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FULL BOARD MEETING
Wednesday, June 17, 2020
707 W. Milwaukee
2nd Floor Conference Room
(Virtual)
1:00 P.M. – 3:00 P.M.
AGENDA

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF THE AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES – Full Board Meeting – May 20, 2020**
- VI. RECEIVE AND FILE – Approved Finance Committee Minutes – May 6, 2020**
Approved Program Compliance Committee Minutes – May 13, 2020
- VII. ANNOUNCEMENTS**
 - A) Authority Announcements
 - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Board Member Appointment – Wayne County
 - 2) Budget Hearing – Joint Finance and Program Compliance Committees (August 5, 2020)
 - 3) Full Board and Substance Use Disorder Policy Board Joint Meeting (July 15, 2020)
 - B) Executive Committee
 - 1) Board Resolution #7 FY 19/20 Support for Social Justice Peaceful Protests and Mental Health Services
 - 2) Board Study Session – Thursday, July 30th 2020 (Virtual)
 - 3) CEO Incentive 2020-21
 - C) Finance Committee
 - D) Program Compliance Committee
 - E) Recipient Rights Advisory Committee
- IX. CEO INCENTIVE FY 2020-21**

Board of Directors

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

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

Timothy Killeen, Treasurer
Angelo Glenn
Dr. Cynthia Tauog

Dora Brown, Secretary
Kevin McNamara

Willie E. Brooks, Jr., President and CEO



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

XI. AD HOC COMMITTEE REPORTS

- A) Policy/Bylaw Committee

XII. PRESIDENT AND CEO MONTHLY REPORT

- A. Michigan Department of Health and Human Services (MDHHS) Proposed State Integrated Plan (SIP)
B. Plan to reduce Medicaid Expenditures
C. Integrated Health Plans
D. COVID 19 Updates
E. Status of Re-opening of DWIHN Facilities (Milwaukee & New Center)

XIII. UNFINISHED BUSINESS

Staff Recommendations:

- A. **BA #17-56 (Revised)** – PHC of Michigan One d/b/a Wellplace Michigan Contract Extension *(Program Compliance)*
B. **BA #20-12 (Revised)** - DWIHN Provider Network System *(Program Compliance)*
C. **BA #20-26 (Revision 3)** Detroit Wayne Integrated Health Network (DWIHN) FY 2019/2020 Operating Budget *(Finance)*
D. **BA #20-49 (Revised)** – Neighborhood Service Organization (NSO) – OBRA/Pre-Admission Screening and Resident Review (PASRR) Contract *(Program Compliance)*
E. **BA#20-52 (Revised)** – Med Supply, Inc. *(Exigent Approval)*

XIV. NEW BUSINESS

Staff Recommendations: None

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
Virtual Meeting
Wednesday, May 20, 2020
1:00 p.m.

BOARD MEMBERS PRESENT

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

BOARD MEMBERS EXCUSED: None

GUESTS: None

CALL TO ORDER

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

ROLL CALL

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

APPROVAL OF THE AGENDA

Mr. Parker, Board Chair welcomed everyone to the meeting and explained the process for Good and Welfare and Public Comment.

The Chair for a motion on the agenda.

It was moved by Dr. Carter and supported by Ms. Brown to accept the agenda as presented. Motion carried unanimously.

MOMENT OF SILENCE

The Board Chair, Mr. Parker called for a moment of silence. He requested that we keep in mind all of the individuals who may have been impacted by COVID-19. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes of the Full Board meeting of April 15, 2020. **A motion was offered by Mr. McNamara and supported by Mr. Riley, III approval of the Full Board minutes of April 15, 2020. Motion carried unanimously.**

RECEIVE AND FILE

The Chair called for a motion to Receive and File the approved Finance Committee minutes of April 1, 2020. **A motion was offered by Ms. Brown and second by Commissioner Killeen to "Receive and File" the approved minutes from the Finance Committee meeting of April 1, 2020. The motion carried unanimously.**

The Chair called for a motion to Receive and File the approved Program Compliance Committee minutes of April 13, 2020. **A motion was offered by Ms. Brown and second by Commissioner Killeen to “Receive and File” the approved minutes from the Program Compliance Committee meeting of April 12, 2020. The motion carried unanimously.**

ANNOUNCEMENTS

Authority Announcements

Ms. B. Blackwell, Chief of Staff reported that Detroit Wayne Integrated Health Network (DWIHN) is partnering with Providers and some of our Detroit Public Schools to host a Children’s Initiative Town Hall tomorrow from 3:00 p.m. to 4:00 p.m. on “Managing Stress and Anxiety for Parents and Youth”; information is posted on the DWIHN website.

It was also reported that Ms. T. Devon, Director of Communications has been nominated for an Emmy for her production of the Public Service Announcement (PSA) on “Not My Suicide” – awards will be announced next month. The Board Chair, Mr. Parker extended congratulations to Ms. Devon on behalf of the Board.

Mr. Brooks, CEO reported that D. Lasenby, Chief Clinical Officer will be moving to a new position – she has been selected as the new CEO of Oakland County Community Mental Health Network and he is looking forward to continuing to work with her in the future. Mr. Brooks gave a brief overview of Ms. Lasenby’s accomplishments which included her role at DWIHN as interim CEO. The Board Chair congratulated her on her new position and noted he is looking forward to working with her and the improved working relationship with Oakland. Ms. Lasenby thanked the Board for their hard work and their support of her while employed at DWIHN.

Board Announcements

Mr. Parker, Board Chair noted that Chief Riley, III was highlighted in an article in the Michigan Chronicle which noted the City of Inkster Police Department had no reported cases of COVID-19 and congratulated him on a job well done.

Ms. Dora Brown announced that Triumph Church is continuing their grocery give-away - Monday and Wednesday are “no touch” pick-up days with groceries being loaded into your car from 10:00 a.m. to 12:00 p.m.; Thursday are delivery days for single moms, Seniors, disabled and shut-ins. Tablets are distributed on Fridays and this program will end on May 29th or while supplies last and free COVID -19 testing is taking place on Thursday. Pre-registration is required for all services.

BOARD COMMITTEE REPORTS

Board Chair Report

Mr. Parker gave a verbal report. It was reported the Wayne County Commission has two individuals that are being considered for Board Appointments; however due to COVID-19 and the closure of the building the decision has not been finalized by the Commission. It was their goal to have someone confirmed by the June meeting.

The Committee appointments have been sent out and he was appreciative that board members responded to the request; for the most part the committees are reflective of the board member preferences; there have been some minor changes however if there are scheduling conflicts please notify him directly.

It was reported that Compliance Training is an annual requirement for the Board as well as the updating of the Conflict of Interest forms; training would normally take place at the Board Study Session; however due to COVID-19 Study Sessions have been postponed; therefore Compliance

Training and the completion of the Conflict of Interest forms will take place virtually via Bluejeans on Thursday, May 28, 2020 at 1:00 p.m.

It was reported that there were three contracts that are recommendations from staff and are on the Agenda; however the contracts were not vetted through a committee; should a board member have questions each contract will be presented. The Board Chair noted the contract for Michigan Department of Health and Human Services (MDHHS) PIHP was a change to contract language, the amount of money and the start date did not change however the signed document has to be returned to MDHHS by May 29th 2020 which was before the Program Compliance Committee meeting in June; MedSupply, Inc. is the vendor that has supplied the Personal Protective Equipment (PPE), the request is to purchase more items; because of the urgency and need it will be presented to the Full Board and lastly Detroit COVID-19 Virtual Therapy Collaborative-Foundations in Detroit and Southeast Michigan came to us and asked if we would accept the grant to provide efforts in the African American community where there has been a great deal of individuals experience death and positive COVID-19 test results; we were selected because of our effective billboard campaign with Substance abuse and other efforts; the amount of the grant is \$400,000. These items are on the agenda for Full Board consideration and voting.

The Mackinac Policy Conference has been moved to August 13, 2020; Hill Day will be held virtually June 23rd and 24th; there are typically a great number of speakers and good information presented, anyone interested in attending virtually should contact the Board Liaison as registration is required.

The Chair noted that May is Mental Health Month and there have been advertisements and stories that have been broadcast regarding this topic. This has been extremely important particularly during this time (COVID-19) with the uncertainty of the future regarding schooling, jobs; physical contact; stress and anxiety. A discussion was held at the Executive Committee meeting and a report will be given at Full Board so that everyone is aware of the efforts being provided by DWIHN in the community. It was noted by the Chair that all motions regarding receipt of the reports would be taken after the Recipient Rights Advisory Committee report.

Executive Committee

Mr. Parker gave a verbal report. It was reported the Committee received an update of grants that had been received for 2019/2020 and 2020/2021. The document was included in the Full Board Agenda packet for review. He noted that staff has put forth a real effort to obtain dollars and supplement our funding and operations. Mr. Doeh reported that we are actively pursuing grants on several fronts which would be the private; state; and federal sectors and with the decrease in funding it was important that we augment our resources and revenue as best as we possibly can and we have been very successful. He thanked the board for their encouragement in pushing staff to pursue these opportunities.

It was noted the CEO and Board Chair agreed to defer the CEO Incentive Compensation to the Board Executive Committee meeting and Full Board meeting in June.

Finance Committee

Commissioner Killeen, Chair of the Finance Committee reported the Finance Committee met virtually on Wednesday, May 6, 2020; it was reported that a follow-up was provided on the Operational Efficiencies and a more detailed report will be provided next month that notes the savings in dollars; the FY 19/20 Audit was presented and is on the agenda for Full Board review and approval, it was noted there were no "findings" in the Audit and congratulations were expressed to the CFO and her staff; the financial statements were reviewed and accepted by the committee; cash flow report is not looking as good, however it is better than it was two months ago. There were two Board actions,

Board Action #20-36 (Revised) Floyd E. Allen & Associates, PC and Board Action #20-54 HEDIS/NCQA Professional Consultant Services that were considered and moved to Full Board for approval. There was no further discussion on the Finance Committee Report.

Program Compliance Committee

Dr. Taylor, Chair of the Program Compliance Committee reported verbally - the Program Compliance Committee met virtually on Wednesday, May 13, 2020. The Chair noted that it was with great pride, enthusiasm and sadness that she congratulates Ms. Lasenby on her promotion and that she had worked with Dana since the beginning of her tenure on the board in a variety of roles, including Strategic Planning, staffing, Program Compliance Committee and the CEO Search Committee. She has supported Dana in her different roles, watched her grow and is extremely happy for her and her future. Dr. Taylor extended her personal congratulations to Ms. Lasenby and noted she knew that Dana would do all Black females well. It was reported that items from the Program Compliance meeting would be posted on the website; the major items for discussion under follow-up was the Trails Program; it was concluded that Mr. Brooks who accepted the request would take the opportunity to conduct a complete evaluation of how mental health services are provided in the school system. It was noted that there were over 100 schools that we are engaged in at some level and once it was decided what the standard level of practice should be we would look at some level of an integrated approach across the counties that include other agencies that are also providing mental health services within the schools so that we can provide the most complete context structurally and be financially sound moving forward in a sustainable way. There will be a complete strategic approach to how mental health services will be provided submitted to the committee.

There were several reports that were received; Substance Use Disorder provided a quarterly report that indicated all of the activity of the two mobile units as well as the medication treatment program in the jails. They were successful in doing several screenings and responsible for over \$1 million dollars of grants that were favorable and were given during the 2nd quarter. A report was provided by Managed Care Operations and one of the notable items reported is that by this fall all departments will be on the automated system for credentialing. A quarterly report was given by Residential Services. The Quality Improvement Workplan and Goals were reviewed; there was extensive discussion on the goals and they are confident that staff has drafted a plan that is appropriate for moving forward for 2020. The Strategic Plan Pillar - Access was discussed and it was noted there were three to four areas that were behind target; plans were discussed on how to move the goals and objectives forward and a plan will be submitted. The Chief Clinical Officer gave a report and summary of all of the multiple activities the Network has been involved with during our response to the pandemic - COVID-19. The Network has been active and even involved with the design of the TCF facility that would house individuals with COVID-19. There were several Board Actions that were presented and moved to Full Board for approval BA#20-15 (Revision 2) - Substance Use Disorder (SUD)/Detroit Wayne Integrated Health Network (DWIHN) Prevention Delivery Systems (ENDS) Project FY2020; BA#20-50 - State Opioid Response (SOR) Grant FY19 Carry-over Funding; BA#20-55 -SUD Recovery Home & Mobile Unit COVID-19 and Board Action BA#20-56 - Summer Youth Employment Program. It was reported that there were several agencies involved in the Board Action and it was moved for approval with the understanding that as people are redesigning their programs to be responsive to limited numbers of people that could congregate and use of virtual platforms that any dollars that are in the provided global grant that are not spent will not be distributed to the agency. The Program Compliance Committee also considered and moved to Full Board for approval the SUD Workplan for Treatment and the SUD Workplan for Prevention.

The Board Chair requested an update on the number of individuals that tested positive for COVID-19; it was reported the number was 141 (March 31st to May 18th) in residential settings which included an additional 29 individuals from the number reported at the Program Compliance Committee meeting in May and there were two additional deaths reported in residential for a total

of 29 deaths; the number reported at the Program Compliance meeting in May was 27 deaths. It was also noted that we serve 3,000 people in Residential settings. There was no further discussion on the Program Compliance Committee Report.

Recipient Rights Advisory Committee

Mr. Riley, III Chair of the Recipient Rights Advisory Committee reported. A written summary report was provided for the record. The Recipient Rights Advisory Committee met virtually on May 4, 2020. The committee welcomed back Board member Dorothy Burrell as well as new committee members K. Remson; Reverend C. Eze; L. Wilson-Taylor and L. Hill-Sanders. A staff update was provided and new Recipient Rights Investigators K. Copeland; G. Jackson; A. Jackson and C. Knight were all welcomed to DWIHN. There is one clerical position open, however with the pandemic and numerous budget reductions filling the position has been discontinued. Educational sessions will be provided at each meeting to enhance the committee's abilities to assist the Recipient Rights office and will cover operational procedures to ensure all are knowledgeable about Recipient Rights. The May 4th training covered how complaints are filed and processed within the Recipient Rights office; trainings are provided to help our veteran and new committee members. It was reported that there were 867 complaints of which 578 complaints have been closed and 289 remain open.

Also, a statistical update was provided which noted that prior to March 12, 2020 the Rights office received on an average of 8 to 12 complaints per day. On March 12th when the office started working remotely due to the pandemic a total of ten complaints were received; the number of complaints were at its highest on April 21st when 34 complaints were received (March 30th - 11 complaints; April 8th 19 complaints; April 19th - 17 complaints; April 21st 34 complaints; April 23rd - 20 complaints; and April 28th 19 complaints) it was noted that there will be an increase in Recipient Rights complaints as the pandemic continues. The department will continue to investigate any and all matters however it was understood the increase has a lot to do with anxiety, anger, confusion and a difficulty staying in place. The Committee at its next meeting will review this year's numbers to last year's numbers for comparison purposes. The Chair encouraged everyone to follow the Executive Orders that were in place and to stay safe. There was no Appeals Committee meeting and no public comment. There was no further discussion on the Recipient Rights Advisory Committee report.

The Chair called for a motion on the Board Chair Report; the Executive Committee Report; the Finance Committee Report; Program Compliance Committee Report and the Recipient Rights Advisory Committee Report. **A motion was offered by Dr. Taueg and supported by Dr. Taylor to accept the Board Chair Report; the Executive Committee Report; the Finance Committee Report; Program Compliance Committee Report and the Recipient Rights Advisory Committee Report.** There was no further discussion. **The motion carried unanimously.**

SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT

Ms. Darlene Owens, Director, Substance Use Disorder Director reported on behalf of Mr. A. Glenn, SUD Oversight Policy Board Chair. It was reported the Substance Use Disorder Oversight Policy Board meeting took place on Monday, May 18, 2020. A presentation was provided by Dr. Cynthia Arfken on SUD Drug Overdose deaths in Wayne County. A presentation was also provided by Ms. Lisa McLaughlin, from WorkIt Health. This agency offers on demand addiction treatment in Washtenaw and Wayne Counties with telemedicine capabilities, which also includes Medication Assisted Treatment and Secondary Co-Occurring Condition Treatment. Board Action #20-80 "Ask the Messengers (ATM)" was considered by the SUD Oversight Policy Board which requested \$48,000.00 in PA 2 funding. The ATM is a television show that brings awareness; provides information about education, promotes prevention as well as recovery to the viewing audience. This board action was not approved and was sent back to staff to learn more about the program and negotiate better pricing

options and would be presented at their June Board meeting. Reports were received from the SUD Director, D. Owens; Prevention and Treatment Services along with a State Opioid Report (SOR) and SOR IPS report. It was noted that Mr. Parker, Board Chair attended the SUD Oversight Policy Board meeting and a joint meeting with the Full Board and SUD Oversight Policy Board would take place in June or July pending discussion with Mr. Glenn and staff. There were no further discussions on the Substance Use Disorder Oversight Policy Board report.

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

AD HOC COMMITTEE REPORTS

Policy/Bylaws Committee

Dr. Taueg, Chair reported the Policy Committee did not meet in the month of May.

PROCEDURES FOR OPENING DWIHN FACILITIES (Milwaukee & New Center)

Ms. B. Blackwell, Chief of Staff and Mr. E. Doeh, Chief Operating Officer reporting. A written report was provided for the record. It was stated that the health and safety of employees was paramount. It was noted the plan included the steps being taken for social distancing; screening staff; personal protective equipment being issued and cleaning of the building. A staff meeting was held today and the plan as announced to staff was to open the building on June 1st. The first group of fifty employees will return to the building and follow the Governor's orders; COVID-19 testing will be conducted on all employees that re-enter the building. A screening questionnaire will also be administered to those returning to the building and temperature screens will be conducted which is in alignment with the Center for Disease Control (CDC) and the Health Department. The building will remain closed to the public and virtual meetings will continue. It was noted that employees working remotely has gone very well. Mr. Doeh noted that the plan in place is one that can be used with other Providers and the steps were those that would keep our employees safe; if one does test positive the individual would be sent home and to their doctor for testing. The Executive Order has been reviewed to ensure that our plan mirrors the Governors orders. Discussion ensued regarding temperature kiosks; the provider conducting the COVID-19 testing; the process for internal contact tracing protocols and options available for testing including using the City of Detroit and employees paying privately for testing. There was a discussion regarding the certification and training of the cleaning company and how a person that refuses to return to work will be handled. The Board noted the plan did not have a date for the Board to return to the building and that the June and July meetings would probably be virtual; The Chair noted that in our 2nd floor conference room it would be difficult to maintain the six (6) feet of social distancing and requested staff to review the Executive Orders and the Open Meetings Act to determine the best and safest way to return to on-site meetings and comply with the social distance orders. There was no further discussion.

PRESENTATION OF THE FY19 FINANCIAL STATEMENT, SINGLE AUDIT, COMPLIANCE EXAM

S. Durant, CFO reporting. A written document was provided for the record. It was reported that Plante Moran our independent Auditors performed the Audit and presented the financial statements to the Finance Committee. There were four reports that were presented to the Committee; the AICP which is a required communication that allows the committee to be aware of what occurred throughout the Audit period, the letter states when the scope was planned and the different accounting principles that were used; a brief overview was provided. The Audit of the Financial Statements was also discussed which is the Single Audit and covers the audit of the Federal dollars that are either received directly from the Federal government or as pass-through from the state or other organizations. It was highlighted that as noted in the audit opinion there were no findings. There were two programs that were tested and an unmodified opinion was received on

both reports. The Financial Statement Audit was covered which is an audit of DWIHN operations; a very high-level overview was provided that noted the transmittal letter is introductory to the Board from the CFO that lists the geographic profile of DWIHN; the Management Discussion and Analysis (MDA) was also highlighted and the document provides an overview of what occurred throughout the year and assists in preparing the financial statements; the Statement of Net Position was also discussed and it was noted the Internal Service Fund had been exhausted; the three items that are presented under Net Position are Net Investment Capital Assets; Restricted Funding which is PA2 Funds for Substance Use Disorder and Unrestricted Funds. The Statement of Expenses; Cash flow; and Financial Statements were presented. It was reported that at the end of FY19 we received a waiver from Flagstar Bank because we did not comply with our debt service requirement. The Compliance Exam was presented and it was noted this document is required by the Department of Health and Human Services and there were no findings in this exam. The Board Chair congratulated the CFO and her staff on continuing to receive, for the fourth year, a “no findings” audit and continuing to keep us in good standing. It was recommended that board members read the Management Discussion and Analysis and there were also “no adjustments” made to our statements which is a difficult standard to achieve. The Chair called for a motion to approve the FY19 Financial Statement, Single Audit and Compliance Exam. **It was moved by Ms. Brown and supported by Ms. Ruth to approve the FY19 Financial Statement, Single Audit and Compliance Exam.** There was no further discussion. **Motion carried unanimously.**

PRESIDENT AND CEO MONTHLY REPORT

Mr. Brooks reported. A written report was provided for the record. The CEO reported on the Jail Diversion Council and the Wayne County Diversion Council. The Governor’s Council telehealth policies with the courts and how the court hearings are now being performed via video conference was discussed. It is expected that the process of video conferencing will continue into the future as many judges are adjusting to the process. The Diversion Committee addressed the impacts of COVID-19 to inmates throughout the state of Michigan. COVID-19 testing is increasing in the correction system with increases in positive test results. Wayne County currently has 800 inmates, down from +1400 pre-COVID-19. Out of the 800 inmates in Wayne County, 766 inmates were tested, 34 refused testing, and so far, 83 of those inmates tested positive with COVID-19. Ten additional inmates were released bringing the total incarcerated to 790.

It was reported the Wayne County Diversion Council is headed by Judge Freddie G. Burton, Jr. 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. The Wayne County Diversion Council (WCDC) discussed extending video conference court hearings indefinitely. WCDC is reviewing the impacts of prematurely releasing inmates as the threat of COVID-19 pressures correction systems to release inmates and lower the number of incarcerations. WCDC is looking at methods of alternative settings for individuals with mental illness. Crisis Intervention Training (CIT) is being considered for the jails and a presentation was provided by our Workforce Development Director, Ms. Andrea Smith.

It was noted the Specialty Integrated Plan (SIP) has been placed on hold because of COVID-19 and a lot of effort has not been put forth by the State. He and Mr. Doeh have been in constant contact with the Michigan Department of Health and Human Services (MDHHS). A meeting was held with the Department to discuss some of their ideas. It is his belief that MDHHS will resume the SIP project once the current COVID-19 pandemic is under control.

It was reported that there was some shortfall that every level of government is facing; there is a great demand for services without the increase in revenue; we want to make sure our expenses and revenues balance. We were hoping to receive a boost in the system of \$120 million dollars. The death audit with a potential of recovery of \$9 million dollars is still pending. MDHHS is reviewing DWIHN's request to cost settle \$21 million in overspend for Autism.

It was reported the rate reduction has been pushed back from June 1st to the beginning of the new fiscal year. The department did pass through a \$2.00 rate increase to Direct Care Workers and the rate increase will also apply to SUD Providers.

It was reported that \$5 million dollars was added to the system because of COVID-19; Detroit Wayne received 10% initially (\$436,000) which was the maximum amount, however the state did send an additional \$64,000 and it is important to have accountability of how the monies are being spent. Wayne County has 40% of the total COVID-19 cases in Michigan; 47% of COVID-19 deaths in Michigan and Wayne County serves roughly 25% of the Medicaid population. It was reported that of the \$3.873 billion Michigan received in Federal dollars for COVID-19 \$700 million was paid out as required by law. The remaining \$3.1 billion is being held by the legislature with hopes of reallocating funds from direct COVID-19 usage to filling budget gaps. Mr. Brooks is in constant communication with the State on this issue.

The General Fund issue of \$4.5 million dollars still exists. We are still continuing with the Crisis Continuum and the Board has received the plan on how DWIHN is preparing to open the building. It was reported that 10% of the staff had been furloughed however all staff have been returned to work. We are continuing to look at future needs and the Human Resources Committee has been assigned to review the managing of staff and the future structure. It was also reported that he wanted to continue to take advantage of working remotely. An overview of the Provider Network was given and it was noted that it was important to take advantage of bulk pricing for the purchasing of personal protective equipment with our Providers. It was also noted that at the beginning of the new fiscal year there will be more emphasis on maintaining the budget and stabilizing the reserves and it was important to be in compliance with the department and become a financially strong organization. We are in the process of assisting Providers with managing their new operations; including putting telehealth guidelines in place; decreasing audit requirements; paying PMPM for several providers; reviewing authorization guidelines and accessing Providers needs for telehealth equipment. It was noted that there were a number of issues for increased deaths among minorities which included lack of social spacing in cities; low income families working in open settings to survive; high exposure to direct impact jobs and pre-existing conditions. An overview of the Mental Health Indicators was provided and it was noted that it will be very interesting to see how COVID-19 will impact the indicators. Discussion ensued regarding the 7% reduction to the Providers and the types of communications that have taken place with them and the decision-making process that is in place to determine if there will be a statewide SIP. It was noted that the PIHP's were not a part of the Regional plan; but the Community Mental Health Service Provider (CMHSP) are a part of the plan; Detroit Wayne Integrated Health Network is both a PIHP and a CMHSP – we would be responsible for distributing funds to our Provider Network and we will maintain our own General Fund dollars but he would not be surprised if the PIHP's are still used.

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

WORK PLAN SUBSTANCE USE DISORDER (SUD) – PREVENTION and WORK PLAN SUBSTANCE USE DISORDER (SUD) TREATMENT (*Program Compliance*) An overview was provided of the Work Plans for Substance Use Disorder - Prevention and Treatment which would result in a RFP going out to Providers. The Chair called for a motion.

A motion was made by Dr. Tauег and supported by Mr. Riley, III to approve the Work Plans for Substance Use Disorder (SUD) Prevention and Treatment. There was no further discussion. **The motion carried unanimously.**

UNFINISHED BUSINESS

Staff Recommendations:

BA#20-06 (Revision 3) – Michigan Department of Health and Human Services PIHP FY 2019/2020 Contract Amendment-The Healthy Michigan Program and Substance Use Disorder Community Grant Program. The Chair called for a motion. **It was moved by Mr. Riley, III and second by Ms. Ruth to approve BA#20-06 (Revision 3)** It was noted this contract amendment was language changes only and is due to the State by May 29th. There was no discussion. **The motion carried unanimously.**

BA#20-15 (Revision 2)- Substance Use Disorder (SUD) Detroit Wayne Integrated Health Network (DWIHN) Prevention Delivery Systems (ENDS) Project FY2020 (*Program Compliance*) The Chair called for a motion. **It was moved by Mr. Riley, III and second by Ms. Ruth to approve BA#20-15 (Revision 2).** Staff requests board approval to revise this board action to include the addition of MDHHS Community Block grant award of \$4,000.00 to fund the Electronic Nicotine Systems (ENDS) program. The total amount of the SUD Prevention program would be amended. There was no discussion. **The motion carried unanimously.**

BA#20-36 (Revised) - Floyd E. Allen & Associates, PC (*Finance*) The Chair called for a motion. **It was moved by Tauег and second by Ms. Ruth to approve BA#20-36 (Revised).** This Board action is a modification to request additional funding for legal services provided to DWIHN and the board. The contract expires September 2020. There was no discussion. **The motion carried unanimously.**

BA#20-52 (Revised) - Med Supply, Corporation, Inc. The Chair called for a motion. **It was moved by Mr. Riley, III and second by Mr. McNamara to approve BA#20-52 (Revised).** This Board Action is requesting approval to add monies to the contract for the purchase of Personal Protection Equipment (PPE) for Providers during the COVID-19 pandemic. There was no discussion. **The motion carried unanimously.**

NEW BUSINESS

Staff Recommendations:

BA#20-50 – State Opioid Response (SOR) Grant FY19 Carry-over Funding (*Program Compliance*) The Chair called for a motion. **It was moved by Mr. Riley, III and second by Mr. McNamara to approve BA#20-50.** This Board Action is requesting the State Opioid Response programs (*listed in the board action*) that have been granted carry-over funding from MDHHS for fiscal year 2019 carry over to fiscal year 2020 in the amount of \$920,740.00 to various SUD providers. There was no discussion. **The motion carried unanimously.**

BA#20-54 – HEDIS/NCQA Professional Consultant Services (*Finance*) The Chair called for a motion. **It was moved by Dr. Tauег and second by Mr. McNamara to approve BA#20-54.** This Board Action is requesting approval to extend funding to obtain professional IT services for development work related to HEDIS (Healthcare Effectiveness Data and

Information Set) measures that are required as part of our NCQA compliance. These services are required for compliance with HEDIS 2020 measures. There was no discussion. **The motion carried unanimously.**

BA#20-55 – SUD Recovery Home & Mobile Unit COVID-19 *(Program Compliance)* The Chair called for a motion. **It was moved by Mr. McNamara and second by Mr. Riley, III to approve BA#20-55.** This Board Action is requesting Board approval of the SUD Block Grant to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery home. There was no further discussion. **The motion carried unanimously.**

BA#20-56 – Summer Youth Employment Program *(Program Compliance)* The Chair called for a motion. **It was moved by Commissioner Killeen and second by Dr. Taueg to approve BA#20-56.** This Board Action is requesting board approval for \$2.1 million for the Summer Youth Employment Program. It provides subsidized part-time employment for individuals between the ages of 14-24 years old living in Wayne County. Due to COVID-19 pandemic, many of the providers have developed virtual employment opportunities for the youths. Providers will be required to meet the social distancing requirements as set forth by the Governor at the time of employment. There was no further discussion. **Motion carried with Mr. Riley, III abstaining conflict of interest, City of Inkster; Mr. McNamara abstaining conflict of interest City of Van Buren; and Dr. Taylor abstaining conflict of interest Detroit Public Schools Community District.**

BA#20-57 – Detroit COVID -19 Virtual Therapy Collaborative- The Chair called for a motion. **It was moved by Mr. William Riley, III and supported by Ms. Brown to approve BA#20-57.** This Board Action is requesting approval to incur costs for COVID-19 virtual therapy via a chat line for Wayne County residents. Funding will come from various local non-profit organizations. The COVID-19 Virtual Therapy program will be established to provide free behavioral health supports and counseling to those who are not receiving care especially in the African-American community. Discussion ensued regarding the submission of reports to the Program Compliance Committee once the program is implemented. There was no further discussion. **The motion carried unanimously.**

FOLLOW UP ON ACTION ITEMS

The Chair requested that a small committee of staff be convened to develop a plan as to when Board members would be able to safely re-enter the building and hold meetings.

GOOD AND WELFARE/PUBLIC COMMENT

Written comment

I am a Direct Care Worker for a single adult whose hours and budget are through CLS and have not received information or wage increase per the Governors Order made in April for April, May, June – when will we receive retroactive pay and our increase through the end of June?

ADJOURNMENT

There being no further business, the Chair called for a motion to adjourn. **A motion was offered by Dr. Taylor and seconded by Dr. Taueg to adjourn. The motion carried unanimously and the meeting was adjourned at 3:10 p.m.**

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

MAY 6, 2020

1:00 P.M.

**VIRTUAL MEETING
(BLUEJEANS)**

MEETING CALLED BY	I. Commissioner Tim Killeen, Chair called the meeting to order at 1:03 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Commissioner Tim Killeen, Chair – Finance Committee
NOTE TAKER	Nicole Smith, Management Assistant
ATTENDEES	<p>Finance Committee Members Present: Commissioner Tim Killeen, Chair Ms. Dora Brown-Richards Dr. Cynthia Taueg Ms. Dorothy Burrell Mr. McNamara</p> <p>Committee Members Excused: None</p> <p>Board Members Present: Bernard Parker, Chair; Dr. Iris Taylor, Vice Chair; Chief Riley, III; Angelo Glenn</p> <p>Board Members Excused: None</p> <p>Staff: Stacie Durant, CFO; Willie Brooks, CEO</p> <p>Guests: Plante Moran staff (Chad Schafer, Melanie Crowther, Amanda Ward, and Stacey Reeves</p>

AGENDA TOPICS

II. Roll Call Ms. L. Blackshire, Board Liaison

DISCUSSION	Roll Call was taken by Ms. Blackshire and a quorum was present.	
III. Committee Member Remarks	The Chair called for Committee member remarks. There were no committee member remarks.	
IV. Approval of Agenda	Commission Killeen, Chair, called for a motion on the agenda. Motion: It was moved by Mr. McNamara and supported by Ms. Burrell approval of the agenda. There were no changes to the agenda. Motion carried agenda approved as presented.	
V. Items Follow-up	<p>Item A: Update Operational Efficiency Plan (S. Durant)</p> S. Durant gave an informal update regarding the residential providers payroll audit. She plans to move forward with virtual meetings with each of the first (15) providers. Discussion ensued regarding the other areas of the operational efficiency plan and savings for each area. It was noted the plan is moving along as planned.	

Mr. Parker requested a six (6) month update on the cost savings impact of the operational efficiency plan. (Action)
Commissioner Killeen requested a monthly formal update on the operational efficiency plan and the cost savings. (Action)

VI. Approval of the Meeting Minutes

The Chair called for a motion on the minutes from the Finance meeting of Wednesday, April 1, 2020. **Motion:** It was moved by Ms. Burrell and supported by Dr. Taueg approval of the minutes from Wednesday, April 1, 2020. Discussion ensued regarding the three (3) action items noted in the minutes. CFO Durant reported the items were complete and would be reviewed in the monthly finance report. **Motion carried.**

VII. Presentation of the FY19 Financial Statement, Single Audit, and Compliance Examination Reports

Plante Moran is an independent accounting firm, that conducts audits for Detroit Wayne Integrated Health Network (DWIHN) which are the required Federal, State and Department audits. There are were four (4) audits and a letter submitted to the Finance Committee for review.

Financial Statement Audit – This is an examination of DWIHN financial statements.

Single Audit – This is an examination of any federal funds received by DWIHN

Compliance Examination Audit – This is a requirement for DWIHN CMHSP Contract with the State of Michigan.

AU260 Letter – This letter is a required communication presented to the Finance Committee in addition to the audit reports.

Plante Moran staff members were present to report on the various sections of the audit report.

Mr. Chad Schafer, presented the AU260 Letter to the Finance Committee. Noteworthy information is DWIHN received its fourth clean Annual Audit Review. Discussion on the debt covenant ensued. Plante Moran gave an unmodified and clean opinion on the audited Financial Statements, which is the highest level of assurance. It was noted that a correction would be made to the Substance Use Disorder Oversight Policy Board to add Mr. McNamara.

Ms. Melanie Crowther presented on the Financial Statement Audit. Noteworthy information on the Statement of Net Position section with significant changes were reported. It was reported DWIHN's total assets decreased by \$3.9 million, down to \$1.57 Million. The decrease is due to the total cash decrease which were affected by investments and current operations. DWIHN had an increase in receivables and amounts due from other governmental units, due to adjustments with CLS and Molina. Ms. Amanda Ward presented on the Single Audit results which is an audit of our Federal programs and Ms. Melanie Crowther presented on the Compliance Examination Report.

Ms. Stacey Reeves, Manager expressed appreciation to DWIHN and the Board for engaging Plante Moran to perform the audits and gave congratulations to DWIHN on their achievement of a complete audit with “no findings” .

Discussion ensued regarding the expiration of Plante Moran contract. S. Durant reported Plante Moran’s contract will end in 2020 and a RFP request has been issued for accounting firm bids. The evaluation process will begin June 2020 and Plante Moran is eligible to submit a bid, however team rotation will be required.

The Chair called for motion to move the FY19 Financial Statement, Single Audit, and Compliance Examination Reports to Full Board for approval with the correction to add Mr. McNamara name to the Substance Use Disorder Oversight Policy Board in next years audit. **Motion:** It was moved by Ms. Brown and supported by Dr. Taueg to move the FY19 Financial Statement, Single Audit and Compliance Examination Reports to Full Board for approval with the stated correction. **Motion Carried.**

The Chair, Commissioner Killeen congratulated CFO Durant and her team on another successful audit.

VIII. Presentation of the Monthly Finance Report

S. Durant, CFO presented the Monthly Finance report. A written report was provided for the record.

Authority Finance accomplishments and noteworthy items:

Most Finance staff have the ability to work from home and we have put measures in place to ensure providers are paid in accordance with the payment schedule on our website. Most of our processes and procedures are electronic and allow us to continue business as usual.

MDHHS allocated \$5 million dollars of the CARES funding to PIHP’s; DWIHN received an allocation of \$436,000 or 8.7% despite having the largest number of COVID cases in the State of Michigan. S. Durant reported that upon the start of the meeting she received notice from the State of Michigan increasing the allocated funds by \$64,000, making the total \$500,000.

Discussion ensued regarding monies spent on COVID-19. Mr. Parker requested an estimate on monies spent by DWIHN in regards to COVID-19.

Mr. Brooks gave statistics on the direct effect COVID-19 has had on the Wayne County community. He reported that in Michigan, Wayne County has 40% of COVID-19 cases, and 46% of COVID-19 related deaths. Due to the data, Mr. Brooks has requested \$50 Million dollars from the State of Michigan to combat COVID-19. A request was made by Mr. Parker for the Board to prepare a bulleted list regarding amounts received by DWIHN and compose a Resolution to the State of Michigan, requesting additional funds for Detroit Wayne Integrated Health Network for Wayne County. **(Action)**

CFO and CEO attended MDHHS meeting whereby the initial shortfall in funding was decreased by \$30 million due to a reduction in DAB eligibility projections. The Department disbursed \$25 million payment for the seven-month period; DWIHN received approximately \$6 million in additional Medicaid including April (new rates) payment.

The Governor mandated a \$2/hr. Direct Care Worker (DCW) increase for the months of April and May to direct care workers due to COVID-19. Upon receipt of funds and instructions, DWIHN will disburse funds. A letter was sent on Monday, April 27, 2020 notifying providers.

S. Durant reported the instructions and funds have not been received. However, she and her team have a plan in place to distribute the funds to providers, once available.

MDHHS continues to put death recoupment on hold until further notice. DWIHN owes \$8 million to MDHHS which includes the January 2020 recoupment @ \$900,000.

Discussion ensued on the liquidity ratio and the Summer Youth Program. Program Compliance Committee will be considering the contracts and allocations; it was noted that a number of organizations will be doing virtual employment. There was a brief discussion on the balance sheet; the cash flow projections and the revenue payment schedule. Dr. Taylor thanked the CFO for the report and requested to see a tie-in of reduction in funding which would include the major source of funds and note where the monies originates. A brief discussion on risk factors ensued.

Commissioner Killeen called for a motion on the Monthly Finance Report. **Motion:** It was moved by Ms. Brown and supported by Mr. McNamara to accept the Monthly Finance Report. **Motion carried.**

IX. Unfinished Business – Staff Recommendations:

A. Board Action #20-36 (Revised): Floyd Allen and Associates – J. Connally, Director of Human Resources reporting. This Board action is a modification to request an additional funds for legal services provided to DWIHN and the board. The total amount of the contract was provided and the contract will expire September, 2020. Commissioner Killeen called for a motion on Board Action #20-36 (Revised). **Motion.** It was moved by Mr. McNamara and supported by Ms. Brown approval of Board Action #20-36 (Revised). **Motion carried.**

X. New Business – Staff Recommendations:

A. Board Action #20-54: HEDIS/NCQA Professional Consultant Services- M. Singla, Chief Information Officer reporting. –This Board action is requesting approval to extend funding to obtain professional IT services for development work related to HEDIS (Healthcare Effectiveness Data and Information Set) measures that are required as part of our NCQA compliance. These services are required for compliance with HEDIS 2020 measures. Commissioner Killeen called for a motion on Board Action #20-54. **Motion.** It was moved by Dr. Taueg and supported by Mr. McNamara approval of Board Action #20-54. **Motion carried.**

<p>XI. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement.</p> <p>Ms. Sorrell, JVS Human Services requested information on the MDHHS \$2 wage increase for Direct Care Workers. (written comment)</p> <p>Ms. Annette Downey, Community Living Services thanked DWIHN for service to the community and their continued due diligence.</p> <p>Ms. Sabrina Robinson, CFO Consultant, Adult Well Being Services noted her appreciation of DWIHN’s commitment to the community; thanked them for their services and the informative webinars.</p> <p>XIV. Adjournment – There being no further business; the Chair called for a motion to adjourn. Motion: It was moved by Dr. Tauveg and supported by Mr. McNamara to adjourn the meeting. Motion carried.</p> <p>The meeting adjourned at 3:09 p.m.</p>	
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<p>FOLLOW-UP ITEMS</p>	<ul style="list-style-type: none"> A. Provide an update on the impact of the 7% reduction on the Network and Providers once implemented. (S. Durant) B. Update on Operational Efficiency Plan (S. Durant) C. Provide a quantitative report on the number of Providers. D. Prepare a bulleted list regarding amounts received by DWIHN and compose a Resolution to the State of Michigan requesting additional funds for Detroit Wayne Integrated Health Network for Wayne County E. Prepare a six (6) month update on the cost savings impact of the operational efficiency plan and provide a monthly formal update on the operational efficiency plan and cost savings. 	

PROGRAM COMPLIANCE COMMITTEE

MINUTES

MAY 13, 2020

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Iris Taylor, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Angelo Glenn; Chief William Riley, III; Dr. Cynthia Tauveg and Dr. Iris Taylor</p> <p>Board Member(s) Present: Dorothy Burrell and Board Chair, Bernard Parker</p> <p>Staff: Brooke Blackwell; Willie Brooks; Jacquelyn Davis; Shirley Hirsch; Bernard Hooper; Dr. Margaret Hudson-Collins; Dana Lasenby; Darlene Owens; Crystal Palmer; Ebony Reynolds; April Siebert; Andrea Smith; and June White</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

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

DISCUSSION/ CONCLUSIONS	<p>A. Provide an update of the impact the new Mental Health hospitals in Oxford and Dearborn will have on DWIHN – <i>Referred from Finance Committee meeting on February 5, 2020 – (Written update provided to committee)</i> – Jacquelyn Davis, Director of Access and Crisis Services submitted and provided an update on the impact the new Mental Health hospitals in Oxford and Dearborn will have on DWIHN. Ms. Davis submitted a layout of psychiatric beds available to DWIHN’s Hospital Service Area (HSA) which includes Livingston, Washtenaw, Macomb, Monroe, Oakland, St. Clair and Wayne counties. Ms. Davis reported that there was no noticeable difference or concerns in placement for our clients at this time. Discussion ensued.</p> <p>B. TRAILS Program – Provide a breakdown of schools that are not eligible for the TRAILS model and information on whether or not the model will be implemented into all 70 schools by the school year – <i>(Written update provided to committee)</i> - Crystal Palmer, Director of Children’s Initiatives submitted and gave an update on the TRAILS Program. The committee asked if it was realistic to expect that there will be a standard of practice of the TRAILS Model in all 73 schools this year. Mrs. Palmer stated that due to what’s currently going on with COVID-19 and schools being cancelled that it would not be realistic to expect the standard of practice of the TRAILS Model in all 73 schools this year. Mrs. Palmer informed the committee that University of Michigan (U of M) have now created a curriculum for grades 3-5. There is no curriculum for grades K-2 because the children are too young and would need parent involvement. Discussion ensued. Mr. Brooks requested that Mrs. Palmer submit a written response to him as to what is needed to make this program successful. Mr. Brooks will provide a complete overall strategy plan to the committee, which will include how it should be implemented, expectations, funding, virtual options and acknowledgement of what’s being done at the school-based health centers. (Action)</p>
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VI. Approval of Meeting Minutes

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

DISCUSSION/ CONCLUSIONS	<p>A. Corporate Compliance Report – On behalf of Bernard Hooper, Director of Corporate Compliance, Eric Doeh, Deputy Chief CEO/COO submitted and gave an update on the Corporate Compliance report. Mr. Doeh informed the committee that he wanted to hold off on presenting the contract termination process and Mr. Hooper will give a more in-depth report at the next meeting. (Action) Dr.</p>
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Taylor requested that Mr. Doeh make sure that policy around the contract termination is congruent with the process and outcomes of the report. Corporate Compliance and Quality Improvement have been in consultation with the Attorney General's office regarding the investigation of a clinician at Team Wellness. Corporate Compliance has contacted the OIG and a recoupment is being considered. There are two providers that Corporate Compliance and Legal have been consulting with to address contract violations arising from the failure to provide notice to DWIHN of changes in service or location due to the impact of COVID-19 and were able to work out an amicable solution. No clients were impacted by the moves. Mr. Parker informed the committee that there will be a Conflict of Interest meeting for board members on May 28th.

- B. **Media and Community Outreach** – Tiffany Devon, Director of Communications submitted a written update on the Media and Community Outreach report for review and acceptance. Since Mr. Brooks includes the Media and Community Outreach report in his CEO's report to the Full Board, there was a discussion on whether or not the Media and Community Outreach report should be presented at Program Compliance Committee meeting. The Chair called for a motion to accept the Media and Community Outreach written report and to move it to the Full Board meeting for future review and approval. **Motion:** It was moved by Dr. Tauog and supported by Chief Riley for a verbal acceptance of the Media and Community Outreach report and to move future Media and Community Outreach reports to Full Board for review and approval. **Motion carried.** Dr. Taylor opened the floor for further discussion. There was no discussion. **Motion carried.**
- C. **Substance Use Disorder (SUD) Quarterly Report** – Darlene Owens, Director of Substance Use Disorder submitted and gave highlights of the SUD Quarterly report. Ms. Owens reported that for the 2nd quarter of FY 20, there were 51 lives saved with the Naloxone kits and two (2) unsuccessful saves. DWIHN have two mobile units that provide a variety of services for 602 clients of SUD population. There were 38 inmates served at the William Dickerson Detention Facility using the Medication Assisted Treatment (MAT) program. The inmates receive individual and group peer support activities. There have been 13 inmates released and are receiving post release follow up peer supports. The Screening Brief Intervention and Referral to Treatment (SBIRT) programs in Federally Qualified Health Centers (FQHCs) conducted 158 screenings and 244 services provided. The Overdose Education and Naloxone Distribution (OEND) with Harm Reduction Services under SOR Grant distributed 737 kits. The prevention providers under the Youth and Family Oriented Evidenced Based Practice Programs under SOR Grant have served 386 individuals including family members using Botvin Lifeskills and Project Toward No Drug Abuse curriculums. Quality Behavioral Health and Detroit Rescue Mission Ministries have been added as COVID-19 Recovery Homes. The SUD department has received three grants for the 2nd quarter totaling over \$1M. Ms. Owens also submitted two RFPs (Prevention and Treatment) for review and approval. Discussion ensued. The committee requested a follow-up treatment report on the 13 inmates that were released and received services through the MAT program. **(Action)** The Chair called for a motion to move the two RFPs (Prevention and Treatment) to Full Board for approval. **Motion:** It was moved by Mr. Glenn and supported by Chief Riley to move the two Substance Use Disorder Workplans for Prevention and Treatment to Full Board for approval. **Motion carried.**
- D. **Residential Services Quarterly Report** – Shirley Hirsch, Director of Residential Services submitted and gave a Residential Services quarterly report.

	<p>Ms. Hirsch reported that during the COVID-19 pandemic, they have maintained success in assisting residential providers feeling safe and supportive during this event through “Project Reach Out”. They have assisted them with obtaining PPE equipment, information about COVID testing, identifying problems and implementing solutions timely and other community resources. Each Residential Care Specialist assigned to the project makes weekly contact with over 200 residential providers. Beginning March 30, 2020, Residential Services began tracking COVID-19 in specialized residential settings in response to the virus impacting our members and to mitigate the spread of the virus among residents, as well as direct care workers. Total number of COVID-19 plus cases reported from 3/30/20-4/30/20 is 112. Total number of COVID-19 deaths reported was 45 between the ages of 60-69. Discussion ensued.</p> <p>E. Managed Care Operations Quarterly Report – June White, Interim Director of Managed Care Operations submitted and gave a quarterly report on Managed Care Operations. Ms. White reported that a number of our providers have stepped up to ensure they are informed and able to handle concerns to protect their staff and consumers by doing telehealth medicine/services when possible and purchasing PPE supplies during the COVID-19 pandemic. The rollout for the Medversant verification credentialing project is on its’ way with 10 providers going through the system. There are 600 practitioners scheduled for processing by Medversant in May. Staff is aiming to have the entire Provider Network fully completed in the system by September 2020. Mr. Doeh informed the committee that because of the pandemic, we do have some contingencies to account for and will inform them if they’re not able to make that September 2020 date.</p> <p>The Chair bundled all reports and called for a motion to accept the Corporate Compliance report, Substance Use Disorder, Residential Services and the Managed Care Operations Quarterly Reports. Motion: It was moved by Mr. Parker and supported by Mr. Glenn to accept the Corporate Compliance report, Substance Use Disorder, Residential Services and Managed Care Operations Quarterly Reports. Motion carried.</p>
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VIII. Quality Review(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. QAPIP Workplan Goals and Objectives for FY 2020 – April Siebert, Director of Quality Improvement submitted and gave her report on the QAPIP Workplan Goals and Objectives for FY 2020. Ms. Siebert reported that the QAPIP report provides a six-month status update for how the Quality Unit is performing against key indicators that measure DWIHN’s performance against each of the identified pillars in the Strategic Plan. They are currently on track to achieve objectives and outcomes for all identified goals with the exception of three goals (Access Pillar – Objective 1 and Quality Pillar – Objectives 2 and 5). The Unit continues to work with providers and staff to implement interventions, initiatives and strategies to improve these goals. Staff have submitted required documentation for the Performance Measure Validation Review to HSAG on May 1, 2020. Ms. Siebert went over the HSAG workplan and timeline submission with the committee which is also included in her report. Quality Improvement continues to meet with DWIHN’s NCQA Strategic Planning Team to review and track progress ensuring the QI Standards are met to achieve full compliance for recertification. Discussion ensued. The Chair called for a motion to accept the QAPIP Workplan Goals and Objectives for FY 2020. Motion: It was moved by Dr. Taueg and supported by Mr. Parker to accept the QAPIP</p>
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	Workplan Goals and Objectives for FY 2020. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.
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IX. Strategic Plan – Access Pillar

DISCUSSION/ CONCLUSIONS	<p>Jacquelyn Davis, Director of Access and Crisis Services submitted a full report and gave highlights of her report on the Strategic Plan-Access Pillar. Ms. Davis reported that are four high level goals for the Access Pillar:</p> <ol style="list-style-type: none"> 1. Create infrastructure to support a holistic care delivery system (full array) – 40% completion; 2. Create Integrated Continuum of Care for Youth – 71% completion; 3. Establish an effective crisis response system – 50% completion (will not be at 100% until Crisis Assessment Center is active); and 4. Implement Justice Involved Continuum of Care – 46% completion. <p>Ms. Davis reported that there is an action plan for the areas that are behind. The Chair called for a motion to accept the Strategic Plan-Access Pillar report. Motion: It was moved by Dr. Taueg and supported by Mr. Parker to accept the Strategic Plan-Access Pillar report. Dr. Taylor opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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X. Chief Clinical Officer’s (CCO) Report

DISCUSSION/ CONCLUSIONS	<p>Dana Lasenby, Chief Clinical Officer submitted a full report and gave highlights on her Chief Clinical Officer’s report. Mrs. Lasenby re-introduced Dr. Margaret Hudson-Collins as DWIHN’s Medical Director to the committee. Dr. Hudson-Collins along with Mrs. Lasenby, Kim Flowers, Provider Network Clinical Officer and Ebony Reynolds, Clinical Officer have re-instituted the Improvement Practice Leadership Team (IPLT) which is a required committee by MDHHS. This committee will report to the Quality Improvement Steering Committee as well as this committee. There should be a report from this committee at next month’s meeting. Mrs. Lasenby reported that she and Dr. Hudson-Collins met with Dr. Debra Pinals, MDHHS to tour the TCF Field Hospital in Detroit and Suburban Showcase Field Hospital. This meeting was to determine access, admission and transfer protocols for individuals testing positive for COVID-19 and receiving DWIHN’s behavioral health services. DWIHN is working to establish a formal workgroup with the City of Detroit and Wayne County Health Departments to develop a workplan and proposal to access services for residents of city and county with COVID-19 and manageable psychiatric conditions; develop criteria for admissions, transfers, discharges, staffing plan and resources.</p> <ol style="list-style-type: none"> 1. COVID-19 & Inpatient Psychiatric Hospitalization – Hospital admissions have decreased (January 2020 – 989 admissions to April 2020 – 557 admissions). 2. COVID-19 Intensive Crisis Stabilization Services – Two providers have been granted approval to provide mental health resources, specifically crisis services during the pandemic and shortage of mental health resources, Community Outreach for Psychiatric Emergencies (COPE) and Team Wellness Center. 3. COVID-19 Pre-Placement Housing – Still looking for provider who are prepared to accept people that test positive or have COVID-19 symptoms and
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	<p>short-term housing for a maximum of 14 days, meals, transportation and supportive services that promote stable housing and increase self-sufficiency.</p> <p>4. COVID-19 Recovery Housing/Recovery Support Services – DWIHN staff have identified additional recovery housing and recovery support for individuals with substance use disorders with COVID-19 symptoms and/or tested positive for COVID-19 (Quality Behavioral Health (QBH) and Detroit Rescue Mission Ministries (DRMM). Two residential providers (Mariner’s Inn and Jabez Recovery) were closed down for 14 days due to COVID-19 testing conducted by the Detroit Health Department. With approval from the Health Department, they are scheduled to re-open on May 14, 2020.</p> <p>5. COVID-19 Urgent Behavioral Health Urgent Care Sites – Effective April 3, 2020, the following providers are offering Urgent Behavioral Health Care Service (Community Care Services and Northeast Integrated Health). The available services will include same-day access services for assessment/intake, crisis services for existing DWIHN members, psychiatric evaluations, medication reviews, crisis stabilization, peer support specialists, nursing assessments, medication injections, and non-ER transport.</p> <p>The Chair called for a motion to accept the Chief Clinical Officer’s report. Motion: It was moved by Chief Riley and supported by Mr. Parker to accept the Chief Clinical Officer’s Report. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p>
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XI. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #20-15 (Revised 2) – Substance Use Disorder (SUD) Electronic Nicotine Delivery System (ENDS) – The Chair called for a motion on BA #20-15 (Revised 2). Motion: It was moved by Mr. Parker and supported by Mr. Glenn to move BA #20-15 to Full Board for approval. Staff requests board approval to revise this board action to include the addition of MDHHS Community Block grant award of \$4,000.00 to fund the Electronic Nicotine Systems (ENDS) program. The total amount of the SUD Prevention program is amended from \$5,570,906.00 to a total of \$5,574,906.00. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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XII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #20-50 – State Opioid Response (SOR) Grant FY 19 Carry-Over Funding - The Chair called for a motion on BA #20-50. Motion: It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #20-50 to Full Board for approval. The following State Opioid Response programs (<i>listed in the board action</i>) have been granted carry-over funding from MDHHS for fiscal year 2019 carry over to fiscal year 2020 in the amount of \$920,740.00 to various SUD providers. Dr. Taylor opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>B. BA #20-55 – COVID Residential and Recovery Homes - Detroit Rescue Mission Ministries (DRMM) and Quality Behavioral Health (QBH) - Staff is requesting the SUD Block Grant totaling \$393,973.00 to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery home</p>
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	<p>services. DRMM and QBH will be providing these services specifically for the SUD population. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #20-56 – Summer Youth Employment Program – Providers listed in the board action – The Chair called for a motion on BA #20-56. Motion: It was moved by Mr. Glenn and supported by Mr. Parker to move BA #20-56 to Full Board for approval. Staff is requesting board approval for \$2.1 million for the Summer Youth Employment Program. It provides subsidized part-time employment for individuals between the ages of 14-24 years old living in Wayne County. Due to COVID-19 pandemic, many of the providers have developed virtual employment opportunities for the youths. Providers will be required to meet the social distancing requirements as set forth by the Governor at the time of employment. Discussion ensued. Dr. Taylor opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XIII. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.
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ACTION ITEMS	Responsible Person	Due Date
<p>1. Follow-Up Items from Previous Meeting:</p> <p>A. TRAILS Program:</p> <p>i) Provide written response to Mr. Brooks as to what is needed to make this program successful.</p> <p>ii) Provide a complete overall strategy plan to the committee, which will include how it should be implemented, expectations, funding, virtual options and acknowledgement of what’s being done at the school-based health centers.</p>	<p>Crystal Palmer</p> <p>Willie Brooks</p>	<p>ASAP</p> <p>TBD</p>
<p>2. Reports:</p> <p>A. Corporate Compliance – Provide in-depth Contract Termination Process</p>	Bernard Hooper	June 10, 2020
<p>3. SUD Quarterly Report: Provide follow-up treatment report on the 13 inmates that were released and received services through the MAT program.</p>	Darlene Owens	June 10, 2020
<p>4. Chief Clinical Officer’s Report:</p> <p>A. Add Medical Director’s Report to agenda</p>	Sonya Davis	Completed

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

ADJOURNED: 2:45 p.m.

NEXT MEETING: Wednesday, June 10, 2020 at 1:00 p.m. *(Virtual Meeting)*



**Detroit Wayne
Integrated Health Network**

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**FY 2019-2020 RESOLUTION 7
SUPPORT FOR SOCIAL JUSTICE, PEACEFUL PROTESTS AND MENTAL HEALTH
SERVICES FOR WAYNE COUNTY RESIDENTS**

WHEREAS, The Detroit Wayne Integrated Health Network (“DWIHN”) Board of Directors has a dual mission to influence and set policy matters for the Wayne County Mental Health System to ensure the delivery of quality services that are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and

WHEREAS, the DWIHN Board of Directors recognizes that the history of African Americans has been one marred with oppression, injustice, violence, and continuous fight for racial equality; and

WHEREAS, in response to both currently and historically disparate treatment of African Americans, a nationwide movement has arisen to assert that “Black Lives Matter”, and other forms of peaceful protests against the mistreatment of persons of color; and

WHEREAS, the DWIHN Board of Directors acknowledges the First Amendment of the Constitution and a person’s right to freedom of speech to defend and protect their civil liberties and rights under the Fourteenth Amendment; and

WHEREAS, DWIHN encourages and supports peaceful, public demonstrations and marches that empower and uplift people of color, support unity and recognizes them as a fundamental role in a democratic society; and

WHEREAS, DWIHN understands and supports that the purpose of protests and subsequent community activities that will inspire the future status of African American lives in our society, and to affirm that status as equal to, and not secondary to, the lives of others; and

WHEREAS, DWIHN supports community groups who wish to support social injustices, help to educate others, offer reflection, dialogue, and action in order to engage educational communities throughout Wayne County in activities that support the understandings and affirmations that underlie the Black Lives Matter movement in our society; and

WHEREAS, DWIHN offers programs and services to help educate all citizens on Mental Health First Aid (MHFA). Mental Health First Aid equips all persons with the knowledge and tools necessary to identify potential risk factors and warning signs for a range of mental health problems, including depression, anxiety/trauma, psychosis and psychotic disorders, substance use disorders and self-injury; and

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Dr. Iris Taylor, Vice-Chairperson
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Timothy Killeen, Treasurer
Angelo Glenn
Dr. Cynthia Tauog

Dora Brown, Secretary
Kevin McNamara



WHEREAS, the DWIHN Board of Directors understands that mental health programming alone is not enough to resolve the longstanding bias and stigma associated with behavioral health issues and will continue to advocate for the appropriate investment and allocation of necessary funding and community resources to deploy properly trained mental health professionals and prevent police from being the first to address mental illness and substance abuse in the community; and

WHEREAS, DWIHN has successfully trained and partnered with law enforcement agencies throughout Wayne County in MHFA training techniques as well as Crisis Intervention Training (“CIT”), which is geared towards creating connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety.

NOW THEREFORE BE IT RESOLVED, that the Detroit Wayne Integrated Health Network supports and approves the citizens of Wayne County demonstrating their right to peacefully protest social injustices occurring throughout our country against African Americans and all persons of color. This body will continue in its commitment to work with local law enforcement to provide the necessary behavioral health training and techniques to safely engage with persons in the community who may be experiencing behavioral health challenges and will continue to partner with our judicial system to promote the access and effective treatment through the use of drug treatment courts; and be it further resolved;

That because less than twenty-percent of children and adolescents with diagnosable mental health problems receive the treatment they need, that we include mental health and physical health as a right in our schools and look to the government to fund these programs;

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, DWIHN Provider Network, Community Stakeholders, and DWIHN social media sites.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this seventeenth day of June 2020, by the Board of the Detroit Wayne Integrated Health Network.

Bernard Parker
Board Chairperson
Detroit Wayne Integrated Health Network



MEMO

CONFIDENTIAL

Date: June 15, 2020
To: Bernard Parker, Board Chair
From: Callana Ollie, Deputy Chief Legal Counsel
Re: Defunding Local Police Departments

Currently, there are concerns as to what should be done to address race relations between local law enforcement and African-American citizens, as it is now the 6th leading cause of death for Black males in America.¹ A potential response that has been presented on a national level is to defund local police departments. There is grave concern for this notion, as people have not fully understood what defunding a local police department would actually mean for our cities.

I. What is Defunding the Police?

The concept of “Defunding the Police” exists on a spectrum. While it could mean completely disbanding the police department for some, for many, it means reducing the police budget and reallocating those funds to crucial areas where resources are often lacking but substantially impact our communities such as education, mental health, housing, and youth services. The true notion of “defunding police” is predicated on the idea that investing in the communities would serve as an effective deterrent to crime by directly addressing societal problems that predominantly plague marginalized communities such as poverty and mental illness, which most police officers are not equipped to handle.

Campaign Zero, a non-profit organization dedicated to ending police violence for all, presented several policy strategies to reduce police violence, such as ending for-profit policing;² removing ticket and arrest quotas as a measure for salary increases; deprioritizing enforcement of low-level offenses; establishing alternative responses to mental health crises and issues of substance abuse and homelessness; implementing strict use-of-force policies; holding police accountable for misconduct (i.e. unpaid administrative leave); and creating fair police union contracts that will remove barriers from misconduct

¹ Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America*, 116(34), 16793–16798.

² Campaign Zero. (2020). End For-Profit Policing. <https://www.joincampaignzero.org/end-policing-for-profit>

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Willie E. Brooks, Jr., President and CEO



investigations and allow for civilian oversight, or de-unionizing the police force altogether.³ Cities that have taken this approach include Camden, NJ and Austin, Texas.

II. Police Reform in Camden, NJ

In 2013, the Camden City Police Department entered into a Police Service Agreement with the Camden County Police Department. As part the agreement, the department moved from a union-protected workforce, to a workforce of officers who were fully accountable for their conduct, without barrier.⁴ The department also adopted strict use-of-force policies, required semi-annual training focused on engagement and decision-making, and established requirements before displaying a weapon.⁵ Notably, while Camden City retained some of its police force, it reallocated funding to community and mental health programs and created positions for unarmed, special law enforcement that were assigned to traffic control, crowd control, court safety, and serving summonses for disorderly conduct. As a result of these changes, at the end of fiscal year 2018, the City of Camden reported crime rates were at a 50-year low, unemployment rates at a 28-year low, decreased dropout rates, and a 20% increase in graduation rates from 2012.⁶ More recently, Bloomberg reported that excessive force complaints had dropped by 95%⁷, and CNN reported violent crime rates had dropped by 42%⁸. There were also fiscal impacts associated with these changes.

Comparing the City of Camden and Camden County's budget before and after the service agreement was enacted, can provide a detailed picture on the fiscal benefits realized from this initiative. In 2013, the City of Camden spent almost \$27 million on law enforcement and traffic control, while reporting only \$18,787 in police revenue, compared to 2018, where they spent just over \$3.5 million on law enforcement and traffic control and reported \$13,039 in police revenue. Although Camden County's expenditures grew approximately \$5.4 million in the Sheriff and Public Safety Departments from 2013 to 2018, the County's revenues also increased by nearly \$1.65 million. By defunding their police force of over \$23 million, Camden, NJ only incurred a \$5,000 decrease in revenue, but return they had lower crime rates, and cleaner communities. Considering the City of Detroit's 2019 police revenue to expenditures, \$60.4 million to \$312.8 million, policies or initiatives that can improve police relations, declining crime rates, increased grant funding, and community revitalization are worth exploring.

III. Is it feasible to Defund Police Departments?

Completely defunding the police is not feasible, as it would mean zeroing out police budgets so that they are nonexistent or left with bare minimum resources, inadequate equipment — leaving cities with no police presence, requiring citizens to police communities. Police reform is a more rational approach because police departments is vital to public safety. The City of Camden did not completely remove police presence; it did, however, restructure how law enforcement operated through policy reform and investing in vital resources in the community. The fact is: crime exists and police officers are necessary in certain circumstances in order to protect the lives of citizens.

³ *Id.*

⁴ City of Camden, New Jersey. (2013). City council approves resolution agreements for Camden metro policing services and funding. <https://www.ci.camden.nj.us/releases/city-council-approves-resolution-agreements-for-camden-metro-policing-services-and-funding/>

⁵ Camden County Police Department. (2013). Policy summary- Use of force. <https://policy.camdenpd.com/policy/23>

⁶ Cooper's Ferry Partnership. (2019). Camden 2019 Annual Report. <https://www.camdenannualreport.com/>

⁷ Holder, Sarah (4 June 2020). "The City That Remade Its Police Department". www.bloomberg.com.

⁸ Andrew, Scottie (9 June 2020). "[This city disbanded its police department 7 years ago. Here's what happened next](#)". *CNN*.

Police reform is the approach many states have begun to adopt. Recently, Congress introduced the “Justice in Policing Act” aimed at combating the use of excessive force and systemic racial discrimination by law enforcement. According to the bill summary, the Act would ban chokeholds and no-knock warrants in drug cases. The legislation would also require local police departments to send data on the use of force to the federal government and allow for independent investigations into misconduct or excessive use of force. Other states, such as New York have also followed suit, introducing similar legislation with mandates aimed to prevent and deter the use of excessive force.

As we move toward a system of reform through legislation and policies, consideration should be given to how funding is allocated to those areas where there is a shortage of resources and potentially provide more funding to the larger cities with higher crime rates. For example, the Detroit Police Department has been operating in a deficit and has reported a shortage of officers as a result of higher pay and recruitment to other cities. In circumstances such as this, leveling the playing field and increasing salaries should be considered in order to retain talent in Detroit. In addition to new policies, reallocating additional police resources from smaller, low-crime communities may also help mitigate the issue of resource shortages in high-crime areas and prevent further marginalization of those communities, which are often low-income and have a higher population of African Americans.

In addition to properly allocating resources based on need and not funding, additional consideration should be given to restructuring to how we respond to public safety requests . In many crises’ situations, police are the first responders for mental health and drug-related emergencies where they rarely possess the necessary skills and training to properly respond. In 2015, the Treatment Advocacy Center reported that adults with severe mental illness account for one in four people killed in police encounters.⁹

Initiatives and specific to our purview would include those that support establishing and mobilizing a mental health response team to respond in crisis situations, which has been proven to reduce use of force by nearly 40%.¹⁰ This team should be made up of professionals from several disciplines, that are involved in the planning, implementation, training, and continuing education for crisis intervention response teams. Other reforms to further reduce police-involved violence and civilian deaths in police custody, is the creation of a civilian oversight committee that would improve transparency, accountability, community engagement, and provide¹¹ stakeholders (citizens) a voice in matters concerning the police who serve them. DWIHN has several partnerships with local police departments and have implemented several training programs to help law enforcement and members of the community recognize and respond to persons who may be mentally ill or dealing with other behavioral challenges. By continuing to invest in programming that prioritizes mental-health treatment and early prevention, DWIHN will continue to be instrumental in conversation aimed at changing the misconception that mental health crises are criminal justice matters.

IV. Conclusion

The conversation should be focused on police reform, rather than defunding the police. While defunding the police completely may not be feasible, evaluating how we allocate current resources to high-need areas and reallocating monies from the budget and using it to invest in critical social services, such as

⁹ Treatment Advocacy Center (2015), Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters. <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>

¹⁰ Kerle, K. (2016). The Mentally Ill and Crisis Intervention Teams: Reflections on Jails and the U.S. Mental Health Challenge. *The Prison Journal*, 96(1), 153–161. <https://doi.org/10.1177/0032885515605497>

¹¹ Attard, B. (2010). Oversight of Law Enforcement is Beneficial and Needed--Both Inside and Out. *Pace Law Review*, 30(5), 1548–1561. <https://web-b-ebsohost-com.ezproxy.liberty.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=2d8a0c76-52bd-4a39-9cc6-c5702b808547%40sessionmgr101>

youth services, affordable housing, or to fund mental health services, would create a community safety net that will be better suited to respond in situations where an armed officer may be inappropriate. And while a history of past negative encounters with police may inform how some individuals in crisis respond to interactions with law enforcement, moving away from the narrow concept of public safety that relies on policing and punishment, and investing in critical social services such as mental health services and community organizations, will begin to change the narrative that currently exists regarding police relations in communities.



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

Jail Diversion

Jail Diversion Projects

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

Committee 1: Governor's Mental Health Diversion Council

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

Action Plan for Upcoming Year

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

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

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

The next meeting is scheduled for Tuesday June 9, 2020.

Committee 2: Wayne County Diversion Council (WCDC)

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

Members:

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

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

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

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

Wayne County currently have 828 inmates, down from +1400 pre-COVID-19.

There are no new reported cases from the previous 83 confirmed cases.

The number under quarantine is down to 6 inmates.

There are 1023 inmates released on tether.

The next meeting is scheduled for Tuesday June 9, 2020.

Health Plan Integration/MDHHS Behavioral Health Restructure (SIP)

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

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.

New Proposal: Specialty Integrated Plan (SIP) Model

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

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

DWIHN Updates

- MDHHS currently put a hold on the SIP implementation
- MDHHS is pursuing options to partner with the PIHP's in building a future for Behavior Health in Michigan
- MDHHS requested a Provider Stabilization Plan outlining DWIHN's plan for continued service through the COVID-19 pandemic. This assignment was completed June 4, 2020 as indicated by MDHHS. The response included:
 - Members served pre and post COVID-19
 - Provider type totals for Wayne County
 - Funding and expenses trends
 - Funding Priorities
 - Operational Priorities
- MDHHS may select an alternative to SIP. I am working with MDHHS as they evaluate the future structure of Behavior Health

2020 Funding Updates

Medicaid:

- Technical shortfalls to the budget:
 - Initial estimate of \$120 million in result to system errors and miscalculations. This estimate was modified to \$50 million in result to enrollment and eligibility change. DWIHN received a retroactive payment of \$6 million in April and expect to receive monthly payments totaling \$4 million, for a total of \$10 million for the year.

- Death Audit
 - Potential recovery of \$9 million pending. Currently pushed back another month as MDHHS analyzes the impacts on the audit to the PIHP system. This recoupment would effectively eliminate the \$10 million increase. I discussed the death audit with MDHHS on Tuesday June 2, 2020 and expressed DWIHN's concerns with this process of recouping dollars that occurred nearly six years ago which is uncontrollable by DWIHN. MDHHS is taking a serious look at the impacts this recoupment has on the PIHP system.
- Autism
 - MDHHS is reviewing DWIHN's request to cost settle \$21 million in overspend for Autism. Autism rates and guidelines are set by MDHHS, which makes it somewhat difficult for DWIHN to control. I discussed the Autism circumstances with MDHHS on Tuesday June 2, 2020 and expressed DWIHN's concerns with this process and the lack of a cost settlement by MDHHS. MDHHS is taking a serious look at the impacts of Autism on the PIHP system.
- Provider Rate Reduction
 - DWIHN has pushed back the proposed 7% rate reduction previously scheduled for May 1, to the new fiscal year of October 2020.
- Direct Care Workers (DCW) Hazard Pay
 - MDHHS is passing through a \$2 DCW wage increase during the period of April 1st to June 30th. DWIHN will pass those funds to providers once the funds are received. DWIHN is asking providers to promptly bill for eligible services by July 7th 2020.

COVID-19 Funding

- MDHHS announced that \$5 million in additional dollars are designated for the entire PIHP system. DWIHN is receiving approximately \$500,000 of the \$5 million allocation. The one-time payment has a no carryover provision (must be spent this fiscal year or returned)
 - Disproportional Funding Percentages:
 - \$500,000 represents 10 % of the \$5 million available
 - Wayne County has 40% of the total COVID-19 cases in Michigan
 - Wayne County has 47% of COVID-19 deaths in Michigan
 - Wayne County Serves roughly 25% of the Medicaid population
- DWIHN is estimated to need approximately \$40 - \$50 million for COVID-19 cost. This need has been presented to MDHHS.
- Michigan received \$3,873 Billion in Federal dollars for COVID-19
- Of the \$3.873 billion received, \$700 million was paid out as required by law. The remaining \$3.1 billion is being held by the legislature with hopes of reallocating funds from direct COVID-19 usage to filling budget gaps. This is the constant conflict between saving human lives and saving economic capabilities.

General Fund

Michigan Department of Health and Human Services (MDHHS) put together a task force made up of Community Mental Health agencies to determine a method of rebasing General Fund dollars to the PIHPs. The group's decision was to lower DWIHN General Fund dollars

by \$4.5 million each year to a cumulative total reduction of \$22.5 million by year five. DWIHN is in the second year of this reduction with a slated \$9 million in reductions to occur this fiscal year.

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

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

Building

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

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

- Personal Protection Equipment (PPE) usage guidelines for staff as outlined by the Governor's office.
- Assuring social spacing practices are maintained in the work setting
- Provide on-site routine COVID-19 testing for staff
- Determining public access to the building
- A portion of Staff are now working out of the Milwaukee location effective Monday June 1, 2020
- All staff and security working in the DWIHN buildings must receive COVID-19 testing prior to clear entrance. DWIHN provided onsite testing for 80 staff members.

Staffing

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

This includes:

- Furloughing 10% of the DWIHN staff in result to COVID-19 limitations and changes in work structure. All staff have returned from furlough with no plans for future furloughs at this time.
- Currently establishing staff needs in result to COVID-19 changes and future DWIHN functional changes.
- Increasing technical infrastructure for remote work requirements.
- Review processes learned from offsite processing.
 - We must prepare DWIHN for the future of the organization
 - Figure what worked and what didn't work
- Re-examine building requirements
 - New Center One (NCO) needs

- New Central Building design with spacing and hoteling
- Online video conference meetings here to stay
- Off-site
 - Clearly define functions that can be performed off-site
 - Establish methods of measuring productivity
 - Establish meeting requirements and technology
 - Protocol for returning for providers and staff

Provider Network

Provider Contracting

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

Provider Issues/Assistance

- Personal Protection Equipment (PPE)
 - DWIHN is delivering PPE to providers.
 - Items include:
 - Gloves
 - Gowns
 - Mask Surgical N95
 - Sanitizer
 - Covers
 - Cleaning services
 - Thermometers
 - Reviewing the possibility of bulk pricing for providers and DWIHN
 - Shared purchasing of cleaning equipment for self-cleaning for providers and DWIHN
 - Shared purchasing of cleaning equipment for self-cleaning for providers and DWIHN
 - Pursue companies with bulk pricing for providers and DWIHN
 - DWIHN anticipates that the need for PPE will be long-term and that DWIHN is only assisting in emergency situations as providers adjust to provide PPE for staff as required by the state mandate.
- No Medicaid Reserve build up during the crisis (Reviewing monthly expenses and revenues to assure all dollars are used during the crisis)
- Establishing COVID-19 testing for staff at the DWIHN Milwaukee location
- Managing New Operational Guidelines
 - Tele-Health guidelines in place
 - Decreased audit requirements
- Paying PMPM for several providers
- Reviewing authorization guidelines

- Accessing Providers Need for Telehealth Equipment
 - Phones
 - Laptops
 - Internet Connection
 - Training
 - Hotspots
 - IT support
- Referrals: Providers are experiencing difficulty with referrals
 - Shelters
 - Transitional housing
 - Hospitals
 - Hotels
- Looking for ways to better advertise during the crisis to let the public know help is still available. Alcoholism is rising, domestic violence is rising, and the public need to know treatment (SUD) is available.
 - Billboards
 - Social Media
 - Radio
 - TV
 - Focus on availability of SUD service
- Financial Provider Assistance
 - Advance Payroll for Government assistance
 - Push back the Provider 7% reduction to October 2020
 - Provide Lump Sum Assistance Payments

COVID-19 Impacts to Minorities

- Issues for increased deaths among minorities:
 - Lack of Social Spacing in cities: #1 issue.
 - Culture: Habits on congregating, slowly adapting to cultural changes.
 - Economics:
 - Low income families must work in open settings to survive,
 - High exposure to direct impact jobs (community workers).
 - Disparity in educational opportunities
 - Lack of access to optimal health insurance and care
 - Pre-existing conditions (diabetes, obesity, etc...)
 - Overcrowded treatment centers

Communications

In the Media

Washington Post - DWIHN SUD Oversight Policy Board Member and Full Board member Chief William T. Riley spoke on the protests surrounding racial injustice with police officers. https://www.washingtonpost.com/national/protests-black-police-chiefs/2020/06/06/120770dc-a738-11ea-b473-04905b1af82b_story.html

Telegram Newspaper – Chief Clinical Officer Dana Lasenby was interviewed by reporter Renee Summers of the Telegram Newspaper on dealing with stress and isolation during the Executive Stay Home Order. <https://www.telegramnews.net/story/2020/05/21/news/dealing-with-stress-and-isolation-during-the-state-shut-down/978.html>

Dealing with Stress and Isolation During the State Shut Down

By Renee Summers
Telegram Reporter

May 21, 2020

The COVID-19 pandemic and the ensuing stay at home order issued by Michigan Governor Whitmer have resulted in anxiety and uncertainty for the state's residents. As a society, we are used to being on the go, interacting with friends, relatives, and clubs or organizations. However, all that has come to a halt and in many cases has been replaced with virtual meetings via computer. For many, even work is being done remotely from home. Unfortunately, feelings of isolation and loneliness can creep in when one is kept indoors for too long.

Dana Lasenby, Chief Clinical Officer with Detroit Wayne Integrated Health Network (DWIHN), formerly Detroit Wayne Mental Health Authority, which provides mental health services and support to adults and children. She says, "Although technology is great and we're able to talk to people and even see their faces, to be physically present with other people is important, and most of us need a lot of that." Lasenby says the challenge of staying in can be especially hard on those who are already facing personal struggles such as depression, anxiety, grief, or recovery issues.

WDIV – DWIHN was featured on the homepage of ClickOnDetroit.com promoting the 24/7 HelpLine and MyStrength app. This is significant as the message is there for an entire high traffic day and seen by thousands of people.

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Community Newspapers- DWIHN partnerships continue with the Michigan Chronicle, Latino Press and Arab American News. The Chronicle ran two stories in their mental health section. One featured Chief William Riley and what he is doing to protect his community and officers. The other focused on one of our Ambassador's personal experiences with COVID-19.



Here to Talk. نحن هنا للتوسع إليكم.
Here to Help. نحن هنا لتساعدكم.

الشبكة الصحية التكاملية في مقاطعة وين وبيدرويت

تخدم قرابة ٧٥ ألف شخص، في المجالات التالية،
DWIHN Helps Nearly 75,000 People

• Behavioral Health	الصحة السلوكية
• Children's Services	خدمات الأطفال
• Developmental Disabilities	خدمات ذوي الإعاقات التنموية
• Intellectual Disabilities	خدمات أصحاب الإعاقات العقلية
• Substance Use	الإدمان على المواد المخدرة

www.dwihn.org

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Outfront Media – A new COVID-19 billboard was created which can be seen in five different locations in Wayne County including: S-I-75 near Rouge River, Telegraph near McNichols, Gratiot Ave. near Glenwood, Northline near Helen and Inkster near Ann Arbor Trail. A recent Access Center report indicates the billboards are still our second largest referral source.

SERVING PEOPLE WITH:

- Children's Services
- Intellectual and Developmental Disabilities
- Severe Mental Illness
- Substance Use Disorders

MENTAL HEALTH MATTERS

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Radio

910 AM - Mr. Brooks was interviewed by Rev. Horace Sheffield who is also a DWIHN Provider, where he discussed mental health in the midst of a pandemic and the services we offer throughout Wayne County..

<https://www.facebook.com/910amsuperstation/videos/264352854913672/>



WWJ Newsradio 950– Deanna Lites, Health Reporter of WWJ interviewed Mr. Brooks on how DWIHN is continuing to educate the community on COVID-19. His interview was heard several times that day on the radio.



Beasley, Cumulus, and iHeart Radio – DWIHN has sixty second spots running that are promoting the new COVID-19 Therapy Line in collaboration with the Ethel and James Flynn Foundation, Skillman Foundation, and the Michigan Health Endowment Fund. Similar messages ran as bonus spots on WDRQ.



Detroit COVID-19 Virtual Therapy Collaborative

We are a 501(c)(3) collaborative call center serving together in helping community. Our primary focus is to provide help while focusing on identifying resources and referrals to individuals who are often overlooked and underserved.

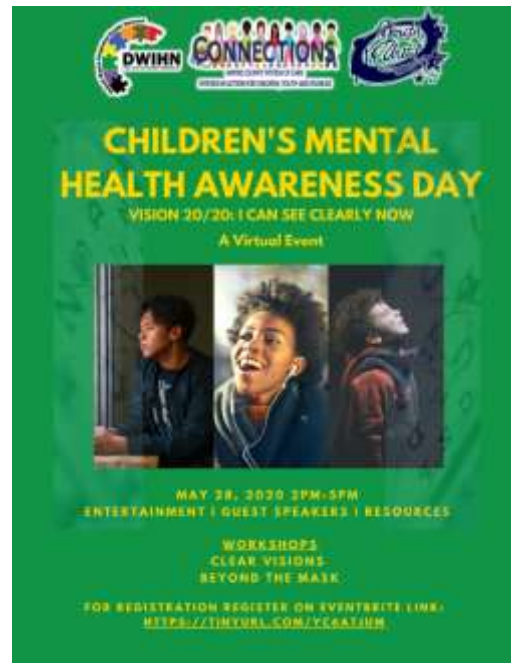
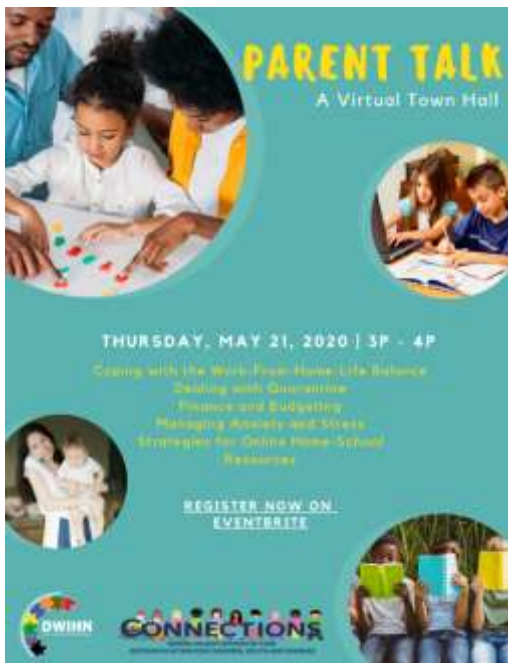
Community Outreach – The Michigan Chronicle held a virtual event, Mind Yourself: Maintaining Mental Health Amidst the COVID 19 Crisis, in which Chief Clinical Officer, Dana Lasenby moderated.



Andrea Smith, Director of Workforce Training and Program Development sat on a panel for Junior Achievement of Michigan's Virtual Town Hall for Michigan's Youth. High school students submitted questions for the event. This virtual event was sponsored by Fifth Third Bank, Code 313 and the United Way of Southeastern Michigan.



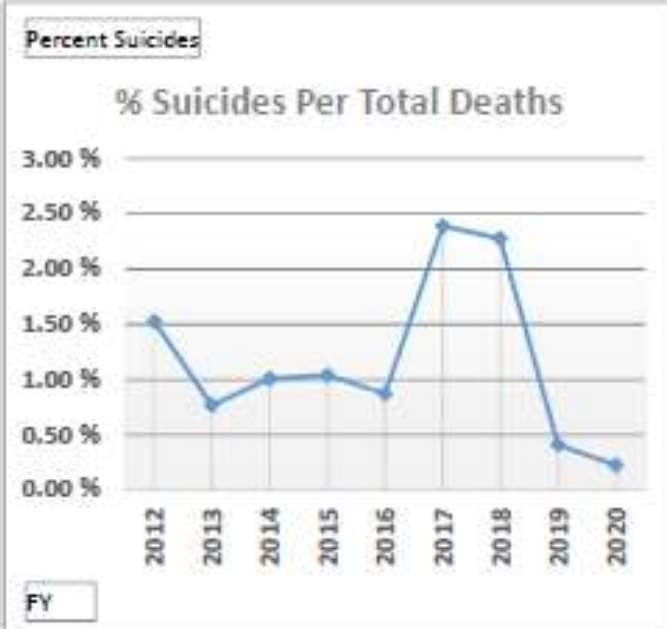
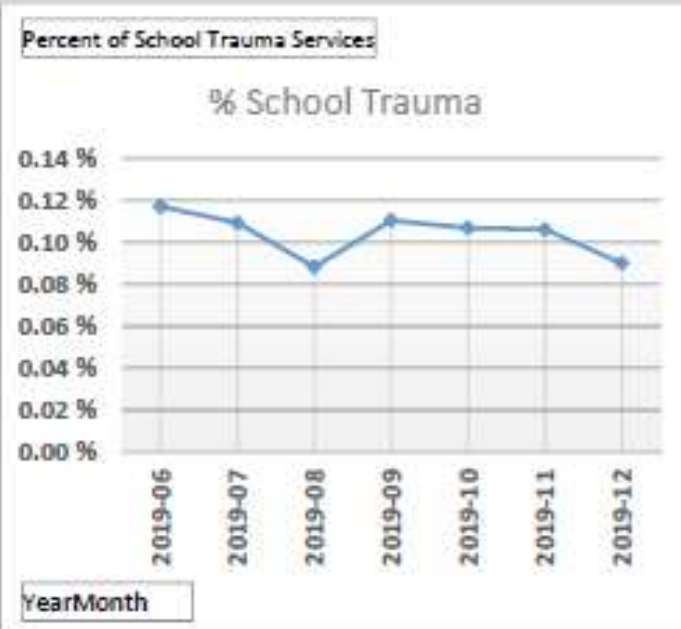
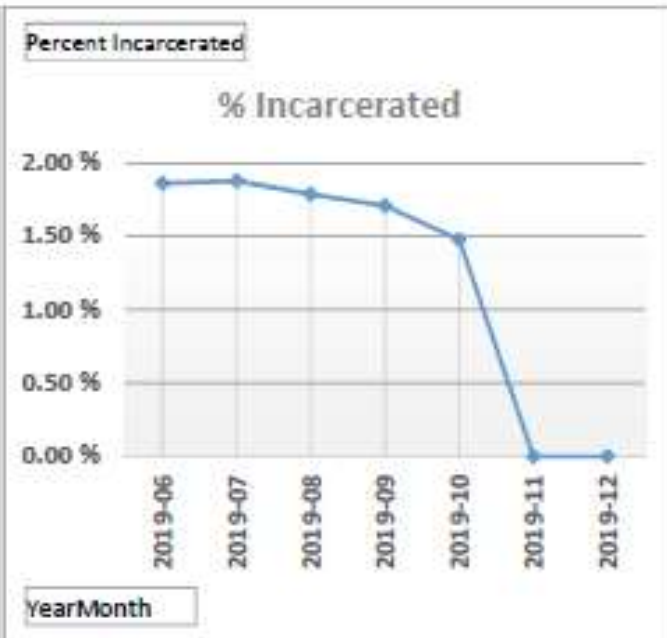
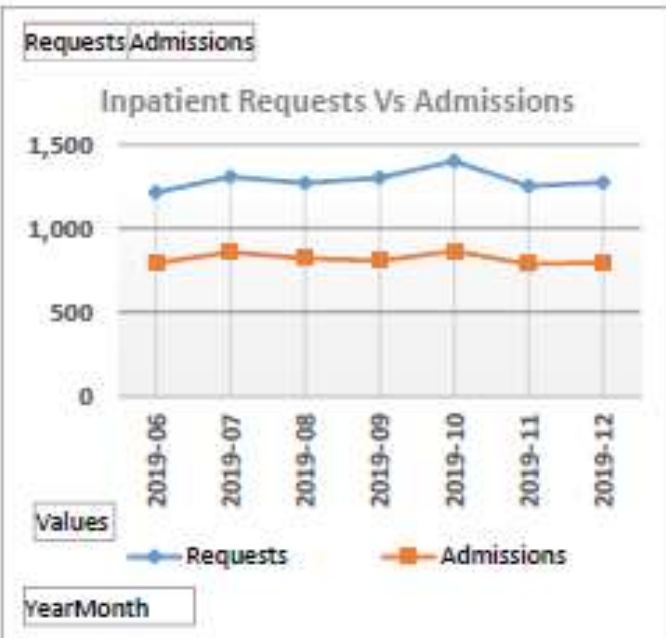
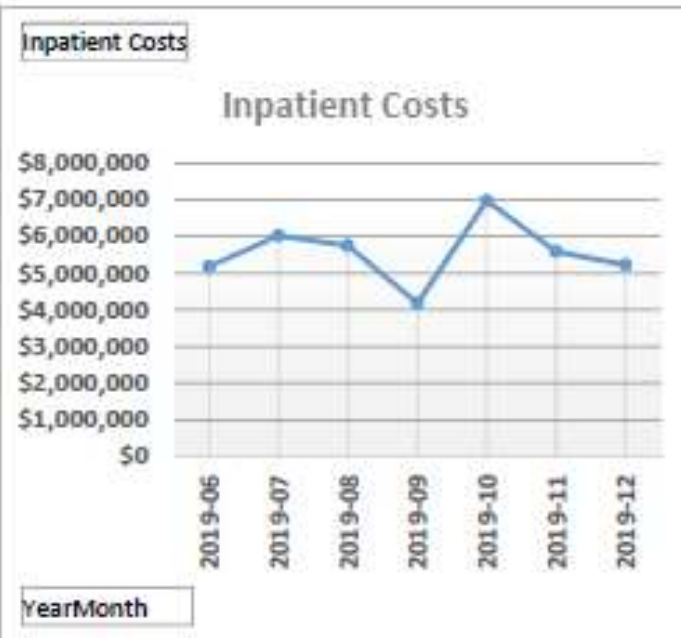
DWIHN hosted a virtual town hall for parents entitled, Parent Talk. This town hall focused on coping with the work-from-home life balance, dealing with quarantine, budgeting and finance, managing anxiety and stress, tips for online home-schooling. The DWIHN Comms department created an extensive resource guide given to all attendees. To recognize May as Children's Mental Health Awareness Month, Youth United of the Children's Initiatives department held a virtual event, Vision 20/20: I Can See Clearly Now.



Social Media – The top performing posts for April were related to COVID-19, overall access to care, and Children’s Mental Health Awareness Day. Content displaying information about mental health resources during the Coronavirus pandemic performed well, with **11,595 engagements**. Engagement rose 461% with a total of **17,362 engagements**.



Key Mental Health Indicators



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-49R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/17/2020

Name of Provider: Neighborhood Serv. Organizatio

Contract Title: OBRA/PASARR services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/10/2020

Proposed Contract Term: 4/1/2020 to 3/31/2022

Amount of Contract: \$ 4,458,240.00 Previous Fiscal Year: \$ 2,561,462.00

Program Type: Modification

Projected Number Served- Year 1: 579 Persons Served (previous fiscal year): 1111

Date Contract First Initiated: 10/1/2015

Provider Impaneled (Y/N)? Y

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

DWIHN is revising the request to enter into a contract with Neighborhood Services Organization (NSO) for the provision of Omnibus Budget Reconciliation Act/Pre Admission Screen Annual Resident Review (OBRA/PASARR) services to correct the contract amount. The original Board Action mistakenly included the annual amount of the contract as opposed to the total amount for the two year contract totalling \$4,458,240. DWIHN is obligated by contract with the Michigan Department of Health and Human Services to ensure that OBRA/PASARR services are provided in Medicaid certified extended care facilities.

A RFP was issued in February 2020 and NSO was the only respondent. They were deemed responsive and meet the requirements of the solicitation.

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

In June, 2018, the Michigan Department of Health and Human Services placed NSO on a Corrective Action Plan for issues regarding the quality of the assessments submitted to MDHHS.

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

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

Source of Funds:

Fee for Service (Y/N): Y

Revenue	FY 19/20	Annualized
Federal Grant	\$ 3,343,680.00	\$ 4,458,240.00
State Grant	\$ 1,114,560.00	\$ 1,114,560.00
Total Revenue	\$ 4,458,240.00	\$ 4,458,240.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.826155,02626

In Budget (Y/N)? Y

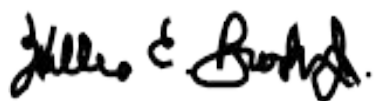
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, June 4, 2020

Signed: Thursday, June 4, 2020

Board Action Taken

The following Action was taken by the Full Board on the 17th day of June, 2020.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: June 17, 2020

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-52 R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/17/2020

Name of Provider: MedSupply Corporation Inc

Contract Title: Exigent Agreement to Purchase Personal Protection Equipment

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/10/2020

Proposed Contract Term: 6/1/2020 to 9/30/2021

Amount of Contract: \$ 800,000.00 Previous Fiscal Year: \$ 0.00

Program Type: Modification

Projected Number Served- Year 1: 3,500 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 4/1/2020

Provider Impaneled (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting another exigent purchase of Personal Protective Equipment (PPE). COVID-19 pandemic has resulted in a shortage of PPE available across our provider network, leaving DWIHN staff and its provider network essential staff at risk of exposure to COVID-19. The purchase shall include both mental health and substance use disorder providers and DWIHN staff.

The purchase of PPE is necessary for DWIHN and its provider network essential staff to continue services those members we serve. Currently, the estimated cost of the PPE is \$800,000 and includes but is not limited to: Isolation Gowns, KN95 Masks, Nitrile Gloves, Pump Soap, and Antibacterial Wipes.

There are various funding sources used including SUD STR funding (\$188,000) through April 30, 2020, COVID General Fund, and Medicaid. DWIHN has reviewed the unit cost for the PPE and they are not outside the normal costs considering the high demand and limited supply.

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

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

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

Source of Funds:

Fee for Service (Y/N): Y

Revenue	FY 19/20	Annualized
Multiple	\$ 611,195.00	\$ 611,195.00
STR Block Grant	\$ 188,805.00	\$ 188,805.00
Total Revenue	\$ 800,000.00	\$ 800,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: various

In Budget (Y/N)? Y

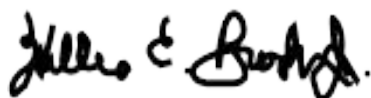
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, June 10, 2020

Signed: Wednesday, June 10, 2020

Board Action Taken

The following Action was taken by the Full Board on the 17th day of June, 2020.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: June 17, 2020

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 17-56 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/17/2020

Name of Provider: PHC of Michigan

Contract Title: PHC of Michigan d/b/a Wellplace Michigan

Address where services are provided: 1333 Brewery Park Blvd. # 140 Detroit MI 48207

Presented to Program Compliance Committee at its meeting on: 6/10/2020

Proposed Contract Term: 7/1/2020 to 9/30/2020

Amount of Contract: \$ 22,777,568.00 (Amount over 3 year period) Previous Fiscal Year: \$ 20,985,389.00

Program Type: Continuation

Projected Number Served- Year 1: 130,000 Persons Served (previous fiscal year): 130,000

Date Contract First Initiated: 7/1/2017

Provider Impaneled (Y/N)? N

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

The Detroit Wayne Integrated Health Health Network (DWIHN) is requesting approval to modify Board Action 17-56 for Wellplace. The purpose of the modification is to extend the Wellplace contract an additional three (3) months, from July 1, 2020 through September 30, 2020 at an additional cost of \$1,792,179. DWIHN is in the process of revising the current functions being provided by Wellplace which will result in the need to negotiate funding to extend the contract in FY 20/21. The 3-month extension will allow for Wellplace to continue providing services during the negotiation process. The contract was originally for the period of July 1, 2017 through June 30, 2020 for a total amount of \$20,985,389. Upon board approval of this request, the contract amount increases to \$22,777,568.

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

Inability to report call abandonment rate, average speed to answer and busy rate per DWIHN contract while working remotely due to COVID-19.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 16/17 – 19/20	Annualized
Multiple	\$ 22,777,568.00	\$ 22,777,568.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 22,777,568.00	\$22,777,568.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

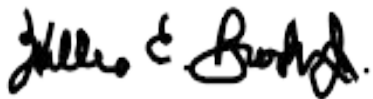
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, June 3, 2020

Signed: Wednesday, June 3, 2020

Board Action Taken

The following Action was taken by the Full Board on the 17th day of June, 2020.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: June 17, 2020

—

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-12 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/17/2020

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System

Address where services are provided: Provider List Attached

Presented to Program Compliance Committee at its meeting on: 6/10/2020

Proposed Contract Term: 7/1/2020 to 9/30/2020

Amount of Contract: \$ 529,553,926.00 Previous Fiscal Year: \$ 419,178,009.00

Program Type: Continuation

Projected Number Served- Year 1: 65,692 Persons Served (previous fiscal year): 74,927

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).

Staff recommends approval for GT Independence as a Fiscal Intermediary. Due to the current number of fiscal intermediaries and the number of self-determination individuals that DWIHN currently serves, it has been determined that the addition of this provider will assist in meeting the increasing capacity needs.

The board action includes the Childrens Waiver, SED Waiver, and the children crisis services. In addition, it should be noted that the hospitals listed under HRA change based on consumers stay. As such, hospitals may be added without board approval to avoid delay of payment; the funds are a pass through from MDHHS.

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

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

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

Source of Funds:

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
Multiple	\$ 529,553,926.00	\$ 529,553,926.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 529,553,926.00	\$ 529,553,926.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: various

In Budget (Y/N)? Y

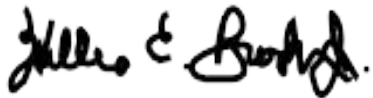
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:




Signed: Wednesday, June 3, 2020

Signed: Monday, May 18, 2020

Board Action Taken

The following Action was taken by the Full Board on the 17th day of June, 2020.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: June 17, 2020

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-26 R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/17/2020

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2019-2020 Operating Budget

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 6/3/2020

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

Amount of Contract: \$ 822,461,827.00 Previous Fiscal Year: \$ 832,308,628.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2019

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network is requesting approval for Budget Adjustment#20-35-015. The budget adjustment revises the FY 2020 Budget to reflect the certification of additional Medicaid and State General Fund revenue totaling \$23,239,818 per revenue projections based on actual receipts for the period of October, 2019 to April, 2020, including \$501,000 in COVID-19 General Fund allocated by MDHHS as part of the CARES program and the revised Milliman rates effective April 1, 2020. The most significant increase related to Autism for an estimated \$15 million.

In addition, the Medicaid revenue reflects the reduction of the \$8.9 million related to the OIG Death recoupment.

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
VARIOUS	\$ 822,461,827.00	\$ 822,461,827.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 822,461,827.00	\$ 822,461,827.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? N

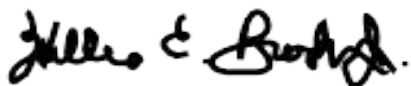
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, May 19, 2020

Signed: Tuesday, May 19, 2020

Board Action Taken

The following Action was taken by the Full Board on the 17th day of June, 2020.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: Lillian M. Blackshire
Board Liaison

Date: June 17, 2020

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