



Detroit Wayne Integrated Health Network

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**FULL BOARD MEETING
Wednesday, May 19, 2021
707 W. Milwaukee
(Virtual)
1:00 P.M. – 3:00 P.M.
AGENDA**

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF THE AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES – Full Board Meeting – April 21, 2021**
- VI. RECEIVE AND FILE – Approved Finance Committee Minutes – April 7, 2021
Approved Program Compliance Committee Minutes – April 14, 2021**
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Annual Meeting – July 21, 2021 (Full Board Meeting 11:00 a.m.)
 - 2) Community Mental Health Association of Michigan Virtual Conference June 14th-17th
 - B) Executive Committee
 - 1) Board Study Session – June 23, 2021
 - 2) Budget Hearing (Joint Finance and Program Compliance Meeting)
 - 3) BA#20-35 (Revised) Tetra Tech, LLC
 - C) Finance Committee
 - D) Program Compliance Committee
 - E) Recipient Rights Advisory Committee

Board of Directors

William T. Riley, III, Chairperson
Dorothy Burrell
Kevin McNamara

Angelo Glenn, Vice Chairperson
Lynne F. Carter, M.D.
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad
Kenya Ruth

Dr. Cynthia Taueg, Secretary
Jonathan C. Kinloch



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

X. AD HOC COMMITTEE REPORTS

- A) Policy/Bylaw Committee
- B) CEO Search Committee

XI. FY 20 AUDIT REPORTS

XII. INTERIM PRESIDENT AND CEO MONTHLY REPORT

XIII. UNFINISHED BUSINESS

Staff Recommendations:

- A. BA#20-35 (Revised) Tetra Tech, LLC (*Executive Committee*)
- B. BA# 20-54 (Revision 3) HEDIS/NCQA Professional Consultant Services (Joseph Barr) (*Finance*)
- C. BA#20-55 (Revision) Substance Use Disorder (SUD) COVID Emergency Grant (*Program Compliance*)
- D. BA#20-59 (Revision 2) Peter Chang Enterprises (PCE) (*Finance*)
- E. BA#21-25 (Revision 3) DWIHN FY 2020/2021 Operating Budget (*Finance*)

XIV. NEW BUSINESS

Staff Recommendations:

- A. BA #21-63 – Summer Youth Employment Program (SYEP) (*Program Compliance*)

XV. PROVIDER PRESENTATION – THE GUIDANCE CENTER

XVI. REVIEW OF ACTION ITEMS

XVII. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

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

XVIII. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Virtual Meeting
Wednesday, April 21, 2021
1:00 p.m.**

BOARD MEMBERS PRESENT

William T. Riley, III, Chair

Dora Brown, Treasurer

Dr. Cynthia Taueg, Secretary

Dorothy Burrell

Lynne F. Carter, M.D.

Angelo Glenn

Michelle Jawad

Commissioner Jonathan C. Kinloch

Kevin McNamara

Bernard Parker

Kenya Ruth

BOARD MEMBERS EXCUSED: None

GUEST(S): Mr. Michael Hunter, VP and Chief Information Officer, Team Wellness Center

CALL TO ORDER

The meeting was called to order at 1:02 p.m. by Board Chair, William T. Riley, III.

ROLL CALL

Roll call was taken by Dr. Cynthia Taueg, Board Secretary and a quorum was present.

APPROVAL OF THE AGENDA

Mr. Riley, III, Board Chair, welcomed everyone to the meeting. He noted that this was his first Board meeting as incoming Chair for DWHIH and that staff, providers and the people we serve are all very important to him as well as providing excellent service. He noted that he has the expertise of the past Immediate Chair Mr. Parker and senior board members Dr. Taueg and Mr. McNamara as well as the newer Board members to look towards for guidance. Mr. Riley asked for patience and noted that we are our brothers and sisters' keepers. The Chair called for a motion on the agenda.

It was moved by Ms. Brown and supported by Mr. Glenn to accept the Agenda as presented. Motion carried unanimously.

MOMENT OF SILENCE

The Chair, Chief Riley, III called for a moment of silence. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes from the Full Board meeting of March 17, 2021 and the minutes from the Special Full Board meeting of February 24, 2021. **It was moved by Commissioner Kinloch and supported by Ms. Ruth to accept the Full Board minutes of February 17, 2021 and the minutes of the Special Full Board meeting of February 24, 2021 with any necessary corrections. Motion carried unanimously.**

RECEIVE AND FILE

The approved Finance Committee minutes from the March 3, 2021 meeting and the approved Program Compliance Committee minutes from the March 10, 2021 meeting were received and filed.

ANNOUNCEMENTS

Network Announcements

Tiffany Devon, Director of Communications, provided an update on the National Prescription Drop off day from 12:00 pm. to 2:00 p.m.; there are 12 drop box locations where individuals can safely dispose of old prescriptions. It was noted the police department in the City of Inkster has a drop box as well as the Northeast Guidance Center. May is Mental Health Awareness month; Children's Awareness day is May 13th from 2:00 p.m. to 5:00 p.m. and there will be speakers discussing Mental Health concerns. June is Men's Mental Health month and DWIHN along with LAHC is planning a mental health event on June 17th and 18th 2021.

Mr. Parker applauded the efforts of DWHIN in providing the service and noted the need exists for the vaccination. He inquired if DWIHN will be visiting the residential homes. Interim CEO Doeh noted that we have started providing vaccinations for those in residential settings. We are working on partnerships with the pharmacies. Discussion ensued regarding a mobile unit to provide services.

Board Announcements

Mr. McNamara noted that he would like the Board to consider moving towards using the Zoom platform instead of Bluejeans. It was noted that there were Bluejeans updates that needed to be downloaded to successfully use the platform. Discussion ensued.

The Chair requested that Mr. Doeh's team along with legal; IT and Compliance research the possibility of using Zoom while keeping in mind that the selected platform be secure to continue protecting sensitive information.

SWEARING IN CEREMONY NEW BOARD MEMBER

The Chair, Chief Riley, III and Ms. Blackwell, Chief of Staff introduced Judge Freddie Burton. Judge Burton applauded the efforts of DWIHN for the excellent work taking place in the community and for the progress that has been made; they are pleased with the leadership of the Network and the care that has been provided to those we serve. He noted he was honored to have the opportunity to swear in Commissioner Kinloch as an incoming board member.

Commissioner Jonathan C. Kinloch was given the oath and was sworn in by Judge F. Burton. Judge Burton wished the Commissioner the best in his role with the Network. Commissioner Kinloch noted that this was an honor to serve on the board and he was looking forward to serving the community; he also noted that he was ready to get to work and he supported moving to the Zoom platform.

NOMINATING COMMITTEE – Officer Vacancy

Ms. Ruth reported. It was reported that Chief William T. Riley, III and Dr. Cynthia Tauog were both reappointed to the Board of Directors. The position of Vice Chair was vacant as Commissioner Killen was not reappointed to the Board. The Nominating Committee met and were recommending Mr. Angelo Glenn for the position of Vice Chair. The Chair called for a motion. **It was moved by Dr. Tauog and supported by Ms. Brown to accept the recommendation of the Nominating Committee to elect Mr. Angelo Glenn as Vice Chair of the DWIHN Board of Directors.** There was no further discussion. **Motion carried unanimously.** The Officers of the Detroit Wayne Integrated Health Network were reaffirmed as Chief William T. Riley, III, Board Chair; Mr. Angelo Glenn, Vice Chair; Ms. Dora Brown, Treasurer; Dr. Cynthia Tauog, Secretary and Mr. Bernard Parker, Immediate Past Chair. Mr. Glenn thanked his fellow board members; noted that he was honored to be selected for the position and that he would do his best to serve the community. The report was received and filed.

BOARD COMMITTEE REPORTS

Board Chair Report

Chief Riley, III gave a verbal report. He noted the Annual meeting would be virtual. Mr. Doeh noted that he would be working with the Chief of Staff and Board Liaison to confirm a date. He also noted that there would be follow-up with Mr. Parker's recommendation of having a keynote speaker. He also congratulated Mr. Glenn on his appointment to the position of Vice Chair of the DWIHN Board of Directors.

It was noted that the committee appointments had been made and were sent to Board members. The Board Liaison noted that an updated list would be sent to add Mr. Angelo Glenn to the Executive Committee as the Vice-Chair of the DWIHN Board of Directors.

Ms. Turner, Deputy Legal Counsel advised that a motion would be needed to appoint Commissioner Jonathan C. Kinloch to the Substance Use Oversight Policy Board. **It was moved by Mr. Glenn and supported by Dr. Taueg to accept the recommendation of the SUD Oversight Policy Board to place Commissioner Jonathan C. Kinloch on the SUD Oversight Policy Board.** There was no further discussion. **Motion carried unanimously.** The Chair congratulated Commissioner Kinloch to the SUD Oversight Policy Board. The Commissioner noted that he was honored to serve and thank the board for the appointment.

The Board Chair reported the NatCon Annual Behavioral Health Virtual Conference was scheduled for May 3-5, 2021 and the Community Mental Health Association of Michigan Virtual Conference was scheduled for June 14th -17th. Any board member interested in attending should contact the Board Liaison as registration is required.

Executive Committee

The Chair, Chief Riley, III reported the Board Self-Assessment was to be performed annually. It was noted that due to timing and the need to properly address COVID-19 in the assessment it was recommended at the Board Executive Committee meeting that the annual Board Self-Assessment be postponed for the current year 2021 and referred to the Policy/Bylaw Committee for review and send to the Board for completion in 2022. The Chair called for a motion on the recommendation from the Executive Committee on the Board Self-Assessment. **It was moved by Ms. Jawad and supported by Commissioner Kinloch to postpone the Board Self-Assessment for the current calendar year and referred to the Bylaw/Policy Committee for review.** There was no further discussion. **Motion carried unanimously.**

The Chair reported the new Board Member Orientation would be scheduled for our new board member Commissioner Kinloch. Mr. Doeh and Ms. Blackwell noted the orientation would contain information from our Compliance Officer and will cover the board policies as well as an overview of the DWIHN departments and services. The Chair requested that staff work on providing a date that will work for board members and staff. The policy manual will be delivered to Commissioner Kinloch on Friday, April 23, 2021.

The Chair reported a Board Study Session needed to be scheduled and requested an overview of tentative topics to be covered from Mr. Doeh, Interim CEO. He reported that there were several topics that needed to be covered and noted Integration – Behavioral Health Homes and Opioid Health Homes; System Transformation; the Crisis Assessment Center and DWIHN's financial health and stability as tentative areas for discussion. The Chair noted the importance of having the board study session as it helps them with knowing what is going in DWIHN and be strong advocates for the network; he congratulated the staff on the fine work that they have been doing for the people we

serve. Mr. Parker requested that there be some time devoted to updating the Board on the relationship and pilot with the Detroit Police Department and our mental health services as it has been six months since the implementation of the project and that the discussions include any future ideas with other police departments. Mr. Doeh, Interim CEO noted that DPD pilot updates would be provided as well as any future programming.

Finance Committee

Ms. Dora Brown, Chair of the Finance Committee, gave a verbal report of the highlights from the Finance Committee that met virtually on Wednesday, April 7, 2021. The Audit has been completed with no findings; Ms. Brown congratulated the CFO and her team on a job well done. It was reported that there was \$32 million dollars in reserves; General Fund had a \$5.4 million-dollar carryover and DWIHN was awaiting approval for a waiver from the MDHHS; there was an increase in PA2 funds over last year and there is a SUD Block Grant that was not spent. It was also reported that cash flow remains very stable and the committee considered and moved to Full Board for approval three board actions - BA#20-32 (Revised) Scripps Media; BA #21-25 (Revision 2) DWIHN 2020/2021 Operating Budget; and BA#21-59 (Revised) Public Affairs Associates. Board Chair Riley, III and board member Glenn both congratulated the Finance Team on a job well done with the audits.

The Board Chair stated that the reports of the Executive Committee; Finance Committee; the Program Compliance Committee would be received after the Recipient Rights Advisory Committee report.

Program Compliance Committee

Dr. Taueg, Chair of the Program Compliance Committee, gave a verbal report. The Program Compliance Committee met virtually on Wednesday, April 14, 2021. It was reported that the committee received a report from the Chief Clinical Officer and it was noted that there was great progress and strides being made with COVID-19 vaccinations in the Residential facilities – there was more activity in the licensed facilities than the unlicensed facilities. The Strategic Plan Access Pillar report was presented and well received; a number of additional reports were received by the committee. The Committee considered and moved to Full Board for approval two board actions – BA#21-60 Michigan Peer Review Organization and BA#21-61 National Council for Behavioral Health. A report was also received from the Corporate Compliance Officer, Mr. Hooper, it was reported that there was a recommendation from the Corporate Compliance Committee, and the Program Compliance Committee agreed to terminate the contract of United Horizons. Deputy Legal Counsel Turner reported. It was noted that United Horizons is a provider of CLS services and respite services and is a SIL facility. United Horizons has been the subject of various substantiated investigations. The recommendation from the Corporate Compliance Committee was presented to the Program Compliance Committee at their April meeting. The Chair, Dr. Taueg noted there was support of the recommendation to terminate the contract; however, a separate vote needed to be taken to accept the recommendation of the Corporate Compliance committee. The Chair called for a motion. **It was moved by Ms. Jawad and supported by Ms. Ruth to terminate the contract of United Horizons.** There was no further discussion. **Motion carried unanimously.**

Recipient Rights Advisory Committee

Ms. Ruth, Vice Chair of the Recipient Rights Advisory Committee (RRAC), reported there was no meeting for the month of April as the committee meets bi-monthly. The next meeting will be held in May.

SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT

Mr. Glenn, Chair of the Substance Use Disorder (SUD) Oversight Policy Board, reported. The SUD Oversight Policy Board met on Monday, April 19, 2021. Presentations were provided by Mr. J. Balavitch, Beaumont Teen Health Center on Harm Reduction; Ms. M. Bielski, Call Center Director, on the services of the DWIHN Call Center and Dr. C. Arfken, Wayne State University and SUD Oversight Policy Board Member on the accidental overdose deaths in Wayne County. Mr. E. Doeh, Interim President and CEO provided remarks on the direction of the State as it relates to the health plans and how it would affect the SUD department; he also introduced and congratulated the new SUD Director, Ms. Judy Davis. She thanked the board for having confidence in her to fill the position and noted she will work hard to move the SUD department in a positive direction.

The Chair, Mr. Glenn noted a recommendation was made to select Commissioner Jonathan C. Kinloch to the SUD Oversight Policy Board and that the motion was covered earlier in the meeting. Commissioner Kinloch thanked the board for the opportunity to serve.

BA 20-32R SUD Provider Contract: Team Wellness Center Individual Placement Support

The SUD Department requested permission to transfer SOR Individual Placement Support (IPS) allocation funds to be assigned to Team Wellness Center (TWC) in the amount of \$67,000.00. The original allocation will not change and will only allow the transferring of funds from DWIHN to a provider that currently offers IPS services to the Wayne County residents for the remaining of fiscal year 21. TWC will offer services to adults with an opioid use disorder to obtain community base jobs that pays at least minimum wage alongside others with the goal of increasing recovery and self-sufficiency. The grant will go away at the end of this fiscal year and will not be reinstated. This course of action will allow the services to be continued for the remaining of this fiscal year. The SUD Oversight Policy Board approved this Board action.

BA 20-33R SUD Provider Contract: Sobriety House Opioid Health Home

The SUD Department requested permission to transfer \$20,000.00 in SOR Opioid Health Home Funding to Sobriety House to expand OHH services in a residential setting. Sobriety House OHH program will provide comprehensive care management and coordination of services to Medicaid beneficiaries with an opioid use disorder diagnosis for enrolled beneficiaries. This will elevate the OHH services to individuals in residential settings and in doing so this will add to a beneficiary health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time. DWIHN has three goals for the OHH program: 1) improve care management of beneficiaries with opioid use disorder; 2) improve care coordination between physical and behavioral health care services; and 3) improve care transitions between primary, specialty, and inpatient settings of care. The SUD Oversight Policy Board approved this Board action.

Reports were provided by the SUD Director; the Prevention Services Manager and the State Opioid Response (SOR) Coordinator.

The Board Chair noted the Board Chair Report; the Executive Committee Report; the Finance Committee report; the Program Compliance Committee report and the SUD Oversight Policy Board report had been received and would be placed on file.

AD HOC COMMITTEE REPORTS

Policy/Bylaws Committee

Dr. Taueg, Chair Policy/Bylaws Committee, noted there was no report as the committee had not met however there would be a meeting scheduled to cover several outstanding matters.

CEO Search Committee

The Board Chair, Mr. Riley, III noted the CEO Search Committee met; a CEO Search Firm had been identified and there was a board action on the agenda under new business. Deputy Legal Counsel, Y. Turner noted that the Hunter Group had been selected to carry out the CEO Search and Board Action #21-62 along with Scope of Service and contract between the board and The Hunter Group would be presented under new business. Dr. Taueg noted that as a member of the committee she wanted to assure the board that with the assistance of Mr. Connally there were several firms that were interviewed and there was a process where each committee member gave feedback and this was the firm that was being recommended by the committee.

INTERIM PRESIDENT AND CEO MONTHLY REPORT

Mr. Doeh, Interim CEO, reported. A written report was provided for the record. Mr. Doeh recognized the board and the organization's accomplishment on achieving another three year accreditation from NCQA. He gave an overview of the document entitled and included in the packet " Gearing Toward Integration". It was noted that this plan moves towards the elimination of the PIHP's which is the contract that DWIHN has with the state. He gave a high level report on DWIHN's future efforts and noted that additional information on alternative plans and our opposition would be forthcoming. He also noted that there were three items that must hold true; first, behavioral health must remain in a public space; secondly, we must be able to bear the risk for the people we serve and thirdly, the delivery of service cannot be diminished or removed. He believed that the plan that has been introduced may be tied to the State's budget and would probably move very fast. He noted that this would be a team effort and that he would be reaching out to board members and staff for assistance. He noted that bringing Access Services in-house gives us an opportunity to control the front door. He also noted that we have pushed for Behavioral Health Homes and Opioid Health Homes. An overview was provided on the Crisis Assessment Center and our vaccination efforts. It was reported that more than 60% of our people have been vaccinated.

Discussion ensued regarding the individuals and organizations that would be involved in the effort to defeat the new plan currently being introduced to remove the PIHP's from the mental health system and the timeframe that was outlined in the document. The board requested talking points on this topic to assist with advocacy.

The monthly report of the Interim President and CEO was received and filed by the Board.

UNFINISHED BUSINESS

Staff Recommendations:

- A. **BA #20-32 (Revised)** Scripps Media. The Chair called for a motion on BA#20-32 (Revised). **It was moved by Mr. Glenn and supported by Ms. Ruth to approve of BA#20-32 (Revised).** J. Davis, Director of SUD reported. Staff requesting approval to increase the initial allocation by \$17,965 for the year ended September 30, 2020. Due to additional services required during FY an outstanding amount remains unpaid to Scripps as of September 30, 2020. FY 20 SUD Block grant

funding available to cover additional costs. **The Chair called for a vote on BA#20-32 (Revised).** There was no further discussion. **Motion carried unanimously.**

- B. **BA #21-25 (Revision 2)**, DWIHN FY 2020/2021 Operating Budget. The Chair called for a motion on BA#21-25 (Revision 2). **It was moved by Mr. Glenn and supported by Dr. Taueg to approve BA#21-25 (Revision 2).** S. Durant, CFO reported. This Board action was amended for language changes only with addition of the final paragraph. The Detroit Wayne Integrated Health Network staff is requesting board approval to amend BA 21-25 R1 per budget adjustment #21-35-011 certification of additional Medicaid revenue of \$43,989,268 per the projection of 1st quarter Medicaid revenue received. The revised FY 2021 operating budget was provided in the Board Action. Additionally, approximately \$11 million will be used to fund FY21 1st Quarter Direct Care Worker hazard pay for employees in the DWIHN Provider Network. The balance of the funds will be deposited in the Medicaid Internal Service Fund (ISF) account. There was no further discussion. **Motion carried unanimously.**

NEW BUSINESS

Staff Recommendations:

- A. **BA #21-59** – Public Affairs Associates. The Chair called for a motion on BA#21-59 **It was moved by Dr. Taueg and supported by Ms. Brown to approve BA#21-59.** B. Blackwell, Chief of Staff reported. The most recent agreement with our lobbyist firm PAA contained a term ending September 30, 2020 with an option to renew the contract for two additional on (1) year terms. In accordance with the same, staff is requesting to exercise both option renewing the agreement through September 30, 2022 for an amount not to exceed \$96,000 for the two- year term and a total contracted amount of \$144,000. PAA continues to work in conjunction with DWIHN staff and board members for government and legislative services. They have been a critical piece to DWIHN’s legislative plan in working with the MDHHS and Lansing leadership and have assisted in spearheading collaborative meetings which have made extensive headway with our System Transformation efforts. There was no further discussion. **Motion carried unanimously.**
- B. **BA #21-60** – Michigan Peer Review Organization. The Chair called for a motion on BA#21-60. **It was moved by Ms. Brown and supported by Ms. Ruth to approve BA #21-60.** M. Vasconcellos, Director of Customer Service reported. This board action is requesting approval to increase the initial contract for \$20,000 to extend the terms to September 30, 2021. The initial contract was for \$45,000 and therefore did not require a board action. The revised amount is \$65,000 and therefore requires board approval. Due to DWIHN not having the availability of a psychiatrist for appeals and denials, we have been utilizing MPRO. DWIHN estimated the \$20,000 amount based on the anticipation that we will decrease our utilization of MPRO by approximately 50% for the remaining 6.5 months. There was no further discussion. **Motion carried unanimously.**
- C. **BA#21-61** National Council for Behavioral Health. The Chair called for a motion on BA#21-61. **It was moved by Mr. Glenn and supported by Ms. Ruth to approve BA#21-61.** Andrea Smith, Director, Workforce Development reported. This Board action is requesting approval to enter into an eight month agreement from May 1, 2021 through December 31, 2021 for an amount not to exceed \$80,000 with the National Council for Behavioral Health to receive guidance and support in the organization’s goal of becoming a Behavioral Health Home (BHH) and a Certified Community Behavioral Health Clinic (CCBHC). There was no further discussion. **The motion carried unanimously.**

- D. **BA#21-62** The Hunter Group Search Group – The Chair called for a motion on BA#21-62. **It was moved by Mr. Glenn and supported by Ms. Ruth to approve BA#21-62.** Y. Turner, Deputy Legal Counsel reported. Staff is requesting approval in the amount of \$59,000 for the CEO Search Firm who will assist in our efforts to recruit a qualified President and Chief Executive Officer for DWIHN. The Board’s Personnel/Search Committee was initiated and met to vet several executive search firms. After the interview process, The Hunter Group was deemed to be the most qualified. There was no further discussion. **Motion carried unanimously.**

PROVIDER PRESENTATION – TEAM WELLNESS CENTER

Mr. Michael Hunter, Vice President and Chief Information Officer provided a PowerPoint for the record. An overview on their history, services, service sites and the population served was provided. Mr. Hunter provided information on the types of services provided which included psychiatry and behavioral health; primary care; dental clinic; podiatry and optometry. Highlights were provided on their crisis response team; suicide prevention; crisis stabilization; 24-hour Crisis Continuum; Jail Diversion and re-entry programs. It was also noted that Team Wellness is currently developing a women’s re-entry program. Services are also provided for Domestic Violence and Human Trafficking and there is also a community college and bridge incubation initiative. A brief overview was provided on their collaborations and partnerships. Chief Riley, III thanked Mr. Hunter for the presentation and noted that the services were extensive and beneficial to those that we serve.

REVIEW OF ACTION ITEMS

The Board is to be polled and dates submitted for the New Board Member Orientation; Board Study Session and the Board Annual Meeting. Mr. Doeh, Interim CEO to provide a recommendation regarding moving to a different meeting platform. The Board Committee list to be updated and resent to Board members. Ms. Blackwell to provide talking points on “Gearing Towards Integration” and preparing a “Call to Action” per the remarks of Mr. Parker.

GOOD AND WELFARE/PUBLIC COMMENT

The Board Chair, Mr. Riley, III read the Good and Welfare/Public Comment statement. There were no remarks for Good and Welfare. Board members noted that this was Administrative Assistant’s day and gave kudos to L. Blackshire, Board Liaison for her assistance to the board and a job well done.

ADJOURNMENT

There being no further business, the Chair, Mr. Riley, III called for a motion to adjourn. **It was moved by Mr. Parker and second by Commissioner Kinloch to adjourn. The motion carried unanimously and the meeting adjourned at 2:45 p.m.**

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

APRIL 7, 2021

1:00 P.M.

**VIRTUAL
CONFERENCE(BLUEJEANS)**

MEETING CALLED BY	I. Ms. Dora Brown, Chair called the meeting to order at 1:09 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair – Finance Committee
NOTE TAKER	Nicole Smith, Management Assistant
ATTENDEES	<p>Finance Committee Members Present: Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Mr. Angelo Glenn Ms. Dorothy Burrell Commissioner Jonathan C. Kinloch</p> <p>Committee Members Excused:</p> <p>Board Members Present: Chief William T. Riley, III, Chairperson</p> <p>Board Members Excused: None</p> <p>Staff: E. Doeh, Interim CEO/COO; S. Durant, CFO; B. Blackwell, Chief of Staff; Yolanda Turner, Deputy Chief Legal Counsel; Ebony Reynolds, Clinical Officer; Judy Davis, Interim Director of SUD; Jean Mira, Procurement Administrator; Steve Zawisa, Fiscal Informatics & Analytics Administrator</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, Ms. Brown, called for any Committee remarks. There were no remarks from committee members.	
IV. Approval of Agenda	
The Chair, Ms. Brown called for any amendments to the agenda. There were no changes requested to the agenda. The Chair called for a motion. Motion: It was moved by Mr. Glenn and supported by Mr. McNamara approval of the agenda. Motion carried.	
V. Follow-up Items:	
A. Provide a report that shows financial impact of transitioning to code 2015. Report should have its own section on financial report. CFO Durant noted the report will only cover 30 days of billings. It was also noted the report should be given on a monthly basis. April 7,	

2021 meeting (S. Durant) The CFO deferred this item and reported during the presentation of the Monthly Finance Report.

B. Quarterly Procurement Report- Provide on a quarterly basis the percentage of total purchases that come to the Board for approval compared to those that do not need Board approval. April 7, 2021 meeting (J. Mira)

Staff J. Mira, Procurement Administrator presented the 1st Quarter Procurement Report during the reporting of the follow-up item. The report and transmittal letter were provided to the Finance Committee meeting and is included in the agenda packet for informational purposes. Noteworthy information includes purchasing percentages, which include the Committee request for percentages of total purchases: Contract Percentage for Wayne County is 24.94% and Out of County is 75.06%; Funding Percentage w/o IT for Wayne County is 34.97% and Out of County is 65.03%; Overall purchases for Under 50K & Cooperative Purchases is 0.89% and all other purchases is 99.11%.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown called for a motion on the Finance Committee minutes from the meeting of Wednesday, March 3, 2021. **Motion:** It was moved by Mr. Glenn and supported by Ms. Burrell approval of the Finance Committee minutes from the meeting of Wednesday, March 3, 2021. 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 for five months ending February 28, 2021 was provided for the record. Authority Finance accomplishments and noteworthy items were as follows:

1. Last month a revised board action for the FY21 budget was presented and approved for \$43 million. CFO has since learned that approximately \$11 million of the \$43 million related to the first quarter FY21 DCW was for hazard pay. Therefore, \$32 million would be reported in reserves opposed to \$43 million. Discussion ensued. The committee requested a board action be presented at the Full Board meeting noting the changes.

2. DWIHN has concluded its audit for the fiscal year ended September 30, 2020. DWIHN has no reported findings. The following is a financial summary:

-DWIHN has no Medicaid ISF

-Received \$22.2 million in DCW revenue and passed through \$17.6 million to providers. Total lapsed amount \$4.7 million. CFO has allotted \$250,000 as a contingency for claims lag etc.;

-HMP Medicaid savings of \$21.7 million; per contract the savings is the first spent in FY21;

-PA2 balance of \$4,619,781; there was an increase of \$1,317,855 compared to prior year balance;

-General Fund FY20 carryover of \$5,433,928; 5% cap is \$1,747,173 however waiver assumed; \$3,686,755 in additional carryover; DWIHN awaiting approval for further action;

-Unspent SUD Treatment block grant totaled \$3.6 million; total allocation was \$11.8 million and expenses totaled \$8.2 million;

-Administrative costs increased by \$2 million as compared to prior year however \$7.2 million less than pre- Systems Transformation.

A summary of FY19 and FY20 comparison of revenues and expenses for DCW and HRA was presented and was noted in the month report.

Cash and Investments – comprise of funds held by three (3) investment managers, First Independence CDARS, Comerica, and Flagstar accounts. In addition, MDHHS remitted the

January and February DCW hazard pay totaling approximately \$8 million. There is a corresponding increase in Accounts payable to reflect the payments not yet made to providers.

Due from other governments/ Accounts Receivable – comprise various local, state and federal amounts due to DWIHN primarily related to PBIC for \$4.7 million and \$5.0 million due from MDHHS for 2 months of HRA revenue, respectively.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims paid through January 2021, including COVID-19 impact, was approximately \$275.2 million however actual payments were approximately \$236.7 million. The difference represents claims incurred but not reported of \$38.5 million.

Due to other governments – includes \$8 million due to MDHHS for death recoupment and \$4.6 million for DCW overpayment at 9/30/20.

Federal revenue/grant program expenses – variance due to timing of incurred expenses related to SUD, PASSAR and HUD grants.

State revenue and contracts - \$8 million of the \$32 million budget verse actual variance due to receipt of January and February DCW hazard pay not currently included in budget. The remaining \$24 million relates to the additional revenue in reserve account.

Local grants and contracts – variance due to PA2 revenue. DWIHN does not receive 1st quarter PA2 however budget is based on 25% of total budgeted amounts.

Autism, SUD, Adult, and Children services – \$18 million variance due to impact of COVID on certain lines of business and timing in services.

The Chair, Ms. Brown called for a motion on the Monthly Finance Report. **Motion:** It was moved by Mr. McNamara and supported by Ms. Burrell to accept the Monthly Finance Report. There was no further discussion. **Motion carried.**

VIII. 1st Quarter Procurement Report & Transmittal Letter

The Chair, Ms. Brown called for a motion to accept and file the previously presented 1st Quarter Procurement Report. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to accept and file the 1st Quarter Procurement Report. **Motion carried**

IX. 2021 Workforce Pillar Report

E. Reynolds, Clinical Officer presented the 2021 Workforce Pillar report to the Committee, on behalf of M. Moody Chief Clinical Officer. A data report was presented and provided for the record. Workforce is one of two pillars governed by the Finance Committee. As of the presentation date, the Workforce Pillar is at 60% completion of the 12 identified goals.

The Chair, Ms. Brown called for a motion to accept the 2021 Workforce Pillar Report. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to accept the 2021 Workforce Pillar Report. **Motion carried.**

X. Unfinished Business – Staff Recommendations:

a. **Board Action #20-32 (Revised): Scripps Media.** Staff request approval to increase the initial \$210,000 allocation to \$227,965, an increase of \$17,965 for the year ended September 30, 2020. Due to additional services requested during the fiscal year, an outstanding amount of \$17,965 remains unpaid to Scripps. There is available FY20 SUD block grant funding to cover the additional costs. The board action was presented by staff J. Davis, Interim Director of SUD. The Chair, Ms. Brown called for a motion on Board Action #20-32 (Revised).

Motion. It was moved by Mr. Glenn and supported by Mr. McNamara approval of Board Action #20-32 (Revised). **Motion carried.**

XI. New Business – Staff Recommendations:

a. **Board Action #21-59: Public Affairs Associates** – Staff requests board approval for a three-year contract of the lobbyist services of Public Affairs Associates (PAA) from October 1, 2020 - September 30, 2023 with a one year option to renew for a total contracted amount of \$144,000 (\$48,000/yr). PAA would continue to work in conjunction with DWIHN staff and board members for government and legislative services. The Board Action was presented by staff B. Blackwell, Chief of Staff. Discussion ensued regarding the terms of the contract. The Committee requested legal advice from Y. Turner, Chief Legal Counsel. The Committee recommended accepting the Board Action with an amendment to the contract terms for one year. The Chair Ms. Brown called for a motion on Board Action #21-59 as amended. **Motion.** It was moved by Mr. McNamara and supported by Mr. Glenn approval of Board Action #21-59 with amendment. **Motion carried.**

XII. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public to address the committee.

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

The meeting adjourned at 3:09 p.m.

**FOLLOW-UP
ITEMS**

PROGRAM COMPLIANCE COMMITTEE

MINUTES

APRIL 14, 2021

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Chief William T. Riley, III; Kenya Ruth; and Dr. Cynthia Taueg</p> <p>Committee Member(s) Excused: Michelle Jawad</p> <p>Board Members: Dorothy Burrell and Commissioner Johnathan Kinloch</p> <p>Staff: Miriam Bielski; Brooke Blackwell; Jacquelyn Davis; Eric Doeh; Dr. Shama Faheem; Bernard Hooper; Melissa Moody; John Pascaretti; Ebony Reynolds; April Siebert; Andrea Smith; and Yolanda Turner</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the agenda. Motion: It was moved by Chief Riley and supported by Dr. Carter to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Eric Doeh, Interim CEO requested the board's approval for Bernard Hooper, Director of Corporate Compliance to make an announcement before Item V: Follow-Up Items from Previous Meeting. Motion carried
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V. Announcement

DISCUSSION/ CONCLUSIONS	<p>Bernard Hooper, Director of Corporate Compliance announced that DWIHN has received preliminary notification from NCQA regarding DWIHN’s scoring on the data submission standards and has received the three-year NCQA Certification. DWIHN scored an 89.69% out of 100. DWIHN has received 100% of the points available for all standards with the exception of the eight (8). We will have the opportunity to submit additional evidence or descriptions with respect to those standards during the 10-day period after the receipt of the preliminary results. All must pass elements for the data submission standards and the file review standards have been passed at the 100% level.</p>
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VI. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Children’s Initiatives’ Quarterly Report – Please provide the following information:</p> <ol style="list-style-type: none"> 1. The workgroup that is being created to address the issue of staff retention – Ms. Reynolds and the Chief Clinical Officer meet with providers regularly to address staffing related issues. Providers also work together in a number of subgroups and different collaboratives to meet with local universities to recruit potential candidates that are scheduled to graduate with interest in the CMH system. DWIHN also have an affiliation agreement with Wayne State University, Central Michigan and University of Michigan and have recruited an average of 20 interns in the last two years. Our clinicians are working with providers that have their field of interest. The process is ongoing. 2. The number of unduplicated individuals served in the Service Delivery and involvement in the School Survey – There are 990 unduplicated students that have been served this fiscal year and 5,668 services have been provided for those students. Numbers are slightly lower from this time last year due the virtual learning process, and schools being closed due to the pandemic. There are 329 schools our CMH is going into across Wayne County to deliver services that are not just specific to the School Success Initiative. 3. Specify the amount of how each funding source is being utilized for the School Success Initiative – The Initiative is grant funded. Tier 1 and Tier 2 students that receive only prevention services are reimbursed through General Fund dollars that have been allocated to the School Success Initiatives’ providers. Any child enrolled in the CMH system and receiving services under our umbrella will be billed through Medicaid claims. The amount of General Fund dollars being used is \$3.6 million. <p>B. Chief Clinical Officer’s (CCO) Report – Please provide the percentage of people that are vaccinated:</p> <ul style="list-style-type: none"> • Vaccinations-Licensed Residential Homes – <i>City of Detroit</i> -551 out of 695 (79%) and <i>Wayne County</i> – 1,049 out of 1,340 (78%) – 91 persons were removed from the City of Detroit residential list as they did not live in licensed settings. 1,047 residential staff have been vaccinated. A combined total of 78% of members in licensed settings have been vaccinated. • Vaccinations-Unlicensed Homes - <i>City of Detroit</i> – 63 out of 148 (43%) and <i>Wayne County</i> – 476 out of 970 (49%) – 907 Direct Care Workers working in unlicensed settings report having been vaccinated. A combined total of 48% members have been vaccinated in unlicensed settings.
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	<ul style="list-style-type: none"> • Declines – There was a total of 189 members for the City of Detroit and Wayne County that declined to take the COVID-19 vaccine in licensed residential homes. There was a total of 396 members for the City of Detroit and Wayne County that declined to take the COVID-19 vaccine in unlicensed homes. The Communications department sends information on vaccinations to staff and providers daily to educate and answer any questions related to the vaccine. Information is available to providers to share with others.
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VII. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the March 10, 2021 meeting minutes. Motion: It was moved by Mrs. Ruth and supported by Dr. Carter to approve the March 10, 2021 meeting minutes. Dr. Tauzeg asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VIII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Update on DWIHN’s COVID-19 Response – DWIHN has successfully contributed to the efforts towards “flattening the curve” of the COVID-19 pandemic by ongoing periodic COVID testing of staff and residents of AFC and residential homes; periodic routine testing of DWIHN staff; partnerships with the City of Detroit and Wayne County Health Departments to provide vaccinations provided to staff and members of AFC and residential homes (licensed and unlicensed); as well as an “Ask a doc” initiative where staff are able to submit COVID vaccination related questions to our physicians. 2. Quality Improvement Steering Committee (QISC) March 30, 2021 – Reviewed results, barriers and recommended actions of ECHO Children Survey for 2020; Worked on integrating the Health and Wellness MyStrength Tool with the mental health screening Mindwise Tool to provide resources and targeted interventions to people who screen for a certain disorder. 3. Performance Improvement Projects (PIPs) – All clinical PIPs are being reviewed by Dr. Faheem with revisions on interventions, particularly the ones where no improvement was shown. 4. Substance Use Disorder (SUD) Initiatives – The Medication Assisted Treatment (MAT) is being under utilized despite being an evidence-based and FDA approved treatment for Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD). Dr. Faheem is working with I.T. on collecting data regarding current use of MAT and drafting educational tools and opportunities for the providers to encourage prescribing when clinically indicated and an individual meets the criteria for it. 5. Crisis and Access Services – Staff is working on the implementation of State recommended MI-SMART Medical Clearance Form for DWIHN patients; The Crisis Team and Hospital Liaison Group is working to identify potential delays in care; and working on automated alerts for the CRSP Treatment Team when a patient is in the E.R./hospital 6. Credentialing Committee – Staff has been successfully using Medversant for Credentialing and Re-Credentialing and working with Dr. Faheem to develop a Root Cause Analysis process for files that are deemed “unclean” by the system.
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	<p>7. PIHP Regional Medical Director’s Meeting – Dr. Pinals (MDHHS’ lead of the PIHP Medical Director’s Meetings) gave updates on various State initiatives and State vaccination efforts; updates on a new study that will look at long-term psychological effects of COVID-19; and updates from each region on vaccinations efforts and barriers to care for their clients.</p> <p>8. Behavior Treatment Advisory Committee (BTAC) – Behavioral Health Treatment Planning Training is being offered to all staff who are part of the IPOS including the ones who provide in-home services. Staff issued HIPPA compliant remote review and approval guidelines to the committee to ensure the continuation of the Behavior Treatment review services. A notification banner has been added to DWIHN’s MH-WIN to reflect any paid authorization of H2000 services within the past 365 days for any member on the Behavior Treatment Plan. MDHHS’ Behavioral Health Plan Guidelines have been provided to the network for review.</p> <p>The committee requested clarity of the Behavior Treatment Advisory Committee’s structure. (Action)</p> <p>B. Corporate Compliance Report - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report that Corporate Compliance and Managed Care Operations have initiated the contract termination process regarding United Horizons, a provider of CLS and Respite Services and SIL Housing Provider. Documentation supporting the termination of the United Horizons’ contract was presented to the Compliance Committee and it was concluded that a recommendation of contract termination be presented to DWIHN’s Board of Directors. Mr. Hooper is requesting support of the Program Compliance Committee to bring the matter of terminating the contract of United Horizons before the Board of Directors. The Chair called for a motion to terminate the contract with United Horizons, a provider of CLS’ Respite Services and SIL Housing. Motion: It was moved by Mrs. Ruth and supported by Dr. Carter to terminate the contract with United Horizons, a provider of CLS’ Respite Service and SIL Housing and move to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>The Chair called for a motion to accept the Corporate Compliance and Chief Medical Officer’s reports. Motion: It was moved by Mrs. Ruth and supported by Dr. Carter to accept the Corporate Compliance and Chief Medical Officer’s reports. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p>
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IX. Quarterly Reports -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access Call Center – Miriam Bielski, Director of Access Services submitted and gave highlights of her quarterly report. Ms. Bielski reported the Access Call Center went live on February 1, 2021 and informed the committee of its’ monthly performance for February and March. Ms. Bielski explained the key changes of the Access Call Center’s transition from February to March to the committee. The Call Center Representatives received 3,353 more phone calls, handled 3,273 more phone calls and met the Goal in March. Staff began the Call Center redesign by leveraging the internal system and phone equipment to enhance call flow.</p> <p>B. Crisis – Jacquelyn Davis, Director of Crisis Services submitted and gave highlights of her quarterly report. Ms. Davis reported:</p>
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1. **FY 20/21 Q1 Accomplishments** – Crisis Alerts in Consumer Records for identified recidivistic cases have been effective; Worked with the Detroit Police Department to develop a process for 911 to transfer calls directly to the Crisis Line (ProtoCall) – go live May 1, 2021; DWIHN participates on the committee with MDHHS to establish standardized guidelines for the new legislation for Crisis Stabilization Units; Staff has developed a Steering Committee with the Network providers to develop a plan for reducing psychiatric inpatient and recidivism; and DWIHN is participating in the Wayne County Mental Health Initiative.
2. **Area of Concern** – Increase in placement issues for MDHHS cases. Staff working with MDHHS to educate on behavioral health guidelines and provide consultations for ongoing treatment plans for children receiving services in Child Welfare settings.
3. **Plans for FY 20/21 Q3** – Educate system on resources for In-Home Respite and determine need for out-of-home respite and beds for managing baseline high acuity behaviors; Establish contact with Garden City Hospital for 28 Inpatient Psychiatric Beds; and Develop a process for implementing the MDHHS' Medical Clearance process.

Discussion ensued. The committee requested an update on the beds in the hospitals in the next quarterly report. **(Action)**

- C. **Utilization Management** – John Pascaretti, Director of Utilization Management submitted and gave highlights of his quarterly report. Mr. Pascaretti reported:
1. **Habilitation Supports Waiver** – 1,051 out 1,084 slots were filled at the end of March 2021 - (97%)
 2. **Autism** – 1,363 authorization requests were approved during the 2nd quarter and 1,792 cases currently open.
 3. **Evidence-Based Supported Employment** – 240 authorization approvals for the 2nd quarter.
 4. **General Fund** – 863 authorizations for 2nd quarter
 5. **Provider Network Hospital Admissions** – 2,088 inpatient admissions for 2nd quarter, a 6.79% decrease from Q1.
 6. **MI-Health Link** – 146 MI-Health Link authorizations across all ICOs for 2nd quarter, a 24.7% decrease from Q1.
 7. **State Facilities** – COVID-19 vaccinations were implemented this period and more than half of all inpatient members have been fully vaccinated.
 8. **SUD** – 3,301 authorizations approved by SUD/UM reviewers, 99% were approved in a timely manner.
 9. **MCG** – COPE, the Children's screening entities and ACT teams have screened 2,834 cases using the MCG BH Guidelines for the 2nd quarter, a 9% decrease from Q1.
 10. New Hire Interrater Reliability (IRR) continues to occur. An update of the MCG Guidelines is expected to be deployed in the next month or so. The Parity workgroup may recommend all PIHPs update to the 25th edition at the same time.
 11. **Timeliness** – The timeliness report calculates rates of adherence to time frames for each category (urgent concurrent, urgent preservice, nonurgent preservice and post-service) for each factor – 90% threshold.
 12. **Denials and Appeals** – 47 medical necessity denials for continue inpatient hospitalization and ABA services did not meet MCG medical necessity criteria for the 2nd quarter. There are 12 appeals.

The Chair bundled all quarterly reports. The Chair called for a motion to accept the Access Call Center, Crisis and Utilization Management quarterly reports. **Motion:** It was moved by Mrs. Ruth and supported by Chief Riley to accept the Access Call

	Center, Crisis and Utilization Management quarterly reports. Dr. Tauveg opened the floor for discussion. There was no discussion. Motion carried.
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X. Strategic Plan Pillar - Access

DISCUSSION/ CONCLUSIONS	<p>Jacquelyn Davis, Director of Crisis Services submitted and gave a report on the Strategic Plan – Access Pillar. The Access Pillar is at 72% completion. There are four high-level goals:</p> <ol style="list-style-type: none"> 1. Goal 1- Create Infrastructure to support a holistic care delivery system by 9/30/22 - Up 35% from last quarter. The Risk Matrix Scorecard Pilot has been launched on 3/1/21 with 5 CRSPs. All CRSPs will be participating by 9/30, the roll out to other Outpatient and Residential Providers - 44% Completion 2. Goal 2 - Create Integrated Continuum of Care for Youth by 9/30/20 - We're behind due to Children's Initiatives exploring the ability to capture system involvement in MH-WIN and working with IT to implement the referral system into MH-WIN - 83% completion, same as last quarter. 3. Goal 3 - Establish an effective Crisis response system by 9/30/22 - Wont' be fully complete until Crisis Assessment Center is up and running - 62% completion - slightly ahead 4. Goal 4 - Implement Justice Involved Continuum of Care by 9/30/20 - The WC Jail Diversion Council met in December and additional committees have been established to make more progress in Intercept 0: Community Services – 100% completion <p>The Chair called for a motion to accept the Strategic Plan - Quality Pillar report. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to accept the Strategic Plan - Access Pillar report. Dr. Tauveg opened the floor for discussion. There was no discussion. Motion carried.</p>
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XI. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	<p>FY 20-21 QAPIP Work Plan – April Siebert, Director of Quality Improvement submitted and gave an update on the FY 20-21 QAPIP Work Plan. Ms. Siebert reported that the first quarter Michigan Mission Based Performance Indicators (MMBPI) data was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2021. DWIHN has met all required standards with the exception of P1 #10 (Adult Recidivism) for Q1 reporting. Ongoing efforts and interventions for P1 #10 include the development of an internal Recidivism workgroup and an External Recidivism workgroup and noted efforts have decreased the adult recidivism rate from 20% to 17% for Q1 of this fiscal year. Staff seeks to reduce psychiatric inpatient admissions and provide safe, timely, appropriate and high-quality treatment alternatives while still ensuring members receive the appropriate required care as well as expand the comprehensive continuum of crisis services, supports and improve care delivery. DWIHN's Annual Needs Assessment Report was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2021. The Chair called for a motion to accept the FY 20-21 QAPIP Work Plan. Motion: It was moved by Chief Riley and</p>
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supported by Mrs. Ruth to accept the FY 20-21 QAPIP Work Plan. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

XII. Chief Clinical Officer's (CCO) Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer's report. Mrs. Moody reported that:</p> <ol style="list-style-type: none">1. COVID-19 & Inpatient Psychiatric Hospitalization – Hospitalizations data showed relatively no change in admissions for the month of March. There were four reported cases of COVID-19 inpatient in March 2021 (February 2021 – 4 cases).2. COVID-19 Intensive Crisis Stabilization Services – There was a 5% increase in crisis stabilization services provided in March 2021 (281 served) compared to February 2021 (267 served).3. COVID-19 Pre-Placement Housing – There were 30 people serviced in pre-placement housing for the month of March 2021.4. COVID-19 Recovery Housing/Recovery Support Services – There was relatively no change in the utilization of COVID-19 recovery homes in the month of March 2021 (4) compared to February 2021 (4).5. COVID-19 Urgent Behavioral Health Urgent Care Sites – There was a 25% reduction in utilization of Urgent Behavioral Health Urgent Care Services in March 2021 (30) compared to February 2021 (41).6. Residential Department Report of COVID-19 Impact – There was 21 new positive COVID-19 positive members in March 2021 but no reported new deaths. There was no new COVID-19 positive cases nor deaths for staff in Residential Placement for March 2021.7. Michigan COVID-19 Updates – Michigan has now moved into Phase 2, Individuals 16 years of age or older in an effort to reach the goal of having at least 70% of Michigan residents vaccinated. <p>The City of Detroit and DWIHN's partnership to distribute vaccinations to various groups has resulted in 3,221 vaccinations being provided to persons we support. This effort combined with the licensed and unlicensed Residential homes resulted in a total of 7,314 persons vaccinated. The committee requested a report on members that have been fully vaccinated and have passed the two-week waiting period in next month's CCO's report. (Action) The Chair called for a motion to accept the Chief Clinical Officer's report. Motion: It was moved by Dr. Carter and supported by Chief Riley to accept the Chief Clinical Officer's Report. Dr. Taueg opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIII. Unfinished Business - None

DISCUSSION/ CONCLUSIONS	<i>There was no Unfinished Business for review/approval.</i>
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XIV. New Business: Staff Recommendation(s) -

DISCUSSION/ CONCLUSIONS	<p>A. BA# 21-60 – Michigan Peer Review Organization (MPRO) – Staff requesting approval to increase the initial contract for \$20,000.00 and extend the terms to September 30, 2021. The initial contract was \$45,000.00. The revised amount is \$65,000.00 and therefore, requires board’s approval. Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>B. BA #21-61 – National Council for Behavioral Health BHH Consultation – The Chair called for a motion on BA #21-61. Staff requesting an eight-month agreement from May 1, 2021 through December 31, 2021 for an amount not to exceed \$80,000.00 with the National Council for Behavioral Health to receive guidance and support in the organization’s goal of becoming a Behavioral Health Home (BHH) and/or a Certified Community Behavioral Health Clinic (CCBHC). Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>The Chair bundled the board actions. The Chair called for a motion on BA #21-60 and BA #21-61. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-60 and BA #21-61 to Full Board for approval. Dr. Taueg opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p>The Chair asked if there were any Good and Welfare/Public Comment. Dorothy Burrell, Board Member informed the committee that Ray Solomon passed away and that his service will be held at the Aretha Franklin Amphitheater. She will provide the information to Lillian Blackshire, Board Liaison.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. Chief Medical Officer’s Report – Provide clarity of the Behavior Treatment Advisory Committee’s (BTAC) structure.	Dr. Shama Faheem	May 12, 2021
2. Quarterly Reports: Crisis Services – Provide an update on the beds in the hospitals in the next quarterly report	Jacquelyn Davis	July 14, 2021
3. Chief Clinical Officer’s Report – Provide a report on members that have been fully vaccinated and have passed the two-week waiting period in next month’s CCO’s report	Melissa Moody	May 12, 2021

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

ADJOURNED: 2:44 p.m.

NEXT MEETING: Wednesday, May 12, 2021 at 1:00 p.m. *(Virtual Meeting)*

**PRESIDENT/CEO
DETROIT WAYNE INTEGRATED HEALTH NETWORK**

GENERAL SUMMARY

The President/CEO of the Detroit Wayne Integrated Health Network is appointed by and works under the direct supervision of the Detroit Wayne Integrated Health Network Board of Directors. This position also has the responsibility of communicating to, and informing the Board of the policies, activities and other related issues of the Detroit Wayne Integrated Health Network. The President/CEO of the Detroit Wayne Integrated Health Network (“the Network” or “DWIHN”) has the responsibility of ensuring that behavioral health services and information regarding behavioral health services are provided to the citizens of the County of Wayne in accordance with the provisions of the contract between the Detroit Wayne Integrated Health Network and the Michigan Department of Health and Human Services.

The President/CEO of the Detroit Wayne Integrated Health Network shall function as the chief executive and administrative officer of the Network and shall execute and administer the Network’s functions in accordance with the approved annual plan and operating budget, the general policy guidelines established by the Network Board of Directors, and the provisions of the Michigan Mental Health Code. The President/CEO has the authority and responsibility for the appointment and supervision of the Medical Director, the Director of the Office of Recipient Rights and all other employees of the Network in accordance with Mental Health Code. The terms and conditions of the President/CEO's employment, including tenure of service, shall be as mutually agreed to by the Network Board of Directors and the President/CEO and shall be specified in a written contract.

PRINCIPAL DUTIES AND RESPONSIBILITIES:

Consistent with the principles of recovery, person-centeredness, and cultural competence, the DWIHN President CEO’s principal responsibilities are as follows:

1. Implements the policies and procedures of the Detroit Wayne Integrated Health Network Board of Directors.
2. Develops and recommends public policy for Wayne County’s behavioral health populations (which includes the developmentally disabled and chemically dependent populations) to the Detroit Wayne Integrated Health Network Board of Directors.
3. Develops and implements long-term and short-term strategic plans, objectives and goals for the Detroit Wayne Integrated Health Network.

4. Ensures that the Network, its operations, and delivery of services are in compliance with the provisions of Article 330.1230-Sec.230 of the Michigan mental health code
5. Manages and administers the Network budget, including monitoring provider spending plans and developing internal and external fiscal policy and procedures.
6. Oversees the procurement of grant funds and Federal, State, and local appropriations.
7. Directs and manages the Managed Care network that provides mental health services to Detroit and Wayne County residents.
8. Oversees and enforces the Recipient Rights guidelines and protections required in the Mental Health Code.
9. Develops, implements, and monitors quality assurance standards and compliance for agencies with contracts with the Detroit Wayne Integrated Health Network.
10. Oversees and administers research programs in the behavioral health area of study (which includes research programs for the developmentally disabled and chemically dependent) for the residents of the County of Wayne.
11. Oversees and administers the delivery of clinical services to the County's behavioral health populations (which includes the developmentally disabled and chemically dependent populations).
12. Develops, creates and oversees written and verbal communication, public relations, and community programming for the Detroit Wayne Integrated Health Network.
13. Provides general supervision to the employees of the Detroit Wayne Integrated Health Network including making personnel and labor relation policies and decisions.
14. Directs, manages, and monitors the day-to-day operations and activities of the Detroit Wayne Integrated Health Network.

DESIRED KNOWLEDGE, SKILLS, AND ABILITIES

The ideal candidate for DWIHN CEO should possess the following knowledges skills and abilities:

- Knowledge of Michigan political landscape and issues effective health care across the state
- Knowledge of mental health theory and practice.

- Some knowledge of physical health theory and practice
- Knowledge of the provision of Mental health services in an urban setting.
- Knowledge of integrated healthcare.
- Knowledge of mental health delivery systems.
- Knowledge of the State of Michigan Mental Health Code.
- Knowledge of providing services in a managed care environment.
- Knowledge of clinical service delivery for mentally ill persons.
- Knowledge of Recipient Rights standards.
- Knowledge of grant funding sources and acquiring grant funds.
- Knowledge of Federal, State, and local funding sources.
- Knowledge of mental health research initiatives.
- Knowledge of contract management including monitoring quality assurance and compliance standards.
- Knowledge of public relations operations.
- Knowledge of providing community programs in the area of mental health.
- Knowledge and understanding of public policy and advocacy.
- Knowledge of healthcare and mental health financial management.
- Knowledge of personnel policies, practices, and procedures.
- Knowledge of the behavioral health field of study.
- Knowledge of the developmentally disabled population.
- Knowledge of Substance Use Disorder (SUD) and the chemically dependent population.
- Executive - level decision making skills.
- Management and administrative skills.

- Supervisory skills.
- Negotiation skills.
- Problem-solving and decision-making ability.
- Ability to communicate effectively in writing.
- Ability to communicate effectively orally.
- Ability to work effectively with a governing board, superiors, subordinates, consumers, and the general public.
- Openness to the emerging workforce in community mental health, including people with lived experience, their family members, allies and fictive kin.
- Healthy respect for the needs and interest of the individuals who receive services
- The ideal candidate must be politically savvy
- The ideal must be fiscally responsible
- Personal experience with behavioral health issues is desired.

Performance Indicators

A. Board Relations and Governance

- Maintains active communication with the Network Board of Directors. Understands the Network's requirements for governance practices and supports the Board of Directors and its governance.
- Appropriately provides support and leadership to the Board of Directors.
- Works closely with Board of Directors to keep them informed of the state of Mental Health on critical issues relating to DWIHN, such as regulatory or statutory changes, as well as annual appropriations.
- Provides Board of Directors the information it needs to monitor performance and make good decisions.
- Implements Board policies and directives.
- Builds effective partnership relations with all members of the Board.

B. Finances

- Oversees the fiscal activities of DWIHN, including budgeting, reporting, and auditing. Follows annual budget approved by the Board of Directors.
- In collaboration with the Board of Directors, monitors annual appropriation from State of Michigan.
- Promotes programs and services that are produced in a cost-effective manner, employing economy while maintaining an acceptable level of quality.
- Recommends yearly budget for the Board of Director's approval and prudently manages organization's resources within those budget guidelines according to current laws and regulations.
- Oversees and maintains cash flow; develops realistic budgets and stays within budget. Ensures leaders stay within budget.
- Demonstrates good stewardship of financial resources and manages those resources in the most effective and efficient manner.
- Ensures maximum resources are appropriated to DWIHN for all funding sources – Medicaid, Healthy Michigan, General Fund, Grant.

C. Strategic Planning Facilitation

- In collaboration with the Board of Directors, facilitates the planning process for the Board approved strategic plan.
- In collaboration with the Board of Directors, develops long-term and short-term strategies and plans that set clear goals, timelines, and priorities for DWIHN as a whole; ensures timely and steady progress toward strategic objectives.
- Monitors DWIHN's short-term and long-term range strategies to ensure achievement of the organization's mission, as well as making consistent and timely progress.
- Obtains and allocates resources consistent with DWIHN's strategic objectives. Assesses DWIHN's capabilities and resources required to successfully carry out strategy. Reports regularly to the Board of Directors on progress toward strategic plan milestones.
- Identifies strategic aims and anticipates future demands, opportunities, and constraints. Translates strategic aims into practical and achievable plans.
- Demonstrates knowledge and sensitivity of stakeholders' needs, within and outside the organization.

- Makes decisions in a timely manner, even in uncertain circumstances.
- Promotes a sound platform to the community as to the direction of the Network.

D. Leadership

- Leads by example and demonstrates a clear vision of the future of DWIHN and its contribution to the community's well-being. Consistently displays integrity and models DWIHN's values.
- Communicates and engages staff regarding the mission, vision and values of DWIHN.
- Effectively leads DWIHN through complex challenges and difficult decisions.
- Demonstrates excellence in leadership by ethical application of processes, policies, decisions, etc. Sets and achieves clear and measurable goals and reasonable deadlines. Timely completion of projects.
- Builds a high performance team. Appropriately delegates assignments to leadership staff and others as appropriate.
- Initiates and follows through with change; is visible, approachable and earns respect; inspires and motivates others. Deals effectively with demanding situations and designs and implements effective intervention.
- Develops Matrix or other mechanism to monitor management and oversight of employees.
- Demonstrates initiative and creativity in identifying and addressing strategic issues facing the organization. Demonstrates high standards of integrity, honesty, and fairness expected.
- Carries forth decisions of the Board of Directors. Effectively manages continuity, change, and transition.
- Ensures DWIHN operates as a data driven organization. Positions DWIHN as a key leader in healthcare throughout Wayne County.

E. Human Resources, Labor and Employee Relations

- Ensures recruitment process and compensation program is efficient and encourages attraction of high-quality, diverse, talented applicants.
- Assures that appropriate actions are taken to monitor and enhance employee performance.

- Ensures appropriate management practices are developed and implemented.
- Leads development of policies and procedures. Evaluates and assesses overall Human Resources processes and functions for efficiency.
- Ensures recruitment of a diverse, high-quality, talented staff. Develops succession plans.
- Development of a Compensation Plan, per Board policy.
- Delegates effectively, making the best use of skills and resources within the team.
- Acts as role model in developing employees. Motivates employees to seek and participate in developmental activities that enhance technical and professional skills.
- Develops and implements an employee engagement program that develops an enthusiastic committed and fully engaged workforce.
- Works with and maintains effective relationship with unions.
- Leads labor negotiations and negotiates labor contracts in the best interest of DWIHN. Manages the Collective Bargaining Agreement (CBA) and ensures CBA is administered appropriately.

F. Services and Programs

- Works in collaboration of the Board of Directors to determine the best program and services for DWIHN and ensures appropriate implementation.
- Ensures that Managers of Comprehensive of Provider Network (MCPNs) deliver appropriate services in an effective manner.
- Leads negotiations and implementation of new programs and services.
- Creates innovative partnerships to ensure DWIHN is positioned as a key leader in healthcare throughout Wayne County to influence use of the programs and services.
- Leads and promotes continuous improvement of programs and services and program outcomes.
- Evaluates methods to transform service delivery models in various programs and services.
- Ensures programs and services are tracked and measured for efficiency in organizational performance outcomes.

G. Quality and Education Based Medicine

- Collaborates with the Board of Directors in developing implementation guidelines for quality and evidence based practices with identifiable timelines.
- Implements the Quality Assessment Performance Improvement Plan (QAPIP) with measurable outcomes, which are based on the Strategic Plan.
- Implements at least four (4) new clinical best practices.
- Develops and implements a model to ensure access to medications that is clinically sound and cost effective.

EXPERIENCE AND TRAINING:

Education and Experience:

A qualified candidate will meet either of the following education and experience requirements:

1. Be a physician, psychologist, social worker, registered nurse, or other human services professional who possesses:
 - A master's degree;
 - Three (3) years of professional experience in his or her field of training; and
 - Two (2) years of experience in the administrative supervision of mental health programs.

-OR-

2. Be a person who possesses at least:
 - A master's degree in a field of management relevant to the administration of a county community mental health program;
 - Three (3) years of professional experience in management; and
 - Two (2) years of experience in the management of human services programs.
 - The areas of community mental health administration, hospital administration, public administration, institution management, business administration, or public health are deemed to be relevant fields of management

Preferred Experience and Training:

Three (3) to Ten (10) years of progressively responsible executive or administrative experience in the areas of mental health, human or social services, quality assurance, grant writing, community resource development, contract management, management information systems and healthcare finance, in an urban setting, preferred.

A master's degree the area(s) of Public Health, Public Administration, Business Administration, human or social services or a related field, desired.

**Candidates that possess substantially similar qualifications may be considered at the discretion of DWIHN.

WORKING CONDITIONS:

Work is performed in an office setting.

The above statements are intended to describe the general nature and level of work being performed by person assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

Detroit Wayne Integrated Health Network
Rvs. 3/16/21

JAC:jc

APPENDIX A SCOPE OF SERVICES

Contractor shall, unless directed otherwise by the Director of Human Resources, acting on behalf of DWIHN, provide the following services:

- 1.1 Services: In addition to the other Services set forth herein, the Contractor shall assist DWIHN in attracting, interviewing, and hiring a Chief Executive Officer (CEO) for DWIHN. The CEO shall oversee all aspects of DWIHN management to insure DWIHN meets its mission, vision, and values. The CEO shall build upon the success of DWIHN, which is recognized for its successful and innovative programs. The CEO shall work with the DWIHN Board of Directors to optimize achievement of the mission, vision, and values; manage an executive and administrative operating team; engage with an exceptional team of staff-level employees; establish and grow relationships with stakeholders including federal, state, and local officials, industry associations and behavioral health executives from across Michigan and the United States.
- 1.2 Needs Assessment: Working with DWIHN, the Contractor shall determine the needs of DWIHN and the characteristics of the ideal candidate.
- 1.3 Develop Recruitment Materials: Working with DWIHN, the Contractor shall develop a comprehensive recruitment profile.
- 1.4 Sourcing and Recruiting: Working with DWIHN, the Contractor shall establish the criteria used to identify qualified applicants.

The Contractor shall source prospective candidates from a variety of platforms including its database, and/or by recruiting to match the skills and qualifications required by the CEO job posting. To achieve this, Contractor shall analyze local, regional, and national labor markets, tap networks of professional affiliations, and leverage social media and other non-traditional methods of candidate sourcing.

The Contractor shall review the credentials of the applicants to the DWIHN job posting to identify those that shall move forward in the search process.

- 1.5 Screening:

The Contractor shall analyze profiles identified or received through applications or other sources and identify the ones who most closely match the position job description. The analysis shall include candidates from the prior DWIHN search, as well as the search conducted by the Contractor.

The Contractor shall perform an initial screening, a screening interview and a hardwiring assessment.

The Contractor shall conduct extensive background checks for the top candidates. The background check shall include reference interviews, background checks, and searches using the internet, social media, and newspaper archives.

1.6 Semi-Finalist Selection and Presentation:

The Contractor shall facilitate the presentation of three to eight top candidates to DWIHN for consideration.

The Contractor shall compile the information into a written report.

The Contractor shall advise DWIHN on interviewing, provide a series of questions the selection committee may wish to ask, and logistical information.

1.7 Finalist Selection:

The Contractor and DWIHN shall discuss all information and determine finalists. The Contractor will complete the background checks, the candidates' reference checks, and a compilation of materials from Internet / newspaper archives.

1.8 Notify All Candidates of Their Status:

The Contractor shall notify the selected candidates by telephone and provide them the opportunity to ask additional questions. The Contractor shall notify those not selected to advise them of their status.

1.9 Coordination of the Candidate Assessment Process:

Prior to the interviews, the Contractor shall recommend an interview/assessment process for the CEO review including means to evaluate the candidates' communication, interpersonal, and decision-making skills. Working with DWIHN, the Contractor shall recommend how the candidates shall be observed.

1.10 Interviewing:

Working with DWIHN, the Contractor shall organize interviews of candidates with all identified stakeholders. Preparation shall include questions and process development, site selection, all notifications and other related follow up.

1.11 Notification, Contract Negotiations and Warranty:

Contractor will assist in compensation negotiations either as an advisor or as the interface between the successful candidate and DWIHN.

1.12 Continuing Assistance:

The Contractor shall be available to DWIHN and the successful candidate to assist in resolving any issues that may arise. At DWIHN's request, the Contractor shall conduct a team-building workshop to resolve difficulties.

1.13 Communication:

The Contractor shall provide regular board updates regarding the status of the search in writing, be available to address any DWIHN questions, and shall provide guidance to the DWIHN Board of Directors through the entire search process.

1.14 Work Plan:

The Contractor agrees to the following timeline to recruit and select a DWIHN CEO:

Description of Task	Estimated Completion Date
Execution of Contract and Retainer Paid	April 30, 2021
Research, Attraction, and Assessment of Candidates	May 2021 – June 2021
Presentation of Candidates	First week of July 2021
Board Interviews of Candidates – Semi-finalist first round	Second week of July 2021
Finalist second round and offer negotiated	Third week of July 2021
Offer extended	Fourth week of July 2021

The Contractor shall notify DWIHN immediately, in writing, if there are any changes to the workplan.

1.15 Contractor Guarantee:

The Contractor agrees they will not approach the selected candidate for any other position as long as the selected candidate is employed by DWIHN.

If the selected candidate leaves DWIHN for any reason other than an Act of God (such as total incapacitation or death) within the first two (2) years of employment, the Contractor shall repeat the search one-time at its own expense except for reimbursements of expenses only. DWIHN may elect to pay such expenses directly.

If DWIHN is not satisfied with the candidates presented by the Contractor, the Contract shall repeat the search until DWIHN is satisfied at no additional cost except for the reimbursements of expenses only. DWIHN may elect to pay such expenses directly.

APPENDIX B COMPENSATION SCHEDULE

Compensation Schedule. DWIHN agrees to the following three-installment, fee schedule:

Description of Invoice	Contract Milestone / Invoice Date	Invoice Total
Upfront Non-Refundable Retainer	Retained search launch	\$19,666.00
Second, one-third installment	On month thereafter	\$19,667.00
Final, one-third installment	Upon CEO candidate's acceptance of Job Offer	\$19,667.00
TOTAL NOT TO EXCEED		\$59,000.00

The compensation schedule is a fixed fee that shall include all Contractor's expenses and costs. The Parties agree that other costs may be incurred by candidate's travel, accommodations, and meals for the interview process. The Contractor agrees that all out-of-pocket expenses shall be pre-approved by DWIHN, and that DWIHN may elect to pay the candidates' expenses directly.

If DWIHN requests the Contractor to perform work that is beyond the Scope of Work for this contract, the parties will negotiate an agreed upon rate for the same which shall not exceed \$150.00 per hour. Contractor agrees that no such work shall be performed without DWIHN's prior written authorization.

APPENDIX C CONFIDENTIALITY AGREEMENT

MUTUAL CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (this “Agreement”) is dated effective April 15, 2021, by the **DETROIT WAYNE INTEGRATED HEALTH NETWORK**, whose address is 707 W Milwaukee Ave, Detroit, MI 48202 (“DWIHN”), and The Hunter Group, whose address is 33 Bloomfield Hills Parkway, Suite 242, Bloomfield Hills, MI 48025, and all of its affiliates and related parties (“Contractor”).

RECITALS:

- A. **WHEREAS**, DWIHN is Community Mental Health Authority established pursuant to Section 205 of the Michigan Mental Health Code, 1974 PA 258, as amended by 1995 PA 290, to operate a community mental health services program; and
- B. **WHEREAS**, DWIHN and Contractor have contracted for the purpose of Contractor providing services to DWIHN, including executive search, more particularly described in DWIHN Contract Number 2020-0216-HR; and
- C. **WHEREAS**, DWIHN may receive from the Contractor information of a non-public, proprietary nature for use by the DWIHN and its agents, employees and representatives (collectively, “Representatives”) in connection with the Services; and
- D. **WHEREAS**, Contractor may receive from DWIHN information of a non-public nature for use by the Contractor, its agents, employees and representatives (collectively, “Representatives”) in connection with the Services; and
- E. **WHEREAS**, “Confidential Information” includes but is not limited to: programs, data, technical procedures, software, prototypes, formulas, methodologies, specifications, medical records, investment information, project plans and requirements, technical and business information regarding business operations and affairs, employment data, financial data, sales and marketing information, specifications, drawings, sketches, data, documentation, correspondence or any other private or proprietary ideas or information (“Confidential Information”); and
- F. **WHEREAS**, The Contractor and DWIHN desire to establish terms governing the

disclosures of Confidential Information that will be made by the Contractor and/or DWIHN;
and

NOW THEREFORE, in consideration of the covenants set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and DWIHN and Contractor, intending to be legally bound, agrees as follows:

- A. **Confidentiality Obligations**. Except as otherwise provided in this Agreement, the DWIHN and Contractor shall, with respect to the Confidential Information (a) hold the Confidential Information in strict confidence using at least the same care and caution it affords its own confidential information, but in no case less than a reasonable degree of care; (b) take any and all steps which may be necessary and reasonable to protect the Confidential Information; (c) use the Confidential Information only in connection with Services; (d) reproduce the Confidential Information only to the extent necessary in connection with the Services; and (e) restrict disclosure of the Confidential Information only to Representatives whose duties justify the need to know the Confidential Information in connection with the Services (ii) who are advised as to the confidential and proprietary nature of the Confidential Information and (iii) who are required to comply with the provisions of this Agreement. The obligations of the Contractor and DWIHN to maintain the confidentiality of the Confidential Information it has received under this Agreement shall continue until such time as the information is no longer confidential or the parties provide written notice releasing each other from the terms of the is Agreement.
- B. **Exceptions**. The obligations with respect to the Confidential Information under this Agreement shall not apply to any Confidential Information which as shown by written evidence (a) is in the public domain (provided that such information has not or does not come into the public domain as the result of a disclosure by the other party); (b) is received by on a non-confidential basis from a source other than the other party (provided that such source is not bound by a confidentiality agreement with the Contractor or another party); or (c) is determined by DWIHN its reasonable discretion to be required to be disclosed by operation of law, including but not limited to the State of Michigan open records, freedom of information (MCL 15.231 *et seq.*) or open meetings (MCL 15.261 *et seq.*) statutes and regulations. Nothing in this Confidentiality Agreement shall prohibit the DWIHN from making any disclosure reasonably determined by it to be required by law, rule, regulation, subpoena, court order, or similar legal process or requirement. However, the DWIHN agrees that (i) promptly following receipt of a legal request and prior to making such disclosure, the DWIHN will notify the Contractor of such request so that the Contractor may take action to safeguard its interests and (ii) the DWIHN shall reasonably cooperate with the Contractor, at no cost to DWIHN, in seeking to preserve the confidentiality of the Confidential Information. It shall be the Contractor 's sole obligation and responsibility to take such action.
- C. **No Grant**. The disclosure of Confidential Information shall not be construed to grant to the other party any license, ownership or other proprietary interest in the Confidential

Information. The parties agree that it does not acquire any title, ownership, or other intellectual property right or license in or to the Confidential Information provided by the other party by virtue of such disclosure, and all Confidential Information (including tangible copies and computerized or electronic versions and summaries thereof) shall remain the property of the originating party.

- D. **Remedies**. The Contractor and DWIHN agree that its obligations hereunder are necessary and reasonable to protect the Contractor and/or DWIHN and expressly agree that monetary damages might be inadequate to compensate the Contractor or DWIHN for any breach of any covenant or commitment set forth herein. The Contractor and DWIHN agree and acknowledge that any such violation or threatened violation may cause irreparable injury to the Contractor or DWIHN and that, if deemed appropriate by the court presiding over the matter, the Contractor (in addition to any other rights and remedies that may be available at law or in equity) may be entitled to seek injunctive relief against the threatened breach of this Agreement or the continuation of any such breach.
- E. **Governing Law**. This Agreement shall be governed and interpreted under the laws of Michigan, without regard to its choice of law provisions.
- F. **Amendment**. No amendment or modification of this Agreement shall be valid unless made in writing and signed on behalf of the DWIHN and the Contractor by their respective duly authorized officers or representatives.
- G. **Signature**. This Agreement may be executed by facsimile signature.
- H. **Non-Waiver**. No failure or delay by the Contractor or DWIHN in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any other right, power or privilege hereunder.

DETROIT WAYNE INTEGRATED HEALTH NETWORK

By: _____ Date: _____

THE HUNTER GROUP, LLC

By: _____ Date: _____

Community Mental Health Association of Michigan

VIRTUAL ANNUAL SUMMER CONFERENCE

BE the CHANGE

Shaping our Future
Together

June 14-17, 2021

Virtual education & networking each day
from 9:00am-12:30pm EST



March 22, 2021

To the Board of Directors
Detroit Wayne Integrated Health Network

We have audited the financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and have issued our report thereon dated March 22, 2021. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated October 5, 2020, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities. Our responsibility is to plan and perform the audit to obtain reasonable, but not absolute, assurance that the financial statements are free of material misstatement.

As part of our audit, we considered the internal control of DWIHN. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.

Our audit of Detroit Wayne Integrated Health Network's financial statements has also been conducted in accordance with *Government Auditing Standards*, issued by the Comptroller General of the United States. Under *Government Auditing Standards*, we are obligated to communicate certain matters that come to our attention related to our audit to those responsible for the governance of DWIHN, including compliance with certain provisions of laws, regulations, contracts, and grant agreements; certain instances of error or fraud; illegal acts applicable to government agencies; and significant deficiencies in internal control that we identify during our audit. Toward this end, we issued a separate letter dated March 22, 2021 regarding our consideration of DWIHN's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our meeting about planning matters on January 22, 2021.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by DWIHN are described in Note 2 to the financial statements.

No new accounting policies were adopted, and the application of existing policies was not changed during the year ended September 30, 2020.

We noted no transactions entered into by DWIHN during the year for which there is a lack of authoritative guidance or consensus.

We noted no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The most sensitive estimate affecting the financial statements was management's estimate of the unearned revenue, which is based on the cost settlement with the State at year end. We evaluated the key factors and assumptions used to develop this estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Disagreements with Management

For the purpose of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report.

We are pleased to report that no such disagreements arose during the course of our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We did not detect any misstatements as a result of audit procedures.

Significant Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting DWIHN, and business plans and strategies that may affect the risks of material misstatement, with management each year prior to our retention as DWIHN's auditors. However, these discussions occurred in the normal course of our professional relationship, and our responses were not a condition of our retention.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated March 22, 2021.

To the Board of Directors
Detroit Wayne Integrated Health Network

March 22, 2021

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a second opinion on certain situations. If a consultation involves application of an accounting principle to DWIHN's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

This information is intended solely for the use of the board of directors and management of Detroit Wayne Integrated Health Network and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Plante & Moran, PLLC

A handwritten signature in cursive script that reads "Chad J. Schafer".

Chad J. Schafer, CPA



Detroit Wayne Integrated Health Network

**Financial Report
with Supplemental Information
September 30, 2020**

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March 22, 2021

Board of Directors
Detroit Wayne Integrated Health Network
Detroit, Michigan

Ladies and Gentlemen:

I am pleased to present the financial statements for the Detroit Wayne Integrated Health Network (DWIHN) for the fiscal year ended September 30, 2020 along with the Independent Auditors Report. This report is prepared for the purposes of disclosing DWIHN's financial condition and is prepared in accordance with U.S. generally accepted accounting principles (GAAP), as established by the Governmental Accounting Standards Board (GASB) and meets all requirements of the state finance law of the State of Michigan.

All local units of government within the State of Michigan must comply with the Uniform Budgeting and Accounting Act, Public Act 2 of 1968, as amended, which requires an annual audit of the financial records and transactions of DWIHN by independent certified public accountants, within six months of the close of each fiscal year.

Management assumes full responsibility for the completeness, accuracy and fairness of the information contained in the report. Plante Moran, PLLC has issued an unmodified ("clean") opinion on DWIHN. The independent Auditor's Report is located at the front of the financial section of this report. Management believes the information presented is materially accurate and that its presentation fairly shows the financial position and results of operations of DWIHN and that the disclosures will provide the reader with an understanding of DWIHN's affairs.

DWIHN has prepared its financial reporting requirements as prescribed by the GASB Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis-for State and Local Governments* (GASB 34). This GASB Statement requires that management provide a narrative introduction, overview, and analysis that accompany the Basic Financial Statements in the form of a Management Discussion and Analysis (MD&A). This letter of transmittal is designed to complement the MD&A and should be read in conjunction. The MD&A can be found immediately following the report of the independent auditors.

Profile and Demographics of DWIHN

DWIHN serves over seventy-three thousand (73,000) consumers located within the Charter County of Wayne (the County) in the State of Michigan with an approximate population of 1.8 million in the county. The County is the most populous county in the State of Michigan and the 19th most populous county in the nation. The County encompasses approximately 620 square miles and is made up of thirty-four (34) cities, including the City of Detroit, nine (9) townships and thirty-three (33) school districts. The following chart provides additional demographic information regarding persons served in FY20:

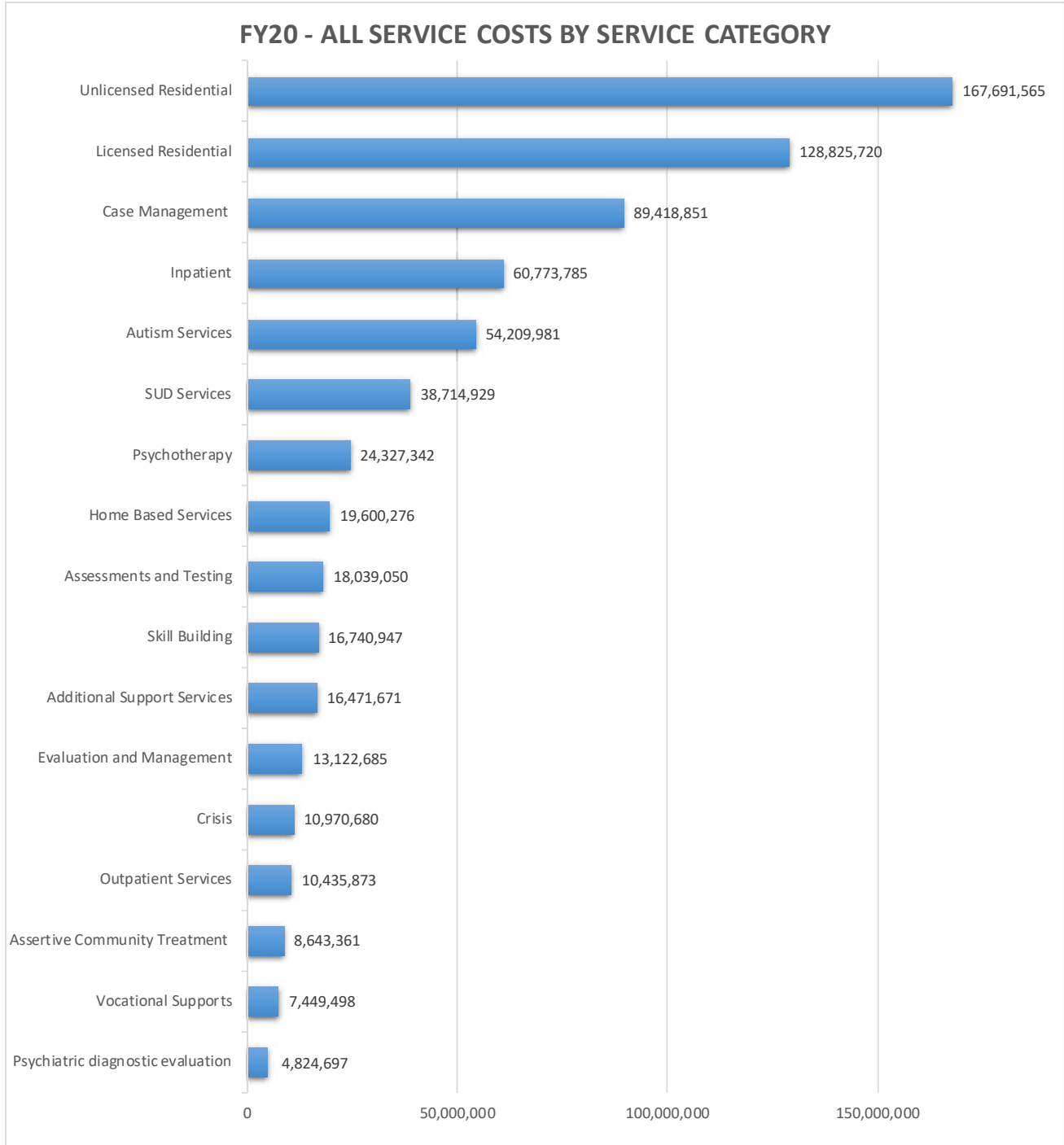
Population by Race	Population	Percentage
Black/African American	39,024	55%
White	22,623	31%
Other race	8,147	11%
Unreported	2,152	3%

Population by Service Area		Percentage
Detroit	35,887	52%
Out-County	33,413	48%

Population by Age	Population	Percentage
Children (under 18)	15,070	22%
Adults (18-21)	3,490	5%
Adults (22-50)	30,648	45%
Adults (51-64)	15,231	22%
Adults (over 65)	5,557	8%

By Disability Designation	Population	Percentage
Adults with MI	40,396	64%
Children with SED	10,801	17%
Individuals with an I/DD	11,488	18%
SUD -Served (co-occurring with other populations)	11,382	

Insurance	Consumers	Percentage
Medicaid	43,709	62%
Healthy Michigan Plan	15,063	22%
General Fund/Spend-down	6,684	10%
MiHealthLink	4,540	6%



Note: SUD = Substance Use Disorder

The Mental Health Code: Public Act 258 of 1974 (as amended)

Michigan’s Mental Health Code is the compilation of state laws governing the management and delivery of mental health services. The law was first established in 1974 and has since been amended, most significantly in 1996. There are currently forty-six (46) community mental health service programs (CMHSP). The law requires the board consist of twelve (12) members appointed

by county commissioners for three year staggering terms. The law also requires the CMH board approve an annual budget after holding a public meeting to obtain community input.

DWMHA Board of Directors

Bernard Parker, Chairperson
 Dr. Iris Taylor, Vice-Chairperson
 Timothy Killeen, Treasurer
 Ghadda Abdallah , Secretary
 Kenya Ruth
 Dorothy Burrell
 Dora Brown-Richards
 Kevin McNamara
 Angelo Glenn
 William Riley
 Dr. Lynn Carter
 Dr. Cynthia Tauveg

DWMHA Substance Use Oversight Policy Board

Angelo Glenn, Chairperson
 Dr. Cynthia Arfken, Vice Chair
 Thomas Adams
 Ghadda Abdallah
 Jewel Ware
 Thomas Fielder
 Jim Perry
 Monique Stanton
 William Riley
 William Ventola
 Margo Martin
 Kevin McNamara

The Reporting Entity and Its Services

In December of 2012, Governor Rick Snyder signed Public Acts 375 and 376 of 2012 that required Wayne County to establish its community mental health services program as an independent governmental entity, separate and distinct from the County functions. These acts mandated a change in governance from a Mental Health Agency to a Mental Health Authority. On June 6, 2013, Wayne County Commission approved the Enabling Resolution 2013-392 which created the new Authority. During this same period, the Application for Participation (AFP), which enabled DWIHN to maintain its designation as a Prepaid Inpatient Health Plan (PIHP) as well as its eligibility to contract for Medicaid funds, was successfully completed and approved by the Michigan Department of Health and Human Services (MDHHS) formerly Michigan Department of Community Health.

In addition, effective October 1, 2014, House Bills 4862 and 4863 signed December 28, 2012 transferred the duties of the Coordinating Agencies (CA) to the PIHP. CA’s were responsible for the administration of substance use disorders (SUD) services to Detroit and Wayne County residents; the prior Wayne County CA’s were the City of Detroit (via Institute for Population Health) and Southeastern Michigan Coordinating Agency (SEMCA).

The purpose of DWIHN is to ensure support, care and treatment services to adults with severe mental illness (SMI), individuals with intellectual and/or developmental disabilities (IDD), children with serious emotional disturbances (SED) and persons with substance use disorders (SUD) and their families so they can make choices in care, live in the community and achieve desired outcomes through individualized health goals.

Adult Mental Health Services Program

The purpose of the Adult Mental Health Services Program is to provide individualized psychiatric outpatient, residential, case management, hospital, and emergency treatment and supportive services to adults and families at risk of or experiencing a mental illness so they can achieve psychiatric stability and/or a stable living environment.

Intellectual/Developmental Disability Services Program

The purpose of the Intellectual/Developmental Disability Services Program is to provide screening/referral and specialized supports and services including skill building, community living services and personal care to children, adolescents and adults with intellectual/developmental disabilities so they can obtain their personal optimal level of independence. IDD are a group of conditions due to an impairment in physical, learning, language, or behavior areas that start in childhood.

Children's Mental Health Services Program

The purpose of the Children's Mental Health Services Program, in collaboration with community partners, is to provide individualized and family-centered psychiatric outpatient, home-based, crisis intervention and prevention services to children, adolescents, and their families at risk of experiencing a serious emotional disturbance so they can live within the community. The services are community-based, family centered, youth guided, culturally and linguistically responsive and trauma informed.

Substance Use Disorder Services Program

The purpose of the Substance Use Disorder Services Program is to provide assessment/eligibility determination, outpatient treatment, residential, referral and medication management services to children, adolescents and adults with substance abuse disorders so they can obtain and sustain individual recovery and participate fully in the community. With over seventy-five providers, our continuum of care consists of prevention, treatment and recovery services.

Mental Health Access Center Program

The purpose of the Mental Health Access Center Program is to provide screening, eligibility, enrollment information, emergency telephone referral and counseling services to service providers and individual callers with mental health concerns so they can receive an eligibility determination, choice of provider, program enrollment or requested/needed services or information within a timely manner.

Rights and Customer Supports Program

The purpose of the Rights and Customer Supports Program is to provide the legally mandated rights protection and consumer affairs (investigation of complaints and grievances; monitoring sites of service; training system staff and consumers; family subsidy; information; referrals), so consumers and their families can receive appropriate mental health services in accordance with the Federal, State and Local laws, rules, guidelines and policies.

Mental Health Oversight/Monitoring Program

The purpose of the Mental Health Oversight/Monitoring Program is to provide oversight and management of services that assure access, adequacy and appropriateness of services, efficiency and outcomes for individuals with mental illness, serious emotional disturbance, developmental disability and substance use disorders so they can obtain recovery and self-determination. As the public mental

health system, DWIHN offers a culturally diverse network of community mental health programs, clinics, private therapists, psychologists and psychiatrists to provide mental health services. We do our best to match consumers with the services needed at a location that is close to them.

DWIHN provides services in coordination and collaboration with over three hundred fifty (350) providers and contractors.

Threats to the Behavioral Health System

Medicaid Work Requirements

On January 1, 2020, Healthy Michigan Plan (HMP) beneficiaries were required to start completing a combination of work or other activities for eighty (80) hours per month unless they are exempt. Persons are exempt if they have a medical condition, or disabled, or pregnant or other approved extenuating factors. This requirement could cause significant harm to consumers receiving Medicaid covered services and/or cause a disruption in Medicaid coverage until MDHHS approves their exemption status.

COVID-19 Pandemic

On March 10, 2020, Governor Whitmer, acting under the Michigan Constitution of 1963 and Michigan law, declared a state of emergency across the State of Michigan and issued a “Stay at Home” order that caused the shutdown of non-essential services. Not unlike other states, the pandemic plagued Michigan resulting in thousands of deaths that left families coping with isolation, trauma and uncertainty.

On March 27, 2020, the President of the United States signed the Coronavirus Aid, Relief and Economic Security (CARES) Act into law. It was the third COVID-19 focused relief package and by far the largest in terms of scope and cost. In June 2020 and December 2020, two additional COVID-19 relief bills were enacted into law. In conjunction with the CARES Act, on June 5, 2020, the Paycheck Protection Program (PPP) Flexibility Act was signed into law. The CARES and PPP Acts provided much needed financial resources to our provider network system.

As of the date of the transmittal letter, the COVID-19 pandemic continues to affect the behavioral health system as DWIHN has seen an increase in crisis related services, suicides and suicidal thoughts, depression, anxiety and substance use disorders amongst all socio-economic backgrounds and ages.

Major Initiatives and Achievements

As one could imagine, the nationwide COVID-19 pandemic was the focal point of fiscal year 2020. Deploying additional resources and services to the citizens of Wayne County was essential to adjusting to the “new normal”. In addition, DWIHN has over three hundred employees and business had to continue despite the pandemic in an effort to continue to serve the 70,000 consumers in our system. DWIHN in conjunction with its provider network system, implemented the following initiatives:

- Expanded our psychiatric urgent care services to two provider sites located in the Downriver area and the City of Detroit. The provider sites offered extended hours, same day access and

- intake, peer support specialist and pharmacy services;
- Expanded our Crisis Stabilization Unit (CRU) to another provider site located in the City of Detroit. The CSU was 24/7 walk in crisis screening, medication management, psychiatric evaluations and a 23 hour hold safe location to stabilize the individuals;
 - Established ReachUSDetroit.org, a “warmline” where people can call, text and talk with trained clinicians about their struggles due to pandemic;
 - Established COVID Recovery Homes for persons with substance use disorders while COVID-19 positive or experiencing symptoms;
 - Established COVID temporary residential homes for COVID-19 positive (or experiencing symptoms) consumers that reside in Adult Foster Homes;
 - Expanded Telehealth services across most services as mandated by Center of Medicaid and Medicare Services (CMS);
 - Deployed over a million dollars in Personal Protection Equipment (PPE) to hundreds of consumers, providers and employees;

Despite the pandemic and its related restrictions, DWIHN continued many initiatives such as but not limited to: (1) School Success Initiative – worked with eleven (11) community mental health agencies and served over 12,000 students; and (2) Summer Youth Employment program – employed over 1,000 youth in Wayne County primarily through remote work sites.

DWIHN had several new programs and initiatives during the year – (1) Med Drop Program - supports the transition of consumers in Assertive Community Treatment (ACT) and is a community-based intervention that focuses on improving the medication adherence for adults and children directly in the consumers home 365 days a year. Those who participate generally have a 90% or better medication adherence rate, which results in few visits to psychiatric hospitals or other crisis services; and (2) Habilitation Supports Waiver (HSW) Incentive program – incentivizes providers to identify consumers that meet the medical and behavioral criteria to qualify for the special waiver program through the State of Michigan. Over the past several years, due to the shorter life span of the highly complex developmental needs of the consumers, DWIHN had difficulty meeting the minimum enrollment requirements, which could have put the statewide program at risk; and (3) DWIHN issued a Request for Proposal (RFP) for the entire Substance Use Disorder program. Prior to the RFP, the provider system was a carryover from House Bills 4862 and 4863 signed December 28, 2012, which transferred the duties of the Coordinating Agencies to the PIHP. The RFP resulted in DWIHN contracting with fifty-nine (59) providers (down from seventy-four) and allowed four (4) new providers in the SUD network.

The preparation of the basic financial statements were made possible by the dedicated service of the entire staff of the Finance Department. Each member of the Department has our sincere appreciation for the contributions made in the preparation of this report. We would also like to express our appreciation to other DWIHN staff for their continued support of the policies of this Department.

Respectfully submitted

Stacie L. Durant
Chief Financial Officer

Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network

Report on the Financial Statements

We have audited the accompanying financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise Detroit Wayne Integrated Health Network's basic financial statements, as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of Detroit Wayne Integrated Health Network as of September 30, 2020 and the respective changes in its financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

To the Board of Directors
Detroit Wayne Integrated Health Network

Required Supplemental Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplemental information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise Detroit Wayne Integrated Health Network's basic financial statements. The budgetary comparison schedule and transmittal letter are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The transmittal letter (pages 1-7) and budgetary information schedule (page 30) have not been subjected to the auditing procedures applied in the audit of the basic financial statements, and, accordingly, we do not express an opinion or provide any assurance on them.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 22, 2021 on our consideration of Detroit Wayne Integrated Health Network's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Detroit Wayne Integrated Health Network's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Detroit Wayne Integrated Health Network's internal control over financial reporting and compliance.



March 22, 2021

These financial statements are the responsibility of the management of the Detroit Wayne Integrated Health Network (DWIHN). We offer this narrative overview and analysis for the fiscal year ended September 30, 2020. We encourage readers to consider the information presented here in conjunction with the additional information furnished in the financial statements and notes to the financial statements.

Financial Highlights

Total net position	\$68,047,244
Change in total net position	\$11,825,576
Installment debt outstanding	5,697,709
Liquidity ratio	1.30

Background

On December 14, 2012, the Michigan Legislature approved and the Governor signed Public Acts 375 and 376 of 2012, a Mental Health Authority bill. Effective October 1, 2013, the new law transferred management and control to a separate legal entity (DWIHN). The new Authority is comprised of twelve (12) board members; the County Executive and the Mayor of the City of Detroit each recommended six (6) members. The appointments of the twelve (12) board members are subject to confirmation by the Wayne County Commission. Prior to the Public Acts, DWIHN, previously the Detroit Wayne County Community Mental Health Agency (the Agency), was reported in the Charter County of Wayne (the County) Comprehensive Annual Financial Report as a special revenue fund.

In accordance with Governmental Accounting Standards Board (GASB) Statement No. 61, *The Financial Reporting Entity: Omnibus, an amendment of GASB Statements Nos. 14 and 34*, DWIHN is not a discretely presented component unit of Wayne County.

DWIHN does not provide direct services to the community rather contracts with hundreds of network providers.

Dual Eligible Pilot Program (MI Health Link/MHL)

The State of Michigan selected DWIHN as one (1) of four (4) Prepaid Inpatient Health Plans to participate in the Dual-Eligible demonstration pilot project (aka MI Health Link) that began in May 2015 and extended to December 31, 2022. The pilot was designed to integrate primary care with mental health and substance use disorder treatment to improve overall health care outcomes, create greater efficiencies in the delivery of services, and reduce costs. The integrated care model organizes the coordination of the Medicare and Medicaid benefits, and requires collaboration between the Integrated Care Organizations (ICOs), DWIHN, and its privileged provider network. The project requires the reconfiguration of several operational areas at DWIHN. It also involved developing and negotiating five (5) contracts with ICO's.

Overview of the financial statements

This discussion and analysis are intended to serve as an introduction to DWIHN's financial statements, which include the Statement of Net Position, Statement of Revenues, Expenses and Changes in Net Position, Statement of Cash Flows, Notes to the Financial Statements, and Other Supplemental Information - Statement of Revenues, Expenses and Changes in Net Position – Budget to Actual.

In addition, DWIHN will present its financial statements as a proprietary fund.

Financial Analysis

Net position may serve over time as a useful indicator of an organizations financial position. The following depicts DWIHN net position at September 30, 2020 and 2019, respectively:

	<u>2020</u>	<u>2019</u>
Current and other assets	\$ 189,079,362	\$ 141,973,577
Noncurrent assets- restricted	2,167,990	2,150,179
Capital assets, net	<u>13,162,855</u>	<u>13,808,246</u>
Total Assets	204,410,207	157,932,002
Current liabilities	131,127,710	96,012,566
Notes Payable	<u>5,235,253</u>	<u>5,697,768</u>
Total Liabilities	136,362,963	101,710,334
Net position:		
Invested in capital assets, net of related debt	7,465,146	7,598,373
Restricted	4,619,781	3,349,191
Unrestricted	<u>55,962,317</u>	<u>45,274,104</u>
Total net position	\$ 68,047,244	\$ 56,221,668

DWIHN current assets comprise of \$143.7 million in cash and investments held at three (3) financial institutions. In addition, approximately \$19.5 million due from the federal and state government for federal and state revenue outstanding at year end. Non-current assets consist of \$17.4 million in investments and restricted assets comprising of a collateralized construction loan related to the administrative building. Capital assets primarily relate to the acquisition of the administration building, furniture and computer equipment.

Current liabilities comprise \$83.0 million in accounts payable due to providers and vendors for services rendered but unpaid at year end. In addition, \$14.9 million due to other governments related to the direct care wage hazard pay cost settlement and federal Office of Inspector General death audit recoupment. Lastly, approximately \$28.7 million for unearned revenue related to the Medicaid savings, State General Fund carryover, and MHL pilot program.

Restricted net position relates to the PA2 funds held for substance use disorders. Unrestricted net position relates to the accumulation of local resources on hand at year end.

The Statement of Revenues, Expenses and Changes in Net Position serve to report the cumulative revenue and expenses received and/or incurred for the organization.

	<u>2020</u>	<u>2019</u>
Revenues		
Federal grants and contracts	\$ 18,904,151	\$ 20,671,787
State grants and contracts	781,666,671	759,932,265
Local grants and contracts	27,030,894	26,764,911
Charges for services	9,216,182	7,543,994
Interest revenue	1,172,446	1,648,084
Other revenue	116,556	-
Total revenues	<u>838,106,900</u>	<u>816,561,041</u>
Expenses		
Mental health operating	38,621,135	36,167,504
Substance use disorders	49,119,358	57,222,829
Autism services	54,652,937	61,601,219
MI HealthLink	10,016,598	7,561,523
Adult services	274,127,063	272,393,065
Children services	71,139,975	75,530,597
Intellectually Disabled	301,102,502	305,146,852
Grant programs	7,039,221	6,951,177
State of Michigan	20,238,444	20,627,268
Interest paid on debt	224,091	241,793
Total expenses	<u>826,281,324</u>	<u>843,443,827</u>
Change in Net Position	11,825,576	(26,882,786)
Net position - beginning of year	<u>56,221,668</u>	<u>83,104,454</u>
Net position - end of year	<u>\$ 68,047,244</u>	<u>\$ 56,221,668</u>

State grants and contracts comprise \$578.9 million, \$102.3 million, \$63.7 million, and \$31.4 million, in Medicaid, Healthy Michigan, Autism Medicaid, and State General fund, respectively. The \$21.7 million increase in State grants and contract revenue compared to prior year primarily relates to Governor Gretchen Whitmer's mandated \$2.00/hr. direct care worker hazard pay as a result of the pandemic; the hazard pay was effective April 1, 2020 through September 30, 2020 and amounted to \$17.6 million. Local grants and contracts comprise of the local match requirement mandated in the Mental Health Code in

addition to the PA2 substance use disorder revenue. Charges for services relates to funds received from the ICO's for the MHL pilot program; the pilot was extended to December 31, 2022.

Mental Health operating expenses comprise the salaries and fringe benefits for DWIHN staff (\$25.1 million) and other operating costs including but not limited to the ACCESS center contract (\$7.1 million), depreciation expense (\$1.3 million), and the Electronic Medical Record (EMR) system (\$1 million).

Substance Use Disorders services comprise all services and funding sources related to the treatment and prevention of persons with substance use disorders in Wayne County. The \$8.1 million decrease in services primarily relates to the decline in service delivery due to the pandemic. However, in addition, to the pandemic, there were budgeted reductions in certain rates. Autism services comprise of all services related to the treatment of children 0-21 years of age that qualified for the enhanced benefit. The \$6.9 million decrease in services primarily relates to the decline in service delivery due to the pandemic despite a financial stability payment to certain qualified providers. Adult services comprise of treatment and prevention services with our Clinically Responsible Service Providers (CRSP), inpatient hospital costs, consumers in the Wayne County Jail, hospital rate adjustment, and the COPE contract. In addition, a portion of the \$17.6 million in hazard pay is encompassed in the costs.

Children services comprise of all services related to the treatment and prevention of children with serious emotional disturbance (SED) administered by the children's CRSP, school-based initiatives, and summer youth employment program. The \$4.4 million decrease in services as compared to prior year relates to the decline in service delivery due to the pandemic. Intellectually Developmental Disabled (IDD) services comprise of all treatment services administered through the CRSP, including services administered through Community Living Services for consumers under self-determination. In addition, a portion of the \$17.6 million in hazard pay is encompassed in the costs. The \$4.0 million decrease in services relates to the decline in service delivery due to the pandemic despite a financial stability payment to certain qualified providers.

Payments to the State of Michigan totaled \$20.2 million and comprise the local match payment to drawdown federal funds, local state hospital costs and the Insurance Provider Assessment Act (IPPA) tax payments.

The following shows a comparison of the final amended budget to actual results in the Statement of Revenue, Expenses, and Changes in Net Position:

	Final Amended Budget	Actual	Increase (Decrease)
Operating revenues			
Federal grants and contracts	\$ 22,442,339	\$ 18,904,151	\$ (3,538,188)
State grants and contracts	777,542,352	781,666,671	4,124,319
Local grants and contracts	22,089,636	27,030,894	4,941,258
Charges for services	7,611,523	9,216,182	1,604,659
Total operating revenues	829,685,850	836,817,898	7,132,048
Operating expenses			
Salaries and fringes	\$ 27,852,906	25,077,695	(2,775,211)
Substance use disorders	53,903,846	49,119,358	(4,784,488)
Autism services	61,585,478	54,652,937	(6,932,541)
MI HealthLink	7,561,523	10,016,598	2,455,075
Adult services	257,211,163	274,127,063	16,915,900
Children services	76,727,599	71,139,975	(5,587,624)
Intellectually Disabled	302,594,270	301,102,502	(1,491,768)
Grant programs	8,118,341	7,039,221	(1,079,120)
State of Michigan	20,650,188	20,238,444	(411,744)
Operating costs	12,975,536	12,216,129	(759,407)
Depreciation	1,545,000	1,327,311	(217,689)
Total operating expenses	\$ 830,725,850	\$ 826,057,233	(4,668,617)
Operating income (loss)	(1,040,000)	10,760,665	11,800,665
Non-operating revenue (expense)			
Interest expense	(260,000)	(224,091)	35,909
Gain on sale of assets	-	116,556	116,556
Investment earnings	1,300,000	1,172,446	(127,554)
Total non-operating revenue	1,040,000	1,064,911	24,911
Change in net position	\$ -	11,825,576	\$ 11,825,576
Net position - beginning of year		56,221,668	
Net position - end of year		<u>\$ 68,047,244</u>	

Budgetary Highlights

DWIHN adopted an annual operating budget by October 1 of the previous year. The budgetary comparison schedule has been provided to demonstrate compliance with this budget. During the year, there were several significant changes from the original to the final amended budget. The changes are as follows:

	Adopted Budget	Final Amended Budget	Variance Over (Under)
Federal grants and contracts	\$ 21,492,016	\$ 22,442,339	\$ 950,323
State grants and contracts	756,444,772	777,542,352	21,097,580
Local grants and contracts	21,726,986	22,089,636	362,650
Other operating revenue	5,703,189	7,611,523	1,908,334
Total operating revenues	805,366,963	829,685,850	24,318,887
Salaries and related fringes	\$ 27,136,547	\$ 27,852,906	\$ 716,359
Substance use disorders	55,097,052	53,903,846	(1,193,206)
Autism services	48,840,741	61,585,478	12,744,737
MI HealthLink	11,268,090	7,561,523	(3,706,567)
Adult Services	249,031,529	257,211,163	8,179,634
Children Services	70,171,851	76,727,599	6,555,748
Intellectually Disabled	302,028,034	302,594,270	566,236
Grant Programs	8,289,357	8,118,341	(171,016)
State of Michigan	20,650,188	20,650,188	-
Operating costs	12,348,574	12,975,536	626,962
Depreciation	1,545,000	1,545,000	-
Total operating expenses	\$ 806,406,963	\$ 830,725,850	\$ 24,318,887
Nonoperating Revenue (expense)			
Interest paid on debt	(260,000)	(260,000)	-
Investment earnings	1,300,000	1,300,000	-
	1,040,000	1,040,000	-
Change in net position	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Economic Factors and Next Year's Budget

- On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus a pandemic. First identified in late 2019 and now known as COVID-19, the outbreak has impacted millions of individuals worldwide. While the COVID-19 pandemic

could have an adverse effect on DWIHN's operations over time, no impairments were recorded as of the statement of net position date, as no triggering events or changes in circumstances had occurred as of year-end; however, due to significant uncertainty surrounding the situation, management's judgment regarding this could change in the future. DWIHN continues to evaluate the impact of COVID-19, but the extent of the impact cannot be reasonably estimated at this time.

- There has been a significant migration from Disabled Aged and Blind (DAB) to Temporary Assistance for Needy Families (TANF) and Healthy Michigan Plan (HMP) enrollments. This migration has resulted in approximately \$67 million in lost Medicaid. When a consumer's Medicaid lapses, the State of Michigan Bridges System automatically enrolls the consumer in HMP despite the consumer being previously considered disabled (DAB). In addition, there is a belief that DHS workers are steering consumers to TANF and HMP enrollment given the cumbersome DAB process.
- Several years ago, MDHHS established a workgroup amongst the Community Mental Health Services Program (CMHSP) to review and make recommendations on how State General Fund will be allocated between the CMHSP's; the workgroup's recommendation included a \$22 million reduction to DWIHN appropriation over five years; FY20 was the third year of the plan. The Governor's FY20 recommended budget included the workgroups recommendation; however, the legislation provided a one-time partial supplemental that lessened the reduction and provided a one-year reprieve; the future of DWIHN's general fund is unknown.

Requests for Information

This financial report is designed to provide a general overview of DWIHN's finances. Questions concerning any of the financial information or requests for additional financial information, should be addressed to the following:

Detroit Wayne Integrated Health Network
Chief Financial Officer
707 W. Milwaukee
Detroit, Michigan 48202

Detroit Wayne Integrated Health Network

Statement of Net Position

September 30, 2020

Assets

Current assets:

Cash and cash equivalents (Note 3)	\$ 140,477,411
Investments (Note 3)	3,267,393
Receivables: (Note 5)	
Accounts receivable	8,065,863
Due from other governmental units	19,507,716
Prepaid expenses and other assets	329,553

Total current assets 171,647,936

Noncurrent assets:

Restricted cash (Note 2)	2,167,990
Investments (Note 3)	17,431,426
Capital assets: (Note 6)	
Assets not subject to depreciation	1,016,746
Assets subject to depreciation - Net	12,146,109

Total noncurrent assets 32,762,271

Total assets 204,410,207

Liabilities

Current liabilities:

Accounts payable	83,066,178
Due to other governmental units	14,896,899
Due to Charter County of Wayne, Michigan	1,846,425
Accrued wages and benefits	364,408
Unearned revenue	28,708,840
Compensated absences (Note 7)	1,782,504
Current portion of long-term debt (Note 7)	462,456

Total current liabilities 131,127,710

Noncurrent liabilities - Long-term debt (Note 7) 5,235,253

Total liabilities 136,362,963

Net Position

Net investment in capital assets	7,465,146
Restricted for substance abuse disorder PA2	4,619,781
Unrestricted	55,962,317

Total net position \$ 68,047,244

Detroit Wayne Integrated Health Network

Statement of Revenue, Expenses, and Changes in Net Position

Year Ended September 30, 2020

Operating Revenue	
State grants and contracts	\$ 781,666,671
Charges for services	9,216,182
Local grants and contracts	27,030,894
Federal grants and contracts	18,904,151
Total operating revenue	836,817,898
Operating Expenses	
Personnel	18,367,157
Fringe benefits	6,710,538
Substance disorder services	49,119,358
Autism services	54,652,937
MI Health Link	10,016,598
Adult services	274,127,063
Children services	71,139,975
Intellectually disabled	301,102,502
Grant programs	7,039,221
State of Michigan	20,238,444
Operating costs	12,216,129
Depreciation	1,327,311
Total operating expenses	826,057,233
Operating Income	10,760,665
Nonoperating Revenue (Expense)	
Investment income	1,172,446
Gain on sale of assets	116,556
Interest expense	(224,091)
Total nonoperating revenue	1,064,911
Change in Net Position	11,825,576
Net Position - Beginning of year	56,221,668
Net Position - End of year	<u><u>\$ 68,047,244</u></u>

Detroit Wayne Integrated Health Network

Statement of Cash Flows

Year Ended September 30, 2020

Cash Flows from Operating Activities

Cash received from state and federal sources	\$ 827,034,008
Cash received from local sources	32,877,522
Payments to providers and suppliers	(776,914,063)
Payments to employees	<u>(28,370,419)</u>
Net cash provided by operating activities	54,627,048

Cash Flows from Capital and Related Financing Activities

Proceeds from sale of assets	183,456
Net purchase of capital assets	(748,820)
Principal and interest paid on capital debt	<u>(736,255)</u>
Net cash used in capital and related financing activities	(1,301,619)

Cash Flows from Investing Activities

Interest received on investments	1,172,446
Purchases of investment securities	<u>4,671,234</u>
Net cash and cash equivalents provided by investing activities	<u>5,843,680</u>

Net Increase in Cash and Cash Equivalents

59,169,109

Cash and Cash Equivalents - Beginning of year

83,476,292

Cash and Cash Equivalents - End of year

\$ 142,645,401

Classification of Cash and Cash Equivalents

Cash and investments	\$ 140,477,411
Restricted cash	<u>2,167,990</u>
Total cash and cash equivalents	<u><u>\$ 142,645,401</u></u>

Reconciliation of Operating Income to Net Cash from Operating Activities

Operating income	\$ 10,760,665
Adjustments to reconcile operating income to net cash from operating activities:	
Depreciation	1,327,311
Changes in assets and liabilities:	
Account receivable	811,840
Due from other governmental units	2,561,476
Prepaid and other assets	326,984
Accrued wages and benefits	(78,641)
Accounts payable	4,895,604
Accrued wages and compensated absences	825,757
Unearned revenue	22,865,929
Due to Charter County of Wayne, Michigan	426,710
Due to other governmental units	<u>9,903,413</u>
Net cash provided by operating activities	<u><u>\$ 54,627,048</u></u>

September 30, 2020

Note 1 - Nature of Business

The financial statements of the Detroit Wayne Integrated Health Network (DWIHN) have been prepared in conformity with generally accepted accounting principles (GAAP), as applicable to governmental units. The more significant of DWIHN's accounting policies are described below.

Reporting Entity

Under the provisions of the Michigan Legislature Public Acts 375 and 376 of 2012, and effective October 1, 2013, Detroit Wayne Integrated Health Network was created for the purpose of providing a comprehensive array of mental health and substance use services for the Charter County of Wayne, Michigan (the "County") residents, such as, but not limited to, inpatient, outpatient, partial day, residential, case management, prevention, consultation, and education. DWIHN was previously a department within the County. DWIHN is a separate legal entity and is not considered a related organization or component unit of the County.

Pursuant to House Bills 4862 and 4863, effective October 1, 2014, the duties and responsibilities of substance use disorders were transferred to the Prepaid Inpatient Health Plans (PIHP), which is DWIHN. The duties were previously performed by the City of Detroit, Michigan and SEMCA, referred to as the "Coordinating Agencies."

Program Operations

DWIHN's operations are governed under the provisions of Act 258 of the Public Act of Michigan of 1974, commonly known as the Mental Health Code (the "Code"). Pursuant to the Code, a board of directors (the "Board") was established to govern DWIHN. DWIHN is subject to federal government and Michigan Department of Health and Human Services (MDHHS) rules and regulations and the Code. DWIHN contracts with over 350 organizations. DWIHN provides administrative oversight and very little direct services to consumers.

Board of Directors

The board consists of 12 members, 6 recommended by the mayor of the City of Detroit, Michigan and 6 recommended by the county executive. The recommendations are subject to the approval of the Wayne County Commission. Each board member is appointed for a three-year term.

Funding Sources

DWIHN receives its primary funding from the State through Medicaid and state General Fund contracts. The County provides local match funding in accordance with the Mental Health Code, which is used by DWIHN to leverage federal dollars and 10 percent of certain services incurred by uninsured consumers.

Changes in Funding Formula

In an effort to deinstitutionalize mental health services, state funding for public mental health services has evolved. Prior to October 1, 1998, Michigan mental health agency programs billed Medicaid on a fee-for-service (FFS) basis.

Effective for services provided on and after October 1, 1998, the Health Care Financing Administration (HCFA) approved Michigan's 1915(b) waiver request to implement a managed-care plan for Medicaid-reimbursed mental health services. These managed-care plans allowed Community Mental Health Services Programs (CMHSP) to manage, provide/arrange, and pay for Medicaid mental health services covered by the CMHSP. In addition, the CMHSP receives a capitated rate on a per member per month basis to provide services and is responsible for directly reimbursing the service providers who render these services. In the fiscal year ended September 30, 2000, DWIHN and MDHHS entered into a Specialty Services and Supports Managed Care Contract (the "Managed Care Contract").

In 2002, CMHSPs were required to submit an application for participation (AFP) for scoring by the MDHHS in order to be considered eligible to qualify as Prepaid Inpatient Health Plan (PIHP) entity capable of administering the managed specialty services under the waiver program.

September 30, 2020

Note 2 - Significant Accounting Policies

Report Presentation

This report includes the fund-based statements of DWIHN. In accordance with government accounting principles, a government-wide presentation with program and general revenue is not applicable to special purpose governments engaged only in business-type activities.

DWIHN adopted Governmental Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statements and Management's Discussion and Analysis - for State and Local Governments*. Under GASB No. 34, DWIHN is classified as a special purpose government and is required to present statements required for enterprise funds. DWIHN reports its operations in the basic financial statements in an enterprise fund. The Medicaid Risk Reserve Fund is governed by the contract with the MDHHS and is restricted for cost overruns related to the Medicaid contract. The net position in the Medicaid Risk Reserve Fund at September 30, 2020 was \$0.

Proprietary funds distinguish operating revenue and expenses from nonoperating items. Operating revenue and expenses generally result from providing services in connection with a proprietary fund's principal ongoing operations. The principal operating revenue of DWIHN is charges related to serving its consumers (including primarily per member per month capitation and state and county appropriations). Operating expenses for DWIHN include cost of services, administrative expenses, and depreciation on capital assets. All revenue and expenses not meeting this definition are reported as nonoperating revenue and expenses.

Basis of Accounting

Basis of accounting refers to when revenue and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurement made, regardless of the measurement focus applied.

The operations of the fund are accounted for with a separate set of self-balancing accounts that comprise its assets, liabilities, net position, revenue, and expenses, as appropriate. Government resources are allocated to and accounted for in individual funds based upon the purpose for which they are to be spent and the means by which spending activities are controlled. For the basic financial statements, there is one generic fund type and broad fund category as follows:

Proprietary Fund - Enterprise Fund - The fund is used to account for those activities that are financed and operated in a manner similar to private business. Proprietary funds use the economic resources measurement focus and the full accrual basis of accounting. Revenue is recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. This means that all assets and all liabilities (whether current or noncurrent) associated with their activity are included on the statement of net position. Proprietary fund-type operating statements present increases (revenue) and decreases (expenses) in total net position. This enterprise fund of DWIHN accounts for its general operations and also reports amounts restricted for the Medicaid Risk Reserve allowed by the contract with MDHHS.

When both restricted and unrestricted resources are available for use, it is DWIHN's policy to use restricted resources first and then unrestricted resources as they are needed.

Cash and Cash Equivalents

DWIHN's cash and cash equivalents are held in depository accounts, institutional money market accounts, and short-term investments with a maturity of three months or less when acquired.

Investments

Investments are reported at fair value or estimated fair value. Short-term investments are reported at cost, which approximates fair value.

Note 2 - Significant Accounting Policies (Continued)

Accounts Receivable and Due from Other Governmental Units

Accounts receivable represent balances due from the integrated care organizations (ICOs) related to the MI Health Link program. In addition, DWIHN cost-settles with certain providers for amounts in excess of payments and costs incurred for services. The amounts of overpayment are determined through audits and/or cost reconciliation. An allowance for uncollectibles has been established based on management's estimate using historical trends. Management considers all accounts receivable collectible, and, therefore, an allowance for uncollectibles has not been recorded at September 30, 2020. Due from other governmental units represents revenue not yet received from the state and federal government.

Prepaid Expenses

Payments made to vendors for services that will benefit future periods are recorded as prepaid expenses in the accompanying statement of net position.

Capital Assets

Capital assets are defined by DWIHN as assets with an individual cost of more than \$5,000 and an estimated useful life in excess of one year. All assets are recorded at historical costs, and donated assets are recorded at acquisition value at the time of the donation. Capital assets are depreciated using the straight-line method over a period of 5-20 years.

Buildings, equipment, and vehicles are depreciated using the straight-line method over the following useful lives:

	Depreciable Life - Years
Buildings and improvements	20
Office equipment	5-7
Vehicles	5-7
Software	10
Computers	5-7
Leasehold improvements	4-5

Restricted Cash

The restricted cash balance of \$2,167,990 is maintained per DWIHN's construction loan agreements.

Due to Charter County of Wayne, Michigan

Amounts due to the Charter County of Wayne, Michigan include amounts owed to the jails, Third Circuit Court, and Children and Family Services for services rendered.

Accounts Payable and Due to Other Governmental Units

Accounts payable balances include final expenditures due to service providers for the current fiscal year. Due to other governments represents amounts owed to the State of Michigan.

September 30, 2020

Note 2 - Significant Accounting Policies (Continued)

Compensated Absences

Employees earn paid time off (PTO) benefits based, in part, on length of service. PTO is fully vested when earned. Upon separation from service, employees are paid accumulated PTO based upon the nature of separation (death, retirement, or termination). Certain limitations have been placed on the hours of PTO leave that employees may accumulate and carry over for payment at termination, retirement, or death. Unused hours exceeding these limitations are forfeited.

Unearned Revenue

DWIHN reports unearned revenue in connection with resources that have been received but not yet earned. Unearned revenue includes amounts of \$28,708,840 of MDHHS contract funding for Healthy Michigan savings and General Fund carryover that was unearned at September 30, 2020 and will be carried over to be expended in the subsequent fiscal year.

State Grants and Contracts Revenue

DWIHN's primary funding source was from the State of Michigan through Medicaid (traditional and Healthy Michigan) and state General Fund contracts totaling approximately \$744.9 million and \$31.4 million, respectively, for the year ended September 30, 2020; this includes prior years' saving and carryovers. The remaining balance was composed of various other state grant contracts.

Direct Contracts

Direct contracts would consist of mental health, substance use disorders, autism services, MI HealthLink, adult services, children services, and intellectually disabled programs. DWIHN contracts with various community-based organizations to deliver mental health and substance use disorder (SUD) services to adults, individuals with developmental disabilities, and children with serious emotional disturbances. In addition, DWIHN contracts with several county departments to administer mental health services, including but not limited to the jails, Children and Family Services, and Third Circuit Court.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Upcoming Accounting Pronouncements

In January 2017, the Governmental Accounting Standards Board issued Statement No. 84, *Fiduciary Activities*. This statement establishes criteria for identifying fiduciary activities of all state and local governments. An activity meeting the criteria should be reported in a fiduciary fund in the basic financial statements. DWIHN is currently evaluating the impact this standard will have on the financial statements when adopted. The provisions of this statement were originally effective for DWIHN's financial statements for the year ended September 30, 2020 but were extended to September 30, 2021 with the issuance of GASB Statement No. 95, *Postponement of the Effective Date of Certain Authoritative Guidance*.

September 30, 2020

Note 2 - Significant Accounting Policies (Continued)

In June 2017, the Governmental Accounting Standards Board issued Statement No. 87, *Leases*, which improves accounting and financial reporting for leases by governments. This statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources. DWIHN is currently evaluating the impact this standard will have on the financial statements when adopted. The provisions of this statement were originally effective for DWIHN's financial statements for the year ending September 30, 2021 but were extended to September 30, 2022 with the issuance of GASB Statement No.95, *Postponement of the Effective Date of Certain Authoritative Guidance*.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including March 22, 2021, which is the date the financial statements were available to be issued.

Note 3 - Deposits and Investments

Michigan Compiled Laws Section 129.91 (Public Act 20 of 1943, as amended) authorizes local governmental units to make deposits and invest in the accounts of federally insured banks, credit unions, and savings and loan associations that have offices in Michigan. The law also allows investments outside the state of Michigan when fully insured. The local unit is allowed to invest in bonds, securities, and other direct obligations of the United States or any agency or instrumentality of the United States; repurchase agreements; bankers' acceptances of United States banks; commercial paper rated within the two highest classifications that matures no more than 270 days after the date of purchase; obligations of the State of Michigan or its political subdivisions that are rated as investment grade; and mutual funds composed of investment vehicles that are legal for direct investment by local units of government in Michigan.

DW IHN has designated three banks for the deposit of its funds. The investment policy adopted by the board in accordance with Public Act 196 of 1997 has authorized investments in any securities allowed under the act. DW IHN's deposits and investment policies are in accordance with statutory authority.

DW IHN's cash and investments are subject to several types of risk, which are examined in more detail below:

Custodial Credit Risk of Bank Deposits

Custodial credit risk is the risk that, in the event of a bank failure, DW IHN's deposits may not be returned to it. At year end, DW IHN had approximately \$140,000,000 of bank deposits (certificates of deposit and checking and savings accounts) that were uninsured and uncollateralized. DW IHN believes that, due to the dollar amounts of cash deposits and the limits of Federal Deposit Insurance Corporation (FDIC) insurance, it is impractical to insure all deposits. As a result, DW IHN evaluates each financial institution it deposits funds with and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

Interest Rate Risk

Interest rate risk is the risk that the value of investments will decrease as a result of a rise in interest rates. DW IHN's investment policy does not have specific limits in excess of state law on investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

September 30, 2020

Note 3 - Deposits and Investments (Continued)

At year end DWIHN had the following investments and maturities:

Investment	Carrying Value	Less Than 1 Year	1-5 Years
Municipal obligations	\$ 6,054,463	\$ 856,610	\$ 5,197,853
U.S. federal agencies	5,083,552	-	5,083,552
U.S. government obligations	2,568,755	-	2,568,755
Negotiable certificates of deposit	1,188,603	497,721	690,882
Inflation index bonds	306,679	-	306,679
Collateralized mortgage obligations	3,181,923	1,423,760	1,758,163
Mortgage-backed securities	2,314,844	489,302	1,825,542
Total	<u>\$ 20,698,819</u>	<u>\$ 3,267,393</u>	<u>\$ 17,431,426</u>

Credit Risk

State law limits investments to specific government securities, certificates of deposit and bank accounts with qualified financial institutions, commercial paper with specific maximum maturities and ratings when purchased, bankers acceptances of specific financial institutions, qualified mutual funds, and qualified external investment pools, as identified in the list of authorized investments above. DWIHN's investment policy does not have specific limits in excess of state law on investment credit risk. As of year end, DWIHN's investments were rated as follows:

Investment	Fair Value	Rating	Rating Organization
Municipal obligations	\$ 6,054,463	Aa1	Moody's
U.S. federal agencies	5,083,552	Aaa	Moody's
U.S. government obligations	2,568,755	Aaa	Moody's
Negotiable certificates of deposit	1,188,603	N/R	N/A
Inflation index bonds	306,679	Aaa	Moody's
Collateralized mortgage obligations	3,181,923	Aaa	Moody's
Mortgage-backed securities	2,314,844	N/R	N/A
Total	<u>\$ 20,698,819</u>		

Concentration of Credit Risk

State law limits allowable investments but does not limit concentration of credit risk, as identified in the list of authorized investments above. DWIHN's investment policy specifies that no more than 40 percent of the total investment portfolio will be invested in a single security type, and no more than 40 percent of the total investment portfolio shall be invested in assets issued or managed by a single financial institution. At September 30, 2020, DWIHN had all investments held in various certificates of deposit and other securities.

Note 4 - Fair Value Measurements

DWIHN categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the assets. Level 1 inputs are quoted prices in active markets for identical assets, Level 2 inputs are significant other observable inputs, and Level 3 inputs are significant unobservable inputs. Investments that are measured at fair value using net asset value per share (or its equivalent) as a practical expedient are not classified in the fair value hierarchy.

September 30, 2020

Note 4 - Fair Value Measurements (Continued)

In instances where inputs used to measure fair value fall into different levels in the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. DWIHN's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

DWIHN has the following recurring fair value measurements as of September 30, 2020:

	<u>Assets Measured at Fair Value on a Recurring Basis</u>		
	<u>Quoted Prices in</u>		
	<u>Active Markets</u>	<u>Significant Other</u>	<u>Significant</u>
	<u>for Identical</u>	<u>Observable</u>	<u>Unobservable</u>
<u>Assets</u>	<u>Inputs</u>	<u>Inputs</u>	
<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
Assets			
Debt securities:			
Municipal obligations	\$ -	\$ 6,054,463	\$ -
U.S. federal agencies	-	5,083,552	-
U.S. government obligations	-	2,568,755	-
Negotiable certificates of deposit	-	1,188,603	-
Inflation index bonds	-	306,679	-
Collateralized mortgage obligations	-	3,181,923	-
Mortgage-backed securities	-	2,314,844	-
Total assets	<u>\$ -</u>	<u>\$ 20,698,819</u>	<u>\$ -</u>

The fair value of DWIHN's investments at September 30, 2020 was determined primarily based on Level 2 inputs. DWIHN estimates the fair value of these investments using the matrix pricing model, which includes inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Note 5 - Accounts Receivable and Due from Other Governmental Units

DWIHN cost settles with the certain providers for amounts in excess of payments and costs incurred for services. The accounts receivable balance at September 30, 2020 was approximately \$8.1 million, of which approximately \$4.6 million is due from certain providers for cost settlements; \$0.2 million is due from an ICO; \$0.7 million is due from Wayne County, Michigan for Public Act 2 funds; and an additional \$2.6 million in miscellaneous other receivables.

The due from other governmental units balance at September 30, 2020 was approximately \$19.5 million. This consists of \$18.9 million due from the State of Michigan and \$0.6 million due from the federal government.

September 30, 2020

Note 6 - Capital Assets

Capital asset activity of DWIHN was as follows:

Business-type Activities

	Balance October 1, 2019	Additions	Disposals and Adjustments	Balance September 30, 2020
Capital assets not being depreciated:				
Land	\$ 858,000	\$ -	\$ (18,000)	\$ 840,000
Construction in progress	26,981	149,765	-	176,746
Subtotal	884,981	149,765	(18,000)	1,016,746
Capital assets being depreciated:				
Buildings and improvements	13,345,621	76,300	(72,000)	13,349,921
Computers	1,262,051	328,283	-	1,590,334
Vehicles	5,806	-	-	5,806
Office equipment	1,611,959	-	-	1,611,959
Software	2,535,929	212,472	-	2,748,401
Leasehold improvements	126,249	-	-	126,249
Subtotal	18,887,615	617,055	(72,000)	19,432,670
Accumulated depreciation:				
Buildings and improvements	2,112,474	666,224	(5,100)	2,773,598
Computers	873,739	186,862	-	1,060,601
Office equipment	1,067,620	303,461	-	1,371,081
Software	1,881,548	128,681	-	2,010,229
Leasehold improvements	28,969	42,083	-	71,052
Subtotal	5,964,350	1,327,311	(5,100)	7,286,561
Net capital assets being depreciated	12,923,265	(710,256)	(66,900)	12,146,109
Net capital assets	\$ 13,808,246	\$ (560,491)	\$ (84,900)	\$ 13,162,855

Note 7 - Long-term Debt

On August 28, 2014 and last amended on June 10, 2016, DWIHN signed a seven-year term and a seven-year construction note payable (20-year amortization period) with Flagstar Bank totaling \$6.96 million for the construction phase on the new headquarters, which matures in 2023. On the same day, DWIHN also entered into a five-year equipment note with Flagstar for \$1.24 million for the purchase of the office furniture and fixtures, which matures in 2021. As of September 30, 2020, DWIHN's long-term debt was as follows:

	Interest Rate Ranges	Principal Maturity Ranges	Beginning Balance	Additions	Reductions	Ending Balance	Due within One Year
Direct borrowings and direct placements -							
General obligations	3.3% - 3.8%	\$7,326 - \$3,297,000	\$ 6,209,873	\$ -	\$ 512,164	\$ 5,697,709	\$ 462,456
Accumulated compensated absences			956,747	1,443,117	617,360	1,782,504	1,782,504
Total			\$ 7,166,620	\$ 1,443,117	\$ 1,129,524	\$ 7,480,213	\$ 2,244,960

Note 7 - Long-term Debt (Continued)

Debt Service Requirements to Maturity

Annual debt service requirements to maturity for the above liability are as follows:

Years Ending September 30	Principal	Interest	Total
2021	\$ 462,456	\$ 204,785	\$ 667,241
2022	273,631	191,841	465,472
2023	4,961,622	580,642	5,542,264
Total	<u>\$ 5,697,709</u>	<u>\$ 977,268</u>	<u>\$ 6,674,977</u>

The Flagstar construction note payable requires certain financial covenants and reporting requirements. DWIHN management asserts that they are in compliance with the debt service ratio requirement for the year ended September 30, 2020.

Note 8 - Risk Management

DWIHN is exposed to various risks of loss related to property loss, torts, errors and omissions, and employee injuries (workers' compensation), as well as medical benefits provided to employees. DWIHN has purchased commercial insurance policies to cover property, torts, employee injuries, and medical benefits. Accruals for claims, litigation, and assessments are recorded by DWIHN when those amounts are estimable and probable at year end.

Note 9 - Defined Contributions Pension Plan

DWIHN provides pension benefits to all of its full-time employees through a defined contribution plan administered by the Michigan Employees' Retirement System (MERS). In a defined contribution plan, benefits depend solely on amounts contributed to the plan plus investment earnings. Employees are required to contribute. The plan provides for the employee to contribute up to a 2 percent pretax contribution and up to an 8 percent employer match. Union employees are fully vested after three years of service, and employees at will are fully vested after one year of service.

The employee and employer contributions for the defined contribution plan were \$367,284 and \$1,469,830, respectively, for the year ended September 30, 2020.

Note 10 - Commitment and Contingent Liabilities

Amounts received or receivable from grantor/contract agencies are subject to audit and potential adjustment by those agencies, principally the state and federal governments. As described in Note 2, DWIHN receives the majority of its funding through MDHHS. MDHHS uses a compliance examination and cost settlement process to determine disallowed costs and final receivable and payable balances of DWIHN. Historically, the cost settlement process has taken two or more years for MDHHS to complete. Any disallowed costs, including amounts already collected, may constitute a liability of DWIHN. The amount, if any, of costs that may be disallowed by the grantor or contract agencies cannot be determined at this time, although DWIHN expects such amounts, if any, to be immaterial.

DWIHN is periodically a defendant in various lawsuits. Although the outcome of such lawsuits currently pending or threatened, if any, is not presently determinable, it is the opinion of DWIHN's management and counsel that resolution of these matters will not have a material adverse effect on the financial condition of the government.

Other Supplemental Information

Other Supplemental Information

Statement of Revenue, Expenses, and Changes in Net Position
 Budgetary Comparison
 Year Ended September 30, 2020

	Original Budget	Amended Budget	Actual	Variance with Amended Budget
Operating Revenue				
State grant and contracts	756,444,772	777,542,352	781,666,671	4,124,319
Charges for services	5,703,189	7,611,523	9,216,182	1,604,659
Local grants and contracts	21,726,986	22,089,636	27,030,894	4,941,258
Federal grants and contracts	21,492,016	22,442,339	18,904,151	(3,538,188)
Total operating revenue	805,366,963	829,685,850	836,817,898	7,132,048
Operating Expenses				
Personnel	19,851,539	20,375,586	18,367,157	2,008,429
Fringe benefits	7,285,008	7,477,320	6,710,538	766,782
Substance disorder services	55,097,052	53,903,846	49,119,358	4,784,488
Autism services	48,840,741	61,585,478	54,652,937	6,932,541
MI Health Link	11,268,090	7,561,523	10,016,598	(2,455,075)
Adult services	249,031,529	257,211,163	274,127,063	(16,915,900)
Children services	70,171,851	76,727,599	71,139,975	5,587,624
Intellectually disabled	302,028,034	302,594,270	301,102,502	1,491,768
Grant programs	8,289,357	8,118,341	7,039,221	1,079,120
State of Michigan	20,650,188	20,650,188	20,238,444	411,744
Operating costs	12,348,574	12,975,536	12,216,129	759,407
Depreciation	1,545,000	1,545,000	1,327,311	217,689
Total expenses	806,406,963	830,725,850	826,057,233	4,668,617
Operating (Loss) Revenue	(1,040,000)	(1,040,000)	10,760,665	11,800,665
Nonoperating Revenue (Expense)				
Investment income	1,300,000	1,300,000	1,172,446	(127,554)
Gain on sale of assets	-	-	116,556	116,556
Interest paid on debt	(260,000)	(260,000)	(224,091)	35,909
Total nonoperating revenue	1,040,000	1,040,000	1,064,911	24,911
Change in Net Position	\$ -	\$ -	\$ 11,825,576	\$ 11,825,576



Detroit Wayne Integrated Health Network

Federal Awards Supplemental Information
September 30, 2020

Independent Auditor's Reports

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance	1
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Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

We have audited the financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise DWIHN's basic financial statements. We issued our report thereon dated March 22, 2021, which contained an unmodified opinion on the financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the basic financial statements. We have not performed any procedures with respect to the audited financial statements subsequent to March 22, 2021.

The accompanying schedule of expenditures of federal awards is presented for the purpose of additional analysis, as required by the Uniform Guidance, and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements as a whole.

Plante & Moran, PLLC

March 22, 2021

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

To Management and the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the basic financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise DWIHN's basic financial statements, and have issued our report thereon dated March 22, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered DWIHN's internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of DWIHN's internal control. Accordingly, we do not express an opinion on the effectiveness of DWIHN's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of DWIHN's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether DWIHN's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

To Management and the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of DWIHN's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering DWIHN's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Plante & Moran, PLLC

March 22, 2021

Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance
Required by the Uniform Guidance

Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

Report on Compliance for Each Major Federal Program

We have audited Detroit Wayne Integrated Health Network's (DWIHN) compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement that could have a direct and material effect on each of the major federal programs for the year ended September 30, 2020. DWIHN's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of DWIHN's major federal programs based on our audit of the types of compliance requirements referred to above.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about DWIHN's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of DWIHN's compliance.

Opinion on Each Major Federal Program

In our opinion, DWIHN complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of the major federal programs for the year ended September 30, 2020.

Report on Internal Control Over Compliance

Management of DWIHN is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered DWIHN's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of DWIHN's internal control over compliance.

To the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Plante & Moran, PLLC

March 22, 2021

Federal Agency/Pass-through Agency/Program Title	CFDA Number	Pass-through Entity Identifying Number	Total Amount Provided to Subrecipients	Federal Expenditures
U.S. Department of Housing and Urban Development				
Direct funded - Continuum of Care	14.267		\$ 1,624,486	\$ 1,649,310
U.S. Department of Treasury - Coronavirus Relief Fund Passed through the Michigan Department of Health and Human Services -				
COVID-19 - Coronavirus Relief Fund	21.019	20204029-002	-	501,586
U.S. Department of Health and Human Services - Substance Abuse and Mental Health Services				
Passed through the Regents of The University of Michigan - Health Resources and Service Administration	93.243	1M01HP31331-01-00	-	49,830
Passed through the Michigan Department of Health and Human Services - Partnerships for Success	93.243	20202505-001	-	<u>243,272</u>
Total Substance Abuse and Mental Health Services			-	293,102
U.S. Department of Health and Human Services				
COVID-19 - Emergency Grants to Address Medical and Substance Use Disorders	93.665	20203992-001	-	233,472
Passed through the Regents of the University of Michigan - Medicaid Cluster - Medical Assistance Program - Michigan Child Collaborative Care (MC3) Program	93.778	3005939984	63,186	64,476
Passed through the Michigan Department of Health and Human Services - Medicaid Cluster - Medical Assistance Program - Pre-Admission Screening Annual Resident Reviews	93.778	20202653-00	<u>1,433,943</u>	<u>1,447,021</u>
Total Medicaid Cluster			1,497,129	1,511,497
Opioid State Targeted Response	93.788	20202487-001	-	981,723
Opioid State Response	93.788	20202509-001	-	1,167,780
Opioid State Targeted Response Supplemental	93.788	20193402-00	-	<u>299,533</u>
Total Opioid State Response			-	2,449,036

Schedule of Expenditures of Federal Awards (Continued)

Year Ended September 30, 2020

Federal Agency/Pass-through Agency/Program Title	CFDA Number	Pass-through Entity Identifying Number	Total Amount Provided to Subrecipients	Federal Expenditures
U.S. Department of Health and Human Services - Block Grants for Community Mental Health Services				
Passed through the Michigan Department of Health and Human Services:				
Drop-In Centers	93.958	20203584-00, 20203586-00	\$ -	\$ 9,067
Clubhouse Engagement	93.958	20203587-00	-	75,253
Veteran's Systems Navigator	93.958	20202685-00	-	75,749
Jail Diversion	93.958	20202693-00	-	175,000
System of Care	93.958	20202070-00	<u>753,800</u>	<u>907,819</u>
Total Block Grants for Community Mental Health Services			753,800	1,242,888
U.S. Department of Health and Human Services - Block Grants for Treatment and Prevention of Substance Abuse -				
Passed through the Michigan Department of Health and Human Services:				
Infant and Early Child Mental Health Consultation Administration	93.959	20202391-001	161,511	161,511
Administration	93.959	20203920-00	-	877,173
Community Grant	93.959	20202798-00	-	5,696,875
Women's Specialty Services	93.959	20203606-00	-	1,079,171
Prevention	93.959	20202681-001	<u>-</u>	<u>3,208,530</u>
Total Block Grants for Treatment and Prevention of Substance Abuse			<u>161,511</u>	<u>11,023,260</u>
Total U.S. Department of Health and Human Services			<u>2,412,440</u>	<u>16,519,783</u>
Total Coronavirus Relief			<u>-</u>	<u>735,058</u>
Total federal awards			<u>\$ 4,036,926</u>	<u>\$ 18,904,151</u>

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2020

Note 1 - Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal grant activity of Detroit Wayne Integrated Health Network (DWIHN) under programs of the federal government for the year ended September 30, 2020. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of DWIHN, it is not intended to and does not present the financial position, changes in net position, or cash flows of DWIHN.

Note 2 - Summary of Significant Accounting Policies

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement, except for expenditures related to CFDA 21.019, Coronavirus Relief Fund (CRF). CRF does not apply the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, but rather applies the U.S. Department of Treasury's guidance. Pass-through entity identifying numbers are presented where available.

DWIHN has elected to use the 10 percent *de minimis* indirect cost rate to recover indirect costs, as allowed under the Uniform Guidance.

Schedule of Findings and Questioned Costs

Schedule of Findings and Questioned Costs

Year Ended September 30, 2020

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? _____ Yes X None reported
- Noncompliance material to financial statements noted? _____ Yes X None reported

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? _____ Yes X None reported
- Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)? _____ Yes X No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster	Opinion
93.778	Medicaid Cluster	Unmodified
93.959	Substance Abuse Prevention and Treatment Block Grant	Unmodified
14.267	Continuum of Care	Unmodified

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee? X Yes _____ No

Section II - Financial Statement Audit Findings

None

Section III - Federal Program Audit Findings

None



Detroit Wayne Integrated Health Network

Compliance Examination

September 30, 2020

Table of Contents

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In Relation to Opinion on Schedules
Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network

We have audited the financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise DWIHN's basic financial statements. We have issued our report thereon dated March 22, 2021, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the basic financial statements. We have not performed any procedures with respect to the audited financial statements subsequent to March 22, 2021.

The accompanying examined financial status report and cost settlement schedules, as identified in the table of contents, are presented for the purpose of additional analysis, as required by the Michigan Department of Health and Human Services, and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Except for the contract reconciliation and settlement data, the information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, these schedules are fairly stated in all material respects in relation to the basic financial statements as a whole.

The contract reconciliation and settlement data have not been subjected to the auditing procedures applied in the audit of the basic financial statements, and, accordingly, we do not express an opinion or provide any assurance on them.

Plante & Moran, PLLC

March 22, 2021

Report on Compliance; Report on Internal Control Over Compliance

Independent Auditor's Report

To the Board of Directors and Management
Detroit Wayne Integrated Health Network

Report on Compliance

We have examined Detroit Wayne Integrated Health Network's (DWIHN) compliance with the specified requirements and specified criteria (i.e., compliance requirements A-K) contained in the Community Mental Health (CMH) 2019 Compliance Examination Guidelines issued by the Michigan Department of Health and Human Services (MDHHS) during the year ended September 30, 2020. Management is responsible for Detroit Wayne Integrated Health Network's compliance with the specified requirements. Our responsibility is to express an opinion on Detroit Wayne Integrated Health Network's compliance with the specific requirements listed above based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether Detroit Wayne Integrated Health Network complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether Detroit Wayne Integrated Health Network complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

Our examination does not provide a legal determination on Detroit Wayne Integrated Health Network's compliance with the specified requirements.

Opinion

In our opinion, Detroit Wayne Integrated Health Network complied, in all material respects, with the specified requirements listed above during the year ended September 30, 2020.

Report on Internal Control Over Compliance

Management of Detroit Wayne Integrated Health Network is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements related to the Medicaid, General Fund, and Community Mental Health Services Block Grant (MHBG) programs. In planning and performing our examination of compliance, we considered Detroit Wayne Integrated Health Network's internal control over compliance with the types of compliance requirements that could have a direct and material effect on the Medicaid, General Fund, and MHBG programs, as specified in the MDHHS Compliance Examination Guidelines, to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for these programs and to test and report on internal control over compliance in accordance with the Community Mental Health (CMH) Compliance Examination Guidelines, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Detroit Wayne Integrated Health Network's internal control over compliance.

To the Board of Directors and Management
Detroit Wayne Integrated Health Network

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of specified compliance requirement of the aforementioned programs on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of specified compliance requirement of the aforementioned programs will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of specified compliance requirement of the aforementioned programs that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Michigan Department of Health and Human Services Community Mental Health Compliance Examination Guidelines. Accordingly, this report is not suitable for any other purpose.

Plante & Moran, PLLC

March 22, 2021

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES
CONCURRENT WAIVER PROGRAMS
MEDICAID CONTRACT SETTLEMENT WORKSHEET**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. Specialty Managed Care - Medicaid	Medicaid	Healthy MI Plan	Children's Waiver	SED	HSW	DHIP	Total	FY Indicator
a. Current Fiscal Year - Medicaid Revenue rec'd thru 9/30	554,803,418	112,695,117	1,527,352	1,160,334	69,884,887	844,538	\$ 740,915,646	FY 20
b. Current Fiscal Year - Medicaid Revenue Accruals						820,181	\$ 820,181	FY 20
c. Less Direct Care Wage Revenue	(16,238,749)	(1,228,346)	(79,907)	(22,879)	(4,189,630)		\$ (21,759,511)	FY 20
d. Sub-Total Current Fiscal Year Medicaid Revenue:	\$ 538,564,669	\$ 111,466,771	\$ 1,447,445	\$ 1,137,455	\$ 65,695,257	\$ 1,664,719	\$ 719,976,316	FY 20
e. Prior Fiscal Year 1 - Accrual Adjustment - Net					339,137		\$ 339,137	FY 19
f. Prior Fiscal Year 2 - Accrual Adjustment - Net							\$ -	FY 18
g. Other Adjustments (DHHS Approval Required)							\$ -	Describe Below
h. Sub-Total - Prior Year Accrual Adjustments:	\$ -	\$ -	\$ -	\$ -	\$ 339,137	\$ -	\$ 339,137	
i. Total Medicaid Revenue - Current Year Settlement:	\$ 538,564,669	\$ 111,466,771	\$ 1,447,445	\$ 1,137,455	\$ 66,034,394	\$ 1,664,719	\$ 720,315,453	
Total Current Fiscal Year Performance Bonus Incentive Pool (PBIP) Withheld (enter as a positive amount)	4,160,444						\$ 4,160,444	
k. Total Retro-active adjustment			36,617	80	614,865		\$ 651,562	
l. Explanation of Accrual Adjustments	1a (column D) includes a reduction of \$8,020,668 related to OIG death audit recoupment. 1j represents HSW accrual at 9/30/20 received subsequent to 9/30/20.							

2. MDHHS - Direct Care Wage Revenue	Medicaid	Healthy MI Plan	Children's Waiver	SED	HSW	Total
a. Direct Care Wage - (April - June) (as of 9/30)	8,132,726	625,635	40,550	11,302	2,110,357	10,920,570
b. Direct Care Wage - (July - September) (as of 9/30)	8,106,023	602,711	39,357	11,577	2,079,273	10,838,941
c. Direct Care Wage - (April - June) (after 9/30)	34,530	7,520	-	1,977	(4,344)	39,683
d. Direct Care Wage - (July - September) (after 9/30)	153,952	50,550	116	1,167	158,994	364,779
e. Totals	\$ 16,427,231	\$ 1,286,416	\$ 80,023	\$ 26,023	\$ 4,344,280	\$ 22,163,973

2.1 MDHHS - Direct Care Wage Settlement	Revenue	Expenditures	Lapse	Cost Above Authorizations
a. Direct Care Wage - (April - June)	10,960,253	8,452,764	(2,507,489)	-
b. Direct Care Wage - (July - September)	11,203,720	9,118,878	(2,084,842)	-
c. Totals	\$ 22,163,973	\$ 17,571,642	\$ (4,592,331)	\$ -
d. Explanation:				

3. Medicaid Savings / Medicaid Lapse Calculation	Amount		
a. Specialty Managed Care - Medicaid Capitation	725,127,459		
1. Band # 1 (95 - 100%)	5% 36,256,373 PIHP retains		
2. Band # 2 (90 - 95%)	5% 36,256,373 Shared PIHP / MDHHS		
b. Balance Available for Savings (from Medicaid FSR)	-		
b1. Balance Available for Savings (from Healthy Michigan FSR)	22,185,806		
b2. Total Available for Savings	22,185,806		
	Total Lapse	Total Earned Savings	Total Savings Corridor
c. 1. Band # 1	22,185,806	22,185,806	22,185,806
2. Sub-Total - Band # 1	-	-	-
3. Band # 2	-	-	-
4. Sub-Total - Band # 2	-	-	-
5. Band # 3	-	-	-
6. Totals	\$ -	\$ 22,185,806	\$ 22,185,806

4. Summary of Total Savings / Lapse	Total Lapse	Total Earned Savings	Total Savings Corridor	% of Savings by Funding
1. Total Disposition of Medicaid Savings / Lapse			-	0%
2. Total Disposition of Healthy Michigan Savings / Lapse		22,185,806	22,185,806	100%
3. Total Savings / Lapse	\$ -	\$ 22,185,806	\$ 22,185,806	100%

5. Medicaid Savings - Prior Year Earnings to Expend	FY	FY	FY	FY	Total
a. Prior Year Medicaid Savings Earned - Medicaid					-
b. Current Year Expenditures - Medicaid					-
c. Prior Year Medicaid Savings Earned - HMP					-
d. Current Year Expenditures - HMP					-
e. Balance of Medicaid Savings:	\$ -	\$ -	\$ -	\$ -	\$ -

6. Narrative: Both CRCS and Contract Settlement Worksheet

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES
CONCURRENT WAIVER PROGRAMS
MEDICAID/HMP CONTRACT RECONCILIATION AND CASH SETTLEMENT**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
PERIOD COVERED: YE Final
SUBMISSION DATE: 3/31/2021

		PIHP Contract Cost Settled
1. Medicaid Services - Available Resources		
a.	Total Managed Care Capitation (Medicaid & Healthy Michigan Plan) incl DCW	\$ 742,479,426
b.	1st & 3rd Party Collections - Medicaid (FSR A 121)	-
c.	1st & 3rd Party Collections - HMP (FSR AI 121)	-
d.	Prior Year Medicaid Savings (FSR A 123 + FSR AI 123)	-
e.	ISF Abatement - Medicaid / HMP (FSR A 124 + FSR AI 124)	-
f.	Psych Hospital HRA (FSR A 125 + FSR AI 125)	29,217,170
g.	Redirected FROM CMHSP to CMHSP Contracts (FSR A 302 + FSR AI 302)	-
h.	Redirected FROM Non-MDHHS Earned Contracts (FSR A 303 + FSR AI 303)	-
i.	Redirected FROM Restricted Fund Balance (FSR A 315 + AI 315 + AK 315)	-
j.	Sub-Total Other Medicaid Services - Resources	\$ 29,217,170
k.	Total Medicaid Services - Available Resources	\$ 771,696,596

2. Medicaid Services - Expenditures		
a.	PIHP Insurance Provider Assessment (IPA) Tax (FSR A 201 + FSR AI 201)	9,251,417
b.	Medicaid Services (incl DCW) (FSR A 202 + A 206 - A 122 - A 325)	584,105,712
b.1	Healthy Michigan Plan Services (incl DCW) (FSR AI 202 + AI 205 - AI 122 - AI 325)	84,775,445
b.2	MI Health Link Medicaid Services (FSR A 205)	37,568,715
c.	Deposits - ISF Medicaid / HMP (FSR A 203 + FSR AI 203)	-
d.	Psych Hospital HRA (FSR A 204 + FSR AI 204)	29,217,170
e.	Sub-Total Medicaid Services - Expenditures	\$ 744,918,459
f.	Redirected TO CMHSP to CMHSP Contracts (FSR A 301 + FSR AI 301)	-
h.	Redirected TO MI Health Link (FSR A 301c)	-
i.	Sub-Total Medicaid Services - Redirected Expenditures	\$ -
j.	Total Medicaid Services - Expenditures	\$ 744,918,459

3. Net Medicaid Services Surplus / (Deficit)		
a.	Medicaid Funding Surplus / (Deficit)	26,778,137
b.	Less: Direct Care Wage Surplus / (Deficit) (Medicaid worksheet 2.1.c)	4,592,331
c.	Net Medicaid Services Surplus / (Deficit)	\$ 22,185,806

4. Disposition		Amount
a.	Surplus	
1.	Transfer to Fund Balance - Medicaid Savings Earned	(22,185,806)
2.	Lapse to MDHHS - Contract Settlement	-
3.	Total Disposition - Surplus	\$ (22,185,806)

b.	Deficit	
1.	Redirected from General Fund (FSR A 331 + AI 331 + AK 331)	-
2.	Redirected from Local (FSR A 332 + AI 332 + AK 332)	-
3.	Redirected Risk Corridor - PIHP Share (FSR A 333 + AI 333)	-
4.	Redirected Risk Corridor - MDHHS Share (FSR A 334 + AI 334)	-
5.	Redirected from Restricted Fund Balance (FSR A 335 + AI 335 + AK 335)	-
6.	Total Disposition - Deficit	\$ -

4.1 Medicaid Savings Transferred To/From		Amount
PIHP receiving transferred Medicaid savings		Total Transferred
a.		
b.		
c.		
d.		
e.		
f.	Total	\$ -

5. Cash Settlement: (Due MDHHS) / Due PIHP		Amount
a.	Forced Lapse to MDHHS	(4,592,331)
b.	Lapse to MDHHS - Contract Settlement	-
c.	Risk Corridor - MDHHS Share	-
d.	Return of Prior Year Medicaid Savings	-
e.	Misc (please explain)	
f.	Misc (please explain)	
g.	Total Cash Settlement: (Due MDHHS) / Due PIHP	\$ (4,592,331)

6. Medicaid MDHHS Commitment		Amount
a.	MDHHS / PIHP Medicaid Funded Expenditures	698,129,647
b.	Earned Medicaid Savings	22,185,806
c.	Sub-Total MDHHS Commitment	\$ 720,315,453
d.	Risk Corridor - MDHHS Share	-
e.	Total MDHHS Medicaid Commitment	\$ 720,315,453
f.	General Fund Supplement for Unfunded Medicaid	-

7. Report Certification
This is to certify accuracy and completeness of this report.

This certification has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 7.7.1.1 REPORT SUBMISSIONS form.

Questions should be directed to:

This contact information has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 7.7.1.1 REPORT SUBMISSIONS form.

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT
WAIVER PROGRAMS CONTRACT
FINANCIAL STATUS REPORT - MEDICAID**

PIHP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	YEAR TO DATE REPORTING	
	FISCAL YEAR:	FY 19 / 20	A I
	SUBMISSION TYPE:	YE Final	Regional Authority / Reporting Board
	SUBMISSION DATE:	3/31/2021	
1	PIHP or CMHSP		PIHP Grand Total page 1 & 2
			DWIHN

MEDICAID SERVICES - PIHP USE ONLY			
A	100	REVENUE	
A	101	Specialty Managed Care Medicaid Revenue	608,848,682
A	115	Medicaid Managed Care - Affiliate Contracts	-
A	116	Direct Care Wage	20,877,557
A	120	Subtotal - Current Period Medicaid Services Revenue	629,726,239
A	121	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Rptng Bd	-
A	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	-
A	123	Prior Year Medicaid Savings (Funding Current Year Expenses)	-
A	124	ISF Abatement	-
A	125	Psych Hospital Rate Adjuster (HRA)	17,631,686
A	140	Subtotal - Other Medicaid Revenue	17,631,686
A	190	TOTAL REVENUE	647,357,925
A	200	EXPENDITURE	
A	201	PIHP Insurance Provider Assessment (IPA) Tax	6,603,331
A	202	Medicaid Services	567,537,326
A	203	Payment into Medicaid ISF	-
A	204	Psych Hospital Rate Adjuster (HRA)	17,631,686
A	205	MI Health Link - Medicaid Services	37,568,715
A	206	Direct Care Wage	16,568,386
A	290	TOTAL EXPENDITURE	645,909,444
A	295	SUBTOTAL NET MEDICAID SERVICES SURPLUS (DEFICIT)	1,448,481
A	300	Redirected Funds (To) From	
A	301	(TO) CMHSP to CMHSP Earned Contracts - J304	-
A	301a	Intentionally left blank	-
A	301b	(TO) Healthy MI Plan - A1310	-
A	301c	(TO) MI Health Link Services (Medicare) - AK310	-
A	302	FROM CMHSP to CMHSP Earned Contracts - J301 (explain - section AB)	-
A	303	FROM Non-MDHHS Earned Contracts - K301 (explain - section AB)	-
A	310a	FROM Healthy MI Plan - A1301a	2,860,690
A	315	FROM Restricted Fund Balance - RES 1.c	-
A	325	Info only - Affiliate Total Redirected Funds - I390	-
A	330	Subtotal Redirected Funds rows 301 - 325	2,860,690
A	331	FROM General Fund - Redirected to Unfunded Medicaid Costs - B301	-
A	332	FROM Local Funds - M301	-
A	333	FROM Risk Corridor - PIHP Share - N301	-
A	334	FROM Risk Corridor - MDHHS Share - N302	-
A	335	FROM Restricted Fund Balance - Risk Financing RES 1.c	-
A	390	Total Redirected Funds	2,860,690
A	400	BALANCE MEDICAID SERVICES	-
A	401	BALANCE MEDICAID DIRECT CARE WAGE SERVICES	4,309,171

AB	REMARKS
AB	Remarks may be added about any entry or activity on the report for which additional information may be useful.
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**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT
WAIVER PROGRAMS CONTRACT
FINANCIAL STATUS REPORT - Healthy Michigan**

PIHP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		YEAR TO DATE REPORTING	
	FISCAL YEAR:	FY 19 / 20	A	I
	SUBMISSION TYPE:	YE Final	Regional Authority / Reporting Board	PIHP Grand Total page 1 & 2
	SUBMISSION DATE:	3/31/2021		
1	PIHP or CMHSP		DWIHN	

AI	HEALTHY MICHIGAN SERVICES - PIHP USE ONLY			
AI 100	REVENUE			
AI 101	Healthy Michigan Plan		111,466,771	111,466,771
AI 115	Healthy Michigan Managed Care - Affiliate Contracts		-	-
AI 116	Direct Care Wage		1,286,416	1,286,416
AI 120	Subtotal - Current Period Healthy Michigan Services Revenue		112,753,187	112,753,187
AI 121	1st & 3rd Party Collections - HMP Consumers - Rptng Bd			-
AI 122	1st & 3rd Party Collections - HMP Consumers - Affiliate			-
AI 123	Prior Year Healthy MI Plan Savings (Funding Current Year Expenses)		-	-
AI 124	ISF Abatement HMP			-
AI 125	Psych Hospital Rate Adjuster (HRA)		11,585,484	11,585,484
AI 140	Subtotal - Other Healthy Michigan Revenue		11,585,484	11,585,484
AI 190	TOTAL REVENUE		124,338,671	124,338,671
AI 200	EXPENDITURE			
AI 201	PIHP Insurance Provider Assessment (IPA) Tax Healthy Michigan Plan		2,648,086	2,648,086
AI 202	Healthy Michigan Plan Services		83,772,189	83,772,189
AI 203	Payment into Healthy Michigan Plan ISF		-	-
AI 204	Psych Hospital Rate Adjuster (HRA)		11,585,484	11,585,484
AI 205	Direct Care Wage		1,003,256	1,003,256
AI 290	TOTAL EXPENDITURE		99,009,015	99,009,015
AI 295	SUBTOTAL NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)		25,329,656	25,329,656
AI 300	Redirected Funds (To) From			
AI 301	(TO) CMHSP to CMHSP Earned Contracts - J304.1		-	-
AI 301a	(TO) Medicaid - A310a		(2,860,690)	(2,860,690)
AI 302	FROM CMHSP to CMHSP Earned Contracts - J301.1 (explain - section AJ)			-
AI 303	FROM Non-MDHHS Earned Contracts - K301.1 (explain - section AJ)			-
AI 310	FROM Medicaid - A301b			-
AI 315	FROM Restricted Fund Balance - RES 1.g		-	-
AI 325	Info only - Affiliate Total Redirected Funds - I390			-
AI 330	Subtotal Redirected Funds rows 301 - 325		(2,860,690)	(2,860,690)
AI 331	FROM General Fund - Redirected to Unfunded Healthy Michigan Costs - B301.1			-
AI 332	FROM Local Funds - M301.1			-
AI 333	FROM Risk Corridor - PIHP Share - N301.1		-	-
AI 334	FROM Risk Corridor - MDHHS Share - N302.1			-
AI 335	FROM Restricted Fund Balance - Risk Financing RES 1.g		-	-
AI 390	Total Redirected Funds		(2,860,690)	(2,860,690)
AI 400	BALANCE HEALTHY MICHIGAN PLAN SERVICES		22,185,806	22,185,806
AI 401	BALANCE HEALTHY MICHIGAN PLAN DIRECT CARE WAGE SERVICES		283,160	283,160

AJ	REMARKS
AJ	Remarks may be added about any entry or activity on the report for which additional information may be useful.
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**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT
WAIVER PROGRAMS CONTRACT
FINANCIAL STATUS REPORT - MI Health Link**

PIHP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	YEAR TO DATE REPORTING	
	FISCAL YEAR:	FY 19 / 20	A I
	SUBMISSION TYPE:	YE Final	Regional Authority / Reporting Board
	SUBMISSION DATE:	3/31/2021	
1	PIHP or CMHSP		PIHP Grand Total page 1 & 2
			DWIHN

AK		MI HEALTH LINK SERVICES - PIHP USE ONLY		
AK	100	REVENUE		
AK	101	MI Health Link	9,216,182	9,216,182
AK	102	ICO - Risk Financing / (ICO - Shared Savings)		-
AK	115	MI Health Link - Affiliate Contracts	-	-
AK	120	Subtotal - Current Period MI Health Link Services Revenue	9,216,182	9,216,182
AK	121	1st & 3rd Party Collections - MI Health Link Consumers - Rpting Bd		-
AK	122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate		-
AK	140	Subtotal - Other MI Health Link Revenue	-	-
AK	190	TOTAL REVENUE	9,216,182	9,216,182
AK	200	EXPENDITURE		
AK	202	MI Health Link Services	9,216,182	9,216,182
AK	290	TOTAL EXPENDITURE	9,216,182	9,216,182
AK	295	SUBTOTAL NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)	-	-
AK	300	Redirected Funds (To) From		
AK	301	(TO) CMHSP to CMHSP Earned Contracts - J304.3	-	-
AK	302	FROM CMHSP to CMHSP Earned Contracts - J301.3 (explain - section AL)		-
AK	303	FROM Non-MDHHS Earned Contracts - K301.3 (explain - section AL)		-
AK	310	FROM Medicaid - A301c		-
AK	315	FROM Restricted Fund Balance - RES 1.h	-	-
AK	325	Info only - Affiliate Total Redirected Funds - ID390		-
AK	330	Subtotal Redirected Funds rows 301 - 325	-	-
AK	331	FROM General Fund - Redirected to Unfunded MI Health Link Costs - B301.5		-
AK	332	FROM Local Funds - M301.5		-
AK	335	FROM Restricted Fund Balance - Risk Financing RES 1.h	-	-
AK	336	(TO) Local funds - M313.3	-	-
AK	390	Total Redirected Funds	-	-
AK	400	BALANCE MI HEALTH LINK SERVICES (must = 0)	-	-

AL	REMARKS
AL	Remarks may be added about any entry or activity on the report for which additional information may be useful.
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**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
RESTRICTED FUND BALANCE ACTIVITY**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK

FISCAL YEAR: FY 19 / 20

SUBMISSION TYPE: YE Final

SUBMISSION DATE: 3/31/2021

1.	Restricted Fund Balance Activity	PA2	PA2 - (Risk Financing)	Performance Bonus Incentive Pool (PBIP)	Performance Bonus Incentive Pool (PBIP) - (Risk Financing)	Restricted Fund Balances / Current Activity
a.	Restricted Fund Balance @ Beginning of Fiscal Year	\$ 3,301,926				\$ 3,301,926
b.	Current Period Deposits	\$ 4,409,017				\$ 4,409,017
c.	Current Period Financing Medicaid					\$ -
d.	Current Period Financing SUD Non-Medicaid	\$ (3,091,162)				\$ (3,091,162)
e.	Current Period Financing Opioid Health Homes Behavioral Health					\$ -
f.	Current Period Financing Health Homes Behavioral Health					\$ -
g.	Current Period Financing Healthy MI Plan					\$ -
h.	Current Period Financing MI Health Link					\$ -
i.	Current Period Financing Behavioral Health System					\$ -
j.	Restricted Fund Ending Balance		\$ 4,619,781	\$ -		\$ 4,619,781

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
INTERNAL SERVICE FUND**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. Internal Service Fund Fiscal Year Activity		ISF Balance @ Beginning of Fiscal Year	Current Period ISF Contributions Interest Earned	Current Period ISF Contributions Deposits	Current Period ISF Reduction (Abatement)	Current Period ISF Financing Medicaid (Risk)	Current Period ISF Financing HMP (Risk)	ISF Ending Balance
a.	ISF Balances / Current Activity	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b.	Specialty Managed Care			\$ -	\$ -			\$ -
c.	Healthy Michigan Plan			\$ -	\$ -			\$ -

1.1 PIHP Transferred To/From ISF balances		Total Transferred
a.		
b.		
c.		
d.		
e.		
f.	Total Transferred to/from PIHPs	\$ -
g.	Final balance after transfers	\$ -
h.	Specialty Managed Care portion of balance	\$ -
i.	Healthy Michigan Plan portion of balance	\$ -

2. PIHP Maximum Allowable Funding of ISF	Amount
a. Specialty Managed Care - Medicaid Capitation (FSR Medicaid - A 101 + FSR HMP - AI 101 + Medicaid Worksheet - 1.i PBIP Withhold + Medicaid Worksheet - 1.j. Retro-active Adjustment)	\$ 725,127,459
b. % of Current Year Medicaid Capitation	7.5%
c. Maximum Allowable Funding of Med ISF	\$ 54,384,559

3. Disposition of ISF Ending Balance	Amount	Narrative of Resolution if ISF Over Funded
a. Maximum Allowable Funding of Medicaid ISF	\$ 54,384,559	
b. Medicaid ISF Ending Balance	\$ -	
c. Within Maximum Allowable Limit / (Overfunded)	\$ 54,384,559	

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM CONTRACT
SHARED RISK CALCULATION & RISK FINANCING**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. Shared Risk Calculation		Medicaid Amount	HMP Amount	PBIP Amount	Retro Adj Amount	Total Amount
a1.	Specialty Managed Care - Medicaid Capitation (FSR Medicaid - A 101 + FSR HMP - AI 101 + Medicaid Worksheet - 1.i PBIP Withhold + Medicaid Worksheet - 1.j. Retro-active Adjustment)	\$ 608,848,682	\$ 111,466,771	\$ 4,160,444	\$ 651,562	\$ 725,127,459
a2.	Band # 1 (100 - 105%)			36,256,373	Full PIHP Responsibility	
a3.	Band # 2 (105 - 110%)			36,256,373	Shared State / PIHP Responsibility	
b.	Total Risk			-		

				State Risk	Local Risk	Total Risk Corridor
c1.	Band # 1 Liability			-	-	-
c2.	Sub-Total - Band # 1			-		
c3.	Band # 2 Liability			-	-	-
c4.	Sub-Total - Band # 2			-		
c5.	Band # 3 Liability			-		-
c6.	Total Risk Responsibility			\$ -	\$ -	\$ -

2. Disposition of Risk			State Risk	Local Risk	Total Risk Corridor
a.	Stop/Loss Insurance (FSR - Non-Medicaid Line N 101)			-	-
b.	Medicaid / HMP for PIHP Share Risk Corridor (FSR - Non-Medicaid Line N 102)			-	-
c.	Local Funds / Local Fund Balance - Medicaid / HMP Services (FSR - Non-Medicaid Line M 301, M 301.1)			-	-
d.	Restricted Funds / Restricted Fund Balance - Medicaid / HMP Services (FSR - Non-Medicaid Line N 104)			-	-
e.	General Fund Redirect for Unfunded Medicaid / HMP Costs - MDHHS Approved ONLY (FSR - Non-Medicaid Line B 301, B301.1)			-	-
f.	Due PIHP From MDHHS (FSR - Non-Medicaid Line N 103)			-	-
g.	Total Risk Corridor Funding			\$ -	\$ -

3. Summary of Total Risk / Funding			State Risk	Local Risk	Total Risk Corridor
a.	Total Risk		-	-	-
b.	Total Disposition of MDHHS / Local Risk - Medicaid				-
b1.	Total Disposition of MDHHS / Local Risk - Healthy Michigan Plan				-
c.	Balance of Risk Corridor (Must = \$0)		\$ -	\$ -	\$ -

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021
		Column A	Column B

A		MEDICAID SERVICES - Summary From FSR - Medicaid (incl Direct Care Wage)	
A	190	TOTAL REVENUE	647,357,925
A	290	TOTAL EXPENDITURE	645,909,444
A	295	NET MEDICAID SERVICES SURPLUS (DEFICIT)	1,448,481
A	390	Total Redirected Funds	2,860,690
A	400	BALANCE MEDICAID SERVICES (A 400 + A 401)	4,309,171

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AE		OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services	
AE	190	TOTAL REVENUE	-
AE	290	TOTAL EXPENDITURE	-
AE	295	NET SURPLUS (DEFICIT)	-
AE	390	Total Redirected Funds	-
AE	400	BALANCE OPIOID HEALTH HOME SERVICES	-

AG		HEALTH HOME SERVICES - Summary From FSR - Health Home Services	
AG	190	TOTAL REVENUE	-
AG	290	TOTAL EXPENDITURE	-
AG	295	NET HEALTH HOME SERVICES SURPLUS (DEFICIT)	-
AG	390	Total Redirected Funds	-
AG	400	BALANCE HEALTH HOME SERVICES	-

AI		HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan (incl Direct Care Wage)	
AI	190	TOTAL REVENUE	124,338,671
AI	290	TOTAL EXPENDITURE	99,009,015
AI	295	NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)	25,329,656
AI	390	Total Redirected Funds	(2,860,690)
AI	400	BALANCE HEALTHY MICHIGAN SERVICES (AI 400 + AI 401)	22,468,966

AK		MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link	
AK	190	TOTAL REVENUE	9,216,182
AK	290	TOTAL EXPENDITURE	9,216,182
AK	295	NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)	-
AK	390	Total Redirected Funds	-
AK	400	BALANCE MI HEALTH LINK SERVICES	-

RES		RESTRICTED FUND BALANCE ACTIVITY	
RES	180	Beginning Restricted Fund balance	3,301,926
RES	190	TOTAL REVENUE (Deposits)	4,409,017
RES	290	TOTAL EXPENDITURE (PBIP & SUD NON-MEDICAID only)	3,091,162
RES	390	Total Redirected Funds	-
RES	400	BALANCE RESTRICTED FUND	4,619,781

B		GENERAL FUND	
B	100	REVENUE	
B	101	CMH Operations	34,943,453
B	120	Subtotal - Current Period General Fund Revenue	34,943,453
B	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services	
B	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services	
B	123	Prior Year GF Carry Forward	1,865,565
B	140	Subtotal - Other General Fund Revenue	1,865,565
B	190	TOTAL REVENUE	36,809,018
B	200	EXPENDITURE	
B	201	100% MDHHS Matchable Services / Costs	4,019,982
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap	-
B	203	90% MDHHS Matchable Services / Costs	30,394,564
B	290	TOTAL EXPENDITURE	31,375,090
B	295	NET GENERAL FUND SURPLUS (DEFICIT)	5,433,928

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final	YEAR TO DATE
		SUBMISSION DATE:	3/31/2021	REPORTING
			Column A	Column B
B	300	Redirected Funds (To) From		
B	301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - A331 (PIHP use only)		-
B	301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - AI331 (PIHP use only)		-
B	301.3	(TO) Opioid Health Home Services - Redirected for Unfunded Opioid Health Home Services AE331 (PIHP use only)		-
B	301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services AG331 (PIHP use only)		-
B	301.5	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - AK331 (PIHP use only)		-
B	309	(TO) Allowable GF Cost of Injectable Medications - G301		-
B	312	(TO) CMHSP to CMHSP Earned Contracts - J305 (explain - section Q)		-
B	313	FROM CMHSP to CMHSP Earned Contracts - J302		
B	314	FROM Non-MDHHS Earned Contracts - K302		
B	330	Subtotal Redirected Funds rows 301 - 314		-
B	331	FROM Local Funds - M302		
B	332	FROM Risk Corridor - N303		
B	390	Total Redirected Funds		-
B	400	BALANCE GENERAL FUND (cannot be < 0)		5,433,928

OTHER GF CONTRACTUAL OBLIGATIONS

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FEE FOR SERVICE MEDICAID

D		TARGETED CASE MANAGEMENT - (GHS Only)		
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G INJECTABLE MEDICATIONS

G	190	Revenue		
G	290	Expenditure		
G	295	NET INJECTABLE MEDICATIONS (cannot be > 0)		-
G	300	Redirected Funds (To) From		
G	301	FROM General Fund - B309		
G	302	FROM Local Funds - M309		
G	390	Total Redirected Funds		-
G	400	BALANCE INJECTABLE MEDICATIONS (must = 0)		-

OTHER FUNDING

H MDHHS EARNED CONTRACTS

H	100	REVENUE		
H	101	Comprehensive Services for Behavioral Health		20,705,400
H	102	Housing and Homeless Services		1,649,310
H	103	Pilot Programs for Juvenile Justice Diversion		-
H	104	Mental Health Diversion Council		-
H	105	Projects for Assistance in Transition from Homelessness		-
H	106	Regional Perinatal Collaborative		-
H	107	Substance Abuse & Mental Health COVID-19 Grant Program		233,472
H	108	Coronavirus (COVID-2019) Community Mental Health Support Program		501,586
H	150	Other MDHHS Earned Contracts (describe):		-
H	151	Other MDHHS Earned Contracts (describe):		-
H	190	TOTAL REVENUE		23,089,768
H	200	EXPENDITURE		
H	201	Comprehensive Services for Behavioral Health		20,705,400
H	202	Housing and Homeless Services		1,649,310
H	203	Pilot Programs for Juvenile Justice Diversion		-
H	204	Mental Health Diversion Council		-
H	205	Projects for Assistance in Transition from Homelessness		-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final	YEAR TO DATE
		SUBMISSION DATE:	3/31/2021	REPORTING
			Column A	Column B
H	206	Regional Perinatal Collaborative		-
H	207	Substance Abuse & Mental Health COVID-19 Grant Program		233,472
H	208	Coronavirus (COVID-2019) Community Mental Health Support Program		501,586
H	250	Other MDHHS Earned Contracts (describe):		-
H	251	Other MDHHS Earned Contracts (describe):		-
H	290	TOTAL EXPENDITURE		23,089,768
H	400	BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)		-

I PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY

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IB PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY

IC PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY

ID PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY

J CMHSP to CMHSP EARNED CONTRACTS

J	190	Revenue		
J	290	Expenditure		
J	295	NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)		-
J	300	Redirected Funds (To) From		
J	301	(TO) Medicaid Services - A302 (PIHP use only)		-
J	301.1	(TO) Healthy Michigan - A1302 (PIHP use only)		-
J	301.3	(TO) MI Health Link - AK302 (PIHP use only)		-
J	302	(TO) General Fund - B313		-
J	304	FROM Medicaid Services - A301 (PIHP use only)		
J	304.1	FROM Healthy Michigan - A1301 (PIHP use only)		
J	304.3	FROM MI Health Link - AK301 (PIHP use only)		
J	305	FROM General Fund - B312		
J	307	FROM Local Funds - M310		
J	390	Total Redirected Funds		-
J	400	BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)		-

K NON-MDHHS EARNED CONTRACTS

K	190	Revenue		154,160
K	290	Expenditure		154,160
K	295	NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)		-
K	300	Redirected Funds (To) From		
K	301	(TO) Medicaid Services - A303 (PIHP use only)		-
K	301.1	(TO) Healthy Michigan - A1303 (PIHP use only)		-
K	301.3	(TO) MI Health Link - AK303 (PIHP use only)		-
K	302	(TO) General Fund - B314		-
K	304	(TO) Local Funds - M315		-
K	305	FROM Local Funds - M311		
K	390	Total Redirected Funds		-
K	400	BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)		-

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M LOCAL FUNDS

M	100	REVENUE		
M	101	County Appropriation for Mental Health		17,686,452
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds		
M	103	Section 226 (a) Funds		-
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)		
M	105	Medicaid Fee for Service Adjuster Payments		203,599
M	106	Local Grants		509,140

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:	FY 19 / 20
			SUBMISSION TYPE:	YE Final
			SUBMISSION DATE:	3/31/2021
			Column A	Column B
M	107	Interest		1,172,446
M	109	SED Partner		
M	110	All Other Local Funding		
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding		4,160,443
M	190	TOTAL REVENUE		23,732,080
M	200	EXPENDITURE		
M	201	GF 10% Local Match		3,039,456
M	202	Local match cap amount		
M	203	GF Local Match Capped per MHC 330.1308		-
M	204	Local Cost for State Provided Services		6,956,747
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)		4,030,280
M	207	Local Match to Grants and MDHHS Earned Contracts		
M	209	Local Only Expenditures		330,953
M	290	TOTAL EXPENDITURE		14,357,436
M	295	NET LOCAL FUNDS SURPLUS (DEFICIT)		9,374,644
M	300	Redirected Funds (To) From		
M	301	(TO) Medicaid Services - A332 (PIHP use only)		-
M	301.1	(TO) Healthy Michigan - AI332 (PIHP use only)		-
M	301.5	(TO) MI Health Link - AK332 (PIHP use only)		-
M	302	(TO) General Fund - B331		-
M	309	(TO) Injectable Medications - G302		-
M	310	(TO) CMHSP to CMHSP Earned Contracts - J307		-
M	311	(TO) Non-MDHHS Earned Contracts - K305		-
M	313	(TO) Activity Not Otherwise Reported - O302		-
M	313.3	FROM MI Health Link (Medicare) - AK336 - (PIHP use only)		
M	315	FROM Non-MDHHS Earned Contracts - K304		
M	390	Total Redirected Funds		-
M	400	BALANCE LOCAL FUNDS		9,374,644

N	RISK CORRIDOR			
N	100	REVENUE		
N	101	Stop/Loss Insurance		
N	102	Medicaid ISF for PIHP Share Risk Corridor		-
N	103	MDHHS for MDHHS Share of Medicaid Risk Corridor		
N	104	Restricted Fund balance for PIHP Share Risk Corridor		-
N	190	TOTAL REVENUE		-
N	300	Redirected Funds (To) From		
N	301	(TO) Medicaid Services - PIHP Share - A333 (PIHP use only)		-
N	301.1	(TO) Healthy Michigan - PIHP Share - AI333 (PIHP use only)		-
N	301.2	(TO) Restricted Fund balance for PIHP Share - A335 & AI335 (PIHP use only)		-
N	302	(TO) Medicaid Services - MDHHS Share - A334 (PIHP use only)		-
N	302.1	(TO) Healthy Michigan - MDHHS Share - AI334 (PIHP use only)		-
N	303	(TO) General Fund - B332		-
N	390	Total Redirected Funds		-
N	400	BALANCE RISK CORRIDOR (must = 0)		-

O	ACTIVITY NOT OTHERWISE REPORTED			
O	100	REVENUE		
O	101	Other Revenue (describe): Gain on sale of assets		179,024
O	102	Other Revenue (describe):		
O	103	Other Revenue (describe):		
O	190	TOTAL REVENUE		179,024
O	200	EXPENDITURE		
O	201	Other Expenditure (describe):		
O	202	Other Expenditure (describe):		
O	203	Other Expenditure (describe):		
O	290	TOTAL EXPENDITURE		-
O	295	NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)		179,024
O	300	Redirected Funds (To) From		
O	302	FROM Local Funds - M313		
O	390	Total Redirected Funds		-
O	400	BALANCE ACTIVITY NOT OTHERWISE REPORTED		179,024

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021
		Column A	Column B

P		GRAND TOTALS	
P	190	GRAND TOTAL REVENUE	869,285,845
P	290	GRAND TOTAL EXPENDITURE	826,202,257
P	390	GRAND TOTAL REDIRECTED FUNDS (must = 0)	-
P	400	NET INCREASE (DECREASE)	43,083,588

Q	REMARKS
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q	B400 reflects MDHHS letter dated 7/20/20 requesting waiver of 5% cap on carryover. Due to lack of response to letter, numerous emails and inclusion in the FY21 Risk Management Strategy Report and a meeting with MDHHS leadership, DWIHN assumes approval.
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MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)

FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL

CMHSP:		DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:		FY 19 / 20		YEAR TO DATE REPORTING	
				SUBMISSION TYPE:		YE Final			
				SUBMISSION DATE:		3/31/2021			
				Column A		Column B		Column C	
H MDHHS EARNED CONTRACTS									
H	Grant Program Code	Grant Program Title	Project Code	Project Title	REVENUE	EXPENDITURES	BALANCE		
H	CBH	Comprehensive Services for Behavioral Health	ABHS	Asian Behavioral Health Services	104,101	104,101	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BCDP	Branch County Diversion Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHC	Behavioral Health Consultant	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHSNA	Behavioral Health Services for Native Americans	92,931	92,931	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHSVV	Behavioral Health Services for Vietnam Veterans	38,214	38,214	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CG	Community Grant	8,142,394	8,142,394	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CLUB	Clubhouse Engagement	75,253	75,253	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CRIM	Criminal Justice	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CRMG	Care Management	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CSC	Child System of Care	907,819	907,819	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**	Our Place Drop In Center	802	802	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**	Perfect Place Drop In Center	3,273	3,273	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**	Harvest Retreat Drop In Center	4,992	4,992	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	FIT	Fit Together	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	GRT	Gambling Residential Treatment	220,470	220,470	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	HBHS	Hispanic Behavioral Health Services	185,754	185,754	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	IHC	Continuation and Expansion of Integrated Healthcare for CMHCM	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	IMH	Health Innovation in Manistee and Benzie Counties	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	JLDV	Jail Diversion	175,000	175,000	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	LSHP	Lead Safe Home Program Medicaid Outreach Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MGDPP	Michigan Gambling Disorder Prevention Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHAJJ	Mental Health Access and Juvenile Justice Diversion	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHFA	Mental Health First Aid	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHJSE	Mental Health and Juvenile Justice Screening Expansion	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHJSP	Mental Health Juvenile Justice Screening Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHTC	58th District Mental Health Court Expansion	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MICHT	Michigan Healthy Transitions	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MSOR	Michigan State Opioid Response	1,167,780	1,167,780	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MYTIE	Michigan Youth Treatment Improvement & Enhancement PIHP	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	NCC	Enhanced Nutrition Care Coordination and Medical Culinary Ed Prqms	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OBRA	Pre-Admission Screening Annual Resident Reviews	1,929,362	1,929,362	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OHHI	Opioid Health Home Implementation	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OHHSO	Opioid Health Home Service Optimization	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PA2	Prevention	3,208,530	3,208,530	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PCPCP	Psychiatric Consultation to Primary Care Practices	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PDTOB	Peer Driven Tobacco Cessation	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PFS	Partnership for Success	243,272	243,272	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PIPBHC	Promoting Integration of Primary and Behavioral Health Care	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PRTS	PMTO Regional Training and Support	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RCVC	Recovery Conference	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RPTS	Regional PMTO Training Support	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RT	Rural Transportation	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RTTSE	Infant and Early Childhood Mental Health Consultation.	161,511	161,511	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SDA	State Disability Assistance	730,593	730,593	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SFEP	First Episode Psychosis	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SORAPP	State Opioid Response-Opioid Abuse Prevention Fund	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SORS	State Opioid Response Supplemental	299,533	299,533	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SPTTA	Statewide PMTO Training and TA	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	STR	State Targeted Response	981,723	981,723	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SUDADM	Substance Use Disorder - Administration (ADM)	877,173	877,173	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SUDT	Substance Use Disorder Services - Tobacco	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TBR	Technology-Based Recovery Support	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TCR	Transportation to Crisis Residential	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TFCC	Trauma Focused CBT Coordination & Training	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TFCO	Treatment Foster Care Oregon	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	VET*	Veteran Navigator	75,749	75,749	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	WSS	Substance Use Disorder Services - Womens' Specialty Services	1,079,171	1,079,171	-	Must = 0	
H	SUBTOTAL Comprehensive Services for Behavioral Health				20,705,400	20,705,400	-	Must = 0	
H	HHS	Housing and Homeless Services	PSH	Permanent Supportive Housing Dedicated Plus	1,649,310	1,649,310	-	Must = 0	
H	HHS	Housing and Homeless Services	RRP	Consolidated Rapid Re-Housing	-	-	-	Must = 0	
H	HHS	Housing and Homeless Services	SH	Permanent Supportive Housing Statewide Leasing	-	-	-	Must = 0	
H	SUBTOTAL Housing and Homeless Services				1,649,310	1,649,310	-	Must = 0	
H	JJDPP	Pilot Programs for Juvenile Justice Diversion	JJDPP	Pilot Programs for Juvenile Justice Diversion	-	-	-	Must = 0	
H	SUBTOTAL Pilot Programs for Juvenile Justice Diversion				-	-	-	Must = 0	
H	MHDC	Mental Health Diversion Council Pilot Program	MHDC	Mental Health Diversion Council Pilot Program	-	-	-	Must = 0	
H	MHDCS	Mental Health Diversion Council Special Initiatives	MHDCS	Mental Health Diversion Council Special Initiatives	-	-	-	Must = 0	
H	SUBTOTAL Mental Health Diversion Council				-	-	-	Must = 0	
H	PATH	Projects for Assistance in Transition from Homelessness	PATH	Projects for Assistance in Transition from Homelessness	-	-	-	Must = 0	
H	SUBTOTAL Projects for Assistance in Transition from Homelessness				-	-	-	Must = 0	
H	RPC	Regional Perinatal Collaborative	RPC	Regional Perinatal Collaborative	-	-	-	Must = 0	
H	SUBTOTAL Regional Perinatal Collaborative				-	-	-	Must = 0	
H	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	233,472	233,472	-	Must = 0	
H	SUBTOTAL Substance Abuse & Mental Health COVID-19 Grant Program				233,472	233,472	-	Must = 0	
H	CVMCMH	Coronavirus (COVID-2019) Community Mental Health Support Program	CVMCMH	Coronavirus (COVID-2019) Community Mental Health Support Program	501,586	501,586	-	Cannot be < 0	
H	SUBTOTAL Coronavirus (COVID-2019) Community Mental Health Support Program				501,586	501,586	-	Cannot be < 0	
H	Other MDHHS Earned Contracts (describe):				-	-	-	Must = 0	
H	Other MDHHS Earned Contracts (describe):				-	-	-	Must = 0	
H	SUBTOTAL Other MDHHS Earned Contracts				-	-	-	Must = 0	
H	BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)				23,089,768	23,089,768	-	Cannot be < 0	

Q	REMARKS
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
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**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT**

CMHSP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. General Fund Services - Available Resources	Funding Resources
a. CMH Operations (FSR B 101)	34,943,453
b. Intentionally left blank	
c. Intentionally left blank	
d. Sub-Total General Fund Contract Authorization	\$ 34,943,453
e. 1st & 3rd Party Collections (FSR B 121 + B 122)	-
f. Prior Year GF Carry-Forward (FSR B 123)	1,865,565
g. Intentionally left blank	
h. Redirected CMHSP to CMHSP Contracts (FSR B 313)	-
i. Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j. Sub-Total Other General Fund Resources	\$ 1,865,565
k. Local 10% Associated to 90/10 Services (FSR M 201)	3,039,456
l. Local 10% Match Cap Adjustment (FSR M 203)	-
m. Sub-Total Local 10% Associated to 90/10 Services	\$ 3,039,456
n. Total General Fund Services - Resources	\$ 39,848,474

3. Summary of Resources / Expenditures	Amount
a. Total General Fund Services - Resources	39,848,474
b. Total General Fund Services - Expenditures	34,414,546
c. Sub-Total General Fund Services Surplus (Deficit)	\$ 5,433,928
d. Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e. Net General Fund Services Surplus (Deficit)	\$ 5,433,928

4. Disposition:	Amount
Surplus	
a. Transfer to Fund Balance - GF Carry-Forward Earned	(1,747,173)
b. Lapse to MDHHS - Contract Settlement	(3,686,755)
d. Total Disposition - Surplus	\$ (5,433,928)

Deficit	
f. Redirected from Local (FSR B 331)	-
g. Redirected from risk corridor (FSR B 332)	-
h. Total Disposition - Deficit	\$ -

5. Cash Settlement: (Due MDHHS) / Due CMHSP	Amount
a. Forced Lapse to MDHHS	-
b. Lapse to MDHHS - Contract Settlement	(3,686,755)
c. Return of Prior Year General Fund Carry-Forward	
d. Intentionally left blank	
e. Contract Authorization - Late Amendment	-
f. Intentionally left blank	
g. Misc: (please explain): Per 7/23/20 MDHHS letter to waive 5% cap	3,686,755
h. Total Cash Settlement: (Due MDHHS) / Due CMHSP	\$ -

2. General Fund Services - Expenditures	90/10 - Local Cap	Expenditures
a. 100% MDHHS Matchable Services (FSR B 201)		4,019,982
b. 100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c. 90/10% MDHHS Matchable Services (FSR B 203 Column A)	30,394,564	
d. Local 10% Match Cap Adjustment (FSR M 203)	-	30,394,564
e. Intentionally left blank		
f. Intentionally left blank		
g. Sub-Total General Fund Services - Expenditures		\$ 34,414,546
h. GF Supplement for Unfunded Medicaid - (PIHP use only) (FSR B 301)		-
i. GF Supplement for Unfunded Healthy Michigan - (PIHP use only) (FSR B 301.1)		-
j. Intentionally left blank		
k. GF Supplement for Unfunded Opioid Health Home Services (PIHP use only) (FSR B 301.3)		-
l. GF Supplement for Unfunded Health Home Services (PIHP use only) (FSR B 301.4)		-
m. GF Supplement for Unfunded MI Health Link - (PIHP use only) (FSR B 301.5)		-
n. GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
o. Intentionally left blank		
p. Intentionally left blank		
q. GF Supplement for Injectable Medications (FSR B 309)		-
r. GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s. Intentionally left blank		
t. GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u. GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
v. GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w. GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		-
x. Sub-Total General Fund Services Supplement - Expenditures		\$ -
y. Total General Fund Services - Expenditures		\$ 34,414,546

6. General Fund MDHHS Commitment	Amount
a. MDHHS / CMHSP Contract Funded Expenditures	29,509,525
b. Earned General Fund Carry-Forward	1,747,173
c. Total MDHHS General Fund Commitment	\$ 31,256,698

7. Report Certification

This certification has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

Questions should be directed to:
 This contact information has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT SETTLEMENT WORKSHEET**

CMHSP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. General Fund (Formula and Categorical Funding)	Contract Authorization	Cash Received			Amount Due CMHSP / (MDHHS) Cash Settlement
		Through 9/30	After 9/30 Prior to Settlement	Total	
a. CMH Operations	34,943,453	34,943,453		34,943,453	-
c. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 34,943,453	\$ 34,943,453	\$ -	\$ 34,943,453	\$ -

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	34,943,453	
b. Total Current Year Maximum Carry-Forward	\$ 34,943,453	\$ 1,747,173

3. Prior Year - General Fund Carry-Forward	FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a. Prior Year GF Carry-Forward Earned	1,865,565	
b. Prior Year GF Carry-Forward (FSR B 123)	1,865,565	
c. Balance of Prior Year General Fund Carry-Forward	\$ -	

4. Categorical - Categories	Authorization	Expenditures	Lapse	Cost Above Authorizations
a. Other Funding - Please explain			-	-
b. Other Funding - Please explain			-	-
c. Other Funding - Please explain			-	-
d. Totals	\$ -	\$ -	\$ -	\$ -

5. Narrative: Both CRCS and Contract Settlement Worksheet

SPECIAL FUND ACCOUNT
For Recipient Fees and Third-Party Reimbursement
 As Added to Mental Health Code per PA 423, 1980

CMHSP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level

1. County Funding - 1979/1980	
2. County Funding - Current Fiscal Year	

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections
Year to Date by Service Category and Source

Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total
1. Inpatient Services				\$ -
2. Residential Services				\$ -
3. Community Living Services				\$ -
4. Outpatient Services				\$ -
5. Total	\$ -	\$ -	\$ -	\$ -

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections
Quarterly Summary

1. First Quarter	
2. Second Quarter	
3. Third Quarter	
4. Fourth Quarter	
5. Total	\$ -

Certification

This certification has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

Questions should be directed to:

This contact information has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

section 7.2.4 Special Fund Account of the CMHSP contract

MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM CONTRACT
AND
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS C.6.5.1.1 & P.7.7.1.1 REPORT SUBMISSIONS

PIHP:	DETROIT WAYNE INTEGRATED HE	FISCAL YEAR:	FY 19 / 20
CMHSP:	DETROIT WAYNE INTEGRATED HE	SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021

An "X" in the appropriate box in the section(s) below identifies the reports covered by this certification.

General Fund - Non Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Special Fund Account - Section 226a				
Financial Status Report (FSR) - All Non-Medicaid	X	Stacie Durant	313.344.9874	sdurant@dwihi.org
Financial Status Report (FSR) - All Non-Medicaid Supplemental	X	Stacie Durant		
Contract Reconciliation and Cash Settlement	X	Stacie Durant		
Contract Settlement Worksheet	X	Stacie Durant		
Year End Accrual Schedule	X	Stacie Durant		

Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Financial Status Report (FSR) - Medicaid	X	Stacie Durant	313.344.9874	sdurant@dwihi.org
Financial Status Report (FSR) - Healthy Michigan	X	Stacie Durant		
Financial Status Report (FSR) - Health Homes				
Financial Status Report (FSR) - Opioid Health Homes				
Financial Status Report (FSR) - MI Health Link	X	Stacie Durant		
RES Fund Balance	X	Stacie Durant		
Internal Service Fund (ISF)				
Shared Risk Calculation & Risk Financing	X	Stacie Durant		
Contract Reconciliation and Cash Settlement	X	Stacie Durant		
Contract Settlement Worksheet	X	Stacie Durant		
Year End Accrual Schedule	X	Stacie Durant		

CERTIFICATION

The name below is authorized to certify on behalf of the CMHSP or PIHP that this is an accurate statement of revenues / expenditures for the reporting period. Appropriate documentation is available and will be maintained for the required period to support the revenues and expenditures reported.

Contact Information

Name & Title	Date	Telephone #	Email Address
Stacie Durant, CFO	March 22, 2021	313.344.9874	sdurant@dwihi.org

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM
CONTRACT
AND
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT BUNDLE**

PIHP:	DETROIT WAYNE INTEGRATED H	FISCAL YEAR:	FY 19 / 20
CMHSP:	DETROIT WAYNE INTEGRATED H	SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021

The "Additional Narrative" tab of the FSR Bundle should be utilized to provide additional narrative explanation regarding any entry or activity where additional information would be beneficial when the narrative section of the individual form was not sufficient.

Column Instructions:	
FORM (FSR Bundle Tab):	Select the appropriate Form (FSR Bundle Tab) from the drop down menu.
Row Reference:	Enter the row reference that the additional narrative refers to.
Narrative:	Enter narrative explanation regarding any entry or activity where additional information would be beneficial.

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

**Detroit Wayne Integrated Health Network
Notes to the Schedules
Year Ended September 30, 2020**

1. Basis of Accounting

The schedules were prepared on the accrual basis of accounting in accordance with the standards of the Governmental Accounting Standards Board. Revenue is recorded when earned.

2. Basis of Presentation and Significant Accounting Policies

The examined financial status report and examined cost settlement schedules were prepared for the purpose of complying with the provisions of the Community Mental Health Compliance Examination Guidelines, issued by the Michigan Department of Health and Human Services (MDHHS). Expenditures reported on the schedules are reported on the same basis of accounting as the basic financial statements. In addition, expenditures reported on the schedules are recognized following cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Because these schedules present only a selected portion of the operations of Detroit Wayne Integrated Health Network, they are not intended to, and do not, present the financial position, changes in net position, or cash flows, if applicable, of Detroit Wayne Integrated Health Network.

**Detroit Wayne Integrated Health Network
Schedule of Findings and Questioned Costs
Year Ended September 30, 2020**

Section I - Summary of Accountant's Results

Schedules

Type of accountant's report issued: Fairly stated in relation to Detroit Wayne Integrated Health Network's basic financial statements taken as a whole

Type of accountants' report issued on compliance: Unmodified

Internal control:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified not considered to be material weaknesses? Yes None reported

Material noncompliance with provisions of laws, regulations, or contracts identified? Yes No

Known fraud Yes No

Section II - Findings and Questioned Costs

None

Section III - Examination Adjustments

As a result of our procedures, we noted no examination adjustments to the amended financial status report submitted to MDHHS.

Section IV - Comments and Recommendations

We have no additional comments or recommendations.



Interim President and CEO Report

Eric Doeh
May 2021

This has been truly a month of much work and collaboration with our network of providers and MDHHS. We will be conducting a leadership conference for all levels of our leadership team. We will begin this leadership training with our directors, followed by our executive leadership, and next managers and supervisors.

As a response to the integration whitepaper that was produce by the health plans, DWIHN produced a detailed account of the work that we do both as a network and as integrated health organization. The core principles shared in this document included the following: 1) Behavioral health redesigned inclusive of integration must remain within the public mental health system; 2) Services must remain consistent and uninterrupted for the individuals we serve no matter where they reside; 3) Ultimate control of the finances must remain in the public sphere; 4) If a system redesign is contemplated, each entity must retain its own risk; and 5) Shared savings must be reinvested in services to improve the lives of the individuals we serve.

May is Mental Health Awareness Month. DWIHN will be hosting a series of events to showcase the work that we do throughout the network. Our two platforms MindWise and MyStrength that are available on our website, remain wonderful resources of self-care.

We are continuing our efforts regarding Opioid Health Homes (OHH), Behavioral Health Homes (BHH), and Certified Community Behavioral Health Clinic (CCBHC). We were selected as one of the sites for OHH and are moving forward in our legislative efforts to becoming a BHH. The goal of becoming a CCBHC, has already begun. Hence, establishing BHHs will make that goal certainly attainable.

As part of our executive leadership meetings, we have established “Trends.” These are reports given by our chiefs across various departments such as clinical, finance, compliance, recipient rights, to name a few; that takes a proactive approach to responding to issues, challenges and successes throughout the network. As a result of one such meeting, we are working with our children’s providers to increase access to services, develop innovative and alternative payment models, and strengthen our clinical workforce.

Members of our executive leadership had a meeting with MDHHS Director Elizabeth Hertel to discuss a new initiative that we believe will be beneficial to the people we serve. This initiative is just in its infancy, but we working with our partners diligently to move this forward with assistance from the department.

DWIHN continues to work with 3rd Circuit Court, our provider network and area hospitals to link people to services and reduce emergence room visits. We have established several subcommittees that are developing policies to work collaboratively to resolved issues surrounding, access to services, reducing ED visits, and eliminating or dramatically reducing contacts with the court system and the jails.

NCQA ACCREDITATION

The Detroit Wayne Integrated Health Network is pleased to announce it has been accredited for another three years through the National Committee for Quality Assurance (NCQA). DWIHN received high marks and perfect scores in several critical areas including Member Experience, Self-Management Tools, Clinical Practice Guidelines, Clinical Measurement Activities, Coordination of Behavioral Healthcare and Collaboration between Behavioral Health and Medical Care. DWIHN scored 92.49 out of a possible 100 points. NCQA Accreditation is vitally important to DWIHN in that it shows it strives to be a world-class, integrated behavioral health organization, dedicated to providing quality healthcare to those it serves and its network of providers. We are thankful to everyone who worked many, many long hours on this very important accreditation. It is a wonderful testament to our dedicated and hard-working staff.

CRISIS INTERVENTION TEAM (CIT) PROGRAM

Congratulations to our CIT Team, under the leadership of Andrea Smith. CIT International has awarded them Gold CIT Certification for the Detroit Wayne program. The award stated “the Detroit Wayne CIT program has the infrastructure of a mature regional CIT program: a diverse steering community, a very strong 40-hour training program for CIT officers and a strong coordinator team. Recently adopted data sharing agreements will strengthen the program’s ability to track the outcomes of crisis encounters. The program excels at program visibility and public awareness, with an impressive website, newsletters, and public awareness trainings that reach 75,000 people each year”. Job well done! If you would like to learn more about the program, please go to the website: <https://www.detroitwaynecit.org/>

ADVOCACY/LEGISLATIVE EFFORTS

A meeting with held on May 13 with MDHHS Director Elizabeth Hertel to discuss a new initiative. We are working with our lobbyists, Public Affairs Associates (PAA), to engage legislators on their ideas on reshaping our behavioral healthcare system.

DWIHN sent a letter of support to Director Hertel for DWIHN to be a Behavioral Health Home to support the people we serve and our programs and services.

DWIHN is partnering with Detroit@Work in helping provide resources for residents coming into contact with DWIHN to help them search and apply for employment opportunities. Through our partnership, the members will be connected by a healthcare specialist focused on improving the alignment between employers and job seekers and will offer employer-driven training and have web-based services that match job seekers with opportunities. The program will launch mid-May.

ACCESS CENTER

The DWIHN Access Call Center is streamlining internal processes to maximize customer satisfaction and overall call center efficiency. We successfully addressed all backlog issues from Wellplace transition. We have started performance metrics for each call center unit.

CUSTOMER SERVICE

DWVHN's Customer Service Department was just awarded a grant for an Oral Health Program. Based on a poll of our peer workforce, we were awarded a grant that serves our peer support and community outreach for an Oral Health Curriculum. The grant is in partnership with Delta Dental to work with our peer support specialists to help educate our members on the importance of dental health and will help connect them to a dentist in their Wayne County neighborhood. They will train and equip our peer staff and community-based peer-run organizations with materials and resources to connect our members to available resources. The curriculum is designed to start the conversation around oral health recovery. The peer recovery professional will aid the consumer in developing a health and wellness plan.

Established DWIHN's peer member program as a Community Partner with the Detroit Office for Disabilities Affairs. In order to increase independence, opportunities, community participation, safety, and wellness of persons with disabilities in the City of Detroit. Our peers work to advocate and ensure inclusion, representation, and equity of persons with disabilities as it relates to the City's programs and services, including housing, transportation, communications, and employment opportunities.

FACILITIES

Crisis Assessment Center

- ✓ January - Prelim meeting with community
- ✓ February - All mechanical, abatement, plumbing, electrical, stormwater plans uploaded to City
- ✓ February – Preliminary paperwork submitted to Flagstar Bank
- ✓ March 90% - Construction site plans delivered to City Final Plan Review
- ✓ End of March - Public hearing with City of Detroit
- ✓ April 12th - Issue RFP
- ✓ May 4th – Community Meeting
- May 19th – Postponed two weeks to allow for additional questions - Go before board with General Contractor award and Flagstar Bank Financing
- TBA June – Submission to Full Board Meeting



Milwaukee Building

Board Room Renovation:

- Relocation/renovation of the board table – waiting on two pieces to arrive for max social distancing
- Installation of carpet ordered, to be installed after table moved
- Moving electrical
- Paint/touch-up to be done after table moved

INTEGRATED HEALTHCARE

DWIHN continues to meet with MDHHS to advocate for the expansion of Behavioral Health Homes throughout the State of Michigan and to include Region 7 (Detroit Wayne) in that expansion. This model is an integrated care approach to services that treats the whole person in regard to both behavioral and physical health. As a Lead Entity, Detroit Wayne Integrated Health Network would work with Health Home partners to provide full integrated healthcare service array. The target date for this expansion is October of 2021. This is the first step in moving toward providing more integrated care models in the region including Behavioral Health Homes and Certified Community Behavioral Health Clinics.

RESIDENTIAL SERVICES

Residential staff continues to closely monitoring COVID-19 related issues including tracking the number of positive adult foster care staff and members and number of persons receiving vaccinations. Eighty percent (80%) of persons living in licensed residential settings have been fully vaccinated. If you include persons that have received the first dose it increases to 88%.

CHILDREN'S INITIATIVES

Autism - DWIHN announced the RFP expansion and held a for Autism services to meet service gaps within Wayne County and the city of Detroit. A bidders' conference was held on April 24, 2021 and the RFP closes on May 11, 2021.

School Success Initiative - DWIHN continues to work with providers on entering outreach data into MHWIN to monitor outreach efforts and penetration rates. In addition, the screening tool used for the school project will be entered into MHWIN so that providers can administer the tool electronically. While continuing efforts to engage districts, the school-based providers have been trained in the Michigan Model for Health. The providers reported satisfaction with this intervention because of how the curriculum is designed to meet students' needs based on grade level. DWIHN has also begun working on phase three of the initiative, which consists of establishing Memorandums of Understanding (MOU) with the schools that have school-based health centers.

SUBSTANCE USE SERVICES

In March 2021, DWIHN started an Opioid Health Home pilot with MDHHS. DWIHN received technical assistance from MDHHS and the three regions who have been utilizing this model over the past year. DWIHN is the Lead Entity for our region and has nine Health Partners providing the direct services. There are 111 individuals currently receiving services through the Opioid Health Home. DWIHN has been informed that it will receive additional COVID Relief funding through the State of Michigan and is awaiting approval of areas where funding can be utilized.

COVID-19 EFFORTS

DWIHN continues to provide resources for our members during this pandemic, including Behavioral Health Urgent Care Services, COVID recovery homes, COVID residential homes, crisis stabilization services, and access to PPE. DWIHN will be hosting a Town Hall on May 25, 2021 to discuss COVID efforts and provide vaccination information.

FINANCE

DWIHN's CFO met with leadership to advise that DWIHN has approximately \$5 million of State General Fund that requires programming in an effort to not lapse funds at September 30, 2021. The team will put forth recommendations to the Finance Committee at the June meeting.

Effective April 1, 2021, the AMI Incentive Payment Model will be implemented as DWIHN has received MDHHS approval of the program and contract. A meeting will be scheduled with respective providers to introduce the program and how it will be calculated.

INFORMATION TECHNOLOGY

DWIHN's IT Infrastructure team began implementing Dedicated Internet Access (DIA). This ensures DWIHN's internet bandwidth is reserved for the needs of our business, delivering consistent performance with a reliable fiber internet connection. This will increase DWIHN's internet bandwidth by 400% and provide a Service Level Agreement to ensure DWIHN meets the needs of our clients with a newly remote workforce.

RECIPIENT RIGHTS

Our Office of Recipient Rights is dedicated to our mission of protecting the rights of our recipients. They are participating in celebrating May Mental Health Awareness Month by encouraging callers to go to the dwihn.org website and obtain a free screening to determine their mental health status, in addition to encouraging vaccinations by learning about the process and receiving information on issues with the vaccines through the "Ask the Doc" section on our website.

The Recipient Rights Advisory Committee (RRAC) met on May 3, 2021 and welcomed new Chair Kenya Ruth and new Vice-Chair Jonathon Kinloch.

COMMUNICATIONS

As May is Mental Health Awareness Month we have a host of events going on throughout our organization and provider network. Communications has shared a DWIHN calendar of events, TV & Radio interviews PSAs, news article, outreach events and other ways to participate.

"Ask the Dr." segments continue to be disseminated throughout our provider network and community stakeholders to help address and educate people about COVID-19. The newsletters help answer questions, address myths and some of the hesitancy surrounding vaccinations. Additionally, we provide info on quarantining, masking, social distancing, vaccine efficacy and where people can get a COVID Vaccination AskTheDoc@dwihn.org

In the Media

The Detroit News - Reporter Craig Mauger reported on State Senator Mike Shirkey's proposal entitled, "Gearing Toward Integration", which is a revamp of "Section 298". I was interviewed and provided comments about how the behavioral health system should remain as a public mental

health entity. The story is posted on the DWIHN website: <https://www.dwihn.org/carousel-Overhaul-Mental-Health-Detroit-News.pdf>

WDIV-TV4 - Director of Workforce Training & Program Development Andrea Smith, along with DPD Capt. Tonya Leonard-Gilbert and Officer Marcus Harris II, were interviewed by anchor/reporter Evrod Cassimy. The focus of his story is the DWIHN/DPD Behavioral Health Co-Pilot Project. The story will air sometime in May.

WDIV-TV4 & Scripps - In April on Channel 4, Autism and Alcohol Awareness messages were aired. For May, Mental Health messaging is airing on both Channel 4, Channel 7, TV 20 and Bounce. The intent is to saturate the air waves with mental health information and access to services.

Beasley Media Group - Radio messages are airing across several Beasley Media Group radio stations promoting the ReachUsDetroit.org therapy line. The stations included are KISS FM 105.9 & Bounce.

Sports Marketing Agency - Many NFL players have been sharing their mental health stories as May is Mental Health Awareness Month. I was interviewed, along with Andrea Smith, by Detroit Lions Defensive End Romeo Okwara about DWIHN resources and how people can get connected to services. These interviews will be shown on social media.

Comcast – DWIHN’s SUD Department has a partnership with Comcast. The 6-month agreement allows Comcast to air SUD messages on various platforms. So far over 50,000 impressions have been delivered.

Community Newspapers - DWIHN partnerships continue with the Michigan Chronicle and the Arab American News. Messaging in all publications includes information on mental health resources, the DWIHN Access Center, disability-related information as well as substance use prevention, treatment and recovery. The latest stories focus on SUD Providers addressing the needs of youth in the community who are struggling with the pandemic and isolation.

Social Media

Ask the Doc - DWIHN’s Chief Medical Officer, Dr. Shama Faheem, sends out a bi-monthly newsletter with information about COVID-19, vaccinations and answers questions that are sent in by staff, people we serve, etc.

Mental Health Minutes - short videos of people we serve share their mental health tips and tricks. These are being shared on all social media platforms.

Top Performing Posts - Many followers look to DWIHN’s social media platforms for resources. Neighborhood vaccination clinic locations had a very good response as did information about the DEA’s Drug Take Back Day and stories about depression and anxiety are very popular among younger people.

Outdoor Media

OutFront Media – Billboards are up throughout several locations in Wayne County including Detroit, Hamtramck, Dearborn and Southwest Detroit, promoting coping during COVID-19, mental health awareness, stigma, SUD, and recovery.

Community Outreach

What's Coming Up Videos – The Customer Service and the Communications Departments produce a monthly video called *What's Coming Up* which covers information to keep the people we serve engaged. Videos are published on DWIHN's website and social media including YouTube.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-35R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: Tetra Tech Inc

Contract Title: Architectural and Engineering Services

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 5/17/2021

Proposed Contract Term: 10/1/2019 to 10/31/2023

Amount of Contract: \$ 1,148,400.00 Previous Fiscal Year: \$ 1,148,400.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2019

Provider Impaneled (Y/N)?

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

The Facilities Department is requesting a modification to Board Action #20-35R with TetraTech of Michigan, our existing architectural and engineering firm.

The facilities department would like to request the current contract be extended an additional 2-years, making the new expected date of completion May 31, 2023. There is no change in the contract amount and this modification is for a time extension.

TetraTech is currently facilitating the necessary renovations, design and construction support services for the DWIHN Crisis Center project in our Woodward building.

This modification would allow them to complete the renovations to Woodward facility.

The requested amount is not to exceed \$1,148,400.

TetraTech's current scope of services include the following:

- Schematic Design Development
- Civil Design Drawings/Zoning Approval
- Design Documents and Specifications
- Construction Contract Assistance

- o Construction Design Support
- o Closeout Documentation

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 21/23	Annualized
Multiple	\$ 1,148,400.00	\$ 1,148,400.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,148,400.00	\$ 1,148,400.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.158000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, May 18, 2021

Signed: Tuesday, May 18, 2021

Board Action Taken

The following Action was taken by the Full Board on the 19th day of May, 2021.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: *Lillian M. Blackshire*
Board Liaison

Date: May 19, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-54R(3) Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: Barr, Joseph J.

Contract Title: HEDIS/NCQA Professional Consultant Services

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 5/5/2021

Proposed Contract Term: 7/1/2021 to 12/31/2021

Amount of Contract: \$ 187,940.00 Previous Fiscal Year: \$ 146,470.00

Program Type: Continuation

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

Date Contract First Initiated: 8/19/2019

Provider Impaneled (Y/N)? N

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

This Board Action is to request an extension of contractual Professional IT services for the period from 7/1/21 - 12/31/21, at the amount of \$41,470.00 for a total amount of \$187,940.

We would like Mr. Barr to continue assisting on a part-time basis with helping us generate HEDIS measures which is one of the prime requirements from data standpoint when it comes to both state reporting and NCQA compliance. Mr Barr has been instrumental in developing Risk Matrix and is continuing to help us extend the functionality and rollout to entire network.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Multiple	\$ 187,940.00	\$ 187,940.00

	\$ 0.00	\$ 0.00
Total Revenue	\$ 187,940.00	\$ 187,940.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, April 22, 2021

Signed: Thursday, April 22, 2021

Board Action Taken

The following Action was taken by the Full Board on the 19th day of May, 2021.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: *Lillian M. Blackshire*
Board Liaison

Date: May 19, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 20-55R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Recovery Home and Mobile Unit COVID-19 Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/12/2021

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

Amount of Contract: \$ 582,884.00 Previous Fiscal Year: \$ 393,973.00

Program Type: Modification

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 0

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 revised board action is requesting board approval for the allocation of additional COVID-19 grant funding of \$188,911.00 (the original award \$393,973 approved 05/20/2020) for an total amount not to exceed \$582,884 to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery homes services. DWIHN currently has two SUD providers Abundant Community Recovery Services (ACRS) and Quality Behavioral Health (QBH) servicing our COVID-19 clients with symptoms or who are positive for the virus in recovery homes. ACRS and QBH are each allocated \$72,000 and remaining balance will be allocated to the purchase of Narcan Kits in the amount of \$44,911.

The aforementioned providers were selected as they were the providers accepting COVID-19 cases and/or had existing mobile units in place. Many recovery homes would not take COVID-19 cases and the selected providers became the de facto COVID-19 providers.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
SUD Block Grant	\$ 582,884.00	\$ 582,884.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 582,884.00	\$ 582,884.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64932.826600.07100

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, May 12, 2021

Signed: Wednesday, May 12, 2021

Board Action Taken

The following Action was taken by the Full Board on the 19th day of May, 2021.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: *Lillian M. Blackshire*
Board Liaison

Date: May 19, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-59R2 Revised: Y Requisition Number: 11,624

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: Peter Chang Enterprises

Contract Title: PCE/MHWIN Maintenance Contract Extension #2 (Funding Modification Rev1)

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 5/5/2021

Proposed Contract Term: 3/1/2021 to 2/28/2022

Amount of Contract: \$ 1,164,048.00 Previous Fiscal Year: \$ 870,034.00

Program Type: Modification

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

Date Contract First Initiated: 3/17/2017

Provider Impaneled (Y/N)? N

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

Revision request to add \$828.00 to funding source. Previous contract was incorrect version. \$1,163,220 was invalid amount.

Correct funding total for 1 yr extension for MHWIN System maintenance is not to exceed **\$1,164,048.00**, which includes:

- **One-time payment \$258,000.00** (for billable out-of-scope work performed during prior contract years especially as part of System Transformation related changes in the system.)

FY 20/21: **\$528,528** (3/1/21-9/30/21) + (\$258,000.00 one time payment) = **\$786,523**

FY 21/22 (5 months): **\$377,520.**

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
	\$ 1,164,048.00	\$ 1,164,048.00
	\$ 0.00	\$ 0.00
Total Revenue	\$	\$ 1,164,048.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Sunday, April 25, 2021

Signed: Friday, April 23, 2021

Board Action Taken

The following Action was taken by the Full Board on the 19th day of May, 2021.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: *Lillian M. Blackshire*
Board Liaison

Date: May 19, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-25 R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2020-2021 Operating Budget

Address where services are provided: 707 W.Milwaukee Detroit, MI 48202 United States

Presented to Finance Committee at its meeting on: 5/5/2021

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

Amount of Contract: \$ 937,630,796.00 Previous Fiscal Year: \$ 833,066,765.00

Program Type: Continuation

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

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).

The Detroit Wayne Integrated Health Network staff is requesting board approval to amend BA 21-25 R3 per budget adjustment #21-35-018 -- certification of Medicaid revenue of \$42,227,389 (includes Autism Medicaid of \$15,937,046) per the revenue projection of actual receipts as of March 31, 2021. Additionally, the certification of Medicare revenue of \$2,400,000 per a projection, also as of 03/31/2021. The board action certifies additional revenue totaling \$44,627,389.

Additional Medicaid revenue of \$26,290,343 will fund the estimated Hazard Pay for Direct Care Workers in DWIHN's Provider Network for the remaining nine (9) months of fiscal 2021. This amount takes into consideration the net Medicaid amount (reduced for excess Medicaid received). The additional Autism Medicaid will be added to the Medicaid Internal Service Fund. Additional Medicare dollars will fund FY21 MI Health Link expenses.

The revised FY 2021 operating budget of \$937,630,796 includes revenue of \$30,449,269 (State General Funds); \$733,969,787 (Medicaid, DHS Incentive, Medicaid-Autism, Children's/SED Waiver, HAB); \$9,886,123 (MI Health Link); \$114,952,550 (Healthy MI - Mental Health and Substance Abuse); \$17,686,447 (Wayne County Local Match Funds); \$3,507,941 (State Grant portion of SUD and OBRA); \$21,735,490 (Federal Grants/Federal Block Grants/SUD); \$4,403,189 (PA2, Local Grant Revenue); \$1,000,000 (Interest Income); and \$40,000 (Misc Revenue)

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Multiple	\$ 937,630,796.00	\$ 937,630,796.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 937,630,796.00	\$ 937,630,796.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, April 23, 2021

Signed: Friday, April 23, 2021

Board Action Taken

The following Action was taken by the Full Board on the 19th day of May, 2021.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: *Lillian M. Blackshire*
Board Liaison

Date: May 19, 2021

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**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-63 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: See attached list

Contract Title: Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/12/2021

Proposed Contract Term: 5/1/2021 to 9/30/2021

Amount of Contract: \$ 2,100,000.00 Previous Fiscal Year: \$ 2,100,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,100 Persons Served (previous fiscal year): 1051

Date Contract First Initiated: 5/1/2021

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 a contract from May 1, 2021 to September 30, 2021 in the amount of \$2,100,000. The DWIHN Summer Youth Employment Program is a continuation from the last five fiscal years with organizations intending to foster growth and enhance communities. These organizations thrive on community outreach to adolescents focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

Management is requesting that funds can be moved between summer youth programs within the total budget allocation to allow flexibility in the event a provider over(under) expend its allocation.

The engagement is beneficial to DWIHN as it promotes workforce development and continued positive growth in Detroit and Wayne County. Research has shown that healthy youth foster into healthy adults when given appropriate coping mechanisms and protective factors.

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
State General Fund	\$ 2,100,000.00	\$ 2,100,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 2,100,000.00	\$ 2,100,000.00

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:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, May 7, 2021

Signed: Friday, May 7, 2021

Board Action Taken

The following Action was taken by the Full Board on the 19th day of May, 2021.

- Approved
- Rejected
- Modified as follows:

Executive Director -initial here: _____

- Tabled as follows:

Signature: *Lillian M. Blackshire*
Board Liaison

Date: May 19, 2021

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THE GUIDANCE CENTER

A multi-service non-profit organization serving the community for over 63 years

SIXTY-THREE YEARS OF SERVICES TO THE COMMUNITY

- Founded Downriver Child Guidance Clinic in 1958 by group of concerned community members as a non-profit organization
- Added adult services to the mission in 1964 and was funded by the Wayne County Community Mental Health Dept
- Accredited by the Joint Commission on Accreditation of Healthcare Organizations since 1985
- Accredited by the National Children's Alliance as the Child Advocacy Center for Detroit and Wayne County since 2013 through the Kids-TALK Children's Advocacy Center – with locations in Detroit and Southgate
- Juvenile Justice Care Management Organization provider since 2000 – founded Bridgeway Services with Southwest Counseling Solutions
- Head Start provider since 1999 serving southern Wayne County children through 9 Head Start centers
- Certified Community Behavioral Health Clinic – 2016 Michigan's CCBHC application and 2018 as CCBHC Expansion grantee

MISSION FOCUS

- Nurture development. Foster resilience. Cultivate well-being.
- Major areas of programmatic focus:
 - Children and Youth Services (Children’s Crisis Screening, Home-based, Wrap Around, Multi-Systemic Treatment, Treatment Foster Care – Oregon (TFCO), Outpatient, School Based Mental Health, Juvenile Justice, Youth Assistance, Prevention and Diversion Services)
 - Early Childhood (Early Head Start / Head Start, Infant and Early Childhood Mental Health, Parents as Teachers, Community Resource Centers, Literacy Initiatives and Parenting Support)
 - Adult Behavioral Health (ACT, DBT, Targeted Case Management, Supported Employment, Outpatient Therapy, MAT and SUD Therapy)
 - Intellectual and Developmental Disability Services (Children’s Waiver Program, Habilitation Waiver Services, Supports Coordination, Autism – Applied Behavioral Analysis)
 - Kids-TALK Children’s Advocacy Center (Forensic Interviewing, Forensic Medical Exams, Trauma Focused Mental Health Therapy and Family Advocacy)

PERSONS SERVED/OUTCOMES: CMH PROGRAMS FY 2020

- Children's Behavioral Health = 2,510 children and youth served
 - 83% of children and youth with mood disorders improved their score on PHQ-9
 - CAFAS scores show improvement from intake to exit in 66% of program participants
- Children's Crisis Screening = 1,865 screenings conducted with 1,333 youth
 - 62% of children and youth diverted from being placed in the hospital
- Infant and Early Childhood Mental Health Services = 242 infants and toddlers served
 - 62% no longer pervasively behaviorally impaired at discharge
- Intellectual and Developmental Disabilities = 773 persons served
 - 24 persons served in the Autism ABA program – significant improvements noted in skill development and verbal behavior milestones
- Adult Behavioral Health = 1,936 served in mental health programs & 206 in SUD
 - 81% of those with mood disorders improved their score on PHQ-9 from initial to follow-up
 - LOCUS scores improved in 37% of clients with those with improving scores moving to less intensive services
 - Supported employment – 25 total placements with an avg hourly pay of \$12.11 and avg hours worked per week of 26.46
 - DBT and ACT impacted 136 clients with 18 persons graduating and moving to less intensive services

COVID IMPACT AND CHANGES

- Since the inception of the COVID-19 pandemic The Guidance Center staff and clients have been impacted:
 - 39 staff and 261 clients confirmed COVID positive
 - 1 staff and 3 clients died from COVID related complications
- Policy changes to allow for telehealth were instrumental to continuity of care
- One week turn-around to implement telehealth and safety protocols within all of TGC programs and services
- CARES Act provided additional funding for Certified Community Behavioral Health Clinic capacity building – TGC received second CCBHC expansion grant April 2020. TGC did not qualify for the Payroll Protection Program loan program due to the size of our workforce.
- Michigan was approved as a CCBHC Demonstration State and is expected to implement the pilot program with 14 CCBHC organizations across Michigan in the fall of 2021. The Guidance Center is included in the participation plan. Provides additional funding for persons without regard to their source of payment and without restrictions on severity of their condition.

OUR MENTAL HEALTH MATTER



**TAKE OUR PLACE
ANONYMOUS
SCREENING**

**SPONSORED BY
Beaumont**



NEW INITIATIVES AT THE GUIDANCE CENTER

Certified Community Behavioral Health Clinic

Nurture the Future – community education

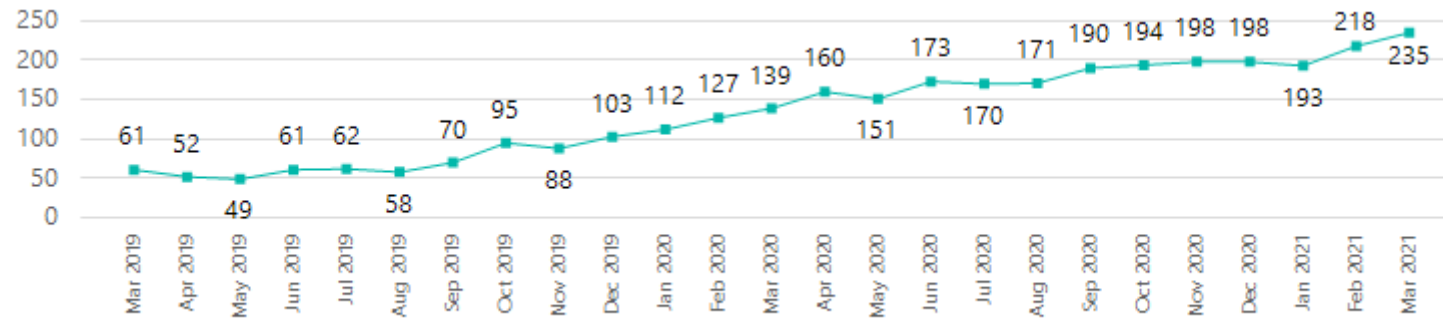
Champions of Wayne – academic mentoring program

Regional Wellness and Recovery Court with Judge
Elizabeth DiSanto (27th District Court)

Mental Health Screenings Online



SUD SERVICES AT TGC SINCE CCBHC EXPANSION



Of these, 45 unduplicated people received Medication Assisted Treatment (MAT):

- 26 for Opioid Use Disorder
- 33 for Alcohol Use Disorder
- 14 for Co-Occurring Opioid and Alcohol Use Disorder

COMMUNITY IMPACT

- CCBHC Expansion Grant is helping fund recovery coaches, peer support specialists and substance abuse therapists at TGC.
- Regional Wellness and Recovery Court staff including a Care Manager and a Peer Support Specialist funded by the CCBHC
- 23rd District – Taylor; 24th District - Allen Park, Melvindale; 25th District - Lincoln Park, Ecorse, River Rouge; 27th District - Wyandotte, Riverview; 28th District – Southgate; 33rd District - Brownstown, Flat Rock, Gibraltar, Gross Isle, Rockwood, Trenton, Woodhaven; 34th District - Belleville, Romulus, Huron, Sumpter and Van Buren Townships

to work with Judge DiSanto and the 27th District Court and the RWRC to meet the treatment needs of defendants who have been convicted of nonviolent misdemeanors, w... **See More**



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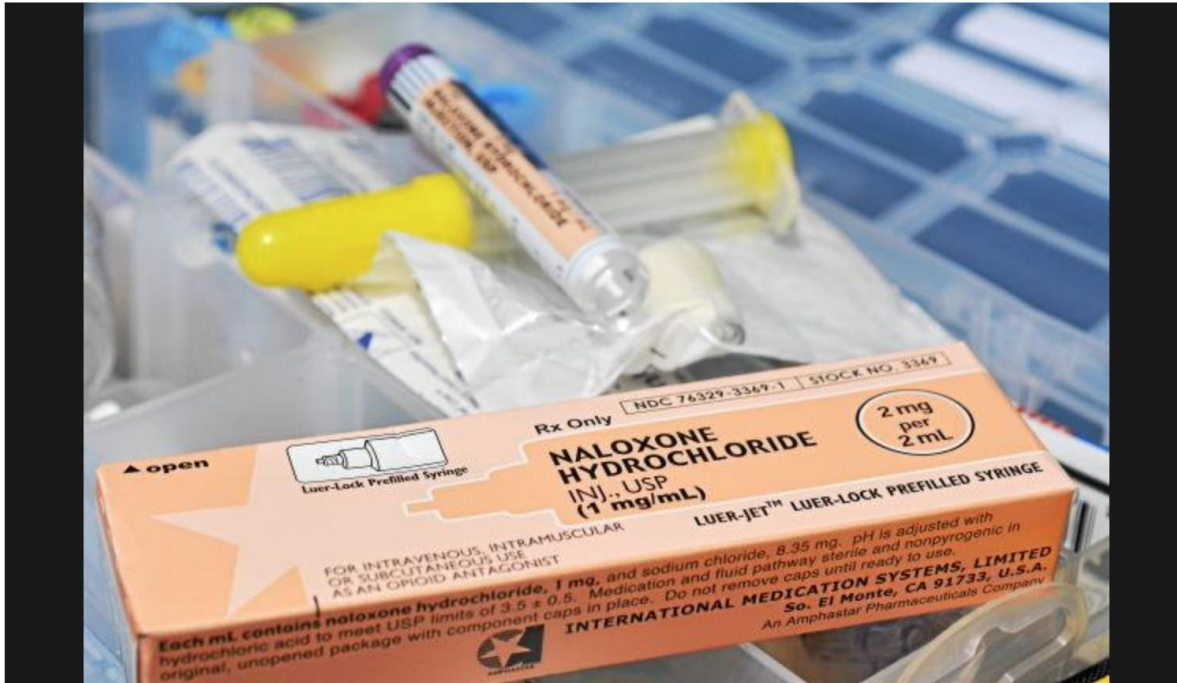
THENEWSHERALD.COM

Wellness & Recovery Court focuses on adul...

A new program is coming to several Downriver district courts that offers hope to those suffering from mental health or...

COMMUNITY IMPACT

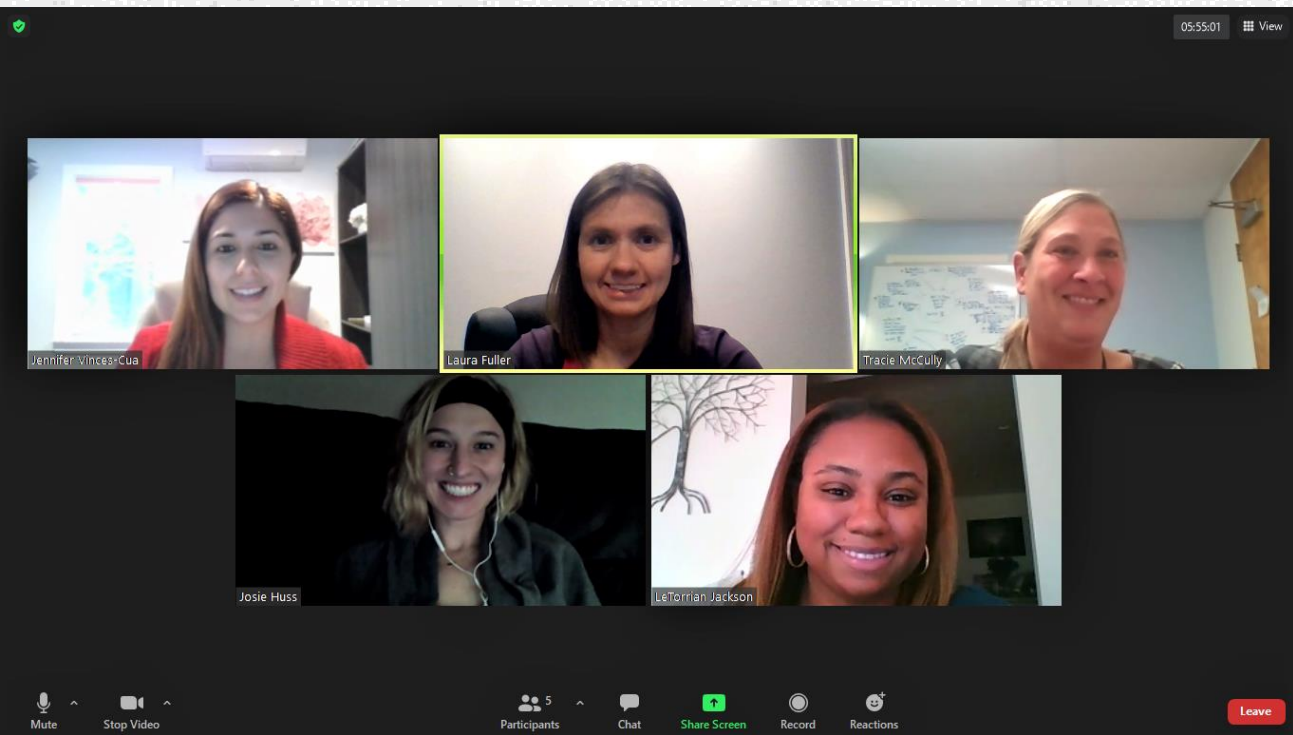
Riverview Officers revive overdose victim hours after being trained to administer naloxone



The Guidance Center and Detroit Wayne Integrated Health Network provided the training and naloxone kits that Riverview police officers immediately put to use.

MediaNews Group file photo


“The men and women of the Riverview Police Department will continue to train and expand our capabilities to ensure that we can provide the life-saving services that our community deserves. We are grateful to The Guidance Center and Detroit Wayne Integrated Health Network for providing the training and naloxone kits, at no cost to the Police Department, that made it possible for our officers to respond in such a way.”




THANK YOU

WWW.GUIDANCE-CENTER.ORG

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Certified Community Behavioral Health Clinics in Michigan



The future is now. The Governor and legislators have made financial investments that improve quality care. Let us continue the momentum. Any successful healthcare integration effort must first start with the person. Michigan's public mental health system is the leader in person-centered care, leading with Certified Community Behavioral Health Clinics (CCBHC).

CCBHC's dramatically increase access to mental health and substance use disorder treatment while expanding the state's capacity to address acute mental health crises. They also:

Different from any other federally funded mental health provider—CCBHC's **must provide** a comprehensive range of addiction and mental health services.



- **ADOPT** a standard model to improve the quality and availability of addiction and mental healthcare
- **PROVIDE** care to people regardless of insurance type, geography, or the ability to pay. Those typically include uninsured, underinsured, underserved, low income individuals on Medicaid, and active-duty military or veterans

CCBHC's directly...



Increase access to telehealth and 24 hour mobile crisis services



Decrease serious psychological distress



Reduce suicide and overdoses by helping consumers feel healthier overall



Address access to addiction treatment and mental health services



Bring in more federal funding



Provide better services for veterans



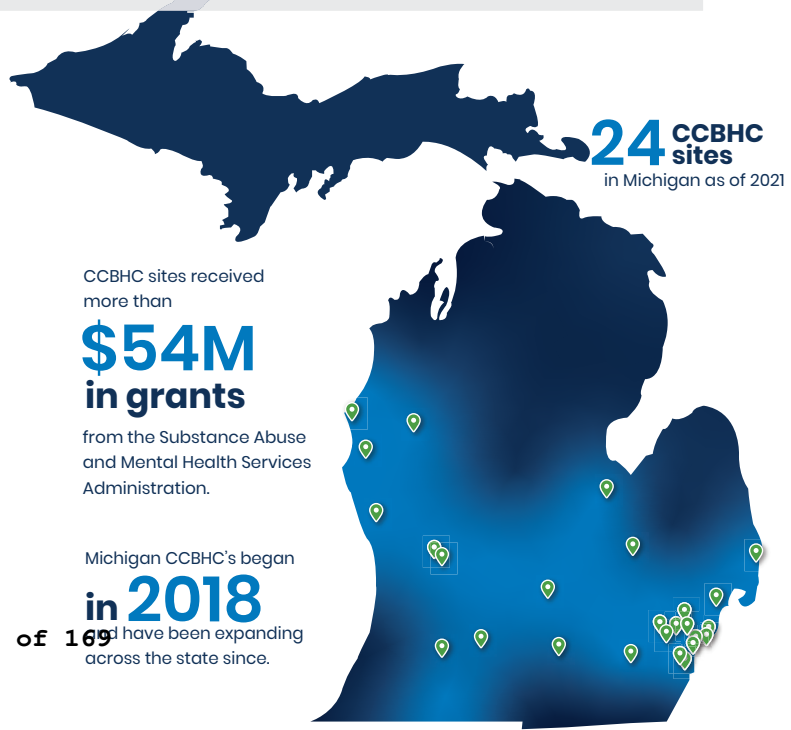
Increase the use of Medically Assisted Treatments



Reduce wait times for care

The 24 CCBHC sites include:

- Calhoun County Mental Health
- CNS Healthcare
- Community Mental Health Authority of Clinton, Eaton, Ingham Counties
- Detroit Recovery Project
- Development Centers, Inc.
- Easterseals Michigan
- Faith Hope and Love Outreach Center
- Genesee Health System
- HealthWest
- Hegira Programs Inc Psychotherapy
- Integrated Services of Kalamazoo
- Judson Center
- LifeWays Community Mental Health
- Macomb County Community Mental Health - Administration
- Neighborhood Service Organization
- Network180 Mental Health
- Northeast Guidance Center
- Saginaw County Community Mental Health Authority
- Southwest Counseling Solutions, Inc.
- St. Clair County Community Mental Health
- Team Wellness Center
- The Guidance Center
- Washtenaw County Community Mental Health
- West Michigan Community Mental Health



The Process

Integration at the Person-Level

1

Intake

CCBHC's work together with partners to develop an integrated person-centered plan to support whole person care. This includes but is not limited to developing and understanding each consumer's psychosocial, physical health, behavioral health, substance use, and social determinant strengths and needs.

2

Prioritize health goals

Based upon prioritized needs and areas of risk, consumers enter services with prioritized goals including physical health screening, primary care coordination, and comprehensive supports coordination.

3

Full array of services

CCBHC consumers have access to a full array of evidence-based physical and behavioral health interventions that support health outcomes--from smoking cessation programs, to nutrition management, to weight loss and exercise planning, to whole health action management strategies.

4

Integration of physical & behavioral health needs

All behavioral interventions are tied to the physical health needs of the individual consumer. These efforts are also supported by peers fully trained to implement evidence-based practices and connect with consumers based on their own physical and behavioral health recovery.

5

Producing real life outcomes

Based on national data and Michigan-based metrics, consumers receive better quality of care including these essential services of CCBHC's.



Crisis mental health services



Patient-centered treatment planning: Screening, assessment & diagnosis, including risk assessment



Outpatient mental health & substance use services



Primary care screening & monitoring of key health indicators/health risk



Intensive, community-based mental health care for members of the armed forces & veterans



Psychiatric rehabilitation services



Peer support & family supports



Targeted case management