



**Detroit Wayne
Integrated Health Network**

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**Finance Committee Meeting
Wednesday, October 7, 2020
Virtual Conference (BlueJeans)
1:00 p.m.
AGENDA**

- I. Call to Order**
- II. Roll Call**
- III. Committee Member Remarks**
- IV. Approval of Agenda**
- V. Follow-Up Items**
 - A. Operational Efficiency Plan (S. Durant)
- VI. Approval of Minutes – September 2, 2020**
- VII. 3rd Quarter FY19/20 Board Report for Procurements under \$50,000 and all Cooperative Purchasing**
- VIII. Strategic Plan – Finance/IT/Workforce Pillars**
- IX. Presentation of the Monthly Finance Report**
- X. Unfinished Business:**
Staff Recommendations: None
- XI. New Business:**
Staff Recommendations:
 - a. BA #21-37 – Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network and Community Mental Health Service Programs (CMHSP) (Grant agreement)
 - b. BA #21-41 – Scripps Media, Inc.
 - c. BA #21-42 – Graham Media- WDIV -TV 4

Board of Directors

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

Dr. Iris Taylor, Vice-Chairperson
Lynne F. Carter, MD
Kenya **Page 1 of 73**

Timothy Killeen, Treasurer
Angelo Glenn
Dr. Cynthia Tauog

Dora Brown, Secretary
Kevin McNamara

Willie E. Brooks, Jr., President and CEO

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

DWIHN
Operational Efficiency Plan
For the eleven months ending August 31, 2020

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

Substance Use Disorder (Darlene Owens Lead) - The SUD advisory board approved a plan whereby it reduced rates for two codes – H0023 and T1012 for Peer Directed services and Recovery Supports, respectively. Rates were obtained from other PIHP's and it was determined that in some cases our rates were three times that other PIHP's. In addition, all case management and urine drug screens will be paid from block grant regardless of insurance. Finally, DWIHN goal is to treat individuals in the least restrictive environment based on medical necessity and UM guidelines.

Status 9/22/20 –

- Estimated cumulative savings (including COVID impact) on reduced rates for H0023/T1012 is approximately \$2.1 million;
- Estimated cumulative savings (before COVID impact) on 45 to 29 residential days is approximately \$450,000;

Home Help (Lucinda Brown and Shirley Hirsch Lead) – Approximately 2,800 consumers that reside in an unlicensed setting, if eligible, must receive personal care services directly from DHS Adult Services; Medicaid does not reimburse personal care in an unlicensed setting. DWIHN believes that many providers are billing these services through other Medicaid eligible billable codes. On August 14, 2019, DWIHN issued a letter notifying providers to submit their home help forms to a specific email by October 31, 2019; the letter stated that non-compliance could result in sanctions. DWIHN plans to assign a clinical staff or consultant to review the forms and compare them to services outlined in their IPOS and other assessments to determine if the costs were included in other Medicaid billable codes that may require a reduction in hours.

Status 09/22/2020- Effective June 1, 2020, DWIHN implemented the new SPG tool. The pandemic has caused a series of priorities for the Residential Department to quickly meet the needs of the members served. Based on the competing priorities, the original plan to schedule a work group has not happened. The Residential Team has continued to use the new SPG tool which does not allow personal care needs to be assessed or authorized for unlicensed living arrangements. A meeting date for will be set for the first work group meeting where we will begin to develop a method to ensure personal care needs are not being met with other Medicaid billable codes for other members.

Autism (Ebony Reynolds/Ebony Lawson Lead)- Many of the consumers enrolled in the Autism program do not meet the minimum participation required by the State of Michigan. DWIHN inquired from MDHHS whether there could be a disenrollment policy associated with the program whereby if a consumer failed to comply with the guidelines within a 60- day period, the consumer would be dis-enrolled from the more intensive Autism program and moved to an equally suitable IDD program whereby the participation was not as restrictive. Per the State, a disenrollment policy is not allowable however DWIHN will continue to work with the providers to ensure fidelity is met.

In addition, there has been a significant increase in Autism cases during the years; rate of growth is in excess of MDHHS estimates. In effort to have conflict-free assessments, DWIHN will be directly contracting with a provider(s) to perform all Autism assessments. Currently, Autism providers are performing the assessment and referring the consumers to themselves for services.

Status 9/22/2020 – The initial RFP was re-bid due to a significant omission for the mandatory requirement. The revised proposal mandated the contractor must have a Wayne County based location for consumers to visit for the assessment. The proposals were due on July 21, 2020; DWIHN received three (3) responses from the RFP and evaluation team recommended two (2) providers for the service to ensure choice and second opinions. A board action is before PCC to approve The Children’s Center and Social Care Administrators.

Shared Living Arrangements (Stacie Durant and Manny Singla Lead) – Many consumers reside in residential settings whereby they have roommates. Currently, the staffing tool used by the supports coordinators, with the exception of Community Living Services, do not take into consideration shared living arrangement. This allows providers to bill services for several consumers performed by the same DCW worker at the same time. DWIHN must make several changes including but not limited to: (1) performing a payroll audit to determine a baseline for each home and (2) create a staffing tool in MHWIN that incorporates shared living arrangements.

Status 9/22/20 – CFO and team determined two providers overbilled for services based on the payroll audit. The total recoupment and annual savings are approximately \$408,000 and \$677,368, respectively.

To date, the payroll audit identified four (4) providers that overbilled for a total recoupment of \$567,819 and an annual savings of \$1,097,601.

Utilization Guidelines (Kimberly Flowers and John Pascaretti Lead) – The UM department uses written criteria based on sound clinical evidence from a national coverage determination tool, MCG – Indicia to review and authorize treatment and care. Additionally, American Society of Addiction Medication (ASAM) criteria is used to validate the appropriate level of care for Substance Use Disorder services. If the IPOS is requesting service within the service utilization

guidelines then the request for services will be automatically approved. If the service request is outside of the guidelines then there will be a clinical review.

Status 9/22/2020 - The Children's assessments; DECA, PECFAS and CAFAS levels care have been implemented via HIE. The UM Department completed two SUG trainings for the CRSP providers. The trainings took place 8/4/2020 and 8/7/2020. There were a number of questions that were generated. The UM Team answered all question that are available to providers via the DWIHN Web-site as "Frequently asked Questions." Additionally, the SUG training power point presentation is available on the DWIHN Web-site. The UM Team is analyzing available reports that will assist the UM Department to determine the utilization of services being approved. The UM Team has bi-weekly clinical consultations with Dr. Hudson-Collins to ensure that consumer's hospitalized over 14 days are in the correct level of care.

Establishment of Eligibility and Benefits Unit (Stacie Durant and Manny Singla) – The FY2020 Operating Budget included establishing a Eligibility and Benefits Unit with three staff whereby the duties would include but not be limited to: (1) Ensuring consumers are properly enrolled in Medicaid (i.e. DAB); (2) managing the DHS Outstation workers; and (3) working with the provider network to ensure consumers recertify their Medicaid benefits and reduce lapse in coverage,

Status 9/22/2020 – Per our Eligibility and Benefits supervisor, dual eligible consumers are automatically considered DAB consumers. DWIHN submitted a list of 520 dual eligible consumers listed on the eligibility file as HMP/TANF to MDHHS. To date, MDHHS has switched 135 consumers to DAB.

Further, the last update stated that 315 consumers were identified with the incorrect insurance. To date, MDHHS has switched over 79 consumers to DAB; the remaining consumers appeared to have the appropriate insurance.

Finally, a new list of 925 individuals were identified as potential DAB.

Habilitation Waiver Supports (HSW) (Lucinda Brown and Jim Kelly) – Over the past four years, DWIHN has lost over 60 HSW slots resulting in over \$10 million in lost revenue opportunities. The consumers are the sickest and most vulnerable consumers in our system and as a result MDHHS provides an average capitation payment of \$5,000 per month compared the average DAB rate up to \$313 per month.

Effective July 1, 2020, DWIHN implemented an MDHHS approved incentive payment program for the HSW program. The incentive program includes two components: (1) T1016 Supports Coordination will receive an enhanced rate. The rate will compensate supports coordinators for the more intensive and time-consuming work necessary for the HSW consumers. Providers who fail to recertify HSW consumers in a timely fashion resulting in lapsed coverage, will not receive the enhanced rate. The second component includes a one-time \$1,000 payment, of which a

minimum of 50% must be shared with the support coordinator, for any new HSW consumer approved by MDHHS. This will allow DWIHN to adhere to the 95% PIHP contractual requirement and reduce the risk of MDHHS of DWIHN losing HSW slots.

Status 9/22/2020 – Since inception of the incentive program, MDHHS has approved the following: July – 14; August – 26; \$1,501,267 total HSW funding received through August 31, 2020

FINANCE COMMITTEE

MINUTES

SEPTEMBER 2, 2020

1:00 P.M.

**VIRTUAL
CONFERENCE(BLUEJEANS)**

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

AGENDA TOPICS

II. Roll Call Ms. Lillian Blackshire, Board Liaison

DISCUSSION	Roll Call was taken by Ms. Blackshire and a quorum was present.
III. Committee Member Remarks	
The Chair, Commissioner Killeen called for any Committee remarks. It was noted by Mr. McNamara that Van Buren has a video called “The Reel” that highlights programs that DWIHN assists with such as their Summer Youth and Seniors program. Mr. McNamara will send video to be shared with Board members.	
IV. Approval of Agenda	
The Chair, Commissioner Killeen called for any proposed amendments to the agenda. There were no changes to the agenda. The Chair called for a motion. Motion: It was moved by Ms. Brown and supported by Mr. Glenn approval of the agenda. Motion carried.	
V. Follow-up Items: Items Follow-up	

Item A: Update Operational Efficiency Plan (S. Durant) There were no updates to report. It was reported that two vendors have been identified for the Autism assessment through the RFP process; the award letters have not been sent out as of yet. A report will be provided at the October Finance Committee meeting.

VI. Approval of the Meeting Minutes

The Chair called for a motion on the Finance Committee minutes from the meeting of Wednesday, July 1, 2020 and the Finance Committee minutes from the meeting of Wednesday, August 5, 2020. **Motion:** It was moved by Mr. Glenn and supported by Ms. Brown approval of the Finance Committee minutes from the meeting of Wednesday, July 1, 2020 and Wednesday, August 5, 200. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

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

1. DWIHN issued the \$2.00 hr. DCW increase on July 21, 2020 and August 25, 2020 for the period April 1, through June 30. DWIHN is awaiting further instruction from MDHHS regarding premium pay for all hours worked verses billed hours.
2. DWIHN issued a letter to the MDHHS requesting a waiver of the CMHSP contract limiting the 5% carryover of General Fund. If approved, this waiver would allow the unspent General Fund to be carried over to FY2021 with no dollar limitations. DWIHN believes this is a contractual policy and not mandated in law and/or regulations. We are awaiting a response. Discussion ensued regarding the amount that could be carried over. CFO Durant noted that there would be no GF sent back to the State.
3. Received MDHHS General Fund allocation and DWIHN was awarded \$30.4 million although the 3-year implementation plan should have awarded DWIHN approximately \$26 million dollars. DWIHN has included the additional revenue in the FY 21 budget submission.
4. Based on FY2021 Milliman rates and DWIHN May eligibility file, DWIHN is projected to receive an additional \$25 million in Medicaid during fiscal year 20/21. DWIHN has included the additional revenue in the FY21 budget submission.
5. MDHHS has yet to respond to the letter sent in February 2020 requesting to cost settle FY18 and FY19 Autism program.
6. MDHHS continues to put death recoupment on hold until further notice. DW owes \$8 million to MDHHS which includes the January 2020 recoupment at \$900,000. The recoupment has been reported in the financial statements. Follow up letters have been sent.

Discussion ensued on the Financial statements. CFO Durant reported on the cash and investments; the IBNR Payable represented incurred by not reported claims from the provider network; and the amount due to other governments included the \$8 million dollar death recoupment audit. The cash flow statements were discussed and highlighted was the payment of the Direct Care wage increase. The net operating revenues was approximately \$27 million dollars and was not all Medicaid. There was a timing issue when items were paid out in July. An analysis of the Woodward Construction cost analysis was provided regarding the outflows and inflows of monies. Construction cost; loan amounts;

amortization; interest and principle payments; building costs and building maintenance was also covered. The redirection of existing cost; the termination of the New Center One lease; timelines and the rental income from the Crisis Service provider was covered as well. It was noted that this document was presented as informational and more information would be forthcoming. The Board Chair requested that Administration work with the City of Detroit with the opening of the Woodward Building as the Mayor was very excited when he learned of the Crisis Center opening in the Woodward building. It was noted that a Building Committee meeting should be scheduled once Administration has an update and the Seven Mile building was on hold until Administration completed its assessment on staffing and future needs.

There were no questions on the Profit and Loss statement; and cash flow statements would be extended out until December and presented at the next meeting.

CFO Durant provided a document entitled Telehealth Trends that was not included in the packet, but was posted in DirectorPoint. This document highlights how Providers have worked with Telehealth with revenue pre and post-COVID 19. The Chair requested that the document be accepted for discussion at the October Finance Committee meeting. (Action)

The Chair, Commissioner Killeen called for a motion on the Monthly Finance Report.

Motion: It was moved by Ms. Brown and supported by Mr. McNamara to accept the Monthly Finance Report. There was no further discussion. **Motion carried.**

VIII. Unfinished Business – Staff Recommendations:

A. **BA #20-06 (Revision 5)** – Michigan Department of Community Health-C. Ollie reporting. This Board action is a revision to the PIHP contract for FY/20 and revises the language for the Direct Care Workers and the Provider Stability Plan during COVID-19. Discussion ensued regarding the activities that took place during COVID-19 and the Provider Stability Plan. It was requested that the Provider Stability Plan be placed on the Board Executive Committee agenda. The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to move BA #20-06 (Revision 5) to Full Board for approval. There was no further discussion. **Motion carried unanimously.**

B. **BA #20-26 (Revision 4)** – DWIHN FY 2019-2020 Operating Budget. S. Durant reporting. This Board is requesting certification of additional revenues for the April through June 30th Direct Care Worker increase. The Chair called for a motion. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to move BA#20-26 (Revision 4) to Full Board for approval. There was no further discussion. **Motion carried unanimously.**

IX. New Business – Staff Recommendations:

A. **BA #21-25 DWIHN FY 2020-2021 Operating Budget-S.** Durant reporting. This Board action is requesting as required by the Mental Health Code that on or before October 1, 2020 approval of the DWIHN FY 2020/2021 Operating Budget by the DWIHN Board take place. There is an updated and revised General Fund priority list as well as the inclusion of a \$25 million dollar increase in Medicaid. There have been no additional changes to the budget since the Budget Hearing on August 5th 2020. Discussion ensued regarding the placement of the \$25 million dollars. There was a recommendation presented by Mr. Parker, Board Chair on the General Fund priority list that reduced the school based prevention and treatment programs from

\$4,000,000 to \$3,500,000; reduced the Wayne County Jail services for persons in priority population from \$4,650,000 to \$4,250,000; increased the Summer Youth Program from \$1,500,000 to \$1,900,000 and added money in the amount of \$400,000 to the 911 Project with the City of Detroit Police Department which represented half of the funding required for the program. A high level discussion ensued on the components of the 911 program. Dr. Taylor gave an overview of the Task Force that was charged with a redesign of the school program and the phases with the first phase focusing on accessibility to core services and next reviewing the needs assessment for intervention and prevention services on areas where there were identified gaps. It was noted by the CFO that there was an additional \$100,000 that had not been accounted for and Mr. Parker proposed that the \$100,000 be added to the School based prevention and treatment program which would change the amount from the proposed \$3,500,000 to \$3,600,000. The Chair, Commissioner Killeen indicated that he would need two motions; one motion would be for the substitute General Fund recommendation and the second motion would be for the overall FY20/21 Operating Budget with the inclusion of the substitute General Fund recommendation. There was great appreciation expressed regarding the funding of the Summer Youth Program and the 911 Project with the City of Detroit Police Department. The Chair called for a motion on the substitute General Fund recommendation. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to substitute the recommended General Fund priority list for the one that was in the budget. There was no further discussion. **Motion carried unanimously.** The Chair called for a motion on Board Action #21-25 DWIHN FY 2020/2021 Operating Budget as amended with the recommended substitute General Fund Priority list. **Motion.** It was moved by Mr. Glenn and supported by Mr. Parker to move Board Action #21-25 as amended to Full Board for approval with the recommended substituted General Fund Priority list. There was no further discussion. **Motion carried unanimously.**

B. **BA #21-26** EqualSign Partners – T. Devon, Director of Communications reporting. This Board action is requesting approval of a two year contract with a one year renewal for this Detroit based business to handle social media. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Mr. McNamara to move BA #21-26 to Full Board for approval. There was clarification requested on the amount of the contract for each year. **Motion carried unanimously.**

C. **BA #21-28** Services to Enhance Potential (STEP) B. Blackwell, Chief of Staff reporting. This Board Action is requesting approval of this maintenance contract. STEP was the lowest bidder out of five bidders; they are the incumbent; a Wayne County vendor and they employ individuals that use our services. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Mr. Parker to move BA #21-28 to Full Board for approval. **Motion carried unanimously.**

D. **BA #21-29** Outfront Media – T. Devon, Director of Communications reporting. This Board action is requesting approval for Outfront to provide Billboard services for DWIHN. This contract is for a three-year contract and is only for Communications; the SUD component is under review. The Chair noted that the RFP was for International Outdoor Inc. as well as Brooklyn Outdoor, Inc. There was discussion regarding the different services and locations of each company.

The Chair called for a motion. There was discussion regarding the funding for the billboards and if we worked with a Public Relations department that assists with the design of the billboards. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to move BA #21-29 Outfront Media; BA#21-30 International Outdoor, Inc. and BA #21-31 Brooklyn Outdoor, Inc. to Full Board for approval. **Motion carried unanimously.**

E. **BA #21-30** International Outdoor Inc. T. Devon reporting. This Board Action is requesting approval of the Board to provide billboard and other advertising services for DWIHN. Some of the billboards will be in Spanish and Arabic. The Board Action was moved to Full Board for approval with the motion made for Board Action #21-29.

F. **BA #21-31** Brooklyn Outdoor Inc. T. Devon and B. Blackwell reporting. This Board Action is requesting approval of the Board to provide marketing services for DWIHN. This company has the billboard on the TCF building. This Board Action was moved to Full Board for approval with Board Action #21-29.

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

Mr. Jim Abresch, Domus Vita left his name, organization name and phone number however, there was no written comment noted. Mr. Abresch will be called to determine his comment. Mr. Abresch was contacted after the Finance Committee meeting and did not have a comment for the committee.

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

The meeting adjourned at 2:39 p.m.

<p>FOLLOW-UP ITEMS</p>	<p>A. Provide a monthly update on the Operational Efficiency Plan (S. Durant)</p> <p>B. Place the Provider Stability Plan on the September Board Executive Committee Agenda</p> <p>C. Finance to report on the Telehealth Trend document on the October Finance Committee agenda.</p>



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MEMO

Date: September 8, 2020

To: Mr. Bernard Parker, Chair
Finance Committee

From: Jean Mira
Procurement Administrator

Re: Third Quarter FY20 – Board Report for Procurements
Under \$50,000 and All Cooperative Purchasing

In accordance with DWIHN Procurement Policy (Section 2.2(2)) the attached report is being submitted for all procurements under \$50,000 for the 2nd Quarter FY 2020 (April 1, 2020 to June 30, 2020). This report also includes cooperative purchases, including those over \$50,000 (as applicable).

Contracts over \$50,000 are not included, as those procurements were previously approved by the Board via “Board Action.” Additionally, the report shows “PO” (Purchase Orders) and “BO” (Blanket Orders). A “PO” is a one-year contract that expires at the end of the fiscal year, whereas, a “BO” is a multi-year contract.

Please feel free to contact me if you have any questions.

Attachment

Board of Directors

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

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

Timothy Killeen, Treasurer
Angelo Glenn
Dr. Cynthia Taueg

Dora Brown, Secretary
Kevin McNamara





October 7, 2020

Strategic Plan -

Finance / IT and Workforce Pillar

Finance Committee Status Report

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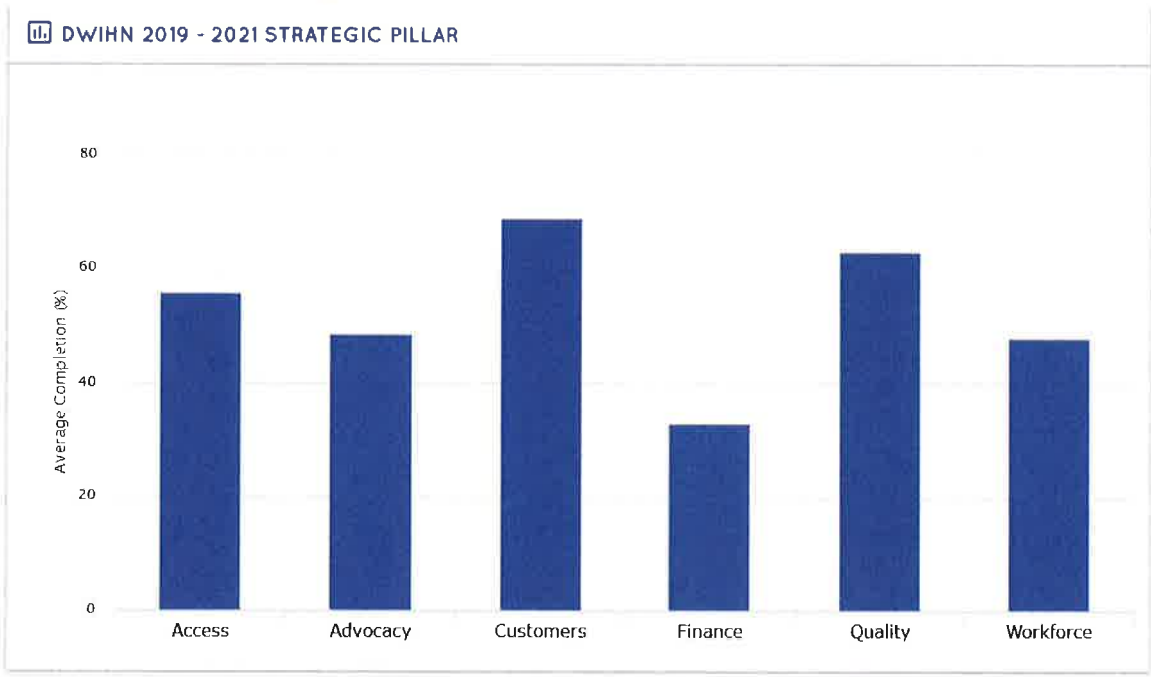
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To our board members: _____	2
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Summary of Pillar Status _____	3
Finance Pillar, IT Updates and Workforce Pillar _____	5

To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Finance and Workforce pillars, and how Information Technology goals impact in the areas that matter most to our stakeholders.

Pillar Summary



There are two (2) pillars that are under the governance of the Finance Committee: Finance and Workforce as well as reporting out the status of Information Technology goals and objectives. Both the Finance and Workforce Pillar updates are contained in this report because the Workforce Pillar was not presented during the September meeting.

Summary of Pillar Status

Finance is under the leadership of Stacie Durant, CFO. Overall, we are at 33% completion on this pillar. There are three (3) high-level goals. They range from 0% - 68% completion.

Pillar
FINANCE
33%

Title	Completion
Ensure Facilities Management by 31st Dec 2019	68%
Ensure fiscal accountability internally and of partners: 100% by 31st Dec 2021	0%
Maximize efficiencies/control costs by 31st Dec 2021	31%

The IT update provided by the CIO indicates we are at 73% overall achievement in addressing 14 targeted objectives in the Strategic Plan. Key initiatives being addressed are in Developing and Implementing an Automated Provider Score, collaborating with Finance in developing a financial forecasting model, currently at 46% and 44% respectively. IT has been working diligently to develop a system to track over/under utilization, currently reaching 95% of the goal. Related to this effort, IT is focused on achieving our aim to be on our TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year.

Workforce is under the leadership of Brook Blackwell. Overall, we are at 48% completion on this pillar. There are two (2) high-level organizational goals under this pillar. Create Happy, Healthy and Engaged Workforce and to Create a learning health system.

Pillar		WORKFORCE	48%
Title			Completion
Create a happy, healthy and engaged workforce: 100% by 31st Dec 2021			54%
Create a learning health system by 31st Dec 2021			42%

The detailed reports for these pillars will follow.

Finance Pillar, IT Updates and Workforce Pillar

Detailed Dashboard

Finance Committee Meeting

October 7, 2020



19 GOALS

38% GOAL COMPLETION

● Draft
 ● Not started
 ● On Track
 ● Behind
 ● Overdue
 ● Complete
 → Direct Alignment
 ---→ Indirect Alignment

DWHIH 2019 - 2021 STRATEGIC PLAN
FINANCE

Goal	Owner	Task	Update	Current ...
Maximize efficiencies/control costs → Implement a risk-based /value-based funding model: 100% → Establish a process for incentivized payments: 1 unit	Stacie Durant CFO Dhannetta Brown Deputy Chief Financial Officer	NEW Dhannetta Brown: <ul style="list-style-type: none"> Developed and implemented a Per Member Per Month (PMPM) funding model for ACT HAB Waiver Incentives - \$1,000 PMPM & 7% increase for Supports Coordinators Next steps: Develop the payment model to incentivize outpatient providers. Challenges: No value 09/29/2020	Update	31% 27% behind 50% 50 / 100% 8% behind 50% 0.5 / 1 unit
→ Establish process for performance penalties → Replenish our Internal Service Fund (ISF) to maximize savings for risk at 7.5%: 7.5%	Dhannetta Brown Deputy Chief Financial Officer Stacie Durant CFO	Replenish ISF for FY 2020 Replenish ISF for FY 2019 NEW Allison Smith: <input type="checkbox"/> Maintaining reserves at 7.5% of our capitation allows DWHIH to support the cost of those medically necessary Medicaid covered services in excess of our current funding model. In FY19 DWHIH exhausted its ISF as a result of increased costs in hospitalization, residential and autism services. Challenges: No value 09/29/2020	Update	0% 56% behind 0% 0 / 7.5% 7.5% behind

→ Collaborate with Finance in developing a financial forecasting model: 100%

NEW Allison Smith: Finance and IT will be meeting early to mid-October 2020 to develop the plan to continue the rollout of the forecasting model.

Challenges: There are no barriers impacting the completion of this goal by 11/30/2020.
09/29/2020

Ensure Facilities Management

- | -

→ Sell existing properties: 3 unit

Brooke Blackwell | Chief of Staff (COS)

→ Rehab existing properties: 2 unit

Brooke Blackwell | Chief of Staff (COS)

NEW Brooke Blackwell: Crisis Center Buildout for Woodward Building in Progress

- Board Approval to proceed with Woodward Building as the designated DWIHN Crisis Center
- TetraTech, architect of record, already has schematic drawings in place
- September 2020 - Site Survey in Progress
- October 2020 - DWIHN Board Building Committee
- October 2020 - Civil Design Drawings and Zonings Plans to City

Challenges: Delay due to COVID-19
09/29/2020

→ Build/acquire/renovate new administration facility: 0.0223 unit to 34 unit

Brooke Blackwell | Chief of Staff (COS)

→ Present Staff Recommendation for Building Plan: 1 unit

Brooke Blackwell | Chief of Staff (COS)

→ Present and Obtain Board approval for the Design Plan: 1 unit

Brooke Blackwell | Chief of Staff (COS)

→ Design Development: 1 unit

Brooke Blackwell | Chief of Staff (COS) TetraTech floor layout, Milwaukee schematic building layout

NEW Brooke Blackwell:

- October - 2020: TetraTech, architect of record, has designed a floorplan and given options to DWIHN administration and the DWIHN Board Building Committee that factors in social distancing, staff, board and public accommodations.

Challenges: No value
09/29/2020

→ Procurement of Construction Contracts, Schedule development and Permitting: 1

Brooke Blackwell | Chief of Staff (COS)

33%
0.33 / 1
1 behind

44%
44 / 100%
42% behind

68%
32% behind

100%
3 / 3 unit

50%
1 / 2 unit

54%
18.37 / 34 unit
18 unit ahead

100%
1 / 1 unit

100%
1 / 1 unit

91%
0.91 / 1 unit



Brooke Blackwell I Chief of Staff (COS)
 Brooke Blackwell I Chief of Staff (COS)
 - I -

→ Construction Phase: 100%
 → Construction Complete: 100%

Ensure fiscal accountability internally and of partners: 100%

NEW Dhannetta Brown:
 We will be utilizing the risk assessment tool that has been developed where various departments within DWIHN analyze data to monitor the performance of providers within their area of responsibility to assess the strengths and risks of the provider.

Challenges: No value
 09/29/2020

- Monitor financial solvency of DWIHN and Network Providers: 100%
 - Stacie Durant | CFO
 - Q4 Monitor the financial solvency of all providers
 - Q3 Monitor the financial solvency of all providers
 - Q2 Monitor the financial solvency of all providers
 - Q1 Monitor the financial solvency of all providers

→ Develop and implement an automated Provider scorecard: 100%

Manny Singla | CIO

- Identify Providers for Scorecard Pilot
- Finalize Contracted Provider List
- Operationalize the Scorecard for all Providers
- Pilot 5 CRSP using the Provider Scorecard
- Design and Develop Scorecard
- Plan the mechanism for Scorecard Development/Tracking

NEW Manny Singla:
 Developed a Financial Ratio tracked in collaboration with Finance dept to track Financial Viability of providers.
Challenges: No value
 09/30/2020



● Draft
 ● Not started
 ● On Track
 ● Behind
 ● Overdue
 ● Complete
 → Direct Alignment
 ----> Indirect Alignment

**MANNY SINGLA
ACCESS**

Goal	Owner	Co-owners	Task	Update	Current ...
Develop and implement a referral process for school success initiative for CMH Services: 100%	Crystal Palmer	Manny Singla		<p>Crystal Palmer: The process has been developed in MH-WIN. 2 providers have tested the process. There is a need to close the loop on the referral process. School Success Initiative Coordinator is working with IT to resolve. Once completed, it should be able to be utilized by all parties. 01/31/2020</p>	74% 74 / 100% 26% behind
Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations: 100%	Manny Singla	-		<p>Nasr Doss: In January of 2020 DWHIN IT rolled out a new computer infrastructure that is based on: 1- New Dell Laptop computers for all users, these laptops are much more powerful and provide much more resources to the users than the old thin client system that was exist since 2014. 2- In this new model we are utilizing cloud based storage (One Drive) that is backed up by industry leader Microsoft, this back up system makes files always securely available to users anywhere, anytime any place. 3- As of January 2020 DWHIN IT is researching the possibility to migrating it's current legacy phone system to the cloud to utilize a cloud based Microsoft Infrastructure as well. 01/31/2020</p>	75% 75 / 100% 30% ahead

Establish data exchange between MHIW/N and Jail Health Care System: 100%

Manny Singla

Nasr Doss:

Currently DWIHN has an IT vendor who does analytics on DWIHN data and the Jail data. This is an ongoing project that requires both the Jail and DWIHN to continuously update the data sources for updated reports. Last update occurred on November 2019.

The DWIHN works with Jail, Courts, Detroit Police Department and Wayne State university on an initiative to diverting non-violent mentally ill people from the criminal justice system. We will use mental health treatment resources to improve their quality of life and keep them out of jail. Diverting people with mental illness from the criminal justice system by providing consistent, effective treatment will decrease the need for jail beds, will reduce risk to police officers, and save taxpayer dollars.

01/31/2020

75%
75 / 100%
25% behind

Establish means to enable interoperability using Health Information Exchange to share care plans across providers: 100

Manny Singla

NEW Manny Singla:

All CRSP providers are now on the HIE platform

09/30/2020

Manny Singla:

As part of launch of Standardized IPOS there are 4 core providers already on the platform provides a singular way to record the care plan that is shared and available through HIE as part of interoperability

02/05/2020

100%
100 / 100

Implementation of REDCap: 100%

Crystal Palmer

Manny Singla

Nasr Doss:

REDCap is a data collection tool that contains evaluation results from Children's projects. It has been installed and implemented on the DWIHN Network used by the Children's Initiative Depart. It's now fully operational.

01/31/2020

100%
100 / 100%

CUSTOMERS

Goal	Owner	Co-owners	Task	Update	Current ...
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**Deliver information about
Provider Sites and
Practitioners in appropriate
formats: 100%**

Michele Vasconcellos
Manny Singla

Manny Singla:
Provider directory is being launched with the new
DWIHN website launch
05/27/2020

Allison Smith:
Customer Service continues to provide enhanced
informational sessions about providers and
practitioners and their array of services.

DWIHN publishes member handbook on an annual
basis and we continue to look for areas of
improvement in providing more explicit and user-
friendly information to the member. Including an
electronic provider directory and member handbook.
03/05/2020

**Improve level of support by
conducting regularly
scheduled system training
across network: 100%**

Manny Singla

NEW Manny Singla:
Better tools including conference calls technology
have been implemented to institute better provider
experience when training on new rollout is pushed out.
These sessions are made interactive to capture
feedback and response on these trainings. Various
rollouts as part of these trainings that have been
facilitated using these tools including CRSP trainings,
Standardized IPOS, Self Determination training,
Various procedure code mandates along with
forums with various provider groups including
residential, outpatient
09/30/2020

Nasr Doss:
DWIHN implemented an electronic ticketing system to
capture Provider Network problem and issues. In
addition to a faster response to the provider, the
system also allows us to have have knowledge
database. We analyze the data regularly to develop
training needs that have been identified to improve
user experience with MH-WIN.

As of 8/2019 DWIHN IT hired a Director of Business
Intelligence and Process Improvement who is directly
responsible for the customer experience dealing with
MH-WIN.

DWIHN Provided several training sessions to the
Provider Network (1st Quarter 2020) on different
modules in MH WIN including IPOS, Authorizations
and Claims Submission.
01/31/2020

66%
65 / 100%
2% behind

50%
50 / 100%
5% ahead

Provide tools and support to ensure providers have more meaningful experience: 100%

NEW Manny Singla:

Additional tools are being evaluated to improve user experience by leveraging technology including availability of desk phone on the mobile as well as laptops to be able to support the network. Providing network providers ability to access and manage staff trainings through self service portal. Creating online service requests for new staff along with provider enrollment.

09/30/2020

Nasr Doss:

Due to the COVID-19 DWIHN IT made remote technologies available to staff in order to continue supporting the provider network while under the stay at home orders. For example Microsoft Teams has been made available to all staff to communicate video and audio conferencing with each other and outside participants. Also IT is currently working on a project to address Customer Services remote access to phone lines.

06/03/2020

70%
70 / 100%
25% ahead

FINANCE

Goal	Owner	Co-owners	Task	Update	Current ...
Collaborate with Finance in developing a financial forecasting model: 100%	Manny Singla	Stacie Durant		<p>NEW Allison Smith: Finance and IT will be meeting early to mid-October 2020 to develop the plan to continue the rollout of the forecasting model. 09/29/2020</p> <p>Manny Singla: In the current fiscal year there has been a significant change in the way our funding is going to be structured which will impact PM/PM and ways to receive funding retroactively for medicaid loss . This is quite different from the past model which required us to establish new processes and staff to manage and ensure medicaid loss was minimized as it's tied to both resources available to the consumer under medicaid as well as funds available to us to ensure continuity of the care is maintained and viability of the whole process is maximized. 01/31/2020</p>	<p>44% 44 / 100% 42% behind</p>

Develop and implement an automated Provider scorecard: 100%

Manny Singla Eric Doeh

Operationalize the Scorecard for all Providers
Pilot 5 CRSP using the Provider Scorecard
Manny - we need to adjust this task potentially for tracking purposes.

Design and Develop Scorecard
Automate the domain scorecard
Finalize Contracted Provider List

In order to begin scoring Providers, the list of Contracted Providers needs to be cross-referenced between Dynamics GP/CobbleStone and MH-WIN.
Dynamics GP is the source of truth for payment to Contracted Providers. MCQ, Finance, Credentialing, and IT all need to coordinate this process.

Identify Providers for Scorecard Pilot

- CRSP providers (5)
- Specialized Residential Providers(10)

Plan the mechanism for Scorecard Development/Tracking
Identify the domains that DWIHN wants to include for the Scorecard/RiskMatrix

NEW Manny Singla:

Developed a Financial Ratio tracked in collaboration with Finance dept to track Financial Viability of providers.

09/30/2020

Nasr Doss:

Presently working with Business to review the criteria and requirement gathering to identify what all needs to be captured as part of the data review. This will help strategically to understand how the provider network is situated and how various provider stack up when it comes to key performance indicators and KPI's. Working now on selecting a tool to implement an analytical system to generate the electronic report card.

01/31/2020

46%
45.83 /
100%
35% behind

QUALITY

Goal	Owner	Co-owners	Task	Update	Current ...
Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%	Manny Singla	-			
				<p>NEW Nasr Doss: Also related to this item we are working on achieving our goal to be on TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year 2021. 09/30/2020</p> <p>Manny Singla: Several reports and cubes have been developed with feed back from Utilization Management team that will aid in review and oversight of the process. Additionally Service Utilization guidelines have been implemented for all IDD and MI population served to ensure we have better control of the data and also review needs and assessments along with actual utilization. This will further aid in streamlining internal processes and improve productivity. 05/26/2020</p>	<p>95% 95 / 100% 5% behind</p>

Deliver Annual HEDIS measures to support NCQA requirements: 100%

NEW Nasr Doss:

Vital Data has been selected as vendor of choice to produce HEDIS measures, same vendor will also work with us in an integrated care platform to be used with MHP in pilot projects.

Currently we are working diligently with the vendor to build up the system and data exchange specs.

09/30/2020

65%
65 / 100%
35% behind

Manny Singla:

Repetitive algorithms and processes were developed to ensure accurate and consistent reporting for existing measures can be developed . This will also ensure there are repeatable processes in place. There is presently a RFP in the evaluation that will help deliver a NCQA certified product along with Hedis measures.

05/26/2020

Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual.: 100%

Manny Singla

NEW Nasr Doss:

Our goal is to achieve TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year 2021.

09/30/2020

95%
95 / 100%
9% ahead

Nasr Doss:

HIE process is currently in place between MHWIN and vast majority of the DWIHN provider network. DWIHN is also exchanging data with the Health Plans participating in the MI Health Link module; in addition there are HIE process between MHWIN and the hospital system for ADTs (Admission/Discharge/Transfer) using the statewide data exchange gateway (MiHIN).

01/31/2020

Ensure all enrolled members are assigned to a CRSP: 100%

Jacquelyn Davis

Manny Singla

Implement CRSP Assignment/Change Policy Procedure

The Policy and Procedure will be placed in Policystat for review and approval. As a part of implementation, the attached Change Form is being piloted during the months of May and June. Anticipate full implementation July 1, 2020.

[CRSP- Program Change Form 4-20-2020.pdf](#)

Create a mapping of all consumers to one of the 28 newly identified MI CRSP

Disenroll approx 4300 due to No Services in past 6+ months

Use the Reengagement & disenrollment policy for approx. 4000 of the individuals identified in Step 2 of the CRSP Plan.

During the completion of the CRSP Clean-up process, an additional 300+ were identified as non-active within the past 6 months or out of county/state.

Review/make decisions on the outliers that require manual review/assignment (Approx. 6500)

Review & make decisions on the outliers that require manual review/assignment (Approx. 6500 individuals)

Jacquelyn Davis:

Access and Crisis Staff completed review of 2347 individuals that had no CRSP assignment based on identified CRSP List. Assignments were made for those individuals that remain active with DWIHN.

Cases were identified that needed to be closed due to address and services in another state or county. DWIHN CS will need to disenroll approximately 300 cases.

There were also cases where no CRSP was required (i.e., MHL). These cases will be identified as DWIHN as the CRSP.

05/04/2020

Manny Singla:

As part of working with business policy and procedures were developed to define the CRSP and identify the providers as part of CRSP. System was updated to reflect correct and missing CRSP where applicable. Processes were developed for ongoing maintenance of CRSP with the help of Access center. We are working to create communication and CRSP management for new members with assistance from PCE.

03/31/2020

73%
73 / 100%
27% behind



17 GOALS

25% GOAL COMPLETION

● Draft
 ● Not started
 ● On Track
 ● Behind
 ● Overdue
 ● Complete
 → Direct Alignment
 ----> Indirect Alignment

DWHIN 2019 - 2021 STRATEGIC PLAN WORKFORCE

Goal	Owner	Task	Update	System Updat...	Current ...
Create a learning health system → FY 2020 Conduct training for Network staff on the impact and importance of social determinants and the impact on Health outcomes: 2k people	Andrea Smith Director of Workforce Development			NEW Allison Smith on 09/29/2020: Progress: 0% ▶ 41.89% Andrea Smith on 04/09/2020: Progress: 780 people ▶ 2k people	42% 6% behind
→ FY 2021 Conduct training for Network staff on the impact and importance of social determinants and the impact on Health outcomes: 210 people to 2.5k people	Andrea Smith Director of Workforce Development		NEW Andrea Smith: There were 622 individuals trained in Recovery Enhanced Environment which focuses on Respect, Trauma, Strengths/ Responsibility, Holistic, Culture, Peers and Allies, Pathways, Relations, and Hope. 04/09/2020 NEW Andrea Smith: Training has been provided to 210 individuals within the network between June 8-September 30, 2020. The training focused on cultural considerations and socioeconomic factors and disadvantages. 09/29/2020	NEW Andrea Smith on 09/29/2020: Progress: 232.9 people ▶ 210 people	0% 210 / 2.5k people 3 people behind
→ Increase Quality Improvement competencies of the Behavioral Health Home Quality staff: 100%	Andrea Smith Director of Workforce Development		NEW Andrea Smith: Training was provided to staff involved in the startup and maintenance of three CCBHCs in August 2020. 09/29/2020	NEW Andrea Smith on 09/29/2020: Progress: 20% ▶ 21%	21% 21 / 100%

Andrea Smith | Director of Workforce Development

→ Increase Integrated Care Competencies of the network practitioners: 100%

Andrea Smith | Director of Workforce Development

→ Create a Care Management Curriculum: 100%

Andrea Smith | Director of Workforce Development

→ Expand the NAMI relationship to provider community based education and training: 1 unit

Andrea Smith | Director of Workforce Development

→ Deliver Crisis Management Training

Andrea Smith | Director of Workforce Development

→ Deliver AOT Assisted Treatment (Kevin's Law) training: 15k people

Andrea Smith | Director of Workforce Development

→ Deliver CIT Crisis Intervention Team Training (law Enforcement & CMH Crisis teams)

Andrea Smith | Director of Workforce Development

→ Deliver Managing Mental Health Crisis Training

Andrea Smith | Director of Workforce Development

→ Adopt NAMI faith based approach to care: 100%

Andrea Smith | Director of Workforce Development

→ Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning: 100%

NEW **Andrea Smith:** Practitioners continue to have access to a certificate in integrated care at no cost. In addition to this, information on integrated care has been shared via the July 20/21, 2020 Faith Based Conference with 400 individuals, the Suicidology Conference with 67 individuals, and the Children's learning series' with over 600 individuals between June-September 30, 2020. 09/29/2020

NEW **Andrea Smith** on 09/29/2020: Progress: 46% ▶ **52%**

No activity recorded

NEW **Andrea Smith:** Information on NAMI was provided at an international conference 8/2019, a local conference on 9/2019, a State conference 10/2019, two local conferences 2/2020, a local training 3/2020 and 6/2020. 07/08/2020

NEW **Andrea Smith** on 09/28/2020: Progress: 0.47 unit ▶ **0.54** unit

No activity recorded

No activity recorded

No activity recorded

No activity recorded

No activity recorded

NEW **Lucinda Brown:** Trained five CRSP Agencies on Self-Determination; All Well Being Services, The Guidance Center, The Development Center, Goodwill, and STEP. 08/31/2020

NEW **Lucinda Brown** on 08/31/2020: Progress: 47% ▶ **56%**

52%
52 / 100%
4% behind

0%
0 / 100%
83% behind

54%
0.54 / 1 unit

0%
58% behind

0%
0 / 15k people
8,753k people behind

0%
58% behind

0%
56% behind

0%
0 / 100%
45% behind

56%
56 / 100%
2% behind

Andrea Smith | Director of Workforce Development

→ Provide access and information on self-management tools to promote increased self-care for Caregivers / myStrength implementation: 15k people

→ Deliver Stage Wise Treatment Education: 15k people

Robert Compton | Clinical Specialist

Develop Virtual Training Stage-Wise Training

- NEW** Robert Compton: Initial discussion and planning began to provide remote Technical Assistance (TA) and training to Medical Assistant Treatment (MAT) providers. This will be a collaborative effort between Substance Use Disorder (SUD) Department and Clinical Practice Improvements (CPI). The center piece of the initiative will focus on increasing the proficient use of Motivational Interviewing (MI) with members. The training will cover the following concepts and practices:
 - o Motivational Interviewing
 - o Preparation for the Video Assessment of Simulated Encounters-Revised (VASE-R) exam.
 - o Stages of Change/Stages of Intervention
 - o Use of MI for COD Treatment Plan development
 - o Progress note development
 - o Supporting positive outcomes with the use of consumer self-management strategies and tools (MyStrength).
 - o Introductory concepts on:
 - § Neurobiology
 - § Epigenetics
 - § Attachment theory
 - § Polywagal theory

No activity recorded

NEW Andrea Smith: myStrength commercials via radio and verbal conference announcements continue. The myStrength access information has been shared with 1536 individuals via verbal announcement and over 5,000 via radio. 09/29/2020

NEW Andrea Smith on 09/29/2020: Progress: 2,25k people ▶ 8.1k people

54%
8.1k / 15k people
653 people behind

0%
0 / 15k people
8,753k people behind

→ Revamp training portal to cover the holistic care for the individual: 100%

Andrea Smith | Director of Workforce Development

NEW Manny Singla: Training Portal along with DWIHN Connect has been revamped to track the trainings across the network in a more structured fashion. The goal is to bring the data as part of provider review matrix and also ensure there is compliance among direct service providers. 09/30/2020

NEW Andrea Smith on 09/28/2020: Progress: 36% ▶ 40%

40%
40 / 100%
4% behind

Workforce development and training
Staff Engagement and Outreach / COVID-19
COVID-19 Staff Surveys
Racial Equality Committee
Culture of Excellence Surveys
☞ [COE Surveys Q3 FY19.pdf](#)

- NEW** Donna Coulter:
- Donna Coulter:
- Hosted peer trainings as follows:
- Peer Peer Development sessions: 11/13 (Peers: Moving from Person Served to Provider), 11/18-22 (Regional Peer Training at Sacred Heart), 1/23 (Self Determination), 2/19 (Motivational Interviewing).
- 03/05/2020*

NEW Brooke Blackwell on 09/28/2020:
 ✓ Completed Task Staff Engagement and Outreach / COVID-19 assigned to Chief of Staff (COS) (Brooke Blackwell)

54%
 54 / 100%
 4% behind

DWIHN Division of Management and Budget
Monthly Finance Report
For the eleven months ended August 31, 2020

Authority Finance accomplishments and noteworthy items:

1. Per MDHHS mandate, effective October 1, 2020, community living supports (H0043 per diem) is longer in use and services must be transitioned to H2015 (15 minutes). This is a significant change and will result in a reduction in revenue to residential providers in unlicensed homes. The reduction is due to the MDHHS model requires PIHP's to take into consideration the shared living concept, which **is valid and necessary**. However, the model does not take into consideration the acuity of the consumer (number of staff persons), which is **not valid and a concern**. DWIHN is developing an 90 days interim approach to ensure providers are not negatively impacted while we address the valid concerns yet adhere to MDHHS mandates.
2. Finance will begin its year end closing process. As a result, CFO will not report the September 30, 2020 financial statements at the November meeting. Consistent with the past, the September 30, 2020 audited statements will be presented on/around April 2021.
3. DWIHN leadership will be developing a provider stability plan for approximately 26 autism, skill building and supportive employment providers as they have been disproportionately affected by the pandemic due to their inability to provide telehealth services. DWIHN has notified the providers and requested specific information to evaluate their need. In January 2021, CFO will be in a better position to estimate the unspent Medicaid revenue available to allocate for these purposes. Refer to the attachment for financial impact in various lines of business. As you will see telehealth provided most lines of business the opportunity to sustain operations.
4. DWIHN identified over 8,000 consumers that (1) had a LOCUS level of 1 and 2 (mild to moderate); and (2) had no LOCUS level in the system. Similar to the process in October 2017, DWIHN will disenroll all consumers with no LOCUS and mild to moderate consumers and notify their respective health plans, if applicable. The COO and CCO is working with departments to develop a process to ensure DWIHN serves consumers we are responsible for serving in accordance with our PIHP contract with the MDHHS.
5. DWIHN received the July 1 – September 30, 2020 \$2.00/hr. DCW increase on September 24, 2020. DWIHN has requested all services shall be billed in MHWIN by October 9; payments to the provider should be made by the end of the October. DWIHN will reimburse providers based on hours billed in MHWIN; MDHHS has yet to clarify hours worked verses billed. In an effort to pay providers, DWIHN will follow the same method as prior distribution which is the same as other PIHP's.
6. MDHHS has yet to respond to the letter sent on July 20, 2020 requesting a waiver of the CMHSP contract limiting the 5% carryover of General Fund. If approved, this waiver would the unspent General Fund to be carried over to FY2021 with no dollar limitations.
7. MDHHS has yet to respond to the letter sent in February 2020 (follow up letter in July 2020) requesting to cost settle FY18 and FY19 Autism program.
8. MDHHS continues to put death recoupment on hold until further notice. DW owes \$8 million to MDHHS which includes the January 2020 recoupment @ \$900,000. The recoupment has been reported in the financial statements.

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 = 2.08.

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Authority	1.25	1.21	1.21	1.53	1.17	1.24	1.04	1.29	1.47	1.48	1.90	2.08

Cash and Investments – comprise of funds held by three (3) investment manager, First Independence CDARS, Comerica, and Flagstar accounts.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims paid through August 2020, including COVID-19 impact, was approximately \$609.9 million however actual payments were approximately \$579.3 million. The difference represents claims incurred but not reported of \$30.7 million.

Due from other governments – represents amounts owed from the State of Michigan and Federal Government for various grants and contracts.

Due to other governments – includes \$8 million due to MDHHS for death recoupment amount owed; to date, MDHHS has recouped approximately \$900,000 for the month of January 2020.

Detroit Wayne Integrated Health Network
STATEMENT OF NET POSITION
As of August 31, 2020

Assets

Mental Health cash and investments	138,880,577
Other cash and investments	1,000
Receivables	
Due from other governmental units	7,231,671
Accounts receivable	5,626,651
Prepayments and deposits	1,761,175
Total current assets	<u>153,501,074</u>
Capital assets, net of accumulated depreciation	<u>13,402,800</u>
Total Assets	<u>\$ 166,903,874</u>

Liabilities and Net Position

Liabilities	
Accounts payable	17,620,240
IBNR Payable	30,719,499
Due to Wayne County	2,336,456
Due to other governments	10,699,213
Accrued wages and benefits	174,687
Unearned revenue	4,285,635
Accrued compensated balances	956,747
Total current liabilities	<u>66,792,477</u>
Notes Payable	<u>5,740,754</u>
Total Liabilities	72,533,231
Net Position	
Net investment in capital assets	7,662,046
Unrestricted - PA2 funds	3,349,191
Unrestricted	<u>83,359,406</u>
Total Net Position	<u>94,370,643</u>
Liabilities and Net Position	<u>\$ 166,903,874</u>

DETROIT WAYNE INTEGRATED HEALTH NETWORK
STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET POSITION
For the Eleven Months Ending August 31, 2020

	August 2020			Year to Date		
	Budget	Actual	Variance	Budget	Actual	Variance
Operating Revenues						
Federal grants	\$ 1,793,133	\$ 696,699	\$ (1,096,434)	\$ 19,724,466	\$ 16,703,519	\$ (3,020,947)
State grants and contracts	63,911,451	67,695,590	3,784,139	703,025,962	729,205,445	26,179,483
MI Health Link	630,960	879,850	248,890	6,940,563	7,977,750	1,037,187
Local grants and contracts	1,840,803	1,261,453	(579,350)	20,248,833	20,942,741	693,908
Other charges for services	3,333	2,067	(1,266)	36,667	51,222	14,555
Total Operating Revenues	68,179,680	70,535,659	2,355,979	749,976,491	774,880,677	24,904,186
Operating Expenses						
Salaries	1,678,104	1,399,518	278,586	18,697,482	16,087,706	2,609,776
Fringe benefits	614,495	507,829	106,666	6,862,824	6,224,819	638,005
Substance abuse services	4,414,926	3,305,546	1,109,380	48,564,181	43,411,525	5,152,656
Autism Services	5,132,123	4,434,278	697,845	56,453,355	47,993,666	8,459,689
MI HealthLink	630,127	954,539	(324,412)	6,931,396	8,089,208	(1,157,812)
Adult Services	21,111,273	18,655,534	2,455,739	231,857,916	237,256,337	(5,398,421)
Children Services	6,287,917	5,885,817	402,100	69,167,089	68,123,690	1,043,399
Intellectual Developmental Disabled	24,791,992	23,076,831	1,715,161	272,711,908	274,460,308	(1,748,400)
Grant Programs	676,528	491,300	185,228	7,441,812	5,614,545	1,827,267
State of Michigan	1,720,849	1,536,007	184,842	18,929,339	19,146,240	(216,901)
Depreciation	128,750	128,750	0	1,416,250	992,851	423,399
Other operating	1,100,929	723,267	377,662	12,134,606	10,677,906	1,456,700
Total Operating Expenses	68,288,013	60,970,466	7,317,547	751,168,158	738,078,801	13,089,357
Operating Revenues over (under) Expenses	(108,333)	9,565,193	(4,961,568)	(1,191,667)	36,801,876	37,993,543
Non-operating Revenues (Expenses)						
Investment Earnings	108,333	81,015	(27,318)	1,191,667	1,125,266	(66,401)
Contributions	108,333	81,015	(27,318)	1,191,667	1,241,822	50,155
Total Non-operating Revenues (Expenses)	-	9,646,208	(4,988,886)	-	38,043,698	38,043,698
Change in Net Position						
Net Position - Beginning of year					56,326,945	56,326,945
Net Position - End of Year	\$ -	\$ 9,646,208	\$ (4,988,886)	\$ -	\$ 94,370,643	\$ 94,370,643

DETROIT WAYNE INTEGRATED HEALTH NETWORK
Statement of Cash Flows
For the Eleven Months Ending August 31, 2020

Cash flows from operating activities	
Cash receipts from the state and federal governments	\$ 774,125,238
Cash receipts from local sources and customers	20,993,963
Payments to providers and suppliers	(742,378,454)
Payments to employees	<u>(22,890,813)</u>
Net cash provided by (used in) operating activities	<u>29,849,934</u>
Cash flows from capital and related financing activities	
Acquisition of capital assets	(582,305)
Principle and interest paid on capital debt	<u>(469,119)</u>
Net cash provided by (used in) capital and related financing activities	(1,051,424)
Cash flows from investing activities	
Interest received on investments	1,125,266
Proceeds from sale of assets	<u>111,456</u>
Net cash provided by investing activities	<u>1,236,722</u>
Net increase (decrease) in cash and cash equivalents	30,035,232
Cash and investments - beginning of period	<u>108,846,345</u>
Cash and investments - end of period	<u><u>\$ 138,881,577</u></u>
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities	
Operating income (loss)	\$ 36,801,876
Adjustments to reconcile operating income (loss) to net cash used in operating activities:	
Depreciation	992,851
Decreases (increases) in current assets:	
Accounts receivable	11,556,593
Prepayments and deposits	(1,137,889)
Due from other governmental units	10,239,208
Due from Wayne County	
Other assets	
Increases (decreases) in current liabilities:	
Accounts and contracts payable	(64,152,282)
IBNR Payable	30,719,499
Accrued wages	(235,112)
Due to Wayne County	916,741
Due to other governmental units	5,705,727
Unearned revenue	<u>(1,557,277)</u>
Net cash provided by (used in) operating activities	<u><u>\$ 29,849,934</u></u>

**Detroit Wayne Integrated Health Network
Cash Flow Projections
December 31, 2020**

	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20
Cash flows from operating activities					
Cash receipts from the state and federal governments	58,490,508	67,596,090	71,764,764	56,102,518	65,923,039
Cash receipts from the county of Wayne and others	4,234,528	5,073,183	5,842,163	1,964,788	579,653
Payments to suppliers and providers	(82,292,714)	(76,715,423)	(45,570,959)	(81,190,808)	(64,391,246)
Payments to employees	(1,998,481)	(1,917,410)	(1,957,312)	(3,068,832)	(2,038,407)
Net cash provided by (used in) operating activities	(21,566,159)	(5,963,560)	30,078,656	(26,192,334)	73,039
Cash flows from capital and related financing activities					
Acquisition of capital assets	-	(19,043)	(115,832)	(328,283)	(76,300)
Payments on notes payable	(42,372)	(40,601)	(43,666)	(43,901)	(42,039)
Net cash provided by (used in) capital and related financing activities	(42,372)	(59,644)	(159,498)	(372,184)	(118,339)
Cash flows from investing activities					
Investment earnings	128,002	65,238	(59,941)	23,293	199,724
Proceeds from sale of assets	-	-	-	-	-
Net cash provided by investing activities	128,002	65,238	(59,941)	23,293	199,724
Net increase (decrease) in cash and cash equivalents	(21,480,529)	(5,957,966)	29,859,217	(26,541,225)	154,424
Cash and investments - beginning of period	108,846,345	87,365,816	81,407,850	111,267,067	84,725,842
Cash and investments - end of period	87,365,816	81,407,850	111,267,067	84,725,842	84,880,266
Bank balance comprise the following @ August 31, 2020:					
Flagstar (\$2.1 million restricted for loan account)	112,746,277				
Investment Managers	23,888,861				
First Independence Bank (CDARS)	2,918,018				
	1,000,150				

Telehealth Trends - by Population

Updated 9.23.20 based on Claims Cube data as of 9.21.20

Updated 9.30.20 to add Autism, Skill Building and Supported Employment data as of 9.28.20

Outpatient PMPM Contract

PMPM - # Members Served Each Month

Month	Non		%	Total	Paym Incurred \$353 PMP
	Telehealth	Telehealth			
(baseline) 2019-10	10,055		0.0%	10,055	\$3,555,000
(baseline) 2019-11	8,913		0.0%	8,913	\$3,151,000
(baseline) 2019-12	8,644	1	0.0%	8,645	\$3,056,000
(baseline) 2020-01	9,676	1	0.0%	9,676	\$3,421,000
(baseline) 2020-02	9,223	6	0.1%	9,225	\$3,261,000
(transitional) 2020-03	7,303	4,755	44.2%	10,746	\$3,799,000
2020-04	1,033	11,419	94.5%	12,085	\$4,273,000
2020-05	715	10,717	95.9%	11,170	\$3,949,000
2020-06	925	11,140	95.3%	11,689	\$4,133,000
Baseline (avg month)	9,302			9,303	\$3,289,000
Apr-Jun (avg month)	891			11,648	\$4,118,000
Variance to Baseline	-90%			25%	\$829,000

The number of people served via PMPM (case management) services increased much more than the number ser

DD Outpatient Contract

Payments

Month	Non		%	Total	# Memb Serv
	Telehealth	Telehealth			
(baseline) 2019-10	\$9,552,824	\$926	0.0%	\$9,553,750	6,8
(baseline) 2019-11	\$8,416,554	\$894	0.0%	\$8,417,448	6,6
(baseline) 2019-12	\$8,438,915	\$1,170	0.0%	\$8,440,085	6,6
(baseline) 2020-01	\$8,127,843	\$1,268	0.0%	\$8,129,110	6,9
(baseline) 2020-02	\$7,746,622	\$3,138	0.0%	\$7,749,760	6,8
(transitional) 2020-03	\$5,592,741	\$1,020,513	15.4%	\$6,613,254	6,9
2020-04	\$3,216,055	\$2,605,132	44.8%	\$5,821,187	6,4
2020-05	\$3,379,212	\$2,493,598	42.5%	\$5,872,810	6,3
2020-06	\$3,898,736	\$2,692,436	40.8%	\$6,591,173	6,6
Baseline (avg month)	\$8,456,552			\$8,458,031	6,7
Apr-Jun (avg month)	\$3,498,001			\$6,095,057	6,4
Variance to Baseline	-59%			-28%	

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-37 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Michigan Department of Community Health

Contract Title: Grant Agreement between Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network for Community Mental Health Services Program - FY 21

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 10/7/2020

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

Amount of Contract: \$ 30,449,269.00 Previous Fiscal Year: \$ 34,937,641.00

Program Type: Continuation

Projected Number Served- Year 1: 30,000 Persons Served (previous fiscal year): 30000

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

This board action is for the approval of the fiscal year ended September 30, 2021 contract for an amount not to exceed \$30,449,269 between the Michigan Department of Health and Human Services (MDHHS) and the Detroit Wayne Integrated Health Network (DWIHN) for the Community Mental Health Services Program (CMHSP). This contract is for the provision of a comprehensive array of mental health services and supports.

The contract also includes the required Medicaid drawdown and local portion for state facility costs payment to the state of michigan in accordance with the Mental Health Code.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
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State General Funds	\$ 30,449,269.00	\$ 30,449,269.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 30,449,269.00	\$ 30,449,269.00

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 F. Brooks, President/CEO
Signed: Tuesday, September 29, 2020

Signature/Date:



Signed: Tuesday, September 29, 2020

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-41 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Scripps Media, Inc.

Contract Title: Scripps Media, Inc.

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 10/7/2020

Proposed Contract Term: 11/1/2020 to 10/31/2021

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

Program Type: New

Projected Number Served- Year 1: 1,000,000,000 Persons Served (previous fiscal year): 1000000000

Date Contract First Initiated: 10/21/2020

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of one year contract for an amount not to exceed \$50,000. The Communications department would like to enter into contract with Scripps Media to provide educational messaging across its three TV stations throughout FY '20-'21. Messages include anti-stigma, suicide prevention, substance use prevention, treatment and recovery and general access to care.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
State General Funds	\$ 50,000.00	\$ 50,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 50,000.00	\$ 50,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, September 29, 2020

Signed: Tuesday, September 29, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-42 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Graham Media Group

Contract Title: Graham Media Group

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 10/7/2020

Proposed Contract Term: 11/1/2020 to 10/31/2021

Amount of Contract: \$ 50,000.00 Previous Fiscal Year: \$ 200,000.00

Program Type: New

Projected Number Served- Year 1: 1,000,000,000 Persons Served (previous fiscal year): 100000000

Date Contract First Initiated: 10/21/2020

Provider Impanled (Y/N)?

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

This board action is requesting the approval of a one year contract for an amount not to exceed \$50,000. The Communications department would like to enter into contract with Graham Media Group to provide educational messaging on its NBC affiliate station, WDIV-TV 4. Messages will focus on disability, autism and mental health awareness, suicide prevention, substance use prevention, treatment and recovery and general access to care.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
General Funds	\$ 50,000.00	\$ 50,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 50,000.00	\$ 50,000.00

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

Type of contract (Business/Clinical): **Business**

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, September 29, 2020

Signed: Tuesday, September 29, 2020