radio"/> No			
Have you received treatment for a psychiatric or emotional condition?	<input type="radio"/> Yes	<input type="radio"/> No			
Have you received mental health services during the past month?	<input type="radio"/> Yes	<input type="radio"/> No			
Are you currently taking any medication for a mental health problem?	<input type="radio"/> Yes	<input type="radio"/> No			
Where did you live most often in the past 30 days before you came to jail? Check the one answer that best describes your situation	<input type="radio"/> House or apartment that I own/rent <input type="radio"/> Moved around/stayed with a friend or family member <input type="radio"/> Streets, car, homeless shelter, treatment facility or other place like that <input type="radio"/> Other (please specify) _____				
Have you ever been booked at this jail before?	<input type="radio"/> Yes	<input type="radio"/> No			
If YES, anytime within the past year?	<input type="radio"/> Yes	<input type="radio"/> No			
Past 30 days?	<input type="radio"/> Yes	<input type="radio"/> No			
Which one of these best describes your race/ethnicity?	<input type="radio"/> White	<input type="radio"/> Black	<input type="radio"/> Latino	<input type="radio"/> Native American	<input type="radio"/> Other (please specify) _____

Positive K6 – Serious Mental Illness (SMI)



2019 Collection*
(n=3,802)



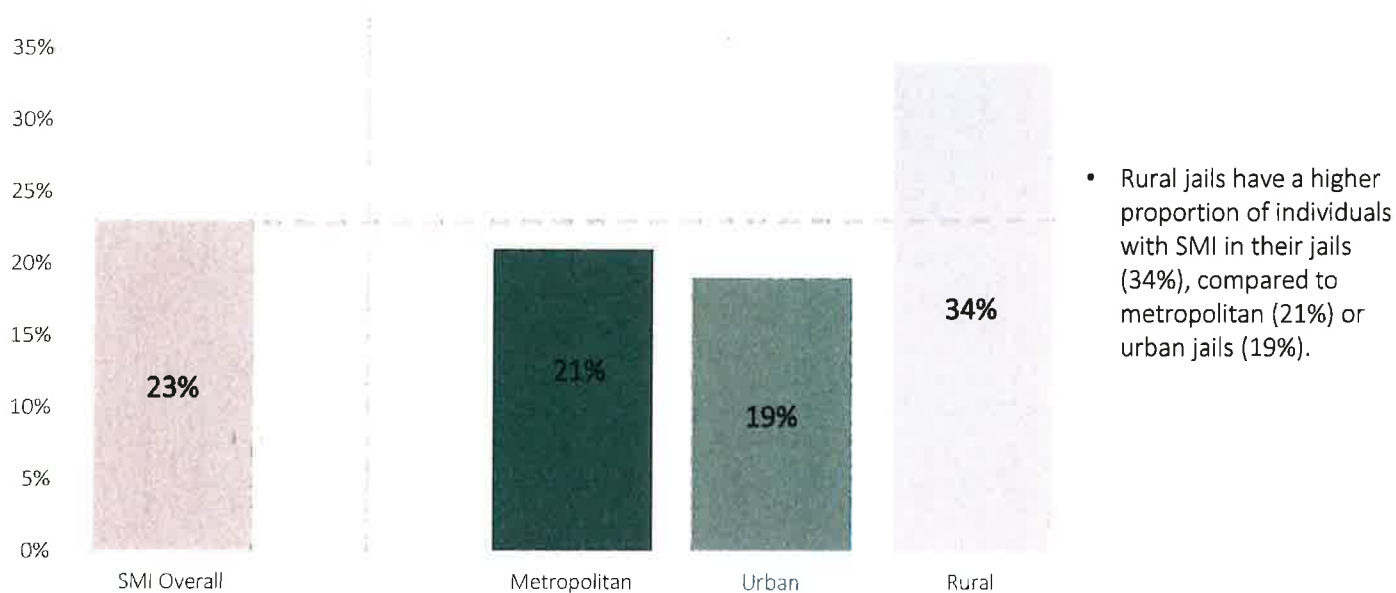
* Includes two counties not included in 2017 collection
** Includes only the original 8 counties for comparison purposes
Data Source: K6 Collection 2015, 2017, and 2019

SMI by County, Over Time



Data Source: K6 Collection 2017 & 2019

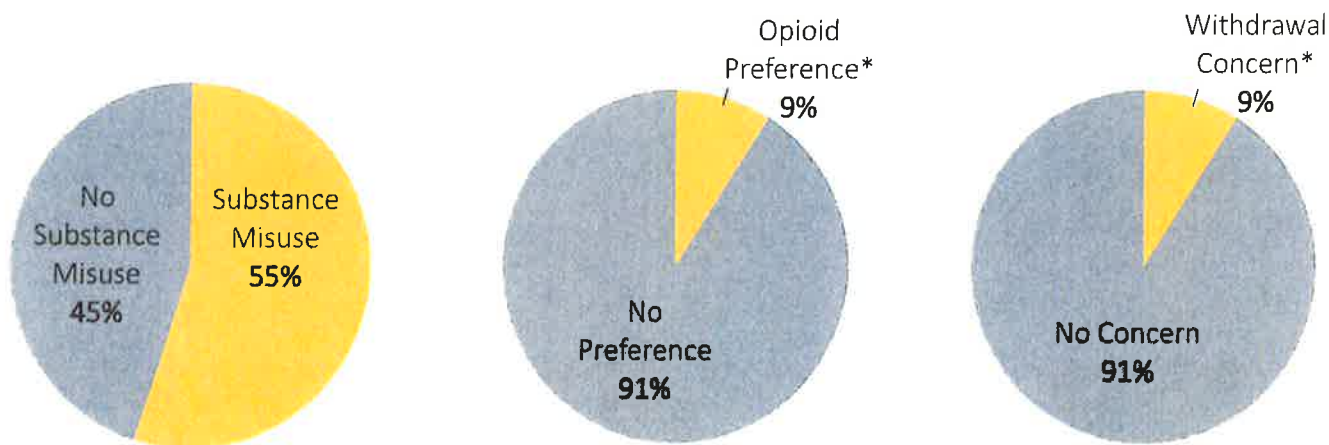
SMI by County Size* (n=3,802)



Data Source: K6 Collection 2019

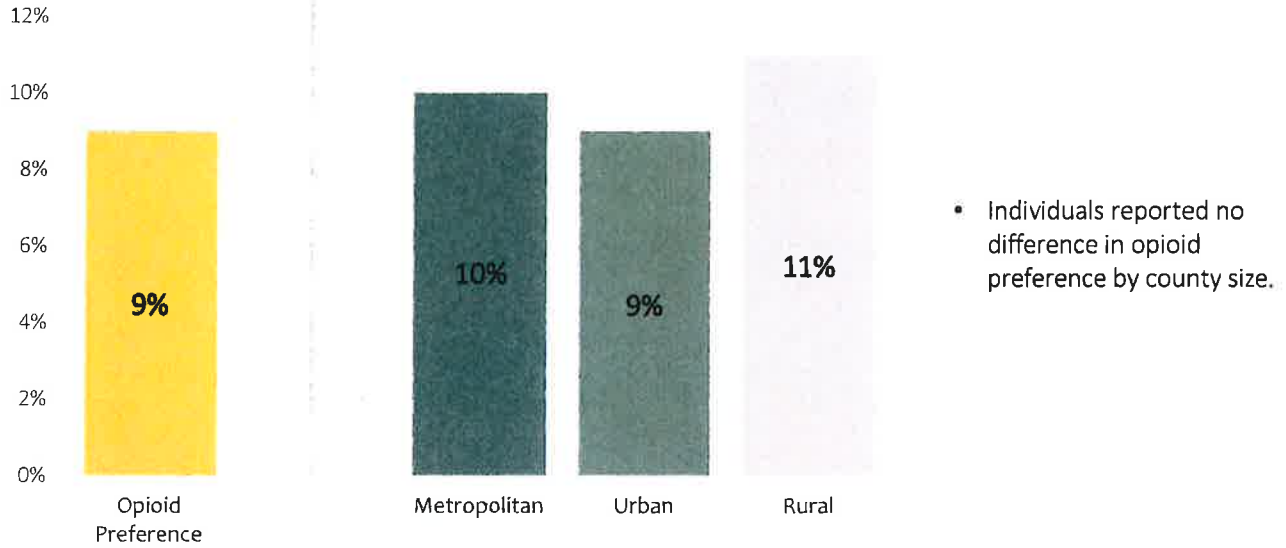
*Difference statistically significant

Substance Misuse, Opioid Preference & Withdrawal Concern (n=3,802)



* Includes only 9 counties
Data Source: K6 Collection 2019

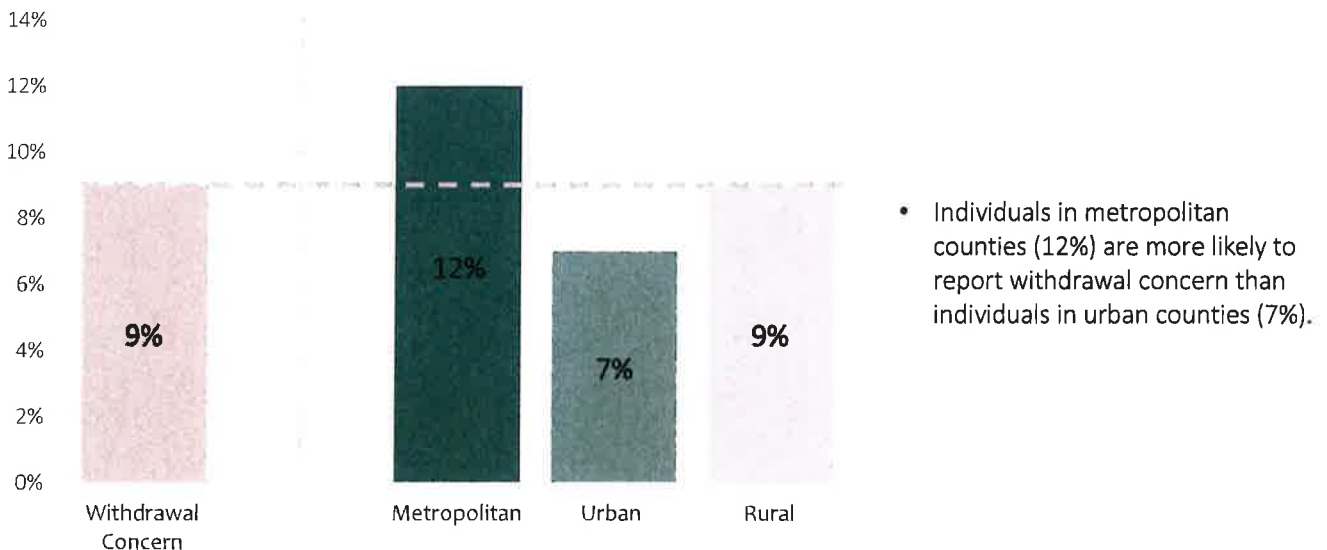
Opioid Preference by County Size (n=3,802)



Data Source: K6 Collection 2019

Difference NOT statistically significant

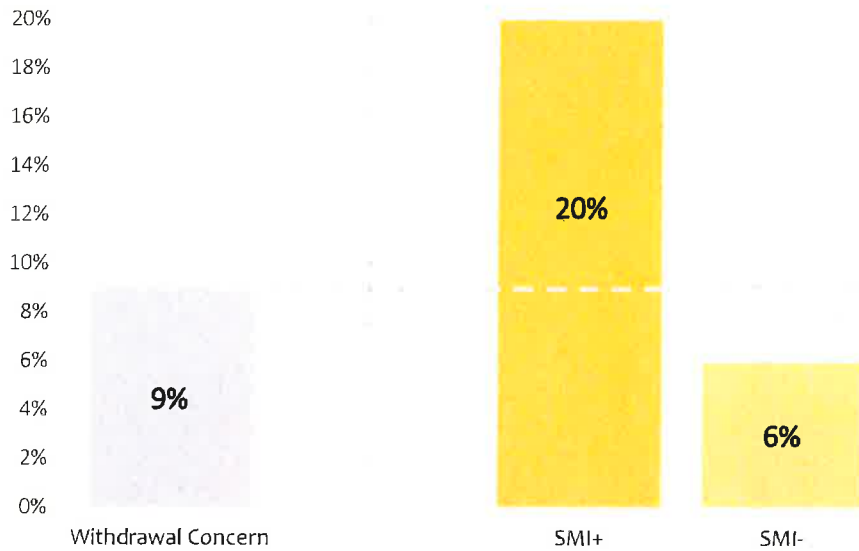
Withdrawal Concern by County Size* (n=3,802)



Data Source: K6 Collection 2019

*Difference statistically significant

Withdrawal Concern & SMI* (n=3,802)

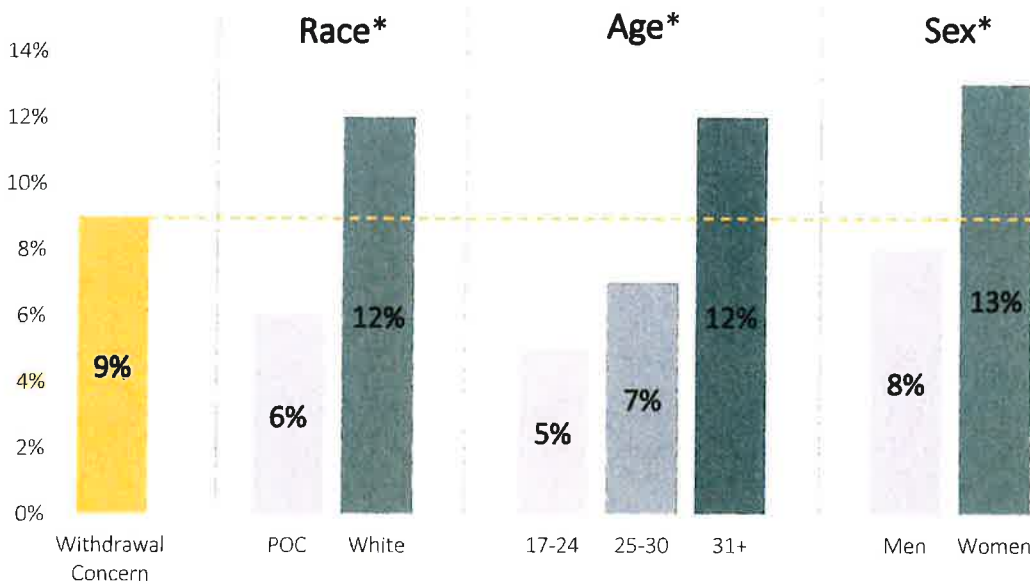


- Individuals with SMI are more likely to report withdrawal concern (20%) than individuals who do not have SMI (6%).

Data Source: KG Collection 2019

*Difference statistically significant

Withdrawal Concern by Demographics (n=3,802)



- White individuals (12%) are more likely to have a withdrawal concern than People of Color (6%).
- Older individuals (12%) are more likely to have a withdrawal concern than younger individuals (17-24= 5%; 25-30= 7%).
- Women (13%) are more likely to have a withdrawal concern than men (8%).

Data Source: KG Collection 2019

*Difference statistically significant

Wayne State University Center for Behavioral Health and Justice

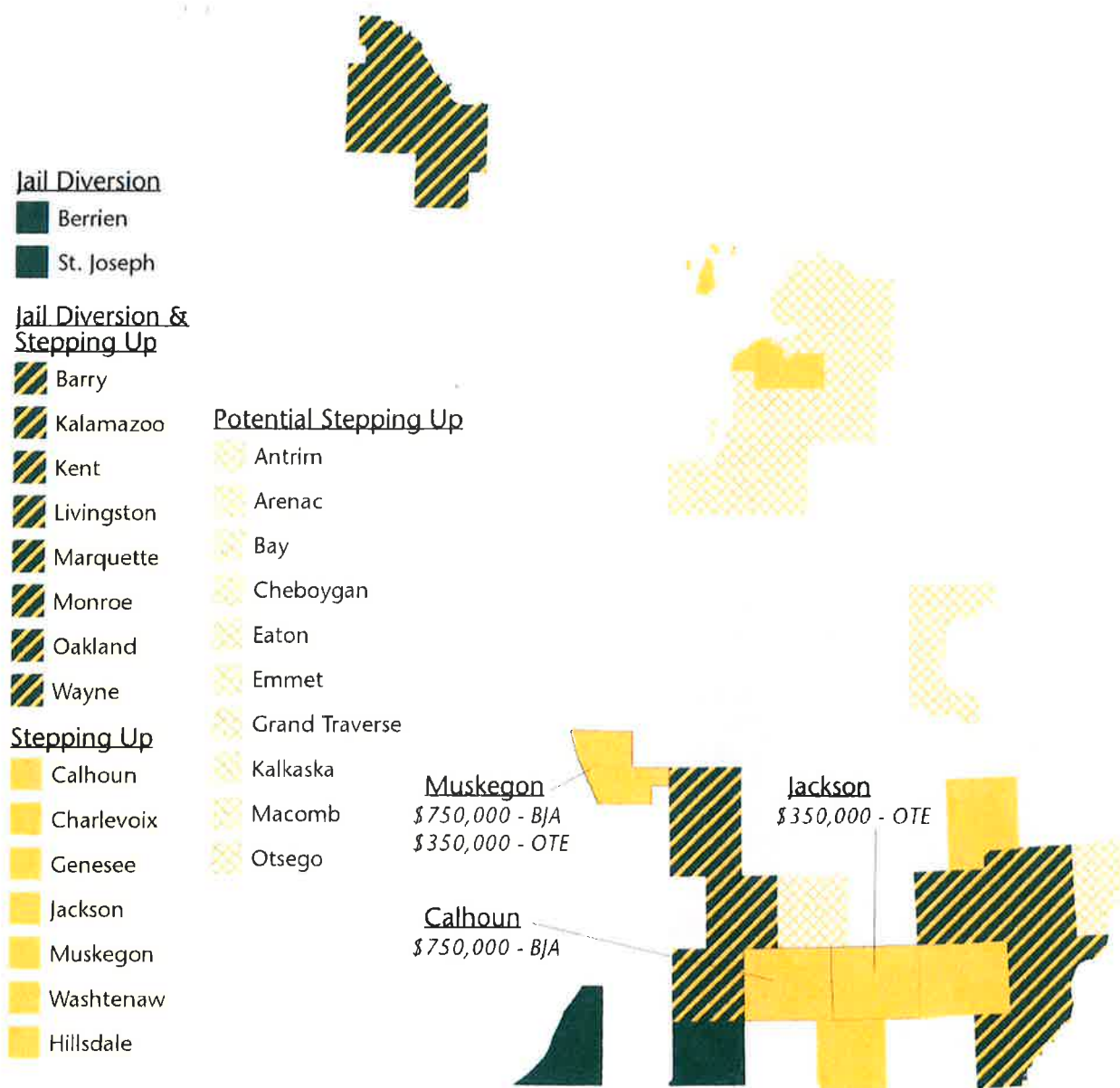
Stepping Up Initiative

Michigan Mental Health Diversion Council Meeting – 11/12/19



Stepping Up Initiative

Statewide Map





Center for Behavioral Health and Justice

Wayne State University School of Social Work

THE **STEPPING UP** TECHNICAL ASSISTANCE INITIATIVE

Funded by MDHHS

PHASE ONE



ASSESS

Question 1: **Is Your Leadership Committed?**

Introductory Meeting (1-2 hours)

- How did Stepping Up evolve in the community?
- What steps have been taken to date?
- What agencies are represented on the diversion council? Who should be?
- What are the goals & objectives for Stepping Up?

Question 2: **Do You Have Timely Screening & Assessment?**

Question 3: **Do You Have Baseline Data?**



OBSERVE

Site Visit & Jail Tour (4-6 hours)

- Observe Diversion Council meeting (when applicable)
- Map jail process from booking to release
- Review current screening & assessment tools
- Review existing data/data validation
- Review or establish baseline data
- Develop of technical assistance plan

PHASE TWO



ASSIST

Question 4: **Have You Conducted a Comprehensive Process Analysis?**

Regular Data Calls & Data Collection (3-6 months)

- Execute technical assistance plan
- Establish data collection protocol
- Conduct regular data collection calls with key stakeholders
- Assess current system efficacy

Question 5: **Have You Prioritized Policy, Practice, & Funding?**

Question 6: **Do You Track Progress?**



PLAN

Action Planning (3-6 months)

- Presentation of findings & next steps to stakeholders
- Create context: compare data with other like counties and state
- Identify short- and long-term goals
- Identify strategies for sustainability
- Develop integrated report to track progress

CUSTOMIZED DELIVERABLES:



Technical Assistance Plan



Prevalence & Baseline Data



Comprehensive Analysis



Short- & Long-Term Goals



Integrated Report

Stakeholder Feedback

What Stakeholders say about Technical Assistance:

"Appreciate the WSU team, and their commitment to assisting communities with gaining real-time data so that effective measurements can be put into place for future diversion activities. I would also like to thank the WSU-CBHJ Team for being so committed to the Stepping Up Initiative, and for merging so well with so many different players in the community."
– Genesee County Stakeholder (Criminal/Legal)

"I can't extend enough appreciation to the work that has been accomplished to date to support my community. I look forward to continued opportunities to work with CBHJ."
–Muskegon County Stakeholder (Treatment)

"You have helped recognize and put together all the resources we have. We seem be working more together as a team. There are a lot of agencies trying to obtain a common goal. You guys were awesome for someone like me, a front line worker that keeps everything in my head and not good at documentation. You guys are awesome."
– Genesee County Stakeholder (Treatment)

"The team is very professional. It was especially helpful to have Scott Smith's [CBHJ Law Enforcement Consultant] experience and input given the mix of stakeholders."
– Charlevoix County Stakeholder (Treatment)




"The data reported from Stepping Up was eye opening and will be used in any way possible to help connect those with mental health and dependency issues to treatment services. Staff have only reported positive feedback."
–Genesee County Stakeholder (Criminal/Legal)

"Thanks for all your hard work and dedication"
– Jackson County Stakeholder (Treatment)

Out of Stepping Up Technical Assistance Stakeholders who responded to an anonymous feedback survey...

100% AGREED

that staff at the **Center for Behavioral Health and Justice** are:

-  knowledgeable of data-informed diversion opportunities in the criminal/legal system.
-  responsive to communications.
-  understanding of the unique needs in their community.

Current Stakeholders are



to recommend Technical Assistance from CBHJ to other communities.



Nearly 90% of Stakeholders agree that Technical Assistance from CBHJ has helped their community address the six Stepping Up questions.



Wayne State University Center for Behavioral Health and Justice

Inventory of Learning

Using the Sequential Intercept Model to Present Best/Promising Practices

Michigan Mental Health Diversion Council Meeting – 11/12/19



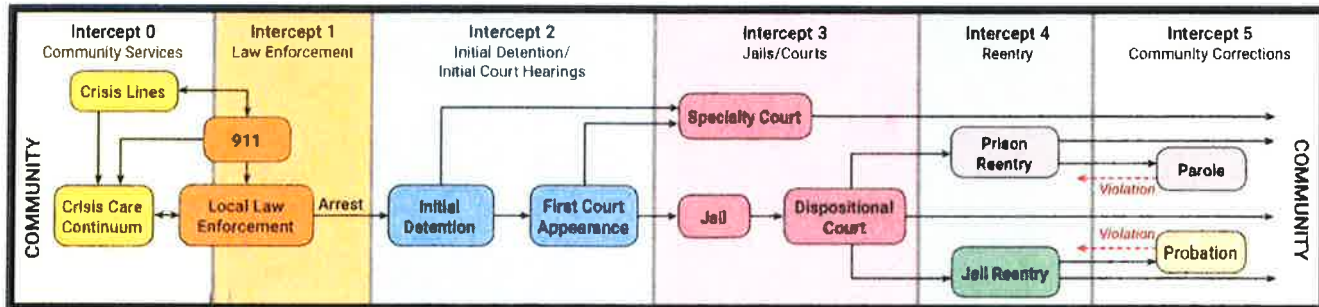
Center for Behavioral Health and Justice

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The Michigan Mental Health Diversion Council (MMHDC) was established in 2013 with the intent and focus on diverting individuals with mental health disorders and/or developmental disabilities from the criminal/legal system across the state. In 2014, the MMHDC, through the Michigan Department of Health and Human Services (MDHHS), sought proposals for interventions at one or more points along the Sequential Intercept Model (SIM) framework to initiate diversion opportunities along the intercepts of the criminal/legal system.

Sequential Intercept Model



Abreu, Dan, et al. "Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0." *Behavioral sciences & the law* 35, 5-6 (2017): 380-395.

Between 2014 and 2017 ten pilot projects were funded in ten counties (including Barry, Berrien, Kalamazoo, Kent, Livingston, Marquette, Monroe, Oakland, St. Joseph and Wayne Counties). Programs focused primarily on CIT for law enforcement and jail services. Dr. Sheryl Kubiak (Wayne State University Center for Behavioral Health and Justice) and team lead an implementation and long-term outcome study of the pilot projects. In 2017, the MMHDC committed to continue to support the initial ten pilot counties to allow those communities to further focus on and bolster diversion efforts across all intercepts of the SIM. This expansion in diversion programming required an evaluation encompassing all intercepts, recognizing that individuals interact with multiple initiatives across the criminal/legal continuum within the same county and accounts for the influence of multiple interventions within the system.

Using these two programmatic initiatives of the MMHDC and the evaluation research supporting them, specific practices at each intercept have been identified within counties that empirically demonstrate improved outcomes, including: reducing recidivism or jail stays, increasing treatment access/continuum of care, and enhancing knowledge and skills for officers.

Summary of Empirical Evidence to Support Actionable Practices

Intercept 0 Community Services	Intercept 1 Law Enforcement	Intercept 2 Initial Detention/ Initial Court Hearings	Intercept 3 Jails/Courts	Intercept 4 Reentry	Intercept 5 Community Corrections
<p>Individuals with co-occurring substance use and mental health disorders were over 2 times more likely to recidivate than those with a only mental health disorder.</p> <p>Delivery of integrated treatment is hindered by separate mental health and substance use funding and data systems.</p>	<p>Fidelity to the CIT Model improves officer knowledge and skills and changes behavior. In the month after CIT training, officers were 38 times more likely to use the Crisis Center; the increase was sustained 18-months later.</p>	<p>Across all jails, use of a standardized mental health screen at booking improved the identification of mental health issues; officer only identification varied from 3% -33%.</p> <p>Across all jails, 47% of individuals booking in were charged with a 'divertable' offense.</p>	<p>Training corrections officers in de-escalation techniques decreased forcible cell removal by 50%.</p> <p>Individuals receiving an in-reach or diversion service in jail were twice as likely to receive a mental health service in the community.</p>	<p>Improving discharge services (currently, only 30% of individuals with SMI received a discharge service) and discharging during business hours (44% of those with SMI are released from jail during non-business hours (5 pm – 8 am)) will enhance continuity of care.</p>	<p>Enhancing the relationship between county-level CMH and parole/probation officers may decrease the number of individuals incarceration for probation/parole violations. Currently four of ten counties report such a relationship.</p>

While outcomes may vary across sites, all of the outcomes are achieved through best practices and align with the goals of the MMHDC. Based on the data and the practices of the pilot counties, the Center for Behavioral Health and Justice (CBHJ) has identified recommendations for state and county administrators that will support improved identification, referral and service delivery that will decrease incarceration for those with serious mental illness and/or substance use disorders. The CBHJ promotes:

- 1) Valid screening for mental health and substance misuse at jail intake that is consistent across the state,
- 2) 'Boundary spanners' working between systems who are focused on issues of transition in and out of jail for individuals with mental health and substance use disorders,
- 3) Funding for in-reach mental health services by community CMH to provide warm hand-offs and facilitate discharge, and
- 4) Increased training for law enforcement/corrections officers to enhance mental health knowledge and de-escalation skills and identify alternative locations for officers to divert individuals from jail.

These recommendations are focused on improving identification, referral and service delivery that will decrease incarceration for those with serious mental illness and/or substance use disorders.





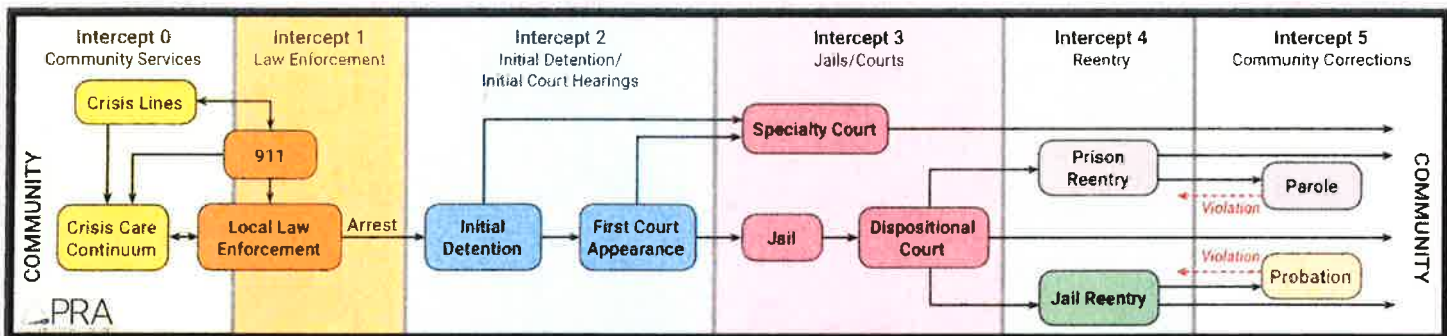
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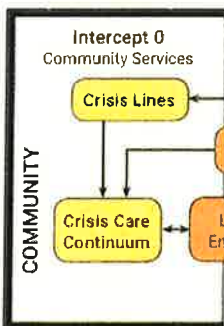
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Promising Practices for Jail Diversion Across the Sequential Intercept Model

In partnership with the Michigan Mental Health Diversion Council and the Michigan Department of Health and Human Services, ten communities across Michigan are conducting jail diversion pilot programs which aim to reduce the number of people with mental health and/or substance use disorders in the criminal/legal system.



The Sequential Intercept Model (SIM)¹ was developed as a strategic planning tool to map the criminal/legal system. It begins in the community with the continuum of crisis care services, and moves through contact with law enforcement, arrest, detention, court, jail and/or prison, reentry, and community corrections. Each intercept offers intervention points for diversion.



Intercept 0

Community Services is considered a *gate-keeper to formal interaction with the criminal justice system*. It encompasses the early intervention points for people with mental health issues *before* they are arrested and involves entities outside the criminal justice system¹.

OUTCOME:

Individuals with co-occurring mental health and substance use disorders were over 2 times more likely to recidivate than those with only a mental health disorder.

NEXT STEP:

Address structural funding and data barriers to increase accessibility to integrated mental health and substance use treatment.

OUTCOME:

Delivery of integrated treatment is hindered by separate mental health and substance use funding and data systems.

NEXT STEP:

Explore changes to existing policies and practices to attain effective transition of Medicaid coverage from jail to community.



Intercept 1

Law Enforcement officers and/or emergency services are the first responders for people experiencing a mental health crisis or emergency, which can be an intervention point to avoid formal entry to the criminal justice system. Intercept 1 includes all prearrest diversion options and concludes when someone is arrested¹.

OUTCOME:

In the month after CIT training, officers were 38 times more likely to use the Crisis Center; the increase was sustained 18-months later.

NEXT STEP:

Explore how to define "diversion" within dispatch and law enforcement systems.

NEXT STEP:

Identify alternative locations for officers to divert individuals from jail.

NEXT STEP:

Develop sustainable law enforcement training plans within counties and encourage fidelity to the CIT Memphis Model.

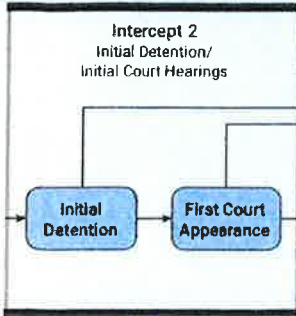
¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.



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Intercept 2

Initial Detention/Initial Court Hearings

aims to avoid the costly collateral consequences of incarceration and connect people to services, and encompasses postarrest diversion options including diversion to treatment instead of incarceration or prosecution¹.

OUTCOME:

Across all jails, use of a standardized mental health screen at booking improved the identification of mental health issues; officer identification varied from 3% - 33%.

OUTCOME:

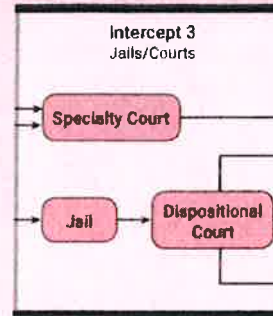
Across all jails, **47% of individuals booking in were charged with a 'divertable' offense.**

RECOMMENDATION:

Implement a standardized mental health at jail booking to augment identification of mental health issues.

RECOMMENDATION:

Develop strategies to add standardized screening tools to jail management systems across counties.



Intercept 3

Jails/Courts focuses on people being held in pretrial detention and awaiting the disposition of their criminal cases, and concludes when someone is sentenced to incarceration or community supervision¹.

OUTCOME:

Training officers in de-escalation techniques decreased forcible cell removal by 50%.

OUTCOME:

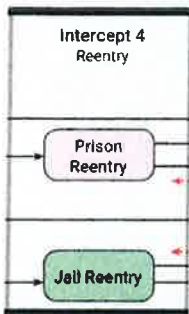
Individuals receiving an in-reach or diversion service in jail were **twice as likely to receive a mental health service in the community.**

RECOMMENDATION:

Prioritize the hiring of 'Boundary Spanners' to focus on issues of transition in and out of jail for individuals with mental health concerns.

RECOMMENDATION:

Explore length of stay differences between individuals with and without serious mental illness, including risk assessment and behavioral indicators.



Intercept 4

Reentry addresses the continuity of care between correctional facilities and community behavioral health providers as people return to their communities, and concludes when someone is released from jail or prison and start community supervision¹.

OUTCOME:

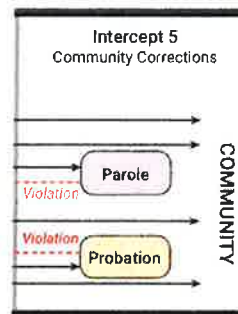
Improving discharge services (currently, only **30% of individuals with serious mental illness received a discharge service**) and discharging during business hours (**44% of those with serious mental illness are released from jail during non-business hours (5pm - 8am)**) will enhance continuity of care.

RECOMMENDATION:

Increase in-reach and discharge planning strategies to improve continuity of care for individuals with mental health and/or substance use disorders.

RECOMMENDATION:

Reduce after-hours jail releases for individuals with serious mental illness.



Intercept 5

Community Corrections

encompasses probation and parole¹.

OUTCOME:

Enhancing the relationship between county-level CMH and parole/probation officers may decrease the number of individuals incarceration for probation/parole violations. Currently **four of ten counties** report such a relationship.

RECOMMENDATION:

Explore opportunities for passing Public Health and/or Public Safety millages

RECOMMENDATION:

Build and strengthen relationships between Community Mental Health agencies and probation/parole departments to reduce violations that result in recidivism including specialized caseloads, formal collaboration and case consultation, and mental health training.

¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.



Questions & Discussion

Rising from the Field

Rising from the Field

- Taskforce on Jails and Pre Trial Incarceration –
 - Committee/Sub Committee Structure
 - Dates: November 19th – Lansing
 - Next Steps
- MDHHS Contract with PIHP –
 - Potential to define diversion as: ‘preventing or reducing incarceration of persons with SPMI through the use of best practices at each intercept of the criminal/legal continuum’.
 - Method: Building SIM framework into contract, with best practices embedded at various intercept points.
- Continuity of Care –
 - Sharing of Information between law enforcement/jail staff and CMH/SUD Providers.
 - MHEF document

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 19-22R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: Michigan Municipal Risk Management Authority

Address where services are provided: NA

Presented to Finance Committee at its meeting on: 11/6/2019

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

Amount of Contract: \$ 241,620.00 Previous Fiscal Year: \$ 410,000.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? N

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

This contract is for comprehensive insurance coverage for the Network. The Network became a member of Michigan Municipal Risk Management Authority (MMRMA) in FY 14-15. MMRMA is a public entity self-insurance pool that provides liability and property coverage to local governmental entities throughout the state of Michigan. MMRMA provides comprehensive coverage with the loss limits well above the private sector market, including \$10 million for officer and directors coverage. The annual premium is \$241,620.00 for a one 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 ; 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 sources	\$ 241,620.00	\$ 241,620.00

	\$ 0.00	\$ 0.00
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.911000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Willie E. Brooks

Stacie Durant

Signed: Friday, November 1, 2019

Signed: Friday, November 1, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Barkshire
Board Liaison

Date 11/20/2019

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-36 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: Floyd E. Allen & Associates, PC

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 11/6/2019

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

Amount of Contract: \$ 75,000.00 Previous Fiscal Year: \$ 315,000.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2019

Provider Impaneled (Y/N)?

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

This Board Action is requesting that the Board approve a contract between the Network and The Allen Law Group not to exceed \$75,000. The Allen Law Group provides employment, legal advice to the Network and its Board on a number of matters including labor issues, grievance arbitrations, and union contract negotiations and other general legal matters.

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 N; Program Information ; Outcome Data/Quality Concerns ; Procurement Information

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
	\$ 75,000.00	\$ 75,000.00

	\$	\$ 0.00
Total Revenue	\$ 75,000.00	\$ 75,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.814000.00000

In Budget (Y/N)? Y


Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Monday, October 28, 2019

Signed: Friday, October 25, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

Approved

Rejected

Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature

William M. Barkshire
Board Liaison

Date 11/20/2019

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-15-R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: Beaumont Health Foundation

Address where services are provided: 26650 Eureka Road, Taylor, MI

Presented to Program Compliance Committee at its meeting on: 11/13/2019

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

Amount of Contract: \$ 5,501,795.00 Previous Fiscal Year: \$ 5,282,125.00

Program Type: Continuation

Projected Number Served- Year 1: 550 Persons Served (previous fiscal year): 450

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).

DWIHN Staff recommends board approval to fund Beaumont Health Foundation/Taylor Teen an additional \$85,000.00 in PA 2 funding to provide SUD prevention services in Romulus Community Middle School. These funds are being transferred from Romulus Community Middle School because the staff person that provided services retired. Beaumont Health Foundation/Taylor Teen total contract amount will be \$438,828.00.

Beaumont Health Foundation/Taylor Teen will also provide Synar services. They will continue with the Romulus Youth Leadership Movement (RTHC) for their year round activities, summer program, vendor education and WEB Program. Youth also will participate in prevention Life Skills and Leadership programs. 8th and 12th grade students will provide assistance as mentors and interns.

The SUD Prevention PA 2 funding amount does not change the amount of the contract approved September 25, 2019. These funds were approved at the SUD Policy Board meeting on October 4, 2019.

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

Board Action #: 20-15-R

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: PA 2

Fee for Service (Y/N): Y

Revenue	FY 19/20	Annualized
Block Grant	\$ 3,813,545.00	\$ 3,813,545.00
PA2	\$ 1,688,250.00	\$ 1,688,250.00
Total Revenue	\$ 5,501,795.00	\$ 5,501,795.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.826606.00000

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: Tuesday, November 5, 2019

Signed: Tuesday, November 5, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Barkshire
Board Liaison

Date 11/20/2019

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-29 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: ProtoCall Services Inc

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/13/2019

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

Amount of Contract: \$ 335,500.00 Previous Fiscal Year: \$ 310,500.00

Program Type: Continuation

Projected Number Served- Year 1: 15,128 Persons Served (previous fiscal year): 14219

Date Contract First Initiated: 3/1/2016

Provider Impaneled (Y/N)? Y

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

This Board Action is requesting to increase the budgeted amount by \$25,000 from \$310,500 to an amount not to exceed \$335,500. The contract extension for the term of October 1, 2019 through September 30, 2020 was approved at the September 25, 2019 Board Meeting. The budget increase is due to a pilot project with Detroit 911 calls going directly to ProtoCall and be managed by designated staff as well the need for increased staffing to handle call volumes. Calls from FY 18/19 increased by slightly over 900 from the previous year. ProtoCall Services Inc. has been the Behavioral Health Emergency Response Call Center vendor for DWMHA since March 1, 2016.

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

Provider working to meet contract outcomes of answering calls within required timeframes. Twenty (20) new staff have been hired and currently going through training.

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

Board Action #: 20-29 R

Revenue	FY 19/20	Annualized
All Sources	\$ 335,500.00	\$ 335,500.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 335,500.00	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64911.815000.00000

In Budget (Y/N)? Y

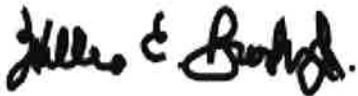
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:




Signed: Wednesday, October 30, 2019

Signed: Wednesday, October 30, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William M. Barkshire*
Board Liaison

Date 11/20/2019

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-37 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: Blue Cross Blue Shield of Michigan, Golden Dental Plans, Inc., Delta Dental Plan of Michigan Inc. EyeMed

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 11/6/2019

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

Amount of Contract: \$ 3,539,891.00 Previous Fiscal Year: \$ 2,677,946.00

Program Type: Continuation

Projected Number Served- Year 1: 226 Persons Served (previous fiscal year): 226

Date Contract First Initiated: 1/1/2020

Provider Impaneled (Y/N)? N

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

This contract is for the provision of comprehensive health (BCBS \$3,288,582), dental (Delta Dental-\$112,819/Golden Dental \$117,638), and optical (EyeMed \$20,852) benefits to qualifying DWMHA employees. Current Labor agreement require that DWMHA provide healthcare coverage to all of its qualifying, active employees. In 2018, providers were selected through a bid process conducted by Daly Merritt. The amount are estimated based on total filled positions of two hundred twenty six (226). Amounts will increase as vacant positions are filled.

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 N; Program Information ; Outcome Data/Quality Concerns ; Procurement Information N

Source of Funds: Multiple

Fee for Service (Y/N): N

Board Action #: 20-37

Revenue	FY 19/20	Annualized
	\$ 3,539,891.00	\$ 3,539,891.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 3,539,891.00	\$ 3,539,891.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: various

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:




Signed: Friday, November 1, 2019

Signed: Friday, November 1, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature *William. Barkshire*
Board Liaison

Date 11/20/2019

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-38 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: Premier Group Associates, LC

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 11/6/2019

Proposed Contract Term: 11/1/2019 to 4/30/2020

Amount of Contract: \$ 50,025.00 Previous Fiscal Year: \$ 22,225.00

Program Type: Continuation

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

Date Contract First Initiated: 11/1/2019

Provider Impaneled (Y/N)?

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

This board action is requesting to exercise the second one-year renewal option. In addition, the action is requesting to include the former New Center properties located at 10001 Puritan and 8726 Woodward Ave. The total amount for all three locations will not exceed \$50,025 for the one year option.

Premier Group Associates was contracted in 2017 to provide snow removal for 707 W. Milwaukee. Premier Group is located in the City of Detroit and provides services to many companies in the Metro Detroit and New Center Area.

The contract will go out to bid at the end of the winter season as this is the final renewal option.

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 N; Outcome Data/Quality Concerns N; Procurement Information Y

Source of Funds: Multiple

Board Action #: 20-38

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
All funding sources	\$ 50,025.00	\$ 50,025.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 50,025.00	\$ 50,025.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64922.817050.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, October 30, 2019

Signed: Wednesday, October 30, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature

William B. Barkshire
Board Liaison

Date 11/20/2019

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-39 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: Rene Vanassche & Sons Co. Inc.

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 11/6/2019

Proposed Contract Term: 11/1/2019 to 3/31/2020

Amount of Contract: \$ 76,300.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 11/1/2019

Provider Impaneled (Y/N)? N

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

The Facilities Department is requesting approval of a proposal to repair building perimeter heating system at our Milwaukee location. The existing heating on the interior perimeter walls is inoperative so facilities received three proposals to perform the repairs and Vanassche & Sons was the lowest bidder.

Per the attached Proposal/Scope of Services Rene Vanassche will furnish and install the following:

1. Separation of Overhead and Perimeter Heating Systems
2. Furnish and Install all required piping to accommodate new heat exchanger, pumps and control valves.
3. Furnish and Install Required Low Voltage and Controls
4. Leak and Equipment Testing

The amount of the Purchase Order is not to exceed \$76,300

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

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

Board Action #: 20-39

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
Multiple sources	\$ 76,300.00	\$ 76,300.00
	\$ 0.00	\$
Total Revenue	\$ 76,300.00	\$ 76,300.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.136000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, October 30, 2019

Signed: Wednesday, October 30, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William M. Barkshire
Board Liaison

Date 11/20/2019

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-40 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2019

Name of Provider: See attached list

Address where services are provided: 445/447 Ledyard, Detroit, MI & 1852 W. Grand Blvd., Det, MI

Presented to Program Compliance Committee at its meeting on: 11/13/2019

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

Amount of Contract: \$ 400,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 60 Persons Served (previous fiscal year): NA

Date Contract First Initiated: 1/1/2020

Provider Impaneled (Y/N)? Y

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

DWIHN Staff recommends board approval for SUD Gambling Disorder Residential Treatment Pilot (GDRTP) Grant that was awarded from MDHHS to Mariner's Inn and SHAR House in the amount of \$400,000.00. Each service provider will receive \$190,000.00 and \$20,000.00 will be DWIHN administrative cost.

DWIHN Gambling Disorder Residential Treatment Pilots (GDRTP) are for individuals with a gambling disorder who require the highest level of treatment services. The two residential treatment providers will serve a total of 60 individuals (30 per provider). They will provide the following services for individuals who are using alcohol and/or other drugs and have been stabilized medically and are able to participate in a structured 30 day residential treatment program. Treatment includes a combination of 12-step principles, cognitive behavioral therapy, motivational interviewing, expressive arts and evidenced based alternatives. These individuals will participate in a multidisciplinary team that provides evidence based mental health and substance use interventions, individual and group therapy, case management, vocational assistance, GED and literacy services. Mariners Inn and SHAR House will complete 30 hour basic Gambling Disorder training.

These gambling funds will be utilized instead of a person's insurance or lack of (Medicaid, Healthy MI or uninsured). These funds will cover room and board, 30 days for residential services, urine drug screens, case management and other services upon approval of the SUD Director.

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: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 19/20	Annualized
Treatment Block Grant - \$400,000.00	\$ 400,000.00	\$ 400,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 400,000.00	\$ 400,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.826600.06870

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, November 8, 2019

Signed: Thursday, November 7, 2019

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 20th day of November, 2019

- Approved
- Rejected
- Modified as follows: _____

Executive Director - Initial here: _____

Tabled as follows: _____

Signature William B. Barkshire
Board Liaison

Date 11/20/2019



Community Care Services

Providing *Hope*
Building *Recovery*

Vision:

To be an innovative leader, providing
community based, integrated health & wellness
programs and services.



Mission:

To improve lives by providing hope,
building recovery, and fostering wellness
within our communities.





This past fiscal year Community Care Services:

Served 5,365 Unique Customers

Provided 88,423 Services

Communities

30+ year history as a service provider
in the following communities:

Allen Park	Ecorse	Redford	Westland
Brownstown	Flat Rock	River Rouge	Woodhaven
Belleville	Garden City	Riverview	Wyandotte
Canton	Gibraltar	Romulus	
Dearborn	Inkster	Southgate	
Dearborn	Lincoln Park	Taylor	
Heights	Melvindale	Trenton	
Detroit	New Boston	Wayne	



Partners

- Beaumont Health and Taylor Teen Health
- Covenant House
- Downriver Veterans
- Faith Recovery House
- Families Against Narcotics (FAN)
- First Step – Domestic Violence
- Hope Not Handcuffs
- Genoa Pharmacy
- Great Lakes Medical Lab
- Lincoln Park Police Department
- Michigan Department of Corrections
- Michigan Eye Clinic PC
- Michigan Rehabilitation Services
- Michigan Works
- My Urgent Dentistry
- Oakdale Recovery
- Schoolcraft College
- SHAR House
- Southeastern Michigan Legal Aid
- Taylor Police Department
- The Guidance Center Head Start
- Wayne County Community College
- Wayne County Health Department
- Wayne Metro Community Action Agency
- Wayne State University
- Western Wayne Family Health Centers
- Unified- HIV Health and Beyond
- University of Michigan Dearborn
- Ascension Health Mobile Mammography
- Ascension Health Mobile Cardio Vascular Screening
- Services to Enhance Potential
- Asher Adult Education

Financial Stability

Community Care Services is financially stable.

- Organization functions with less than 18% administrative costs allowing for more dollars invested in treatment.
- Operating within budget for previous 5+ years has allowed for new programs, collaborations, opportunities and investment in workforce training.



Accepted Insurances

- Aetna- Commercial, Medicare and Advantage
- Beacon Health Options/Value Options
- Blue Cross and Blue Shied of Michigan
- Blue Care Network
- Blue Care Network Advantage
- Cigna
- CoFinity
- Coventry Care Plans
- Health Alliance Plan
- Health Plus
- Humana- Human Medicare Advantage, Humana Military, Human One
- Magellan Medicare
- Medicare Plus Blue
- Meridian Health Plan
- State of Michigan Medicaid
- Midwest HAP Advantage
- Molina Medicare
- Priority Health
- Railroad Medicare
- Total Health Care
- Tricare
- United Behavioral Healthcare
- GLHP Medicaid
- UHC Medicaid
- UHC Medicare

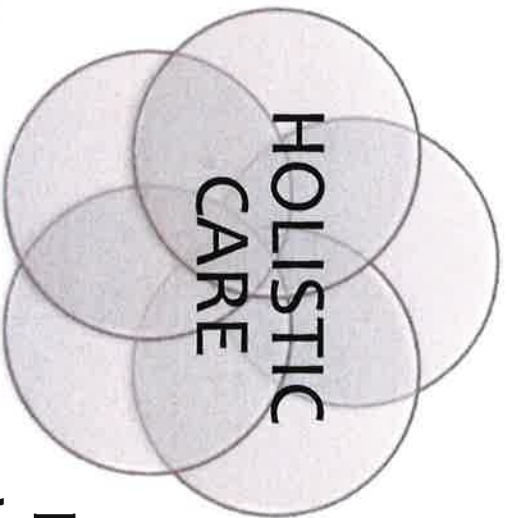
**Community Care Services
provides integrated
holistic care.**



Behavioral
Health

Spiritual
Well Being

Social
Well Being



Physical
Health

Economic
Well Being

Behavioral Health

Evidence based therapies and programs:

- Entire organization trained on the ACES
- All clinical staff trained on Motivational Interviewing
- Supported Employment
- Supported Education
- Assertive Community Treatment
- Integrated Dual Diagnosis Treatment
- Trauma Focused Cognitive Behavioral Therapies

Continuum of Substance Abuse Services:

- Outpatient
- Medication Assisted Treatment (MAT)
- Intensive Outpatient
- Women's Intensive Outpatient

11

Behavioral Health Continued...

- Full continuum of adult and children's services.
- On-site recovery self help groups: AA/NA
- Treatment Courts:
 - 28th District Southgate Veterans Court
 - 23rd District Court in Taylor
 - 33rd District Court in Woodhaven
 - 34th District Court in Romulus
 - 25th District Court in Lincoln Park
- Open Access and same day intake appointments available.
- School Based prevention and treatment services in five schools located in Lincoln Park, Taylor and Detroit.





Behavioral Health Continued...

- Returning Citizens programs.
- Michigan Department of Corrections collaborations.
- On-site Pharmacy for medication adherence and monitoring.
- On-site lab facilities for UDS screening compliance.

Physical Health

- Ranked third among all DWIHN providers on DWIHN's integration data with 55% completion of 2 A1C tests for diabetes for the last 12 months.
- Ranked second among all DWIHN providers in follow up visits within 30 days of hospitalization.
- Enhanced nursing services include health education, nursing groups, wellness visits and primary care collaboration.
- On-site laboratory for urine and blood screens.
- On-site mobile dental, optometry, mammogram and heart health screening.



Physical Health Continued...

- Our Taylor Human Services building houses the Wayne County Health Department, Home Health Care Agency that Services Mom's in Need, Western Wayne FQHC and Beaumont Teen Health Program. Collaborating agreements are in place for all CCS consumers for easy access to these services.
- Western Wayne Lincoln Park FQHC is within 2-3 blocks of CCS service site and collaborating agreements for referrals are in place.
- On-site pharmacy offers Flu and Hepatitis A shots.
- On-site nutrition and exercise services.

Economic Well Being

- Offer a Supported Education and a Supported Employment Program.
- Onsite GED, literacy and legal aid services.
- Participating board member in the Out Wayne County Homeless Coalition.
- Participating member in the River Rouge and Melvindale Housing Policy Coordinating Committees.



Economic Well Being Continued...

- Collaborating services with Wayne Metro Community Action Agency combating homelessness and poverty.
- CCS has been awarded a Supported Housing Grant for 32-unit which will be on our property in Lincoln Park.
- Own or lease over 24 vehicles to help address transportation barriers for services.

Social Well Being

- Recognize Mental Health Awareness Month each May by promoting mental health, educating the public and consumers on mental health issues and providing mental health wellness events for staff, consumers and community.
- A community events coordinator attends various events and fairs to provide education on mental health and substance abuse and services provided by CCS.
- Outreach community events include back to school open house, cooking classes and summer lunch programs.



Social Well Being Continued...

- Donate space in our Taylor Community Room to local support groups and support services such as AA meetings, tax preparation assistance, parenting groups and a summer lunch program.
- Turning Point Clubhouse participates in various City of Lincoln Park events such as the farmers market and holiday events.
- Lincoln Park Judge, Gregory Clifton, sits on the Clubhouse Advisory Board.



Social Well Being Continued...

- Turning Point Clubhouse is the location for the monthly meeting of the Downriver Families against Narcotics (DFAN).
- Reality to Recovery is our annual event in partnership with DWIHN to support National Recovery Month. Past speakers include Jeff VanVonderen from the TV show “Intervention”; Frank Turner, former news anchor; Ken Daniels, Red Wings play-by-play announcer; and Tiffany Jenkins.



Spiritual Well Being

- Incorporated the HOPE spiritual assessment for all consumers.
- Promote and provide information to consumers on the importance of spirituality.
- Trauma groups educate consumers on mindfulness and meditation techniques.
- Spiritual leader with the community is represented on the Board.
- Outreach staff collaborate with local churches.



Spiritual Well Being Continued...

We partner with the following community churches to provide additional support and resources to our consumers :

- | | |
|-------------------------------------|--|
| All Saints Church - Detroit | New Hope United Methodist - Melvindale |
| Allen Park Church of Christ | Salvation Army - Wyandotte |
| Bethel Baptist - Southgate | Seventh Day Adventist - Ecorse |
| Blessed Hope Mission - Lincoln Park | |
| Capuchins Services - Detroit | |
| Christ the King Lutheran - Trenton | |

Future Direction

- Behavioral Health Home Certification by fall of 2020.
- Supported Housing Program with 32 units in Lincoln Park expected groundbreaking date Spring 2020.
- Home based programming application submitted and awaiting approval from MDHHS.
- Researching new service site for underserved Southwestern Wayne County area.
- Continuing to increase the collaboration of holistic services.