

Detroit Wayne Mental Health Authority

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Finance Committee Meeting Wednesday, June 5, 2019 2nd Floor Training Rooms A and B 1:00 p.m.

AGENDA

- I. Call to Order
- II. Roll Call
- III. Approval of Agenda
- IV. **Follow-Up Items**
 - A. Provide an update of the impact the new Mental Health hospitals in Oxford and Dearborn will have on Detroit Wayne Mental Health Authority (J. Davis)
- V. Approval of Minutes - May 1, 2019
- VI. **SUD Provider Reallocation**
- VII. Presentation of the Monthly Finance Report
- VIII. **Update Crisis Continuum Service System**
 - IX. **President and CEO Update**
 - X. **Unfinished Business**

Staff Recommendations:

- a. BA#19-28 (Revised) Detroit Wayne Mental Health Authority FY2018-2019 Operating Budget Adjustment
- XI. **New Business**

Staff Recommendations:

XII. Good and Welfare/Public Comment

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).

XIII. Adjournment



FINANCE COMMITTEE

MINUTES

MAY 1, 2019

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

MEETING CALLED BY	I. The meeting was called to order by the Chair, Commissioner Tim Killeen at 1:00 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Commissioner Tim Killeen, Chair - Finance Committee
NOTE TAKER	Lillian M. Blackshire, Board Liaison
	Finance Committee Members Present: Commissioner Tim Killeen, Chair Mr. Kevin McNamara, Vice Chair Ms. Dorothy Burrell Dr. Cynthia Taueg Committee Members Excused: None
ATTENDEES	Board Members Present: Mr. Bernard Parker, Board Chair; Ms. Ghada Abdallah and Ms. Dora Brown-Richards Board Members Excused: None
	Staff: S. Durant; B. Blackwell; D. Lansenby; J. Davis; S. Hill; A. Mosley; C. Hardin; T. Jones; D. Brown and W. Brooks
	Guests: Mr. Chad Schaefer and Ms. Stacey Reeves - Plante Moran

AGENDA TOPICS

II. Roll Call

L. Blackshire

DISCUSSION Roll Call was taken by Board Liaison and a quorum was present.	
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III. Approval of Agenda

The Chair thanked everyone for coming to the meeting. It was noted by Commissioner Killeen Committee Chair the Agenda had been revised. The Chair called for a motion on the agenda. **Motion:** It was moved by Dr. Taueg and supported by Ms. Burrell approval of the revised agenda. **Motion carried**.

IV. Follow-up Items

- a. Provide cost of Consultant to perform analysis on Milliman Recommendations Mr. Brooks reporting. It was determined there was no benefit to having someone come in to perform an analysis; the most important activity would be lobbying and making sure we are represented in Lansing. Discussion ensued regarding the funding models and the actuary reports.
- b. Committee requested a representative from Senator Stabenow's office attend Finance Committee meeting to discuss Mental Health Issues B. Blackwell reporting. A written document was included in the packet which gave the Senate Bills and brief descriptions that Senator Stabenow had co-sponsored over the last six months. Also gave an overview of the Bipartisan Legislation to Reauthorize Funding for Health Care Services for Children in Schools that was introduced by Senator Stabenow. The

- Board Chair noted this item should be placed on agenda when Senator Stabenow is able to attend a Finance Committee meeting; he will reach out to Ms. Campbell in Senator Stabenow's local office for assistance with scheduling. (Action)
- c. Committee requested an analysis of the impact the new Mental Health hospitals in Oxford and Dearborn will have on Authority. J. Davis Director of Access and Crisis Services reporting. A written report was provided for the record. It was reported that Dearborn will have 150+ beds which includes the 87 beds at the Farmington, Royal Oak and Taylor facilities. Those beds will be moved to the Dearborn location. Oxford, Michigan has filed a certificate of needs application with MDHHS to build a new 117 bed hospital and are awaiting approval from MDHHS which may not be final until July. We are anticipating a decrease in the amount of time that one waits for a bed to become available; DWMHA has been in conversation with Beaumont. Mr. Brooks will have a meeting on May 24th with Beaumont as they are looking for partners.
- V. Approval of the Meeting Minutes April 3, 2019- The Chair called for a motion on the minutes from the meeting of Wednesday, April 3, 2019 Motion: It was moved by Dr. Taueg and supported by Mr. McNamara approval of the minutes of Wednesday, April 3, 2019. Motion carried.
- VI. Presentation of the Plant Moran FY18 Audit Reports S. Durant, CFO reporting. She introduced members of the Finance staff in attendance which consisted of A. Mosley; Budget Manager; T. Jones, Audit Supervisor; D. Brown, DCFO; and C. Hardin, Financial Administrator. She noted the presentation would consist of the AU260 Audit Letter; the Financial Statement Audit which was due to the State of Michigan Department of Treasury March 31st; the Single Audit which is the Audit of Federal Grants and the Compliance Exam which is developed and submitted directly to the Department and is due June 30th.

The FY18 Audit Reports were presented by Mr. Chad Schafer, CPA and Stacey Reeves, CPA from Plante Moran. It was reported that there were no issues with the audit process and there were no findings. Discussion ensued regarding the Financial Report with Supplemental Information dated September 30, 2018 and the Transmittal Letter. The opinion rendered by the Auditors was an unmodified opinion which is the highest level of assurance that an Auditor can provide as a part of the audit process. Discussion ensued regarding total net position; cash flows; and unrestricted cash.

Federal Awards Supplemental Information Audit dated September 30, 2018 was discussed. It was noted that since DWMHA received Federal funds a separate audit was required. The opinion of the Auditor is the information was fairly stated in all material respects in relation to the basic financial statements as a whole and an unmodified opinion was rendered on this audit and there were no discrepancies or significant weaknesses.

The Compliance Examination Audit dated September 30, 2018 was discussed. It was noted that the Auditor's opinion on this report was unmodified and no examination adjustments to the amended financial status report submitted to MDHHS was needed. There were no material weaknesses or significant deficiencies identified in the Compliance Examination. Mr. McNamara and the Finance Committee congratulation CFO Durant and her staff on a job well done. The Chair called for a motion on the FY18 Audit Reports as presented.

Motion: It was moved by Mr. McNamara and supported by Ms. Burrell to move the FY18 Audit Reports to Full Board for approval. **Motion carried.**

VII. Presentation of the Monthly Finance Report – S. Durant reporting. A written Monthly Finance Report for the six months ended March 31, 2019 was included in the Finance Agenda packet. Financial reports were also available in the packet. The following accomplishments and noteworthy items were discussed:

Authority Finance accomplishments and noteworthy items

- Timely issued three audit reports for fiscal year ended September 30, 2018 Financial Statement, Single Audit and Compliance Examination. Again, for the 2nd year, No Audit Findings.
- 2. Former New Center property located in Highland Park scheduled for tentative sale in late May, 2019; property sold for approximately \$400,000. Currently two (2) valid offers on Grand Blvd; countered offer and awaiting response. B. Blackwell, Chief of Staff reported that an offer on the W. Grand Blvd. property has been accepted; there is a 15 day close and a 60 day grace period. The property was sold as is. Discussion ensued regarding the purchase and if the information would be reported at the Finance Committee. It was noted discussion would take place at the Board Executive Committee meeting and information would more than likely be reported at Finance Committee once complete and then to Full Board for approval. E. Doeh to research and report. (Action). The Finance Committee Chair requested that information be received after close of sale.
- 3. Assembled workgroup with four (4) Fiscal Intermediaries (FI); a consumer, a guardian, Authority staff and advocacy group to standardized rates for T2025 (FI) related to self-determination. Finance will finalize rates by May 31, 2019 for implementation effective July 1, 2019 in conjunction with the CLS transition.
- 4. Finance represents budget adjustment 19-35-013 for \$28,204,773 to certify additional funds. The budget adjustment includes \$3.4 million on DCW wage increase; \$9.5 million in HRA pass through funds to hospitals; \$2.4 million IPA Tax pass through (replaced HICA tax); \$10 million in additional HMP and Medicaid based on projections.

Income Statement – There was no discussion regarding cash flow statements or the Financial Statements. The Chair called for a motion on the Monthly Finance Report **Motion**: It was moved by Dr. Taueg and supported by Ms. Burrell to accept the Monthly Finance Report and Financial Statements. **Motion carried.**

VIII. Presentation of Crisis Continuum Service System (CCSS) Update – D. Lasenby, Chief Clinical Officer and J. Davis, Director of Access & Crisis reporting. A written report was distributed for the record. It was reported that the premise the CCSS works on is Early Intervention, Prevention, Response and Stabilization once these items are in place the need for in-patient beds should decrease as well as the cinpatient hospitalization costs. The three phases were discussed; Phase 1-Define CRSP and develop assignment process; develop a Request for Information (RFI) for specialized residential providers; Phase 2 consists of Repurposing licensed residential setting (beds) and transitional housing; expanding availability; Services and supports of Children's Crisis Center; increasing Mobile Crisis Teams outreach in the community; Utilizing a local provider for 24/7 Crisis Call management; improving the coordination of dispatch with crisis response teams to community and for crisis stabilization service and Phase 3 consists of Finalizing a location for Crisis Center.

Five bids were received from architectural companies to work on Building; administration is currently reviewing the bids. Extensions will be requested for two services and will go to Program Compliance next week. A brief discussion ensued regarding the cost of the CCSS.

IX. 4th Quarter FY18/1st Quarter FY19/2nd Quarter FY19 Board Report for Contracts under \$50,000 and Cooperative Purchasing — S. Hill, Procurement Administrator reporting. A 4th Quarter FY18; 1st Quarter FY19; and 2nd Quarter FY19 report was provided in the packet for the record. The Chair requested a brief explanation of the report. It was noted that all purchases under \$50,000 are not approved by the Board and Cooperative Purchases were approved by the Procurement Administrator. The Committee was provided with an explanation on what made a purchase a Cooperative Purchase. Discussion ensued regarding the percentage of Wayne County contracts and non Wayne County contracts. It was noted that Cooperative Purchases could be over \$50,000. The Chair called for a motion. Motion: It was moved by Mr. Parker and supported by Mr. McNamara approval of the 4th Quarter FY18/1st Quarter FY19/ and 2nd Quarter FY19 Board Report for Contracts under \$50,000 and Cooperative Purchasing. Motion carried.

X. President and CEO Update

Mr. W. Brooks reporting. A written report was provided for the record. It was reported that there were five areas that determine how well mental health is performing within a community; the jail system; emergency rooms; number of suicides; the trauma involved in the schools and the homeless or housing situations. Discussion ensued regarding Jail diversion projects which included the Wayne County Jail Analysis Projects which kicked-off on April 16th; project is designed to gather data in the jail system. Mr. Brooks and staff attended meetings.

The second Project is the State Driven Criminal Justice Study – this Executive Order was signed by Governor Whitmer and will gather data on who inhabits the jails; how jails are being used; the functioning of the overall system; the current bail program that holds innocent individuals that cannot afford bail; information on the 15,000 pretrial defendants and individuals with mental illness in the jails – project is scheduled to kick off in July.

The third project is the Mental Health Jail Diversion Program (Miami-Dade Criminal Mental Health Program) and is led by Chief Wayne County Probate Court Judge Freddie G. Burton, Jr. This program deals with the Sequential Intercept Model; first meeting occurred April 9th; second meeting is scheduled for May 15th (same day as Board meeting); priorities include cross system data sharing; training and coordination of efforts; improvement to current pre-booking and alternatives for law enforcement and misdemeanor jail reduction project (holding individuals with mental illness because they could not post bail).

Health Plan Integration- We have met with State to go over objectives; the final version of the Request for Information (RFI) is now completed and set for distribution the first week of May and includes input from the MDHHS and consultant team lead by M. Udow.

298 Pilots – Initial Pilot- State is experiencing some difficulty in implementing the pilots with the Health Plans which is resulting in request for additional funding and a broader pilot. Noted the .25 cent Direct Care Wage (DCW) increase effective April 1st; Legal team is being restructured to include a Chief Legal Counsel; a Deputy Chief Legal Counsel; and an Associate Legal Counsel. The final MCPN is scheduled to be

closed out as a MCPN on July 1st and we are looking to moving forward with holistic network. Information to come to Executive Committee. CEO is scheduled to meet with Director Gordon on May 14th to discuss several issues and current DWMHA projects.

The Chair called for a motion on the President and CEO Update. **Motion**: It was moved by Mr. McNamara and supported by Parker acceptance of the President and CEO update. **Motion carried.**

XI. Unfinished Business - Staff Recommendations

- A. BA#15-57 (Revised) Milliman, Inc. S. Durant reporting. The Chair called for a motion on Board Action #15-57 (Revised). This Board Action seeks approval to increase the contract amount between the Authority and the Milliman Group. Discussion ensued regarding the services that were handled by the Milliman Group. Motion: It was moved by Mr. McNamara and supported by Mr. Parker to move BA #15-57 (Revised) to Full Board for approval. It was noted the contract year should be corrected prior to submission to Full Board. Motion carried with correction to the contract terms.
- B. BA #19-28 (Revised) Detroit Wayne Mental Health Authority FY2018-2019 Operating Budget Adjustment. S. Durant reporting. This Board Action seeks approval to amend the FY 2018-2019 Operating Budget. There were additional funds received. The Chair called for a motion on Board Action #19-28 (Revised). Motion: It was moved by Mr. McNamara and supported by Mr. Parker to move BA #19-28 (Revised) to Full Board for approval. Motion carried.

X. New Business - Staff Recommendations: None

XI. Good and Welfare/Public Comment –The Chair read the Good and Welfare/Public Comment statement. B. Blackwell noted that on May 5th on Fox 2 there will be a Public Service Announcement (PSA) airing regarding Mental Health Awareness and the people we serve. Ms. Abdallah informed the Committee of the 4th Annual Opioid Abuse and Heroin Overdose Solutions Summit: Innovative Collaboration for Change on May 16th – Ms. Abdallah and Dr. Butler are presenters. DWMHA is co-sponsoring event along with the Greater Detroit Area Health Council (GDAHC). Event will be held at Burton Manor.

XIII. Adjournment - The Chair called for a motion to adjourn. **Motion:** It was moved by Mr. Parker and supported by Ms. Burrell to adjourn the meeting. **Motion carried.** Meeting adjourned at 2:50 p.m.

FOLLOW-UP ITEMS	Finance Committee Meeting of May	1, 2019	
	Killeen to work on scheduling Senator ugh local office for a visit to Finance eting.	T. Killeen	
4	uest research on when sale of property e to Finance Committee for ew.	E. Doeh	
	late on analysis of the impact the new hospitals (Oxford and Dearborn) will thority.	J. Davis	

4. The Committee requested the incentive based payment model be a part of the Budget discussion in July and be presented at the Program Compliance Committee meeting.	S. Durant	May/July
5.		

Contract Modification May 29, 2019

Program/Grant: Innovative Strategies FY 18-19 (10.1.18-9.30.19)

Provider	Increase	Decrease	Program	Account
Personalized		(\$13,000)	Opioid Overdose	64932.826600.06710
Nursing Lighthouse			Recovery	
Quality Behavioral		(\$13,000)	Opioid Overdose	64932.826600.06710
Health			Recovery	
Detroit Recovery		(\$10,000)	Drug Court Recovery	64932.826600.06730
Project			Support	
Growth Works		(\$10,000)	Drug Court Recovery	64932.826600.06730
			Support	
Personalized		(\$10,000)	Drug Court Recovery	64932.826600.06730
Nursing Lighthouse			Support	
Care of SE	\$30,000		Opioid Overdose	64932.826601.06710
Michigan			Prevention	
Abundant	\$13,000		Opioid Overdose	64932.826600.06710
Community			Recovery	
Abundant	\$13,000		Drug Court Recovery	64932.826600.06730
Community			Support	
Total	\$56,000	\$56,000		

Explanation: To reallocate funding between providers. This is Block grant funding. It is a part of the Community Grant allocation (Innovative Strategies RFI Grant)

DWMHA Division of Management and Budget Monthly Finance Report For the seven months ended April 30, 2019

Authority Finance accomplishments and noteworthy items:

- 1. Issued the 2018 460 Administrative Cost Report (attached) and noted the overall PIHP (all Medicaid) admin rate was 6.4% compared to 6.0% in prior year. The increase of .4% is related to the additional \$1 million in ICA admin and the additional \$2.1 million in the Links admin due to increased expenditures; admin rate is based on a % of prior year costs.
- 2. Finance is finalizing CLS transition and two board actions will be presented to PCC: first board action revised board action 19-26 Provider Network. This action will include estimated costs for three (3) months of MCPN activity, Fiscal Intermediary, and CLS (supports coordinator); and second board action new fifteen (15) board action for CLS self -determination provider costs, ASO costs payable to CLS, and a training contract payable to CLS.
- 3. Several smaller Autism providers informed the Authority they will have to discontinue the program effective June 1, 2019. In an effort to stabilize the Autism program and await the increased Autism funding projected in FY20, the Authority will costs settle with these providers from June 1 to September 30, 2019 for an estimated cost of \$800,000; the Medicaid ISF will cover the costs. Thus, finance presents budget adjustment 19-35-015.
- 4. MCO and Finance reviewed board actions approved over the course of the year and noted several board actions whereby the actual contract with the individual vendor did not exceed \$50,000 (i.e. 19-14 PMTO, 19-46 Peer Enterprise Initiative); these actions will no longer come to the board for approval however will be included the quarterly procurement reports.
- 5. Treasurer scheduled FY20 Budget Hearing for August 7, 2019. The meeting will include the Finance Committee and Program Compliance Committee.

Financial analysis- (refer to Authority balance sheet and income statement)

• Cash flow is very stable and should continue to remain stable throughout the year as liquidity ratio = 1.47 (Medicaid ISF balance not included).

	JUN	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Authority	2.07	2.41	2.22	1,94	1.62	1.48	1.48	1.42	1.54	1.47	1.49

Investment Held for Resale – represent the broker value of former New Center properties to be listed and sold (i.e. Blvd and Highland Park). The commercial broker provided a value less than Plante Cresa; CFO reduced value to broker recommendation of listing price.

Due from other governments - primarily represents amounts due from the State of Michigan related to FY18.

Accounts Receivable – Lakeridge Village and OGD receivables due for \$125,000 and \$427,000, respectively. In addition, \$2.3 million is due from Wayne County for April local match 2nd quarter PA2 payment.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; actual claims paid through April 2019 was approximately \$280.0 million however estimated costs during the same period was approximately \$310.2 million.

Due to other governments – represents approximately \$10.6 million in FY16 lapsed HMP due upon cost settlement with MDHHS; historically cost settlements occurred in July/August. CFO received costs settlement letter dated May 17, 2019; estimated payout in June 2019.

Balance Sheet As of April 30, 2019

Assets

Mental Health cash and investments Investments in Internal Service Fund Investment Held for Resale Other cash and investments Receivables Due from other governmental units Accounts receivable Prepayments and deposits Total current assets	\$	117,882,060 20,210,022 1,645,000 1,000 4,025,976 3,682,978 523,391 147,970,427
Capital assets, net of accumulated depreciation Total Assets	<u> </u>	14,354,534 162,324,961
Liabilities and Net Position		
Accounts payable IBNR Payable Due to Wayne County Due to other governments Accrued wages and benefits Deferred revenue Accrued compensated balances Total current liabilities	\$	23,900,670 30,175,154 10,322,542 13,810,210 205,556 794,743 79,208,875
Notes Payable		6,417,184
Total Liabilities		85,626,059
Net Position Net investment in capital assets Restricted for risk reserve - Medicaid ISF Unrestricted		7,811,102 20,210,022 48,677,778
Total Net Position		76,698,902
Liabilities and Net Position	_\$_	162,324,961

State grants and contracts MI Health Link Local grants and contracts Operating Revenues Federal grants

Total Operating Revenues

Other charges for services

Use of Revenues

Total Operating Expenses

Operating Revenues over (under) Expenses

Contributions Total Non-operating Revenues (Expenses) Non-operating Revenues (Expenses) Investment Earnings

Change in Net Position

Net Position - Beginning of year Net Position - End of Year

DETROIT WAYNE MENTAL HEALTH AUTHORITY Monthly Financial Report

For the Seven Months Ending April 30, 2019

	(163,524) \$ 12,691,544 (645,206) 433,422,334
	(645,206) (12,922) (75,103) (881,442)
الإنا التحديد	(1,763,338)
383	78,838
,012	61,012
,733	(3,322,574)
,864)	(450,864)
336) (386)	1,107,310 (2,691,396)
,109	453,109
, 189 66 66	2,855,189
,589 495	141,589
,200,	112,500
24	449,641
(382)	(1,164,382)
,956)	(598,956)
,235	49,235
,235	49,235
,721)	(549,721)
ι	, e
,721) \$	(549 721)

Statement of Cash Flows For the Seven Months Ending April 30, 2019

Cash flows from operating activities	
Cash receipts from the state and federal governments	\$ 448,880,055
Cash receipts from the county of Wayne	11,658,067
Payments to suppliers	(440,067,069)
Payments to employees	(12,193,533)
Net cash provided by (used in) operating activities	8,277,520
Cash flows from capital and related financing activities	
Acquisition of capital assets	(270,297)
Payments on notes payable	(287,062)
Net cash provided by (used in) capital and related financing activities	(557,358)
Cash flows from investing activities	
Investment earnings	803,150
Proceeds from sale of assets	×
Net cash provided by investing activities	803,150
Net increase (decrease) in cash and cash equivalents	8,523,311
Cash and investments - beginning of period	129,569,771
Cush and involutions Degitting of porter	120,000,771
Cash and investments - end of period	\$ 138,093,082
	\$ 138,093,082
Reconciliation of operating income (loss) to net cash	\$ 138,093,082
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities	\$ 138,093,082 (7,206,021)
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss)	
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash	
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities:	(7,206,021)
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization	(7,206,021)
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets:	(7,206,021) 774,736
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable	(7,206,021) 774,736 2,985,101
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits	(7,206,021) 774,736 2,985,101 (471,569)
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units	(7,206,021) 774,736 2,985,101 (471,569)
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County	(7,206,021) 774,736 2,985,101 (471,569)
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County Other assets	(7,206,021) 774,736 2,985,101 (471,569)
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County Other assets Increases (decreases) in current liabilities:	(7,206,021) 774,736 2,985,101 (471,569) 4,957,801
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County Other assets Increases (decreases) in current liabilities: Accounts and contracts payable	(7,206,021) 774,736 2,985,101 (471,569) 4,957,801
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County Other assets Increases (decreases) in current liabilities: Accounts and contracts payable IBNR Payable Accrued wages Due to Wayne County	(7,206,021) 774,736 2,985,101 (471,569) 4,957,801 (24,618,363) 30,175,154
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County Other assets Increases (decreases) in current liabilities: Accounts and contracts payable IBNR Payable Accrued wages Due to Wayne County Due to other governmental units	(7,206,021) 774,736 2,985,101 (471,569) 4,957,801 (24,618,363) 30,175,154 (245,388) 9,064,460 991,373
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County Other assets Increases (decreases) in current liabilities: Accounts and contracts payable IBNR Payable Accrued wages Due to Wayne County	(7,206,021) 774,736 2,985,101 (471,569) 4,957,801 (24,618,363) 30,175,154 (245,388) 9,064,460
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities Operating income (loss) Adjustments to reconcile operating income (loss) to net cash used in operating activities: Depreciation and amortization Decreases (increases) in current assets: Accounts receivable Prepayments and deposits Due from other governmental units Due from Wayne County Other assets Increases (decreases) in current liabilities: Accounts and contracts payable IBNR Payable Accrued wages Due to Wayne County Due to other governmental units	(7,206,021) 774,736 2,985,101 (471,569) 4,957,801 (24,618,363) 30,175,154 (245,388) 9,064,460 991,373

CMHSP/PIHP ADMINISTRATION COST REPORT Benefit Plan Management - Page 1

CMHSP: DETROIT WAYNE MENTAL HEALTH AUTHORITY
Period: EV 17 / 18

/ 18 TEDWAHA COM Report Date: 2/28/2019 Reporting Period: F

CMHSP / PIHP Direct Operations

Certifying Name: STACIE DURANT
Title: CFO

SED Waiver \$854,077 \$25,000 2.9% intentionally left blank #DIV/0i \$546,090 \$25,000 4.6% DD Children's Waiver intentionally left blank S9,541,468 \$1,013,296 10,6% Mi Health Link Michigan B \$94,421,354 \$6,196,678 6.6% \$3.631.590 \$38,421,322 \$6,196,678 \$1,013,296 Admin (sum of \$2,218,843 columns C & Total CMHSP \$1,359,634 \$49.259,773 \$7,061,43 Column E Healthy ត Total Program PIHP-Med Spec Expense Serv inc HSW \$786.984.948 \$506.504.015 \$49.259.773 \$38.421.322 6.2% 6.3% \$4,924,476 \$4,357,522 \$2,287,566 \$25,215,699 \$5.954.697 \$2.376.975 \$2.143.182 \$3.171.280 9 9 9 \$1,042,903 \$318,388 \$25,215,699 Admin Costs Column D Delegated \$4,703,282 \$2,290,697 \$3,759,301 \$5,060,048 \$2,136,961 \$4,749,751 \$1,344,024 \$17 788.545 \$3.229.728 \$758.615 Column C Total Admin \$25,000 \$24,044,074 Total Program Expenditures \$25,000 \$1,175,940 \$1,041,246 \$1.041.246 (B) Admin Costs by Benefit Plan
PIHP 1915(b) Concurrent (c) Waiver
2 Healthy Minchigan
M Health Link Benefit Plan
Interiorally left blank Provider Network Management -D-Utilization Management -E-Customer (Beneficiary) Services -F-Quality Management -G-Total Administrative Costs (A) Administrative Costs General Management (Ops Mgmt) -A-Financial Management -B-Earned Contracts - ASO - SA - other SUD non - Medicaid/HMP admin cost DD Children's Waiver Benefit Plan (C) Summary
C1 Total Expenditures by Benefit Plan
C2 Total Plan Administration (Col I)
C3 % Plan Admin B10 | Total Section (B) All Programs Expenditure Category General Fund Benefit Plan
ALL OTHER
Brevention Indirect
Grants Column B Information Systems -Cintentionally left blank All Other Other All Other Total SED Waiver A6 A6 83 83 84 88 4 98

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\$1,359,634 \$44,787,390 All other

\$2,218,843 5.5% S40,330,554 General Fund

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		Total Program	ram PiHP-Med Spec	Healthy	MI Health Link	intentionally	DO Children's	intentionally		General Fund	
ij	(D) Reconcile to FSR EXPENSES	Expense	Serv inc HSW	Michigan	Benefit Plan	left blank	Waiver	left blank	SED Waiver	Benefit	All other
5	Psyments into ISF										
D2	Local match contribution	5050188									
D3	Prior year adjustments										
D4	[Tax (Use tax)	3707914	3435979	271935							
DS	Other-specify:										
8	Other-specify.										
D8	Total Reconciling Items	\$8,758,102	\$3,435,979	\$271,935	os	So	So	os	0\$	S	\$0
60	Total Expense (C1+D8)	\$805,743,050	\$609,939,994	\$94,693,289	\$9,541,468	OS	\$546,090	S	\$854 077	\$40 330 554	S44 787 390
ľ											
FSR											
SP	FSR Medicaid: A290		\$609,939,994								
S	FSR [Healthy Michigan Al290			\$94,693,289							
8	FSR MI Health Link AK290				\$9.541.468						
S.	FSR (Autism: AE290										
K	FSR IDDCW: F290						\$546.090				
SH	FSR Intentionally left blank										
E	FSR (SEDW: E290			10.					\$854.077		
'n											
SR	FSR TOTAL EXPENSE : P290	805743050									

CMHSP/PIHP ADMINISTRATION REPORTING Delegated Administration Detail - Page 2

CMHSP: DETROIT WAYNE MENTAL HEALTH AUTHORITY
Reporting Period: FY 17 / 18
Contact Name / E Mail for Questions: SDURANT@DVMHA.COM
Report Date: 2/28/2019

		CARELINK	CONSUMERLIN COMMUNITY K LIVING SERVICES		INTEGRATED WELLPLACE CARE (Access ALLIANCE Center)		Entity:	Entity:	Entity:	Entity:	Total (also reported
Col A	Column B Expenditure Category										column H)
	(A) Administrative Costs										
A1	General Management (Ops Mgmt) -	\$1,403,929	\$568,014	\$1,723,605	\$516,965	\$1,742,185					\$5,954,697
A2	Financial Management -B-	\$661,726				\$88,103					\$2,376,975
A3	Information Systems -C-	\$728,116		\$692.004	\$209,108	\$219,368					\$2,143,182
A4	Provider Network Management -D-	\$680,950				69					\$3.171.280
A5	Utilization Management -E-	\$3,340,823	\$1,048,305	\$54,431	\$405,449	\$75,468					\$4.924.476
Ye.	Customer (Beneficiary) Services -F-		\$223,803			\$2,785,960					\$4,357,522
A7	Quality Management -G-	\$1,078,951	\$436,531	\$213,608	\$405,449	\$153,028					\$2.287,566
A8	Total Administrative Costs	\$8,447,656	\$3,114,472	\$4,362,680	\$2,424,952	\$6,865,939	\$0	80	0\$	80	\$25,215,699
	(B) Admin Costs by Benefit Plan										
8	PIHP 1915(b) Concurrent (c) Waiver	\$6,375,880	3	\$4,141,669	\$2,228,054	\$4,975,161					\$20,632,777
B2	Healthy Michigan	\$1,751,203	\$133,230	\$70.769	\$91	\$920,036					\$2,966,950
B 3	MI Health Link Benefit Plan	\$520	\$10	36	\$15	\$254,130					\$254,681
B4	intentionally left blank										80
B5	DD Children's Waiver Benefit Plan	200	\$0	20	\$0	80					\$0
Be	intentionally left blank										0\$
97	SED Waiver	20	80	20	0\$	so					0\$
B8	General Fund Benefit Plan	\$320,053	\$69,219	\$150,236	\$105.171	\$398.224					\$1,042,903
	ALL OTHER										
B9a	Prevention Indirect										\$0
Bab	Grants										\$0
B9c	Earned Contracts - ASO - SA - other										\$0
P68	CA non - Medicaid/ABW admin cost					\$318,388					\$318.388
B9e	All Other Other										\$0
B9	All Other Total	05	05	0\$	0\$	\$318.388	08	80	05	0\$	\$318.388
B10	Total Section (B) All Programs	\$8,447,656	\$3,114,472	\$4,362,680	\$2,424,952	\$6.865.939	\$0	\$0	\$0	0\$	\$25.215.699

Administrative Reporting -- Contractual Service Provider-Most Recent 990 Tax Return Top 6 Contractual Providers of the CMHSP with CMHSP reporting threshold of \$500,000 per provider

CMHSP: DETROIT WAYNE MENTAL HEALTH AUTHORITY
Reporting Period: FY 17 / 18
Contact Name/E Mail for Questions: SDURANT@DWMHA.COM
Report Date: 2/28/2019

Report from Most Recent 990 IRS Form -- Column C - Management and General Expenses

990 Line #	Note: provide name and address of	Most Recent 990 I	Personal Accounting	Money Minders	Quest	Community	The ARC of
Line #	each provider	Living Services 35425 Michigan Ave. West Wayne, Michigan 48184	Services 20600 Eureka Road Suite 200 Taylor, MI 48180	Plus, LLC 6012 Merriman Road Garden City, MI 48135	36141 Schoolcraft Road Livonia, MI 48150	Choices 26405 Plymouth Rd Redford, MI 48239	Northwestern Wayne County 26049 Five Mile Road Redford, Michigan 48239
	Provider Category						
FY 18	Total CMHSP Expenditures	\$157,272,211	\$20,068,262	\$14,961,553	\$16,171,570	\$7,745,802	\$6,478,571
FY 17	Total CMHSP Expenditures	\$156,332,331	\$20,011,390	\$14,327,346	\$17,353,416	\$7,678,008	\$6,608,396
	Provider Type	MCPN/Provider	Fiscal Intermediary	Fiscal Intermediary	Residential Provider	Residential Provider	Fiscal Intermediary
	Profit Type: non-profit or for-profit	Non-Profit	For Profit	For Profit	Non-Profit	Non-Profit	Non-Profit
	Tax Return Year:	2018	2018	2018	2017	2017	2017
	990 Report Row Title						
12	Provider Reported total revenue	155,591,619	20,068,262	17,651,995	17,310,402	7,692,060	928,053
25	Part IXRow 25 Col A-total Expenses	156,332,331	20,068,262	17,625,567	17,353,416	7,745,802	627,389
	990 Form; Part IX, Column C	,00,002,001	20,000,202	11,020,001	17,000,710	7,7-70,002	527,009
	Compensation of current Officers.		-				
5	directors, trustees, key employees	665,623	231,957	81,439	0	0	4,443
6	Compensation to disqualified persons	0		0	234,023	0	
7	Other salaries/wages	1,813,525	384,148	210,807	591,417	545,816	11,678
8	Pension Plan contributions	76,481	69,045	0	0	0	0
9	Other employee benefits	1,053,828	25,067	47,803	38,042	131,655	84
10	Payroll taxes	205,810	43,185	26,415	30,632	45,214	1,173
11	Fees for services (non employees)						
	a. management	0	0	0	O	0	0
	b. legal	18,164	4,411	0	0	5,960	0
	c. accounting	29,529	3,526	1,590	0	25,611	25,468
	d. lobbying	0	0	0	0	0	
	e. professional fundraising services						
	f. investment management fees	0	0	0	0	0	9,656
	g. other	248,501	44,710	0	323,071	0	
12	Advertising and Promotions	11,941	14,7,70	0	020,071	0	
13	Office expenses	80,384	47,113	0	15,875	1,802	1,974
14	Information technology	22,396	22,397	0	15,875	1,802	
15		22,390	22,397	0	0	0	
	Royalties		-				
16	Occupancy	479,496	0	44,332	193,526	64,446	
17	Travel	29,687	801	0	0	0	394
18	Payments- travel/entertain-public officials		0	0	0	0	Ι ,
	Conferences, conventions, meetings	156,756	0	0	204	0	487
19	Interest	9,336			294 44		
	Payments to affiliates						
		0 07 000	0		7,100	0	
22	Depreciation, depletion, amortization	67,802	0 700	0	67,779	0	
23	insurance	200,363	6,706	3,670	0	730	4,629
24	Other-list						
	a. Consumables	0	23,075	13,010		5,073	
	b. Utilities	0	5,151	7,831		15,992	
	c. Equipment	0	13,623	15,773		0	
	d. Bad Debt	0	0	0		0	
	е,		4,683			0	
	f. all other		10,576	4,076	89,135	2,252	2,146
25	Total	5,463,324	940,174	456,746	1,590,938	850,448	
	Administrative Cost as % total Provider						
calc	Revenue	3.5%	4.7%	2.6%	9.2%	11.0%	10.1%

The ARC of Western Wayne County 2257 S. Wayne Road Westland, Michigan 48186	Carelink Network 1333 Brewery Park Blvd No 300 Detroit, MI 48207	ConsumerLink Network 1333 Brewery Park Blvd No 300 Detroit, MI 48207	Community Care Services 26184 E. Outer Drive Lincoln Park, Michigan 48126	Centria 41521 W.11 Mile Rd Novi, Michigan 48375	Detroit Central City CMH 10 Petersboro Detroit, Michigan 48201	Development Centers 17421 Telegraph Road Detroit, Michigan 48219	Goodwill Industries of Greater Detroit 3111 Grand River Ave., Detroit, MI 48208	Hegira 8623 North Wayne Road Westland, Michigan 48185
\$4,560,370	276,636,923	\$100,713,378	\$9,048,826	\$32,697,258	\$6,686,131	\$14,328,413	\$2,786,642	\$24,571,096
\$4,857,372	\$169,098,816	\$78,761,071	\$8,815,306	\$19,210,166	\$7,985,293	\$15,715,240	\$2,843,407	\$25,572,369
Fiscal	MCPN	MCPN	CMHSP	CMHSP	CMHSP			
Intermediary				-		CMHSP	CMHSP	CMHSP
Non-Profit	Non-Profit	Non-Profit	Non-Profit	For-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
2018	2017	2017	2017	2018	2016	2018	2017	2017
619,937	276,693,443	100,813,375	11 280 221	129 025 001	14 000 567	24 520 990	24 044 100	70.050.644
645,386	276,693,443	100,813,378	11,289,221 8,815,306	128,925,001 82,878,333	14,029,567 13,691,839	24,530,889 24,374,439	21,014,108 19,798,077	
040,360	270,030,923	100,7 13,376	6,615,500	02,070,333	13,091,039	24,374,439	(9,796,077	26,757,163
0	0	0	145,357	1,970,943	152,856	406,301	178,287	682,617
0	0	0	0	40,400,040	700.000			0
31,962	0	0	663,715	13,489,040	739,629	685,611	-	1,682,479
5,373		0	0	200.240	56,446	200 000	7.000	504.004
	0	0	126,034	369,342	113,783	233,208	7,286	504,961
1,842	0	0	67,220	1,773,396	99,320	105,314	27,686	0
0	-	-	0	-	04.405		07.000	4.405
0	0	0	0	4.405.000	24,165	10.710	97,699	1,435
	0	0	0	4,105,202	0		4,059	5,750
6,245			0	280,927	0		13,154	45,980
0	0	0	0	150,000	0		1,928	
		-	0		-	40.700		
0	0 500 005	0		0.500.004	0			0
	8,583,395	3,157,680	357,631	2,508,204	0	144,172		656,270
0	0	0	0	1,055,496	-3,834	44.748		0
0	0	0	181,588	1,561,496	32,825	41,740		197,060
0	0	0	0	1,551,303	26,017			0
0	0	0	87,533	2,618,865	49,175		590,153	047.500
0	0	0	0 0	2,317,594	49,175	7,372		247,523
- Y			- 0	2,317,594		2,833	24,419	11,408
0	0	0	0		0			0
O	0	0	0		12,863	2,734	47,733	0
0	0	0	4,866		0	00.040		0
0	0	0	0		0			0
0	0	0	5,128	1,070,754	168,500			77,772
1,850	0	0	17,234	444,997	12,316	53,861	245,558	100,531
0	o	0	764		0	55,141		0
0	0	0	20,303		0			0
625	0	0	40,691		0			23,397
0	0	0	20,518	5,304,911	0			0
0	0	0	0	331,846	0	133,949		
6,482	0	0	0	44,258	755,646	63,407	332,774	126,811
54,379	8,583,395	3,157,680	1,738,582	40,948,574	2,239,707	2,092,280	1,570,736	4,363,994
8 4%	3.1%	3.1%	19.7%	49.4%	16.4%	8.6%	7.9%	16.3%

ICCS 20276 Middlebelt Road, Suite 1 Livonia, MI 48152-2054	Imani Residential Services 24270 W Seven Mile Rd, Detroit MI 48219	Lincoln Behavioral Services, 9315 Telegraph, Redford, MI 48239	Mariners Inn 445 Ledyard Detroit, Michigan 48201	Neighborhood Service Organization 882 Oakman Blvd., Suite C. Detroit, Michigan 48238	Northeast Guidance Center 2900 Conner, Bldg A Detroit, Ml 48215	Starfish Family Services 729115 Carlysle St. Inkster, 48141	South Gulley
\$8,903,331	\$3,506,258	\$10,746,677	\$3,867,607	\$13,204,205	\$12,985,339	\$40,542,844	\$17,069,366
\$6,269,568	\$3,425,957	\$11,422,433	\$3,295,631	\$12,163,961	\$12,503,085	\$37,314,566	\$18,348,892
Residential Services	Residential Services	CMHSP	Residential Substance Abuse Center	CMHSP	CMHSP	CMHSP	CMHSP
FOR-PROFIT	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit	Non-Profit
2018	2016	2017	2016	2018	2016	2017	2016
9,960,206	3,550,870	14,888,034	4,503,805	19,776,679	10,804,558	40,988,875	18,012,636
8,903,331	3,506,258	14,193,885	3,742,489	20,082,927	12,985,339	40,542,844	18,348,892
465,687	52,000 0	672,496	17,191 0	617,814	34,322	989,180	248,313
5,695,584	82,733	395,591	272,111	1,170,411	472,599	1,022,077	343,829
5,695,564	02,733	48,616	2/2,111	19.509	21.976	60.079	28,931
399,004	22,945	176,516	23,319	648,878	175,933	73,486	90,991
1,129,177	19,160	77,507	21,759	112,199	40,718	160.980	34,016
1,120,117	10,100	77,007	21,100	112,100	40,710	100,500	34,010
	0		0	Ö	0	0	0
5,834	0		0	55,945	1.088	64,575	22,753
5.842	0	10,425	0	103,630	6,842	23,410	37,500
	0		0	0	0	0	
						3	
	0		0	0	0	0	0
99,231	0	8,310	22,926	274,620	143,004	186,023	250,703
25	0		0	9,778	19,854	16,800	13,241
72,401	0	95,583	3,673	164,989	73,744	39,798	5,056
26,688	0	66,720	0	222,960	0	260,711	32,699
	0		0	0	0	0	0
511,471	26,404	130,044	33,166	218,316	142,488	173,307	53
	0	9,836	5	21,044	3,927	0	30,538
	٥		0	0	o	0	0
14,349	0	16,583	8,856	18,360	0	46,027	0
	4,795	1,413	0	52,529	0	992	15,689
	0		0	0	0	0	0
	5,218	12,793	2,697	89,727	25,642	58,970	62,220
33,829	3,016	18,823	727	36,505	29,971	39,337	33,657
200,814	0		46	0			0
19,992	7,125		61,438	-2,232,286	14,914	29,988	3,178
15,440	416		0	51,473	24,027	330,917	0
	0		857	0	19,381	12,618	0
	0	13,000	0	23,560	29,650	0	6,063
207,963	0	32	2,449	-28,776	<u> </u>	197,907	87,846
8,903,331	223,812	1,754,288	471,220	1,651,185	1,280,080	3,832,333	1,347,276
7.5%	6.4%	12.4%	12.6%	8.2%	9.9%	9.5%	7,3%

The Children's Center of Wayne County 101 East Alexandrine Detroit, Michigan 48201	TEAM Mental Health 921 Howard Dearborn, Michigan 48124	The Guidance Center 13101 Allen Rd., Suite 500 Southgate, Michigan 48195	Wayne Center 100 River Place Dr., Suite 250 Detrolt, Michigan 48207
#04 004 DGD	800 040 005	010 515 710	#0.400.000
\$21,391,068	\$22,840,925	\$18,515,748	\$3,480,298
\$23,485,294	\$17,604,148	\$21,111,418	\$3,682,459
CMHSP	CMHSP	CMHSP	CMHSP
Non-Profit	For-Profit	Non-Profit	Non-Profit
2018	2017	2016	2017
24,320,972	26,704,533	38,056,629	3,515,072
27,198,490	7,607,176	38,329,625	3,682,459
220,852	826,765	624,788	
		0	
1,475,623	1,953,118	1,814,668	244,374
30,450		64,054	
269,583	333,006	605,624	62,021
187,563	245,020	171,807	21,357
21,469	81,122	0	
75,450	476,222	67,652	
	240,104	61,602	
		0	
04.460			
21,469	004.400	12.404	
650,245	281,183	13,404	
252,658	476,688	0	
52,464	116,886	42,279	
409,362	296,383	0	
F.10 505		0	
542,585	90,240	363,458	39,927
1,001	323,636	17,780	11,756
25,428		0	
25,428		0	
244		0	-
68,957	75,153	21,216	1,704
5,800	351,031	47,441	30,945
0,000	001,001	7(,77)	00,040
28,469		0	
	636,192	4,493	10,050
	43,178	40,248	
40.750	404.004	427,789	108,937
48,753	164,021	401 161	70.075
221,546	597,227	131,134	76,976
4,609,971	7,607,176	4,519,437	608,047
16.9%	28.5%	11.8%	16.5%

June 2019 Meeting - Statistics Summary

1) As of May 28, 2019 there were 673,392 people enrolled in the Healthy Michigan Plan state-wide; this is a decrease of 6,649 enrollees, or 0.98%, relative to enrollment as of April 22, 2019. 188,485 of these enrollees reside in Wayne County. This constitutes 28.0% of the enrollees state-wide. Wayne County enrollment has consistently been at or above 28% of the state-wide enrollment for the past twenty-two months and over 27% since inception.

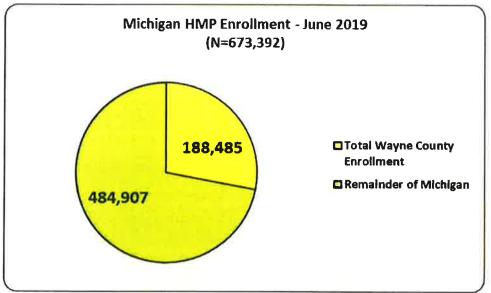


Chart 1 - HMP Enrollment for Michigan and Wayne County

2) HMP enrollment decreased by 1.6% state-wide when compared to the prior month. Similarly, enrollment decreased by 1.6% in Wayne County for the same time period.

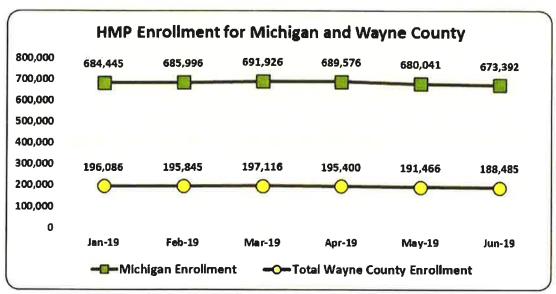


Chart 2 - HMP Enrollment Trends for Michigan and Wayne County

HEALTHY MICHIGAN PLAN - NARRATIVE SUMMARY FOR FINANCIAL COMMITTEE

3) Enrollment for Wayne County residents outside of the City of Detroit continues to be greater than enrollment within the City of Detroit. Wayne County enrollees outside of the City of Detroit make up 53.1% of the County's total.

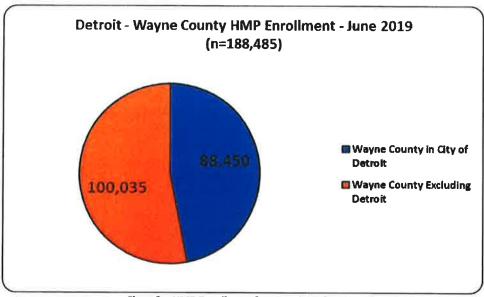


Chart 3 - HMP Enrollment for Detroit and Wayne County

4) Enrollment in June is 1.9% lower than the previous month for the City of Detroit and 1.3% lower for Wayne County Excluding Detroit.

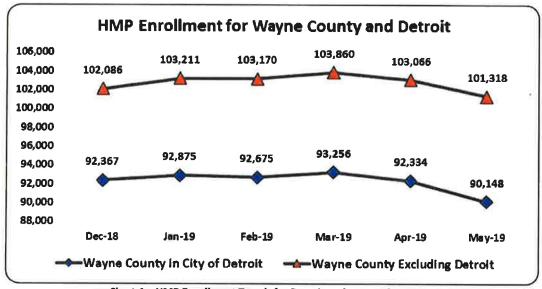
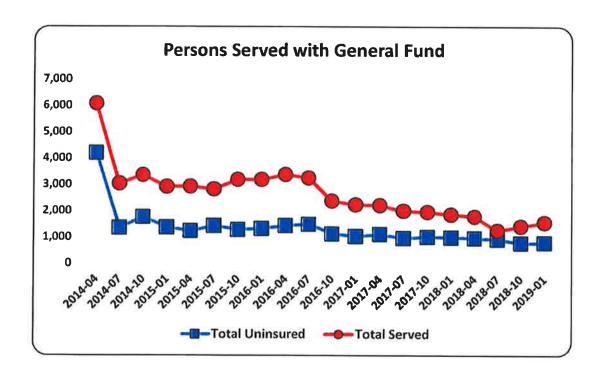


Chart 4 - HMP Enrollment Trends for Detroit and Wayne County

Finance Committee Report June, 2019



Page 1 of 1 Report Date: 5/29/2019



Detroit Wayne Mental Health Authority

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

FAX: (313) 833-2156

TDD: (800) 630-1044 RR/TDD: (888) 339-5588

May 28, 2019

The Honorable Bernard Parker, Chairperson Detroit Wayne Mental Health Authority Board of Directors 707 W. Milwaukee St. Detroit, Michigan 48202-2943

RE:

Certification of Revenue totaling \$800,000.00

Proposed Amendment to BA# 19-28

through Budget Adjustment No. 19-35-015

Dear Chairperson Parker:

I hereby submit for your review and approval a proposed amendment to the 2018-2019 Detroit Wayne Mental Health Authority budget (Board Action No. 19-28) and pursuant to the authority granted to the Detroit Wayne Mental Health Authority Board pursuant to Act 258 of the Public Acts of 1974, Section 330.1226, I hereby request an amendment to the Authority budget.

This proposed budget amendment serves to certify revenue of \$800,000 through a transfer of Medicaid Reserve Funds into the Autism budget. The additional revenue is required to fund FY 2019, 4th quarter (June 1, 2019 through September 30, 2019) cost settlements with several Autism Providers. The budget amendment includes an expenditure increase of a like amount.

I respectfully request that the Detroit Wayne Mental Health Authority Board approve Budget Adjustment #19-35-015 and amend Board Action #19-28 to increase budgeted revenue by \$800,000 in the FY 2018-19 operating budget. Please direct any inquiries that you may have to the Management and Budget Division.

Sincerely,	
-	
Willie E. Br	ooks, Jr., President/CEO

Board of Directors

Bernard Parker, Chairperson Dora Brown-Richards Kevin McNamara Dr. Iris Taylor, Vice-Chairperson Dorothy Burrell William T. Riley, III Timothy Killeen, Treasurer Lynne Carter, MD Dr. Cynthia Taueg Ghada Abdallah, RPh, Secretary Angelo Glenn



BOARD ACTION AMENDMENT

A REQUEST TO AMEND the Mental Health Authority operating budget for the Fiscal Year (Board Action #19-28) in order to adjust estimated revenues and /or authorized expenditures in accordance with Budget Adjustment No. 19-35-015

SECTION 6 of Board Action # 19-28 for the fiscal year 2018-2019 is amended as follows:

A) The appropriation for the Mental Health Fund is decreased for Mental Health Sources. Concurrently, the following accounts are amended:

Account Number	64940 AUTISM		propriation Sources:	ropriation Uses:
697400	Use Of Medicaid Reserves	\$	800,000	-
	Other Financing Sources	\$	800,000	
827010	Child Autism - Medicaid			\$ 800,000
	Services and Contractual Services			\$ 800,000
	TOTAL INCREASE TO SOURCES AND USES OF FUNDS:	8	800,000	800,000

Total 2019

SECTION 2: IMMEDIATE EFFECT

This amendment is effective immediately upon approval.

APPROVED BY THE DETROIT WAYNE MENTAL HEALTH AUTHORITY BOARD OF DIRECTORS: (affix stamp)

19-35-015

DESCRIPTION OF GOAL	REFERENCE DOCUMENT	CURRENT STATUS	DELIVERABLES & DUE DATE	COMMENTS
Improve Services & Outcomes - DEFINE & DISTRIBUTE Bulletin and/or Check list requirements and responsibilities of the DWMHA contracted Behavioral Health Home (BHH) is the Clinical Responsible Service Provider (CRSP) providing & linking individuals to holistic care, services and supports. - CCSS Performance Expectations	CRSP/BH Home (Holistic Provider) Bulletin and Checklist	Final Draft — awaiting review of Contracts/ Legal for distribution to stakeholders and attachment to contract	Distribute to CRSP Bulletin and/or Checklist by <u>May</u> 2019 NEW DISTRIBUTION DATE 6/7/19	FINAL Draft ready for final review and approval –
Improve Services & Outcomes - DEFINE & DISTRIBUTE Bulletin and/or Checklist requirements and responsibilities of the DWMHA contracted Licensed Residential Service Providers providing & linking individuals to holistic care, services and supports. - CCSS Performance Expectations	Residential Service Providers Bulletin and checklist detailing Residential Providers' requirements & responsibilities	DRAFT — under review by clinical team -→ Contracts /Legal for distribution to stakeholders and attachment to contract	Distribute Residential Bulletin and/or Checklist by June 14, 2019	In process of completing Final Draft for review & approval to be included with standardized Residential Services Progress Notes
Increase Capacity for individuals to receive services in Crisis Residential Units/beds in community as a treatment diversion or stepdown (at discharge) from Community Psychiatric Inpatient Hospital DWMHA will add 12 - 14 CRU- beds for Adults by 10/1/2019	Post RFI for Crisis Residential Units or beds within a current licensed residential home for Adults	Currently DWMHA has 19 CRU beds	Crisis Residential beds RFIs Posted by June 7, 2019	Special note: Quarterly review of CRU bed utilization and diversion rates will determine need for 10-16 Adult CRU beds co-located at the future DWMHA Crisis Center.
 DWMHA will add 12- 14 CRU - beds by 3/1/2020 DWMHA will have total of 55 Total Adult CRU Beds in DWMHA Network by October 2020 	✓ Educate through formal presentation to hospital and other community providers about the use of CRU for Children/ Adolescent as well as other diversion or lower levels of care. ✓ Track diversion and admission rates for CRUs for Children/Adolescents in MH-WIN	Currently DWMHA has access to 12 CRU beds SafeHaus in Warren and throughout MI. SafeHaus is in the process of adding 4-6 pre-adol.beds and 5 beds for child/adol. diagnosed with ASD — est. avail July 2019	✓ DWMHA will report diversion rates and use of CRU for Child/Adol. in June 2019	Crisis Vendors developed a draft informational presentation to be shared with hospital EE and other hospital staff CRSP and residential providers to educate stakeholders about services to increase crisis prevention, early intervention, response and stabilization services — SECOND DRAFT COMPLETED_ Review pending June CCSS Provider Meeting
Review of MDHHS Contractual Compliance for Crisis Services: Mobile Crisis Intervention & Stabilization Teams Community Crisis Screening & Assessments (Pre-Admission Reviews) Crisis Stabilization Units, Crisis Residential Units, 24/7 Crisis and I&R — Suicide Prevention Telephone Services	✓ DWMHA will improve access to emergent and urgent services by increasing # of DWMHA Hospital and Community Liaisons ✓ DWMHA also provides Hospital and Community Liaison to access with access to Emergent and Routine BH Services	Staff reviewed contract for CMHSP & PIHP requirements for Crisis Services = DWMHA is contractually compliant with array of crisis services for Adults and Children.	✓ Nov. 2018 – added two State Hospital Liaisons ✓ April 2019 – added one Hospital Liaisons ✓ May –June 2019 - one pending hire of Comm. Liaisons to assist police and individual at risk for incarceration	COMPLETED & Reported during DWMHA Full Board Meeting 4/24/19

PHASE #1 CRISIS SERVICES PLAN FOR CO	PHASE #1 CRISIS SERVICES PLAN FOR CONTINUATION OF CURRENT CRISIS SERVICES UTILIZING CURRENT FUNDS STATUS						
DESCRIPTION OF GOAL	REFERENCE DOCUMENT	CURRENT STATUS	DELIVERABLES & DUE DATE	COMMENTS			
Decrease# of individuals that are homeless or living in license residential homes going to ED for Behavior Health Crisis * Community Education Promotion that mirrors physical health care re: Emergent (Red), Urgent (Yellow) & Green (Routine) BH care request for service ** No wrong door	✓ Develop Initial Report of Residential Home Providers ✓ Drafting education materials for community stakeholders and endusers ✓ Develop list of Residential Home	Assess Residential Home Capacity to manage crisis Survey member experience with access to Emergent, Urgent & Routine BH Services — IN PROCESS Currently DCW training and Crisis Prevention	Log all home with individual going to ED Track # of Emergency DC plan to have individuals vacate home within 30 days & rational for DC Required and review	Working with IT to develop log of individuals from residential homes transported to hospital ED due to BH "crisis" or other reason To be completed by 6/15/19 List of Residential Home Providers by pop.			
	Providers and sort by Population served & # of beds in home ✓ Train and provide crisis prevention and early intervention resources to licensed residential homes and staff	Institute Training (for non- violent crisis intervention training) is provided to residential staff within first 30 days of hire.	documentation of staff annual training on individual residents Individual Plan of Services (IPOS), Crisis and Behavior Treatment plan or when there are any revisions. (In Residential Services Provider Checklist above)	Provided on 5/6/19 COMPLETED with additional details provided again on 5/22/19			
Review /Extension of COPE Contracts- Adult	BA# 18-21	PCC & Full Board Approval	PCC - 5/8/19	DWMHA will request			
Crisis Services Please note that DWMHA is requiring a PIP ✓ increase the deployment of mobile crisis team(s) to provide crisis intervention and crisis stabilization services for early intervention that will decrease ED visits and hospital admissions	Extended COPE through 9/30/20	pending	Full Board – 5/15/19 COMPELTED Contract Extensions Approved by FULL Board on 5/15/19	that adult crisis services vendor/provider work with subcontractors (NSO – Intervention - PAR & NEGC – Crisis Stabilization) to develop a process improvement plan (PIP) to decrease dispatch of mobile crisis			
✓ Reorganize and to assure continuity of crisis services and equitable assignment of Crisis response & geographically based dispatch community				teams to hospital EDs and increase dispatch to license residential home for crisis intervention & stabilization services			
Review /Extension of ProtoCall — Crisis Calls Contracts Long-term Goal Integrated Phone System — merging 3 vendors into DMWH's CCSS *Extended ProtoCall contracts through 9/30/19: There are 3 options for our call center. A final decision for a recommendation will be made in June and sent for approval in July. In the process of monitoring progress to note improvement in the event the contract is recommended for additional extension.	BA# 16-21	PCC & Full Board Approval pending	PCC - 5/8/19 Full Board — 5/15/19 Recommendations to be drafted & presented in July 2019	COMPLETED			
Improve coordination and response of all Crisis Vendors & incorporate community stakeholder feedback and recommendation *Finalizing presentation by Crisis Providers to submit to Hospitals	Crisis Vendor CCSS Steering Committee & Meeting Schedule	 ✓ TBD based on contract status ✓ Develop written treatment protocols with consensus from participating providers and facilities. 	Crisis Vendor Meeting 5/9/19 Nest meeting June	IN PROCESS			
Engage Consultant from Arizona re: Crisis NOW Model to assist with building layout and logistical services	Currently drafting Comparable Source Letter to work with Consultant	✓ Met with Consultant in Nashville during NatCon & will contact with identification of Architect / Construction Vendor	Contract with Crisis Expert on logistics of CCSS – Facility Based Services by May 31, 2019	✓ Initial contract estimated by less than \$50,000 Meeting R/S from 5/29/ to Week of June 3 – 7th			

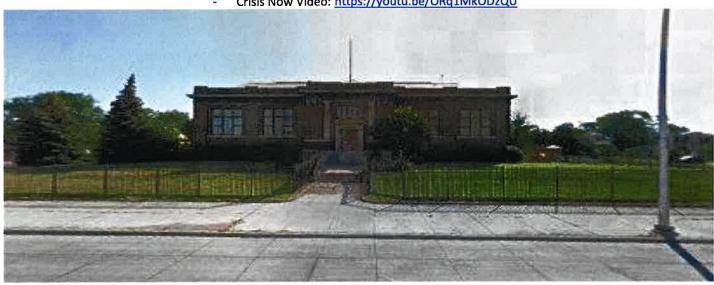
PHASE #1 CRISIS SERVICES PLAN FOR	CONTINUATION OF CURI	RENT CRISIS SERVICES U	TILIZING CURRENT F	UNDS STATUS
DESCRIPTION OF GOAL	REFERENCE DOCUMENT	CURRENT STATUS	DELIVERABLES & DUE DATE	COMMENTS
Improve integration of community partners and stakeholders in the design and implementation of the CCSS:	Livonia and Wayne. Of to individuals that are frequent police calls * Health System - Medifacility. Beaumont missing forward. Look CMH Partners. There structure around a facilities. Looking to Description.	Sequential Intercept Survey & MOUs School Based Services RFI for Integrated Health – Medicaid Health Plans Address housing for individuals with special needs CIT Meetings to mimic w Coordinating to work toge familiar faces and to gr t with Beaumont Adminis et with 40 Non-profit Le king to demonstrate to the will be a medical unit if acuity. Beaumont is a DWMHA for assistance in DWMHA may think of han the downriver area.	ether to provide me oup homes and prive stration to get an up aders on 5/17/19. The state their willing in the new facility. This of expanding to establishing a Comm	ntal health resources rate homes that have date on the inpatient Will include DWMHA ness to work with the Will need a payment of 30 Urgent Care nunity Advisory Board

#2 COMMUNITY BASED CRISIS SERVICE PROVIDER NETWORK – RESTRUCTURE & REDESIGN ADMINISTRATION AND DELIVERY OF

COMMUNITY BASED CRISIS SERVICES DESCRIPTION OF GOAL DOCUMENT **CURRENT STATUS DELIVERABLE &** COMMENTS **DUE DATE** Community Resources CMO & Access & Crisis DWMHA staff will As of April 2019 -Reduce unnecessary ED visits & Increase use of for Emergency Dept. Director working with provide update on group identified 50 community resources by develop a pilot with at people for pilot OVERUSE (CREDO) HFHS to identify ED measure and least one hospital with specialty and crisisfamiliar faces: a) Engage in baseline data during Meeting June 3rd to oriented psychiatric services; access to Outpt. services b) Develop June 2019 PCC coordinate a Crisis and/or BH TX Plan ONGOING & community outreach specialty psychiatric and crisis-oriented to keep out of ED **IN PROCESS** services with mental services. health and housing resources for Familiar Faces who are homeless Children's crisis services September 2019 Staff will begin Consolidate the Improve access, increase use of community **Review Budget for** drafting board action contracts for the are contracted senarately resources and (decrease Children's Hospital ED consolidated Children's Crisis with end date of 10/1/19 to consolidate visits) for Consolidate Children's Crisis Services Provider Network, Children's Crisis The Children Center (TCC), The Guidance identify PIPs and Services by 10/1/19 Performance Center (TGC) and New Oakland (NO)) Expectations Completed RFI Draft Currently DWMHA has **RFIs Posted by June** ✓ DWMHA will add 5 Identify Specialized Residential Providers for to 7. 2019 - Combined licensed Specialized Specialized for Specialized meet needs of special identified below: with CRU RFI per **Residential Providers** Residential Providers that Residential homes a) NGRI or IST Leave Status or Post State for the following: have vacancies recommendation of in licensed homes Hospitalization (Current - NA) **Administration** by 12/1/2019 ✓ Residential Service b) Individuals with I-DD require out of home Respite providers ready to ✓ DWMHA will 5 Services or high level BH intervention (Current - 0) meet needs of additional beds by Individuals involved/with or at risk for jail or special population 6/1/2020 incarceration with a primary MI diagnosis and/or ✓ DWMHA will have (up to 30 - 50) beds co-occurring disorder: I-DD and/or SUD (Current - 0) or 5 - 10 (6 beds) up to 50 beds in d) Individual with co-occurring chronic health specialty homes Specialized condition Residential homes e) Transitional (Short – term) housing supports for by 10/1/2020 step down from inpatient hospitalization and leading to permanent housing (Currently - 8 homes total of 53 beds) ✓ Present MODIFIED Adapt MDHHS Crisis An initial assessment was **DWMHA staff** Ongoing assessment of Crisis Services Capacity Assessment completed in 2017 & 2018 Crisis Capacity recommended the outcomes and CCSS capacity to ensure tool to include current CRISIS NOW model of assessment tool & additional services are identified and operating Crisis NOW Model crisis services and care and identified as scheduled and designed, i.e., crisis dispatch, impact of immediate calculations crisis capacity and additional CRUs, CREDO and Specialized change and Finance & PCC options for diversion. (tentatively COMPREHENSIVE Residential Services / Homes ** DWMHA Board scheduled) **PRESENTATION WITH** Chair (B. Parker) requested a draft budget for CCSS July 2019 **BUDGET DEFERRED** presented in June 2019 - Finance Committee Meeting TO BOARD STUDY SESSION Review of System Reference RFI - For ✓ MOUs Collaborate with CNO To improve access to community resources to be integrated Health Transformation Survey developed as needed re: and decrease hospital admissions - DWMHA results for potential Partnership with Medicaid partnerships **INTEGRATED HEALTH** will identify CRSP / BH Homes (Holistic) identified urgent BH service Health plans, Health **PLAN RFI** providers for Urgent Care / triage services that ✓ CRSP network **Authority and Current** contract include real time or same day apt. outside of Review proposals or Provider Network addendums partnership expand scope of regular business hours. agreements as a part services with BHH of Integrated Health Model IN PROCESS - Ongoing reports to be provided MH-WIN integration Ongoing with MDHHS PIHP PROCESS ✓ IN **Reviewed Protocols** Enhance use of MH-WIN, Electronic Health of MCG -Indicia or Parity Workgroup & MCG Ongoing reports and process flow Records & data sharing by incorporating MCG -CareWebIQ to be provided charts with MCG Team Indicia (MDHHS - PIHPs Parity Workgroup) in implementation DWMHA is currently on 5-7-19 review process and sharing clinical protocols & workgroup has been utilizing MCG for established. **Utilization Review process** evidence based treatment recommendations with provider network that can be incorporated into Individual Plan of Services *END PRODUCT – Integrated system with MH-WIN clinical information incorporating MCG National Coverage Determination criteria & treatment recommendations

#3 FULL CCSS	WITH DWMHA CRI	SIS ASSESSMENT CENTER	(S)	
DESCRIPTION OF GOAL	DOCUMENT	CURRENT STATUS	DELIVERABLE & DUE DATE	COMMENTS
Pending RFI for build out designs, Architect and Construction – Review of vendors	Review & Select Architect & Construction Vendor	Basic plan to use Woodward Bldg. for CCSS Completed reviews of 4 of 5 proposals submitted. Narrowed down to 2. Will have a recommendation this month.	VENDOR SELECTED BY JUNE 2019	Initial identification of 4 Vendors Architect / Construction Vendor
Ensure that all CCSS providers have actively connected EHR systems with information exchange and share health information among clinical partners; including direct exchange (secure messaging), alerts, and member record look up.	Contracts will include language require provider network including all crisis vendors utilize PCE or other platform selected DMWHA	All crisis vendors currently use or have access to complete pre-admission reviews in MH-WIN	conversion & completion with all vendors on same EHR system for documenting and reporting	
Fully implemented CCSS with fully integrated system for prevention, early crisis intervention, response and programs that promote and support stabilization. The Crisis NOW model was presented to BOD that, at minimum, includes outreach, mobile crisis, and intensive crisis stabilization services.	✓ 24/7/365 Crisis Center with Intervention & Stabilization services for adults and children. ✓ 24/7/365 Crisis / Access Phone Service System for all DMWHA Calls including Customer Services, Information & Referral, Access and Dispatch of Mobile Crisis Intervention & Stabilization Teams	DWMHA is contractually compliant with all required crisis services as a PIHP & CMHSP.	First Quarter FY 2021 – DWMHA Comprehensive Crisis Continuum Service System that reduces hospitalizations & cost of hospital services and improves access to quality holistic /integrated Health Services ONGOING – CCSS CONVERSION	Monthly updates provided
Improve quality of access and services by establishing agreements to provide CRISIS Services through DWMHA with the health plans through MOU and contractual agreements to serve the affected population to provide after hour or urgent Behavior Health Services and Supports	In process	Draft MOU	✓ MOUs to be developed as partnerships identified CRSP contract addendums to expand scope of services with BHH Model	Collaborate with CNO as needed re: INTEGRATED HEALTH PLAN RFI
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	On-going	Review and Revised monitoring tools as needed in collaboration with QI	In process ONGOING CCSS CONVERSION	CQI Process

Crisis Now Video: https://youtu.be/ORg1MkODzQU



PAST REFERENCE INFORMATION: Crisis Continuum Services System – Project Plan & Timelines

The Goals of the CCSS

- Early Intervention Training, Community Education, Outpatient Services & Engagement of Clinically Responsible Service Provider (CRSP) & Peer Supports.
- Response Mobile Crisis, Crisis Intervention Tearns (CIT) & First Responder, Partnership with Law Enforcement, Crisis Assessment, Redirection from Hospital Emergency Dept.
- Stabilization Crisis Stabilization Services, Crisis Residential Services & Inpatient Hospital (Admission based on Medical Necessity Criteria), Hospital Liaison/Residential Services.
- Prevention Person Centered CRISIS Planning/Individual Plan of Service, Community Supports (Warm Lines Peer Services).

DWMHA Current Crisis Services - Illustration of Current Crisis Services by Zip Code

- 24/7 Crisis Telephone line
- 3 Mobile Crisis Response Providers (Intervention & Stabilization)
- 1 Crisis Stabilization Unit with 7 Beds for Adults
- 1 Crisis Center for Children (12 hours/5-day availability)
- Crisis Residential Beds: Adults: 19 beds & Children: 12 beds

CCSS Steering Committee: Consists of provider, internal staff, Community Advocates and stakeholders.

CCSS Staff Update & Staffing Plan: Director of Access & Crisis Services - Jacquelyn Davis, Program Manager - Hospital Liaisons for Children & Adults Crisis Line Service Integration

- Currently working on a Crisis Line Work Plan that will include dispatch of mobile crisis teams in community where individual is in need of crisis intervention and/or stabilization services.
- The Crisis Line vendor will also be required to work with First Responders including Law Enforcement to integrate response using the Crisis Intervention Teams (CIT Training Model).
- Specialized training to address the crisis needs of children and adults diagnosed with an intellectual Developmental Disability/Autism and/or other cooccurring disorders.

CCSS Policies, EBP Practices/Procedures, Flow Charts & Monitoring tools

- DWMHA CCSS Manual including practice protocols and Standard Operating Procedures & DRAFT Process Flow Charts (Visualization)
- Use DWMHA Model of Care (Holistic) to develop CCSS Training Academy
- Pilot Sub-Acute Crisis Residential Services (Adults) and Psycho-Social Rehabilitation Services (Children) for individuals that do not require inpatient
 hospitalization and not ready for Crisis Residential Services that are voluntary. This level of care will also be utilized as a step-down or transition from
 inpatient services
- Develop Request for Information that will identify specialty residential providers will to serve individuals that are at-risk for arrest incarceration, chronically homeless, transitional housing, frequent the Emergency Departments for primary and behavioral health services.

CRISIS SERVICES HIGHLIGHTS

- FY14/15 DWMHA initiate Hospital Liaison Meetings with MCPN and providers to address issues with 3-hour disposition and consumers waiting in the
 hospital EDs more than 23 hours. RFP issues for a crisis service vendor to operate mobile crisis team provide crisis stabilization services and conduct preadmission review (authorizing inpatient hospitalization if appropriate.
- FY15/16: COPE (Hegira) began on March 21, 2016 (Subcontractors include Mobile Crisis Teams/PAR Neighborhood Service Organization and Mobile Crisis Stabilization Services Northeast Guidance Center)
- FY16/17: Children Crisis RFP posted & cancelled due to cost
- FY17/18: CCSS RFP posted & rescinded due to timeframes and availability of vendor with an available facility and DWMHA staff recommend working with the provider network that is ultimately responsible for managing the care that is consistent with System Transformation & Holistic Model of Care

CCSS PROJECT TIMELINES

Phase 1: Addressing Immediate Needs (based on FY17/18 Budget)

Working within the existing provider network structure, which includes the following:

- Provider Crisis Assessment sites complete pre-admission review and divert from hospital ED and prevent unnecessary inpatient admissions
- Urgent Behavioral Health Care providers with extended service hours
- Finalize DWMHA Benefit Grid and UM Guidelines working with the Utilization Management, Residential Services and Provider Network Clinical Officer
- Utilize local crisis call provider that can link and centrally dispatch mobile crisis teams to community
- Increase # of crisis residential beds & utilize current licensed residential beds

Phase 2: DWMHA's Community - Provider based Crisis Services

Children's Crisis Services

- Current to January 31, 2019 Continue 12 hours per day operation for children crisis assessment.
- Effective February 2, 2019 Provide children crisis assessment 24/7/365 as well as provide Psychiatric Consultation for the Mobile Intensive Crisis Stabilization and Pre-Admission Review teams.

Crisis Services for Youth and Adults

- Crisis Call Center 120 days from contract date
- Mobile Intensive Crisis Stabilization 60 days from Call Center Implementation for Centralized Dispatch which requires expanded technology
- Mobile Embedded PARs 60 days from contract
- Interim Assessment Center/Crisis Response Services 120 days from contract date
- Mobile Pre-Admission Review Services continuation & expansion of current services

PHASE 3: CCSS - Facility Based Crisis Services

Finalizing the FULL SPECTRUM Crisis Continuum Service System.

The DWMHA owned Crisis Assessment Center (Expected Completion Date 18 -24 months) for Children, Youth & Adults.

· DWMHA Director of Facilities will lead the re-construction project for the Crisis Assessment Center as well as address any zoning issues

DETROIT WAYNE MENTAL HEALTH AUTHORITY BOARD ACTION

Board Action Number: #19-28	X Revised	Requisition Number:					
Presented to Full Board at its Meeting	on: <u>June 19, 201</u>	9					
Name of Provider(s): Detroit Wayne	Mental Health A	ıthority					
Presented to Executive Committee	e 🔲 Program Cor	npliance Committee	X Finance Committee				
SUD Advisory Board	Other						
at its meeting on: June	<u>05, 2019</u>						
Proposed Contract Term: 10/01/2018	to 09/30/2019						
Amount of Contract: <u>\$809,755,951.00</u>							
Amount of Previous Contract and FY,	if applicable \$808	<u>,955,951.00</u>					
☐ New Program X Continuation o	f Existing Program	/Contract	fication of Existing Program				
Projected Number of Persons to be se	erved FY18/19: <u>7(</u>	0,000					
Number of Persons Served in Prior F	Y, if applicable: 70	<u>),000</u>					
Contract Initiation Date: 10/01/2018							
Program Description: (i.e. Target popularism contract is modithis change (po	ulation, services pr ification state reas sitive and/or negat	on for modification, ar	uality issues. If a proposed nd summarize impact of				

This board action is a request for Board approval to amend the FY 2018-2019 Operating Budget per: BA #19-35-015 – transfer of an additional \$800,000.00 from the Medicaid Reserves Fund to fund FY 2019 4th Quarter cost settlement payments to several Autism Providers. The revised budget, in the amount of \$809,755,951.00, includes revenues of \$39,447,641 (State General Fund), \$546,108,113 (Medicaid, DHS Incentive, Medicaid-Autism, Children's Waiver, and HAB), \$7,248,005 (MI Health Link), \$105,179,454 (Healthy MI – Mental Health and Substance Abuse), \$17,686,447 (Wayne County Local Match Funds), \$4,040,539 (PA2 Funds), \$7,946,842 (State Grant portion of PATH, OBRA, SUD, and SED Waiver), \$22,887,550 (Federal Grants and Federal Block Grants/SUD), \$225,000 (Local Grant Revenue), \$1,000,000 (Interest Income), and \$11,817,499 (Use of Medicaid Reserve)

Source of Funds: ALL SOURCES OF FUNDS

REVENUE SOURCE	FY 2018-19
MEDICAID B, B(3), C, SED	\$546,108,113
WAIVER	
MEDICAID – AUTISM	46,000,000
MI HEALTH LINK (ICOs)	7,248,005
HEALTHY MI	105,179,454
STATE GENERAL FUNDS	39,447,641
COUNTY LOCAL MATCH	17,686,447
FUNDS	
COUNTY PA2 FUNDS	4,040,539
LOCAL GRANTS	296,000
STATE GRANTS (SUD)	6,719,999
STATE GRANTS (MHHS)	1,226,843
FEDERAL GRANTS (SUD)	16,565,203
FEDERAL GRANTS (MHHS)	6,420,208
INTEREST INCOME	1,000,000
USE OF MEDICAID RESERVE	11,817,499
TOTAL:	\$809,755,951

Recommendations for contract X Continue Modi	fy Discontinue
Type of contract: Business Clinical	
(*):	
Approved for Submittal to Board:	
worahasendy Date 3/31/10	9 Street June 5/28/19
Willie E Brooks President/CEO	Stacie Durant Chief Financial Officer
ACCOUNT NUMBER	: VARIOUS TO TO TO
X Budget☐ Not in Budget	₹ a

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the	day of, 2019:
☐ Approved ☐ Rejected ☐ Modified as follows:	
Executive Director - Initial here:	
Tabled as follows:	
SignatureBoard Liaison	 Date