



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org
FAX: (313) 833-2156
TTY: 711

**FULL BOARD ANNUAL MEETING
Wednesday, June 18, 2025
Detroit Wayne Integrated Health Network
Wayne County Community College District
Northwest Campus
8200 W. Outer Drive
Detroit, Michigan 48219
11:00 a.m.
AGENDA**

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES** – May 21, 2025
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – May 7, 2025
Approved Program Compliance Committee Minutes – May 14, 2025
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. LEGISLATIVE PRESENTATION – PUBLIC AFFAIRS ASSOCIATES (PAA)**
- IX. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Metro Region Meeting – Macomb County Community Mental Health (Virtual) – July 24, 2025
 - 2) Update Regional Chamber of Commerce Mackinac Policy Conference 2025 – Mackinac Island, Michigan (May 27th – May 30, 2025)
 - 3) Update Community Mental Health Association of Michigan Annual Summer Conference – Grand Traverse, Michigan (June 10th -11th 2025)
 - 4) Community Mental Health Association of Michigan Annual Fall Conference – Grand Traverse, Michigan (October 27 – 28)
 - 5) Regional Chamber of Commerce Mackinac Policy Conference 2026 – Mackinac Island, Michigan (May 26th- 29th 2026)

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



- B) Executive Committee
 - 1) Board Study Session (July 30, 2025)
 - 2) Budget Hearing – Joint Finance Committee and Program Compliance Committee Meeting – August 6, 2025
- C) Finance Committee
- D) Program Compliance Committee
- E) Recipient Rights Advisory Committee
- F) Policy/Bylaw Committee

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

XI. UTILIZATION MANAGEMENT (UM) PROGRAM DESCRIPTION FY2025-2027 EXECUTIVE SUMMARY *(Program Compliance)*

XII. UNFINISHED BUSINESS

Staff Recommendations:

- A. BA#25-24 (Revision 4) Autism Service Providers FY25 *(Program Compliance)*
- B. BA#25-25 (Revision 4) FY25 Detroit Wayne Integrated Health Network Operating Budget *(Finance)*
- C. BA#25-51 (Revision 4)–DWIHN Provider Network System FY25 *(Program Compliance)*

XIII. NEW BUSINESS

Staff Recommendations:

- A. BA #25-64 – HUD Permanent Supportive Housing (PSH) *(Program Compliance)*
- B. BA#25-65 – Western Therapeutic *(Program Compliance)*

XIV. AD HOC COMMITTEE REPORTS

- A. Strategic Plan Committee
- B. Board Building Committee

XV. PRESIDENT AND CEO MONTHLY REPORT

- A. Update Crisis Care Center
- B. Update Integration Pilot
- C. Update CCBHC
- D. Update Long Term Residential Care

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 Minutes
Wednesday, May 21, 2025
1:00 p.m.**

BOARD MEMBERS PRESENT

Dr. Cynthia Taueg, Chairperson	Angelo Glenn
Kevin McNamara, Vice Chairperson	Commissioner Jonathan C. Kinloch
Dora Brown, Treasurer	Kevin McNamara
Eva Garza Dewaelsche, Board Secretary	Bernard Parker
Angela Bullock	Kenya Ruth
Lynne F. Carter, M.D.	

BOARD MEMBERS ATTENDING VIRTUALLY: None

BOARD MEMBERS EXCUSED: Mr. William Phillips

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD ATTENDING VIRTUALLY: Mr. Thomas Adams, Chair

GUEST(S): Ms. Alisha Watkins, Plante Moran; Ms. Sarina Oden, Elmhurst Homes, Inc.

CALL TO ORDER

The Board Chair Dr. Cynthia Taueg welcomed and thanked everyone for attending the meeting. The meeting was called to order at 1:05 p.m. A roll call was requested.

ROLL CALL

Roll call was taken by Board member, Mr. Glenn and a quorum was present.

APPROVAL OF THE AGENDA

The Board Chair, Dr. Taueg called for a motion on the agenda. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the agenda.** There was no further discussion. **Motion carried.**

MOMENT OF SILENCE

The Board Chairperson, Dr. Taueg, 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 April 16, 2025. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes of April 16, 2025.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of April 2, 2025 and the Program Compliance Committee meeting of April 9, 2025 were received and filed.

ANNOUNCEMENTS

Network Announcements

Ms. B. Blackwell, VP of Government Affairs, announced the new Director of Communications, Ms. Dayna Clark, and noted that she comes to us with a wealth of experience and 25 years in Media. Ms. Dayna Clark noted that she was thrilled and pleased to be here and looked forward to continuing to serve the community through her communication efforts. She would give more information during her communications report. The Board welcomed Ms. Clark to the Detroit Wayne Integrated Health Network (DWIHN) team.

Mr. M. McElrath, Public Relations Manager, shared several DWIHN announcements. It was noted that DWIHN has discounted tickets to the Detroit Zoo; the cost of the discounted tickets is \$20. The Board was encouraged to bring their families out for Mental Health Awareness month and also Mental Health Mondays. It was noted that the Board has already taken a picture by the big Mobile Health Unit that will be rolling out to different destinations throughout the city and the county every Monday. It was reported that Mr. McNamara has checked out the unit, and so has the Board. The Board noted that it was quite an accomplishment, and we are serving our community in better ways. Ms. Brown inquired as to whether there was a schedule as it relates to the Mobile Crisis Unit. Mr. McElrath noted that there is a schedule for the Mobile Crisis Unit that will be sent to the Board Liaison. It was reported that the unit has been to Ford Field, Clark Park and Van Buren Township. There was no further discussion.

Board Announcements

Board Chair Dr. Tauveg called for Board Announcements. Commissioner Kinloch noted that Dr. Tauveg celebrated her birthday last Friday, May 16th, and the board sends their love and appreciation. Ms. Ruth noted that the Board Liaison, Ms. Blackshire, would also celebrate her birthday later in the month and wished her an early happy birthday.

The record reflects that Ms. Garza Dewaelsche joined the meeting.

PRESENTATION OF FY24 FINANCIAL STATEMENT, SINGLE AUDIT, AND COMPLIANCE EXAMINATION REPORT (Plante Moran)

The Board Chair, Dr. Tauveg requested the presentation of the FY24 Financial Statement, Single Audit and Compliance Examination Report. Ms. A. Watkins, Plant Moran reported. A PowerPoint presentation was provided to the Board along with the formal audit packets. Dr. Tauveg noted prior to the Plante Moran presentation that she would be leaving the meeting early and in her absence Commissioner Kinloch, Vice Chairperson would serve as Chair.

Ms. S. Durant, VP of Finance, introduced Ms. A. Watkins and provided a brief overview of the documents that were presented to the Board. This presentation would be a more condensed version than the presentation at the Finance Committee meeting. It was reported that the AU260 letter is a standard communication to the board and outlines very specific things that were noted

during the audit, which will be highlighted as the audit is reviewed. The Financial Statement Audit is a report that is due within six months after the fiscal year end to the Department of Treasury and is a requirement that all municipalities have an audit conducted within a certain required amount of time. The next audit is the Federal Awards of Supplemental information and is referred to as a Single Audit. This audit is required at the Federal level for federal funds that are received either directly from the federal government or through the State. The last report is the Compliance Examination, and is mandated by the Michigan Department of Health and Human Services.

Ms. A. Watkins from Plante Moran noted that she was the primary partner from Plante Moran on our audit engagement. It was reported that they were effectively doing three separate audit engagements. The Federal Awards Audit this year was larger than what would be for a typical year for DWIHN. There were approximately 10 staff members working as primary engagement team members for the audit this year. As a part of that team, they were pleased to introduce two new managers, and they really have a large team working on the audits, even though we may only see her and folks do rotate. They continue to have a fresh set of eyes, and every year, each deliverable that the team finishes that is required to go through an independent technical review by a central department within Plante Moran has been completed. The deliverables are issued to Ms. Durant, as well as governance on the audit results. The PowerPoint that will be presented will highlight each of the audits and the audit results. The audit scope was presented, which noted that they proceeded with the audits in the way that was described in the plan and that both of their teams followed all the rules and regulations to complete the scope of work. The clarity of their role as the auditor versus management roles was presented, and the auditor's responsibility was gone over. It was noted that the documents say they will plan and perform the audit to obtain reasonable, not absolute assurance that the financial statements are free of material misstatement, and in the later part of the presentation the items identified will be covered but they were not deemed to be material. An example was provided on context of risk of ensuring the financial statements are materially stated correctly. It was noted that the auditors have a responsibility to maintain independence and they take the role seriously and they do continue to assess and make sure they are independent to serve as the audit firm. They are always pleased to issue an unmodified opinion on each of the audits that they performed for DWIHN. It was explained that unmodified opinion basically means that their opinion is without exception on each of those audits and that is the highest level of assurance that they can provide and is certainly what the board should expect to receive.

Ms. Watkins noted that while DWIHN does not have many significant or sensitive estimates included in the financial statement, the more sensitive number that ends up on the balance sheet is unearned revenue with the State of Michigan that is determined based on the FSR that the team completes annually. It was also noted that this gets into the internal control matters and is where some of the items were identified during the scope of their audit work. It was noted in the corrected and uncorrected misstatements that one journal entry was identified that the DWIHN team corrected in the financial statement which related to accrued payroll that was due and obligated to employees as of 9/30/24, but did not get dispersed until October. This was really a year-end cutoff thing where you need to record that accrual. There was an oversight there in the process. The DWIHN team acknowledged it, agreed with the auditor and corrected it. The next item was pass adjustments, a proposed adjustment was identified to increase current assets and revenue by \$3,056,201 to record the full amount awarded during fiscal year 2024 as part of the National Opioid Settlement. We concurred with your team, but by not posting the \$3 million dollars related to the

opioid settlement award is not a material misstatement of DWIHN financial statements, but there is a responsibility to inform governance that we mutually agreed on passing on that. Ms. Durant provided an explanation for those who were not present at the Finance Committee meeting, and discussion ensued regarding the recording, GAAP standards being followed, and the Auditors' concurrence or not with management and timing of payables.

It was noted that as it relates to the Federal Awards Audit, there is a huge component of all of the federal grants that you have very sound processes and internal controls in place over those Grant dollars and how they are administered. They audited five major programs this year and one was the State Opioid Targeted Response Federal Program, they identified a period during the fiscal year where there was a gap in what they would call review controls meaning that the individual who would normally review and approve the financial reports in certain invoices did not formally authorize those items in the system before they were dispersed and filed. The reason that this did not rise to the level of a finding that would be more severe is that your team was able to demonstrate to us several mitigating controls that we felt mitigated the risk. It was clear from the evidence presented to us that there was another set of eyes from people at supervisory levels, and they were reviewing those documents, and they were providing some approval. The recommendation going forward is that we want to see that happening formally in the system, as it was before. An explanation was provided to the board by Ms. Durant and discussion ensued regarding the position being filled and the formal approval process being in place. Ms. Durant noted that the audits are not free of errors, there are errors and they come across errors all throughout the year an example was provided of a recent error and its correction.

An overview was provided of the Financial Statement and Net Position, it was reported that the total current assets and total assets overall are fairly comparable to prior year. Highlights were provided of Restricted cash, non-current assets, and non-depreciable assets. It was reported that DWIHN has a highly liquid, healthy balance sheet. Highlights were provided of total liabilities, unearned revenue, the composition of the net position, non-current liabilities, restricted for risk financing, the Medicaid ISF requirement, the new item which is the restricted amount for the opioid settlement funds, the unrestricted number, the performance incentive bonus program and the amount that we have received. Discussion ensued regarding the long-term debt, liquidity ratio, the accumulated additional earnings in the savings account and the low debt load. Discussion ensued regarding the income statement, operating costs, and having a positive operating income.

It was reported that the Federal Awards Audit had no exceptions, no compliance issues, and no findings. There were some things, but none of them rose to the level of material weakness or significant deficiency. There were five major programs that were audited. It was reported that for the Compliance Examination, there were no exceptions; and it was another great audit. Discussion ensued regarding the interest income, investment managers, market value and investment earnings. There was no further discussion regarding the FY24 AU260 Letter, Financial Statement, Single Audit, and Compliance Examination Report as presented by Plante Moran.

Dr. Taueg, Chair called for a motion on the Audit reports. **It was moved by Ms. Ruth and supported by Ms. Garza Dewaelsche to accept the presentation of the FY24 AU260 Letter, Financial Statement, Single Audit, and Compliance Examination Report as presented by Plante Moran.** There was no further discussion. **Motion carried.**

The board thanked Ms. Watkins for the presentation and congratulated Ms. Durant, VP of Finance, Mr. White, CEO and the entire team for a good job and an audit with no material findings.

BOARD COMMITTEE REPORTS

Board Chair Report

The Chair, Dr. Taueg, provided a verbal report. The committee met on Monday, May 19, 2025. It was noted that the Annual Meeting will be held on Wednesday, June 18th, at Wayne County Community College District – Northwest Campus, located on Outer Drive in Detroit, Michigan. The Full Board meeting will begin at 11:00 a.m., and the luncheon and Community Program will begin at 12:45 p.m. The agenda will be sent out once finalized. It was noted that the board has talked about having a presentation from our lobbyists on our legislative efforts, things going on locally and also across the State. There will also be an update from our President and CEO Mr. White. Once the flyer is ready for disbursement it will be shared with Ms. Blackshire to be sent to the Board.

The Metro Region meeting will be held on Thursday, July 24th by Macomb County Community Mental Health and will be a virtual meeting. More information will follow as we move closer to the date. Board members were encouraged to attend and mark the date on their calendars.

The National Council for Mental Well-Being – NATCON 25 was held in Philadelphia, Pennsylvania and the Board Chair was in attendance along with Board members Glenn, Commissioner Kinloch and Mr. Adams from the SUD Oversight Policy Board. She felt it was an outstanding conference and there was a lot of good information that came forth. It was reported that there was a presentation by Dr. Harrison regarding Substance Use Disorder, treatment and approach. Some good learning came out of that, as well as having more conversations coming forward regarding the AI presentations and the use of AI as a tool within the behavioral health scene. Mr. White reported that it was very informative, and he attended a number of breakout sessions.

The Regional Chamber of Commerce Policy Conference is scheduled for May 27th – May 30th, 2025, Commissioner Kinloch, Mr. Glenn, Mr. McNamara, Ms. Dewaelsche, and Mr. Phillips are scheduled to attend; Mr. Adams from the SUD Substance Use Disorder Policy Board and Mr. White, CEO, Mr. Singla and Ms. Blackwell are also scheduled to attend. We will be represented adequately and there should be a lot going on this year.

The Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference is coming up in June and will be held in Traverse City, Michigan. Mr. Parker, Ms. Bentounsi, Ms. Ruth and Commissioner Kinloch are scheduled to attend. Ms. Brown is unable to attend. We have four board members attending and we will have enough for our voting delegation which would include those board members as well as our CEO.

The Community Mental Health Association of Michigan (CMHAM) Annual Fall Conference will be held in October and Dr. Carter, Ms. Ruth, Mr. Parker and Commissioner Kinloch are the four members that have expressed an interest in attending. The Board Chair, Dr. Taueg thanked the board members for making sure we have a presence at these important events.

It was announced that the Regional Chamber of Commerce Mackinac Policy Conference on Mackinac Island for 2026 was scheduled and board members that are interested in attending should notify the Board Liaison.

Executive Committee

The Chair, Dr. Taueg, provided a verbal report. The Executive Committee met on Monday, May 19th, 2025. The Board Study Session will be held in July. Board members should have received a communication requesting topics that they may want to discuss at the meeting. We will finalize a date, location, and agenda as we go forward. Any suggestions should be sent to the Board Liaison. There was no further discussion.

The Chair, Dr. Taueg called for the Finance Committee report.

Finance Committee

Ms. Brown, Chair of the Finance Committee provided a verbal report. It was reported the Finance Committee met on Wednesday, May 7, 2025 and there were a couple of follow-up items for procurement and legal which was sent to the Policy/Bylaw Committee requesting review of how we can add Wayne County credit to the procurement policy for local funding opportunities. There were a number of COVID grants that ended effective March 31st and a request was made to the Program Committee to review and provide feedback on what services will be affected as a result of the ending of the grants as we saw here today when Plante Moran presented the 2024 audit and did a wonderful job in highlighting and targeting those things that were noteworthy and areas of concern in prior years. Congratulations were given to Mr. White, our CEO; Ms. Durant, VP of Finance; Ms. Toni Jones, Finance Audit Manager; and the entire DWIHN staff on obtaining a good audit with an unmodified opinion. There were no board actions, and our liquidity remains strong, and our cash flow is sufficient to support operations. There was no further discussion. The report of the Finance Committee was received and filed.

The Board Chair, Dr. Taueg, called for the report of the Program Compliance Committee report.

Program Compliance Committee

Commissioner Kinloch, Chair of the Program Compliance Committee, provided a verbal report. It was reported that the committee met on Wednesday, May 14, 2025. The committee received follow-up items from the Chief Medical Officer, Dr. Faheem on the reasons individuals are returning to the Crisis Center for services, and whether they are receiving the services needed; Managed Care Operations provided a mapping of providers in Wayne County and Detroit to determine if there is a gap in services. Monthly reports were provided by the Chief Medical Officer, and there was no report from Corporate Compliance. Quarterly reports were received from the Access Call Center, Innovation and Community Engagement, Residential Services, and Substance Use Disorder Initiatives. The Vice President of Clinical Operations provided an executive summary and highlighted the Utilization Management Department and the change in the number of days from 14 to 7 to make a prior authorization disposition; Adult Initiatives; HEDIS Measures, the Community Certified Behavioral Clinics and the State Behavioral Health Home State performance measures. It was noted that we have met all of our pay-for-performance measures for our fiscal year. The State also gave us kudos and a special note as Detroit Wayne was 20% higher

than the state and regional average for our access to ambulatory care and our follow-up hospitalizations.

The committee reviewed and moved for full board approval three board actions under Unfinished Business and one board action, the Summer Youth Employment Program under New Business. The quarterly reports were very informative and the complete reports can be found in the Program Compliance agenda packet that was sent out to each board member and posted on the website. There was no further discussion. The report of the Program Compliance Committee was received and filed.

The Chair called for the report of the Recipient Rights Advisory Committee.

Recipient Rights Advisory Committee

Ms. Ruth, Chair, Recipient Rights Advisory Committee (RRAC) noted that the Recipient Rights Advisory Committee did not meet during the month of May. A meeting is scheduled for the month of June. There was no further discussion.

Policy/Bylaw Committee

The Board Chair, Dr. Taueg, reported that the Policy/Bylaw Committee meeting scheduled for May was cancelled, and a new meeting date would be announced. There was no further discussion.

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Mr. Adams, SUD Oversight Policy Board Chair reported that the SUD Oversight Policy Board will meet on Monday, May 19, 2025. There was full participation of a quorum. There were no action items to approve. Ms. Amy Miller, Senior Manager of Healthcare Technology and Research at CVP Corporation, presented on workforce services. There were outstanding reports received from the various departments in SUD. There was no further discussion. The Substance Use Disorder (SUD) Oversight Policy Board Report was received and filed.

Staff Recommendations:

A. BA#23-47 (Revised) Architectural and Engineering Services – 7 Mile Center The Chair called for a motion. **It was moved by Ms. Brown and supported by Ms. Garza Dewaelsche approval of BA#23-47 (Revised) Architectural and Engineering Services – 7 Mile Center.** Mr. M. Maskey, Executive Director of Facilities, reporting. DWIHN is requesting board approval to modify Tetra Tech of Michigan's existing approved contract to include all the required building material testing contracts that are needed to construct the 7 Mile facility. Material testing was including as part of the original project budget and DWIHN is requesting the budget for such testing be allotted to Tetra Tech as they will facilitate all material testing with the appropriate 3rd party testing agencies, as required by local municipal code, in accordance with their design. Facilities is recommending the contract be increased in the amount of not to exceed \$194,400.00 with a one-year contract term extension, bringing the not-to-exceed contract value to \$3,394,400.00 with a term ending December 31, 2026. There was no further discussion. **Motion carried.**

B. BA#25-02 (Revision 3) SUD Health Home Incentive-Based Wellness Challenge. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Garza Dewaelsche approval of BA#25-02 (Revision 3) SUD Health Home Incentive-Based Wellness Challenge.** Mr. M. Yascolt, Interim Director of Substance Use Disorder reporting. The SUD Department is requesting \$43,600 of PA2 funds to support the SUD Health Home Incentive-Based Wellness Challenge, a contingency management

program designed to encourage our members enrolled in SUD Health Home programming to meet physical health objectives outlined in the challenge. Members' incentives will not exceed \$100 per participant per quarter. Incentivized physical health objectives will address and aim to improve HEDIS measures, specifically follow-up after emergency department visit for substance use (FUA), which is a pay-for-performance metric. Members who are enrolled in the MDHHS Recovery Incentive Pilot Program are not eligible for the SUD Health Home Incentive-Based Wellness Challenge. Controls have been established to ensure that there is no duplication of incentives. The SUD Health Home Providers are: The Guidance Center; Elmhurst Home; Metro East, Sobriety House, Hegira Health Inc., New Light Recovery, Star Center, and Nardin Park. The service providers will be responsible for purchasing and distributing gift cards as incentives. Controls are in place to ensure provider compliance with programming and requirements. There was no further discussion. **Motion carried.**

C.BA#25-24 (Revision 3) Autism Service Providers FY25- The Chair called for a motion. **It was moved by Mr. Glenn and supported by Dr. Carter approval of BA#25-24 (Revision 3) Autism Service Providers FY25.** Ms. R. Barnhart, ASD Benefit Program Administrator, reporting. DWIHN is requesting approval to add one (1) new ABA Provider, Karing Kids, to receive a seven-month contract effective March 1, 2025, through to September 30, 2025, to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for autism services for FY25 remains unchanged and is not to exceed \$102,905,784. The amounts listed for each provider are estimated based on prior year's activity and are subject to change. Amounts may be reallocated amongst providers without board approval. There was no further discussion. **Motion carried.**

D. BA#25-51 (Revision 3) Detroit Wayne Integrated Health Network Provider Network System FY25 The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA#25-51 (Revision 3) Detroit Wayne Integrated Health Network Provider Network System FY25.** Ms. R. Williams, Director of Managed Care Operations reporting. DWIHN is requesting the addition of the following six providers to the DWIHN provider network as outlined below, without change to the total provider network amount. Note: Provider amounts have been updated to align with the budget adjustment on BA#25-25 (Revision 3). Residential Providers: 1. Ability Integrated Care Corporation (Credentialed 4/4/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support); 2. Vital Living Home Care LLC (Credentialed 4/4/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support); 3. Redefining Beauty Community dba RBC Support Services (Credentialed 4/4/2025 for Community Living Support; Respite Care Services); 4. Specialized Care and Housing (Credentialed 4/17/2025 for Community Living Support); 5. R & S Alternative Living (Credentialed 5/2/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support); Outpatient Provider: 1. Pulse Community Health LLC (Credentialed 3/21/2025 for Supports Coordination; Targeted Case Management). Board approval will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Development Disability, Serious Emotional Disturbance, and Co-Occurring Disorders. The services include the full array of behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated and subject to change. There was no further discussion. **Motion carried.**

New Business

Staff Recommendations:

- A. **BA #25-60 – Summer Youth Employment Program (SYEP)** The Chair called for a motion. **It was moved by Mr. Glenn and supported by Mr. Parker approval of BA#25-60 Summer Youth Employment Program (SYEP)** Ms. A. Smith, Associate VP of Innovation and Community Engagement reporting. Board approval is requested for \$1.9 million to fund the continuation of the DWIHN Summer Youth Employment Program (“SYEP”) from June 1 – September 30, 2025. The SYEP Program has been funded for the last six fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents, focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months. The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14-24 living in Wayne County. In addition to work experience, this funding will ensure that the employed youth receive education information on prevention, treatment, and access to care. These programs are expected to be both beneficial and preventive for youth otherwise unoccupied during the summer months, who may be at a greater risk for developing behavioral health issues. The proposed partner cities and organizations include Alkebulan Village, the City of Belleville, Van Buren Township, the City of Dearborn Police Department, Connect Detroit, Downriver Community Conference, the City of Hamtramck; the City of Highland Park, Redford Township, Eastside Community Network, the City of Westland, Wayne State University, and LifeBuilders Detroit. The engagement is beneficial to DWIHN as it promotes workforce development and continued growth in Detroit and Wayne County. Research has shown that healthy youth foster into healthy adults when given appropriate coping mechanisms and protective factors. Discussion ensued regarding skilled trades, and construction as a work site. It was suggested that we look into further into this area as possible work location. **Motion carried with Mr. McNamara and Ms. Ruth abstaining.**

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

The Chair, Dr. Taueg requested the Strategic Plan Committee report. Dr. Carter, Committee Chair reported that the Strategic Plan Committee did not meet during the month of May and there was no report. An upcoming meeting will be scheduled soon as she will be reviewing potential meeting dates with the Board Liaison . There was no further discussion.

The Chair, Dr. Taueg requested the Board Building Committee report.

Board Building Committee

Mr. Parker, Committee Chair, reported that the Building Committee met on Wednesday, May 7th, 2025. There was one item recommended to the Executive Committee, which was a revision or amendment for Tetra Tech, which was approved earlier for the additional activity that they will be doing. The other buildings are all functioning well. The Milwaukee Building, 707, had a little problem with the wall, which has been repaired. Wyandotte is in the process of having a RFP. We are looking at other options than the one that was originally planned for the Downriver Facility and how we can still serve that community, but not necessarily at that building. The Catholic Services building, which is right next door to us, is under review to determine what will be necessary in order to open. We are anticipating an RFP going out for that and construction to take place which should not be long term because we are not doing any major construction. The Woodward Building

has no concerns. There was no further discussion. The Building Committee Report was received and filed.

The Chair, Dr. Tauzeg called for the President and CEO Monthly Report and noted she would be leaving during the report of the CEO.

PRESIDENT AND CEO MONTHLY REPORT

Mr. White, President and CEO, provided a written report for the record. It noted that he would be providing updates on our crisis services, integrated health pilot, CCBHC, and long-term residential care. We continue to look towards continuous improvement as well as making sure that we are providing accessibility for those who need services. It was noted that as the Board has asked for a higher level of detail when the CCBHC update is provided, Ms. E. Reynolds, Executive Director of Outpatient Clinics, will provide information, and Ms. B. Blackwell will assist with the legislative report.

It was reported that in April, the Crisis Care Center handled 272 presentations with both adult and children units remaining extremely busy. The adult unit averaged over 100% occupancy while the children's unit saw significant growth, maintaining an average occupancy of 49%. The outpatient clinic is actively working to increase enrollment by expanding intake appointments at both the Milwaukee and the 6 Mile locations. Both sites together had enrollments totaling 303 members. The demographic data indicates that most enrollees are between the ages of 27 and 63, predominantly female and African American. Ms. E. Reynolds, Executive Director of Outpatient Clinics, was requested to present a high-level overview of where we are currently with CCBHC. It was reported that, as it relates to the certification, a timeline would be provided, which noted we have been on the CCBHC journey since our initial certificate application was submitted on July 1, 2024, and that it was not uncommon for reviewers to request additional information, which was requested on July 24th and submitted on July 29th. On September 5th, we received notification that we had a provisional certification for CCBHC with additional areas that they wanted us to submit no later than November 22nd, which we did. On December 20th, we received an email communication and an official letter from the State of Michigan indicating Detroit Wayne had met the criteria to become a CCBHC with the expectation of entering the demonstration on January 1st; however, by December 21st, the State had not received approval from CMS, which is the ultimate body for approving certification. As a result, we were in a holding pattern and had ongoing communication with the State, which has been supportive and available for technical assistance meetings as necessary. By March 11th, they had requested that DWIHN provide some updates to its cost report, which we provided on time as requested. On April 9th, we received a notification for additional clinical documentation to accompany our previously approved application; the information was submitted on April 21st, and in addition to that, the State made a request that we provide some additional clinical documentation, which was submitted on May 9th. On May 12th an acknowledgement noted that the requested documents had been received and on May 19th they asked for additional information for our certification. All requested information has been submitted, and we are still waiting for feedback on the additional evidence to find out what our date will be and their ultimate decision regarding our CCBHC status. Discussion ensued regarding the CMS, which is the Center for Medicaid and Medicare Services, and is responsible for providing CCBHC approval, and if there were any funds that could be in jeopardy.

Discussion also ensued regarding the low occupancy at the Crisis Stabilization unit for children and what it was attributed to. Ms. G. Wolfe, VP of Crisis Services, reported that the 49% was a major increase for the Children's unit because at the start, occupancy was around 5 to 10%. In April the number had moved up to 49% and was in large part due to the partnership with MDHHS to expand the services in February of 2025 and removing some of the main barriers to admission were taken away, originally Michigan Department of Health and Human Services (MDHHS) required a legal guardian to stay on the unit at all times which was a barrier to single parents, our parents with other kids, and our parents who worked full time. We worked with MDHHS to develop a process and we have seen a really large increase in admissions just based on that, they allowed us to serve individuals that were more acute, previously we were not able to utilize any emergency medications; during the expansion in February we added those components into the service which is why there was a significant increase over the last two months. It was noted those data points are hard to separate because when we opened, we had an admission barrier, and it was hard to tell whether or not the admission barriers were driving the low occupancy or the need was driving the low occupancy. It was also reported that with two months in, we have seen a really large increase, and now, when we look at 6 months, will that flatten out, and is that now our new standard, or is it going to continue to build? We have not had enough time from when the expansion of services started to determine if that was really the core factor or whether we still have this issue of overall need and demand. There have been conversations to make sure we are financially sustainable, particularly as we move forward in uncertain times.

It was reported that the Direct Services Clinic successfully completed the Joint Commission Review with the Crisis team, with only one recommendation being addressed. The goal is to have that closed out by the end of the month so that we can achieve full certification.

It was reported that Mr. White was pleased to update the board on the Integrated Health Pilot as it continues to move in the right direction with integrating the Medicaid Health plans. There is a list of updates and collaborations with the medical health plans in the agenda packet.

It was reported that with the long-term residential care, the milestones and status updates are as follows: the city permit walkthrough of the Pioneer location was successfully completed with no changes required. The review by the State Health Engineering Section, including the walk-through, has also been completed and approved with no modification. These milestones are significant and help minimize any delays related to the reviews and the permit process. The permit is expected to be issued within a few weeks, and the general contractors are currently finalizing a detailed project timeline, which will be provided to the board at a future presentation.

An update was provided on work with our legislators to advocate for policies that benefit our members and the people that we serve. It was reported that there are ongoing conversations, including funding discussions which are essential to securing the resources that we need for these efforts, helping to ensure that our concerns are heard that we can work together and create a positive change and also address at least a view what is going to happen economically from Washington. We have been very busy over the past few weeks, he and Manny have spent a lot of time in Lansing meeting with a number of different people, including Representative Grimm, Winsett Puri, and Senate Majority Leader Brinks. A legislative dinner was held last week and was very productive and there were a lot of really good conversations talking place about advocacy, introducing DWIHN's work, demonstrating some of the work we have already accomplished and

what we hope to accomplish, discussing the CSU and the impact that it has on our community the number of presentations occurring last month and year to date and certainly approaching our one-year anniversary of the Crisis Care Center. So there is a need there, regardless of funding and the conversations were well received. We talked about Narcan and some of the things that were done there, funding has no impact on need so if the funding dries up, the need continues to grow. An overview was provided of the things that have been done, DWIHN's legislative luncheon was held on May 9th, Mr. White thanked Mr. Parker and Commissioner Kinloch for attending, there were a number of city leaders and State lawmakers in attendance and he thought it was a productive meeting as did several members of the City Council. He had the honor and privilege of delivering the commencement address for the graduation ceremony at UD Mercy on May 10th. The best part was meeting the Deans afterward, who indicated that they would like to have some partnerships with DWIHN, and internships for some of their graduate students with an interest in behavioral health. We are going to work together to make that happen. On Saturday, he was the Grand Marshal for the Hamtramck Health Hike, which was a well-attended event. On the 19th, he was the guest speaker at the 3rd Circuit Family Court Juvenile Division for those who completed a drug and alcohol treatment program. It was very nice, and the support they received was fantastic.

Ms. B. Blackwell was requested to provide the legislative update. It was reported that a lot of the conversations that were held over the past several weeks have been ramping up with our lobbyists, PAA, it was noted that there was a list that had changed since the last time it was presented. They have met with just over 14 legislators, including Representative Farhat, Glenville and Whitsett. The conversations are gearing up for what will take place at Mackinac next week on the state and national level about infrastructure and the economic competitiveness that has been taking place. We are working with our lobbyist PAA to schedule meetings with our leadership team and board members while we are on the island. Mr. White had the idea to come up with a little cheat sheet that has been passed around that provides information on things that we are doing here from our Crisis Services to our Mobile Crisis or SUD services. There is information on the 7 Mile Project, our Downriver project, Ecorse, the Med Drop program, and our justice-involved services. These can be referred to when walking around the island or even here at home when people want to know about our services. There is a QR code so that you can share this anywhere in your community. As we bring on more services, the card will be updated. This is a pretty inexpensive item to print, and it was noted that Commissioner Kinloch could have these for his outreach events; the cards could be shared with Ms. Dewaelsche and SerMetro, and Mr. McNamara could place them in Van Buren and Belleville. The cards would also be placed at our community outreach clinic.

The Board Chair, Dr. Taueg left the meeting and Commissioner Kinloch assumed the Chair.

There was an Executive Order from Governor Whitmer that outlined the impact of the recent Federal Medicaid cuts, the Governor indicated that the cuts would be the largest in Medicaid history, "terminating health care for millions of Americans, it would force providers in Michigan to close their doors, reduce the quality of services and strip coverage from millions of the most vulnerable Americans including children and pregnant and postpartum women. We must understand as many specifics about the impact that terminating health care will have on Michiganders who get their insurance through Medicaid coverage, and include individuals across the State to access health care so they can continue to live healthy and productive lives. Michigan is jointly funded by the State and Federal governments. Michigan's Medicaid program afford health coverage to over 2.6 million Michiganders each month including 1 million children,

300,000 people living with disabilities and 168,000 seniors. Additionally, 45% of births in Michigan are covered by Medicaid, more than 70% of Michigan's Medicaid budget comes from Federal funding and cuts to Federal funding will jeopardize coverage for all of the 2.6 million Michiganders served." It was noted that conversations have been had with legislators in D.C. and at NATCON. The State budget is not set to conclude until September. The Mental Health Youth Council working with our Children's Initiatives Department is in Lansing today where there is a Children's Mental Health Action Day taking place with several 100 of our young people. There is a young man who is on our Mental Health Youth Council who is actually participating and advocating in Lansing for mental health youth services, he is a 10th grader at Romulus High School who started a youth program at the school which is the only other program outside of the athletic program. Discussion ensued regarding the cuts legislation will make prior to Memorial Day and what that might look like for us as it relates to our providers and what we would have to do at the end to make some adjustments to provide and fund the services. Mr. White noted that we have looked at a number of different contingency plans and what would happen if we do not have a clear direction on what is going on. We are really kind of building out some opportunities to continue to provide services based on the data that we see and could talk to those providers and see where they are located geographically and how many people they are serving, all those things are on the table. Discussion ensued regarding what is happening with CSUs and how Network 180 recently went to a 5-day operation as opposed to a 7-day operation. Mr. White noted that he is very comfortable in managing crisis, however, he needs to know what the crisis is that he is managing, right now we have an anticipated crisis but we do not have the four corners of what it looks like, we do have a strong financial outlook. We will continue to look at strategies going forward and the Board will be updated as soon as they come to fruition. It was also reported that the State had a meeting about a week ago that talked about different things that are part of the Federal Government's cuts. Discussion ensued regarding the HRA payments, the amounts that were received and the COVID grants that ended in March. Discussion ensued regarding the information and the at-a-glance documents for those individuals attending the Mackinac Policy Conference. Ms. Blackwell will send the information to Ms. Blackshire by Friday, as last-minute details are being finalized. There was no further discussion. The monthly report of the CEO was received and filed.

COMMUNICATIONS QUARTERLY MEDIA REPORT

The Communications Quarterly report was provided by Ms. D. Clark, Director of Communications. A written report was provided for the record. It was reported that for Mental Health Awareness month, the Communications Team has been actively leading and supporting a wide range of outreach, media and branding initiatives that focus on education, access, and community engagement. There is a partnership with the Detroit Zoo; we hosted resource tables on May 10th and 17th, promoting DWIHN resources along with discounted tickets throughout the month of May. The discounted tickets are valid until the end of the year. Youth United is hosting a Mental Health Action Day in Lansing today along with our community outreach clinic and Mental Health Mondays. Our newly launched Mobile Clinic is actively delivering integrated care services throughout Wayne County. The board was thanked for taking a photo and recording a video prior to the start of the Full Board meeting. It was requested that we have the board's permission to use their image. Mr. L. Brown was thanked for his participation and sending over the photos as they looked great for media outreach for FY2025.

The team recently acquired Critical Mention, which is an online media analytics, monitoring, and search tool. It is used to measure earned media impact for stories, gather clips of broadcast segments and print articles, and also allows us to search for media contacts to reach more outlets. Quarterly reports will provide a comparison of audience mentions and publicity values from the previous quarter in the same categories. It was reported that another monthly highlight during the month was that the department garnered multiple earned media stories, including our President and CEO James White sitting down with Ms. Carol Kane of Michigan Matters for a roundtable discussion that included NAMI Michigan Executive Director, Kevin Fisher and Eric Hippel, former Detroit Lions quarterback and mental health advocate. The Community Outreach Clinic was launched on May 5th, and after the launch the campaign garnered 49 mentions; Mr. Lloyd Jackson from WJR Mornings, interviewed Ms. Andrea Smith to discuss the vehicle and service it brings to the community. There were also interviews on WDET and WWJ, Channel 2, 4, and 7, and they all covered the news with mentions from the anchor desk throughout the day, and each week we have been promoting where the clinic will be. There is also a social media post that we can share. There have been community strolls on the east side of Detroit and Highland Park from 4:00 p.m. to 6:00 p.m. Ms. J. Hearn was thanked for producing such great social media posts.

It was reported that the Mobile Health Clinic can be found on Mondays at the Jeffersonian in Detroit from 11:00 a.m. to 1:00 p.m.; and Clark Park in Southwest Detroit from 2:00 p.m. to 4:00 p.m. The second quarter media metrics, radio, TV, print, and online had a total of 106 mentions. Our quarterly comparison of 1st quarter numbers was unusually high due to residual mentions of Mr. White connected to multiple outside stories from DPD Chief Bettison's appointment in the second quarter. It was noted that the Access Call Center asked callers how they heard about us, and during the 1st quarter, the total number of calls managed by the Call Center showed a slight decrease. It was reported that this quarter influencer Randy Rosario conducted a short interview with Dr. Mammo on seasonal depression which did well and strongly connected with both our audiences; the post performed well generating high engagement and bringing in 40+ new followers to DWIHN's Instagram which further expanded our outreach and impact for social media performance over the second quarter. The numbers were up because we spotlighted our involvement in the community by consistently highlighting services and events, boosting visibility, and maintaining steady engagement with our audience. Discussion ensued regarding having bilingual staff in the Mobile Unit, it was noted that we do not have bilingual staff on the unit but we do have translation services that can be called in through our customer service line. It was noted that one of our goals should be to hire staff who are bilingual. It was also reported that we have individuals reach out asking about volunteering efforts so that they can provide those services. There was also discussion regarding getting more social influencers, the social influencers that have been used in the past; the Mobile Unit being available for more acute situations and the process of how smaller units may be used for trauma; and coordinating the mobile unit for skilled trade job fairs and some of the other organizations calendars. There was no further discussion. The Communications Quarterly Report was received and filed.

PROVIDER PRESENTATION – Ms. Serena C. Oden, Chief Operating Officer, Elmhurst Home reporting. A PowerPoint Presentation was provided for the record. The Mission Statement, the history, programs, specialized services, treatment journey, and a summary of the locations were covered as part of the presentation. It was reported that Elmhurst Home's Mission Statement is Person-Centered – focusing on each individual's unique needs, strengths and challenges and the every recovery journey is different; Evidence -Based – their treatment approaches are grounded in

proven research and clinical expertise and Recovery-Oriented – building systems of care that support long-term recovery and improved quality of life. The organization started before 1970 with a meeting hosted by Mr. James and Naomi Oden in their home. They have maintained CARF accreditation with the gold star standard of a 3-year accreditation. Their comprehensive programs include Recovery Services, Recovery Housing, Outpatient Services, SUD Residential Treatment, and Prevention, while Specialized Services include Women’s Specialty Programs, Case Management, Certified Community Behavioral Health Clinic, and ACT/IDDT Programs. Community Partnerships are with Starfish; DWIHN and Hegira. There are Criminal Justice Collaborations with the Michigan Department of Corrections and the Wayne County Jail Program. The journey through treatment begins with the Intake Assessment including a personalized treatment plan and transition planning. There are two facilities serving Detroit and Highland Park, which have served for over 50+ years and transformed thousands of lives through recovery. Information on how to contact the Elmhurst Home was shared with the board. The Board thanked Ms. Oden for the presentation and their service to the community. There was no further discussion.

REVIEW OF ACTION ITEMS

1. Send to the Board the Mobile Health Unit Schedule.
2. Provide by Friday information to those individuals attending the Mackinac Policy Conference, the legislative meeting schedule.

GOOD AND WELFARE/PUBLIC COMMENT

The Chair, Dr. Taueg, called for Good and Welfare/Public Comment. The Good and Welfare/Public Comment Statement was read. It was noted that one written submission was received, and the individual was on the call: Mr. F. Migan, Vital Living Home Care, LLC thanked the board for giving him the opportunity to attend the Full Board meeting, which, as always, was great. He noted that he looked forward to continuing working in partnership with DWIHN to help our most vulnerable members of our community. The Board thanked him for his comment. There were no other individuals to address the board.

ADJOURNMENT

There being no further business, Dr. Taueg, Chairperson called for a motion to adjourn. **It was moved by Mr. Parker and supported by Ms. Brown to adjourn. The motion carried unanimously.** The meeting was adjourned at 3:11 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

MAY 7, 2025

1:00 P.M.

DETROIT WAYNE INTEGRATED
HEALTH NETWORK
8726 WOODWARD AVENUE

MEETING CALLED BY	Ms. Dora Brown, Chair called the meeting to order at 1:11 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Carmen Smith
ATTENDEES	<p>Finance Committee Members Present: Dora Brown, Chair Kevin McNamara, Vice Chair Karima Bentounsi Eva Garza Dewaelsche Bernard Parker Kenya Ruth</p> <p>Committee Members Excused: None</p> <p>Board Members Present:</p> <p>Staff: Ms. Stacie Durant, VP of Finance; Ms. Toni Jones, Audit Manager and Provider Fiscal Oversight; Ms. Jean Mira, Procurement Manager; Ms. Monifa Gray, Associate VP of Legal Affairs, Mr. Jody Connally, VP of Human Resources; Mr. Keith Frambro, VP of IT Services; Ms. Sheree Jackson, VP of Compliance and Mr. Ron Slater, Associate VP of IT Services</p> <p>Staff Attending Virtually: Mr. Manny Singla, Executive VP of Operations; Ms. Yolanda Turner, VP of Legal Affairs; Ms. Brooke Blackwell, VP of Government Affairs; and Grace Wolf, VP of Crisis Services; and Mr. Mike Maskey, Executive Director of Facilities</p> <p>Guests: Ms. Alisha Watkins and Mr. Josh Richards, Plante Moran Virtual Guests: Brian Langeffeffer, Allen Law Group (Zoom)</p>

AGENDA TOPICS

<p>I. Call to Order The meeting was called to order by the Chair, Ms. Dora Brown at 1:11 p.m.</p> <p>II. Roll Call Roll Call was taken by Ms. Lillian M. Blackshire, Board Liaison and a quorum was present.</p> <p>III. Committee Member Remarks The Chair, Ms. Brown called for Committee member remarks. Ms. Ruth acknowledged Teacher Appreciation Week and asked that people acknowledge their favorite teachers.</p>	
---	--

IV. Approval of Agenda

The Chair called for a motion on the agenda. **Motion:** It was moved by Ms. Dewaelsche and supported by Ms. Bentounsi approval of the agenda. There were no changes or modifications requested to the agenda. **Motion carried.**

V. Follow-up Items

The Chair stated there was one follow-up item. Committee members requested that DWIHN Procurement and Legal staff provide an explanation on how to improve the policies and procedures for the purchase of goods and services within Wayne County.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown called for a motion on the Finance Committee minutes from the meeting of April 2, 2025. **Motion:** It was moved by Mr. McNamara and supported by Ms. Ruth to approve the minutes of and April 2, 2025. There was no further discussion. **Motion carried.**

VII. Presentation of FY24 Financial Statement, Single Audit and Compliance Examination Reports – Plante Moran

The Chair called for the Report of the Auditors. Ms. Durant provided a brief overview of the documents being presented. The first document was the AU260 Report, which is a document communicated to the Board of Directors and is a standard document that outlines any issues encountered during the audit, any past audit adjustments, how the audit went and any adjustments that were proposed and booked.

Ms. Durant stated that the second document is the Financial Statement report, which is dictated by the Department of Treasury which requires organizations to submit an audit within six months after their fiscal year. The next document is the Federal Award Supplemental Information. This is the single audit of all the Federal awards that are received, either directly from the federal government or through the State from the federal government. The final audit is the Compliance Examination, which is dictated by our CM and with the State of Michigan's Department of Health and Human Services.

Ms. Durant introduced Ms. Toni Jones, Audit Manager, who facilitated the annual Audit with Plan Moran. She commended Ms. Jones and the Finance Department team for a job well done and presented the auditors from Plante Moran who would be presenting the auditing report.

The record reflects that Mr. Parker joined the meeting.

Ms. Alicia Watkins, Plante Moran, thanked Ms. Durant and staff for their assistance with the audit. She stated that this year was more of a workout for the team because DWIHN had one of the largest Federal Awards audits and five major programs required to be tested. She introduced Josh Richards, a principal of Plante Moran's Healthcare Practice. Ms. Watkins stated that they were providing a PowerPoint presentation and rather than going through the separate documents, they combined everything they believed was a key takeaway from each audit, as well as required community and some other financial highlights.

Ms. Watkins began the presentation by walking the committee through the highlights of what would be required in the presentation, including the scope of work, reporting framework, auditing standards that must be followed, and an overview of all the reports and deliverables issued by Plante Moran. The first slide spoke on the difference between Plant Moran's responsibility vs. the responsibility of management. She stated that Plante Moran's responsibility is to come in and issue an opinion on DWIHN's financial statements so the board and other stakeholders know they are materially correct and follow the rules and regulations DWIHN is required to follow. She added that although Plante Moran compiles some of the reports on behalf of DWIHN, it does not alleviate management's responsibility for the financial documents. She stated that Plante Moran has a robust process to

assess and make sure they stay independent as auditors for DWIHN and was pleased to issue an unmodified opinion on each of the audits conducted, which means their opinions are without exception, which is the highest level of assurance that can be provided on these deliverables.

Ms. Watkins discussed the required communication surrounding accounting policies, estimates and disclosures in the financial statements, explaining there was not too much of significance or difference from what has been seen in the past. It pointed to two key accounting policies, reminds that while there are not many significant estimates included in the financial statements, the deferred revenue number would be among one that would be a bit more sensitive and that Plante Moran looked at closely with staff in conjunction with review of the FSR. She also stated that they considered the disclosures and financial statements to be relatively standard and there was nothing they would flag as being particularly sensitive or significant.

Ms. Watkins stated they did not find any internal control findings or deficiencies. There were no material weaknesses. She stated that it was a clean audit with no audit findings for the three audits. They did identify a couple of items that needed to be brought to the attention of the board but did not rise to the level of being a significant finding. The first was regarding an accrual related to payroll that was due as of the end of the year and dispersed to employees during the subsequent year was not recorded. This was a liability given the size of the balance sheet, but was not material to the financial statements and would not change a user's opinion of the financial statements. This was corrected by the Finance team. There was an additional item that was identified that management decided to pass on recording regarding the opioid settlement. There have been variations of settlements, but through the end of the fiscal year that was audited DWIHN received about \$2 million, so that was recognized in accordance with gap accounting rules which would say that since DWIHN has been awarded the money and doesn't have any eligibility criteria to earn that, it should all be recorded as revenue. The DWIHN team felt otherwise.

Ms. Durant provided explanation on the adjustments. For the first instance, it was an item that was paid in October, but staff related it to September. For accrual based accounting, you're supposed to accrue it and then reverse your accrual on the next day, the first day of the new fiscal year. Ms. Durant stated that there are errors made during the course of the audit, as well as errors she finds throughout the year. These audits do find things but it must be material enough to reach the level where it's considered to be a finding. Given that DWIHN is a billion dollar organization, that threshold must be pretty high and that finding does not meet the threshold.

Ms. Durant stated that on the area of the opioid litigation settlement, she chose not to record all \$5 that DWIHN may be eligible for, but only the \$2 million we actually got in the door. Because of several bankruptcies, and we don't know the impact of those bankruptcies, she didn't want to record \$5 million dollars in revenue and then have to remove some of that from the balance sheet or income statement or net assets because we did not actually get it. She added that once DWIHN gets the revenue, we book it as revenue.

Ms. Watkins thanked Ms. Durant for the explanation and stated that ultimately Plante Moran didn't take exception to that position, but had the responsibility to make sure the governing body was informed.

Ms. Watkins discussed that last item under "other matters". During the audit, Plante Moran identified that during the year for the State Opioid Federal grant program, one of the five programs that they tested, they audited the numbers but have a lot of work to do, including looking at processes, controls and procedures surrounding grant dollars, surrounding financial reporting, etc. For this program, they found a gap in the information they reviewed. This was caused after there was a departure of the team member who was previously responsible for those review controls where, it transitioned to a new person who may have done things differently and less formally, so Plante Moran identified that because we weren't seeing the same level of documentation and sign off that we had been seeing prior to that period. The team was able to explain the different format. Plante Moran was comfortable with the explanation provided by staff but does recommend putting those formal procedures back in place because that is what the granting agencies look for if they audit. Overall, Plante Moran was

comfortable that the mitigating controls in place were sufficient. Ms. Durant provided a brief update on what caused the recommendation.

Mr. Josh Richards reported on the numbers included in the presentation. He stated he would cover the information from a high level, but wanted to point out some relationships, and then some of the bigger changes year over year. And, as Ms. Watkins noted, there were some requests that some of this information be comparative, because the financial statements that were distributed to the board are for single years. Plante Moran lined up the current year and the prior year in each of these next few slides that were presented.

The first section presented was the net position or the assets. Some funds that were held with the bank related to the Milwaukee and the Woodward projects will be released as those projects are finished, so they don't need to be held or restricted by the bank. He provided an overview of the figures included in the written report, including the restricted funds, depreciation, investments, etc. He highlighted \$10 million in the not subject to depreciation line, which is largely related to the 7 Mile Project.

Mr. Richards reviewed the Statement of Net Position which is the liabilities on the net position side. This is what DWIHN owes. There was not a tremendous amount of movement, with a little bit of decrease in some of the payables and the unearned revenue. Some of this is out of DWIHN's control, based on the timing of some of the agreements and contracts.

Mr. Richards went through Liquidity Ratio as requested by the board. This was completed by Ms. Durant and included in the financial statements. Plante Moran trended it for the last several years; there was a significant increase in the current year. This has a positive impact and he articulated that the main reasons are accounts payables are down, along with the unearned revenue number being down.

Mr. Richards discussed the Net Position. This is essentially the accumulation of the earnings of the organization over the last several years. He highlighted a couple of the bars included in the graph. All these bars are going up into the right, and this means the financial strength of the organization is continuing to remain very strong, and that that's good to see. He stated that in his review of the financing, and with 100,000 plus people being served by the organization, and having this sound financial footing allows DWIHN to serve the community members and invest in the 7 Mile Project and the West Jefferson Project that are ongoing. He stated the funds are needed to be able to reinvest in the community and continue to fulfill the mission so it's very positive to see those amounts move in the direction that they're moving.

Ms. Durant highlighted a few things under Net Investments in Capital Assets that represent the net position or net worth of the organization. She also noted non-current liabilities, \$19 million, that is related to the Flagstar loans DWIHN has as an organization. DWIHN is a billion dollar organization and is only \$19 million in debt, which is noteworthy. She went through the restricted for substance abuse disorder, PA2 balance that is outstanding that DWIHN has available in reserves. It's considered restricted because it must be used for substance abuse services per the Public Act, \$60 million restricted for risk financing, which is the Medicaid that is per our PIHP contract. We are required to maintain 7.5% of Medicaid reserves to cover for risk financing. In the event that we overextend and we don't have the revenue, this pot of money is what is tapped into. So, we are in full compliance of our PIHP contract.

She provided brief update restricted cash collateral is the cash held by Flagstar for the loans. We are in the process getting those funds released and put into our normal pool cash. But right now, they are considered restricted, and they sort of are held in a separate cash account, growing earning interest on it. But it's restricted, and we don't currently have access to it.

The next item restricted for the Opioid Settlement. That is the \$2 million that we received in opioid dollars during FY24. That is the outstanding amount that is remaining. It is also restricted because you must use the funds for someone with an opioid use disorder, so it's considered to be restricted. The unrestricted is our excess local funds.

We have almost \$75 million in local funding. And what local funding does is allow us to tap into it for general fund overrun or if we deplete our ISF, we would have to utilize local funds to cover Medicaid overruns.

Mr. McNamara asked where the local funds come from. Ms. Durant responded that investment earnings are part of local funds. We get an annual performance bonus from the State where our Medicaid funds convert to local if we meet certain benchmarks. We also get local funds from the County. However, we utilize those for specific costs that are required of us by the Mental Health Code, such as our Medicaid draw-down payment, as well as the local portion of State facility costs for persons that are in State Hospitals.

Mr. Parker asked about the unrestricted funds going up \$10.5 million and what caused it to go up that amount? Ms. Durant responded that it was the \$6 million dollars primarily that we got from the performance improvement incentive bonus that the State gives us, as well as investment earnings of around \$12 million, although not all of that is in this number, because any portion of the investment earnings that pertain to the Medicaid ISF must be put in the ISF, so we can't take the earnings on that \$68 million; we are not allowed to take the investment earnings on that amount and put it in local.

Ms. Dewaelsche asked if DWIHN gets foundation grants other private grants and whether those would be considered local funds. Ms. Durant responded that those are considered local, however, the local grants that we receive are for specific purposes and expenses. There is no excess funds from local grants.

Mr. Richards continued the Plante Moran presentation. He discussed the Statement of Revenue, Expenses and Changes in Position, which remained relatively consistent. Looking at the year over year, overall operating revenues are up a little over 5-1/2%. He discussed the various "buckets" that make it up, the largest being the funding received from the State. Expenses are up about 8%. He stated this dynamic is something they see, not just with DWIHN or healthcare, The inflationary pressures on expenses are really challenging organizations, and it's certainly a testament to management's oversight that DWIHN is still able to have a positive margin. There was discussion with respect to the investment income.

Mr. Richards discussed the Federal Awards Audit Schedule findings and question cost. He stated this is one of the more important pages of the document. There were no financial statement findings and no Federal program audit findings. He also went through the Compliance Audit page. There were no material weaknesses and no material non-compliance was identified.

Ms. Brown asked for questions or comments from the Committee members. Ms. Dewaelsche commended Mr. Durant, the Finance team and the audit team for a job well done. Ms. Durant stated that it's important to know that this report does not say that no mistakes were found, as mistakes do happen throughout the year, however, they are found and corrected. Ms. Brown again congratulated Ms. Durant and her team, and particularly Toni Jones, the Audit Manager, for a job well done.

Ms. Durant stated that she invited Plante Moran to do a short presentation at the upcoming Full Board to give all board members the opportunity to ask questions. Ms. Brown stated there have been in-depth discussions, as it relates to the rotations, and how many eyes or different people are looking at this audit on a consistent basis, whether it's annually or every other year.

The Chair called for a motion to move the FY 24 Audit to Full Board. **Motion:** It was moved by Mr. Parker and supported by Ms. Dewaelsche to move the FY24 Financial Statement, Single Audit and Compliance Examination to Full Board for approval. There was no further discussion. **Motion carried.**

VIII. Presentation of the Monthly Finance Report

Ms. Durant presented the 6-month Financial Report for the period ended March 31, 2025. She gave a caption on audit since we became an Authority. The information was provided in the written report. The information is for DWIHN and does not include the MCPN findings. Staff was notified at the end of March that several COVID grants would be ending and we had until April 30 to get providers paid for services incurred through March

31st, which was about six days later, and get it billed to the State. She went through the grants: The Mental Health Act Grant, we received 538,000 and were able to bill \$108, leaving a balance at March 31st of \$429,000; on the Mental Health COVID grant, we had an allocation of \$174,000. We were able to get our providers paid \$106,000 and billed, leaving \$68,000 unpaid; on Behavioral Health Workforce, we were able to spend all the funds of the \$68,000 grant. There were the SUD grants 2 ARPA programs - prevention and treatment. The allocation was \$974,000 and we were able to get billed \$653,000, leaving a balance of \$320,000. We were able to get out approximately 55-60% of all the grant dollars. It's 50% of the fiscal year, (March 31st), so we were pretty much on track and spent half of the funding within half of the fiscal year.

Ms. Dewaelsche asked about the Mental Health Act funds, which didn't appear to be 50%. Ms. Durant stated she would have to defer to someone else on staff to speak on that program. She stated she would get the information and provide follow-up at the upcoming board meeting. Ms. Brown asked if this was money that that would need to be sent back, and Ms. Durant responded that it was reimbursement only after the services were provided. There was further discussion.

Mr. Parker asked if there are programs that will be affected and Ms. Durant responded that she would defer to program staff for that information. She stated she believed that the Interim SUD Director has plans to go before SUD board for any provider that incurred expenses they weren't able to bill to use PA 2 funding. Mr. Parker stated that this issue should be referred to the Program Compliance Committee to find out what programs might be affected by the loss of these dollars.

Ms. Bentounsi asked for clarification as far as incurred expenses through March 31 and that we got reimbursed for them up to the March 31st deadline. Ms. Durant responded that any expenses incurred through March 31st were covered and DWIHN was reimbursed. Ms. Bentounsi asked for clarification that people were notified of the March 31 cutoff but because of previous commitments, they continued to incur expenses past that date and those are the ones that would be impacted. Ms. Brown stated this would be an issue for Program Compliance as this could be one of those issues where we must make a decision for possible supplemental funding.

Motion: It was moved by Mr. Parker and supported by Ms. Garza Dewaelsche that the issue of whether the grants that are not continuing past March 31st be moved to the Program Compliance Committee to see what impact it might have on our consumers. There was no further discussion. **The motion carried.**

Ms. Durant presented the Balance Sheet, Income Statement and Cash Flow documents. Under Item A, she noted that there was a significant receivable that we have accrued from the State, as well as a payable to hospitals related to the HRA payment. HRA is hospital rate adjustment. It's pass through funds that we get from MDHHS that passes through us to the hospitals. She stated that since we're in May, DWIHN should have received communication as it relates to the second quarter, however, we still haven't received word on the first quarter or second quarter. From her understanding and reading some articles, it appears that the Federal Government is looking at those HRA payments. The payments are for essentially for an additional payment to hospitals for Medicaid beds. DWIHN has a negotiated rate with our hospitals, and in addition to the normal negotiated payment that we give them for inpatient beds, the State of Michigan also sets aside Medicaid funds to pay an additional amount. It was \$300 a day prior to Fiscal 24. In Fiscal 24, it was increased to like \$600 per day in addition to the payment that we give them through the normal contracted rate. While this item is under scrutiny by Federal Government, we must continue until someone tells us we're not paying it. We continue to accrue it on the income statement on the revenue side and the expense side because it is a pass through. She explained that is why we have some significant amounts that are accrued for in that \$58,000 that amount shouldn't generally be that high. There were no other items that were particularly noteworthy.

There was no further discussion. The Finance Monthly Report was received and filed.

IX. Presentation on Procurement Policy Revisions

Ms. Brown stated the next item is Presentation of the Procurement Policy. Ms. Durant stated that the Committee had requested that our Legal and Procurement Departments take a look at what is allowable by law in terms of

what we can include in our Procurement Policy. She introduced Brian Langeffeffer (on Zoom) from Allen Law Group, who has been instrumental in this discussion along with our Legal and Procurement teams in trying to pull together the things that make sense for us to include in our Procurement Policy. She also introduced Ms. Jean Mira, Procurement Administrator, to present some of the recommendations that we are making to the Procurement Policy.

Ms. Mira stated that the Purchasing Division along with Finance, Legal, and the CEO, are proposing to revise the Procurement Policy to add equalization credits for the goal of promoting diversity and removing barriers for some of our smaller contractors. If you look at the Procurement Policy, it will include new definitions found in keywords numbers number 9, 18 and 22, which is mentor, venture, small business concern, and veterans' enterprises. They are now included to encourage different types of entities to do business with DWIHN by creating a fairer bidding process and promoting types of businesses to obtain advantages with credits and to offer a mechanism for greater competition on types of certified businesses that are permissible when using the Federal Medicaid funding.

Discussion ensued regarding the definition of a mentor venture. A mentor venture is a joint venture where one of the parties it could be a larger corporation, but they actually mentor a small business agency, a small business, who is certified and give them the status of becoming a mentor venture. Mr. Langeffeffer stated it would require that the small business perform at least 30% of the work and they would also share proportionately in the profits and losses. Mr. McNamara asked for clarification. If you are a small business concern, a mentor venture, and you can have a veteran enterprise, could you attain 15%? Ms. Mira responded that the maximum credit would be 10%. They would have to produce 30% of the work. The 10% credit would be only in the evaluation phase; the price that they actually submit they would obtain. But during the evaluation phase, they would get a 10% credit, so that when they're being evaluated, either by bid, which is price only, or by a formal evaluation committee in the pricing, they would get that advantage, and it would be counted towards the lower price. There was further discussion.

Mr. Langeffeffer noted that he believed the small business doing 30% of the work only applies to qualifying as a mentor venture. Mr. McNamara asked how it's determined whether they're a small business, concern a mentor, venture, or veteran enterprise? Ms. Mira referred him to Pages 17 and 18 in the policy to show how the equalization credits have been done. He also asked about the mentor venture certification and Ms. Mira explained that the City of Detroit, Wayne County and the State of Michigan all have that certification available. Mr. Parker asked if there was any reason Wayne County firms were not given preference. Mr. Langeffeffer stated that when using federal dollars, you cannot give geographical preferences that are based on state or local boundaries. Mr. Parker asked if a project was done with totally local funding, could we add that preference and, if so, he would like it included in the Policy. There was further discussion.

Mr. Parker reiterated that he would hope that some language can be added stating that provisions could be made if no federal funds are used.

Ms. Turner stated that when we vetted this, we looked at the funds available, a lot of our funding that is not Medicaid funds is typically funding that is grant funds that come with specific terms and conditions. She stated it wasn't added based on the belief that there weren't enough funds to identify for something like that. Ms. Mira stated the language could be added if it is 100% local funding. Ms. Durant stated that staff will work on language.

Ms. Durant stated that as a result of staff reviewing the Procurement Policy, she asked for this body to amend two other things in the Procurement Policy. One of them relates to the Federal threshold. The federal requirements allow us to enter into or not require a public bid for any contracts up to \$250,000 and rising to \$350,000 in a couple of months. DWIHN's current threshold is that any contract above \$50,000 requires a public solicitation. Staff is asking that the threshold be increased \$100,000. She stated that the \$50,000 amount has been in place for a number of years, and with the cost of living over time, \$50,000 makes pretty much everything have to go for a public solicitation. There is a lot of work and administrative costs involved. and we

believe that we can garner the same benefit from getting quotes opposed to formal solicitation. We have a Care Center where this is causing issues, so Finance and Facilities butt heads constantly because we've got things that are taking time when we have to do a formal solicitation, and their needs are critical. This situation will not get better as we open more care centers.

Staff is also requesting that board actions of \$100,000 opposed to \$50,000 come to the board. Our counterparts in Oakland, and many PIHPs that are much smaller than us have higher thresholds. With Oakland, for example, their board actions are at \$100,000. In Region 10 it was believed their board actions are \$250,000. We're just merely asking for something that's a little bit less cumbersome, and that will align also with the procurement process of \$100,000, and those things will come to the board.

Mr. Parker stated he doesn't have a problem with the public solicitation but does have a little concern about the board giving the administration the authority to go up to \$100,000 for contracts that would not come to the board. He stated that's quite a bit, particularly when you talk about consulting, or you talk about hiring somebody. He added that he was concerned about not seeing the contracts. Ms. Durant responded that the board would still see the contracts in the Quarterly procurement report.

Ms. Durant reiterated that DWIHN is a billion dollar organization. We've got organizations that are less than half of our size, including our neighboring Oakland County, who have \$100,000 that goes to the board. She stated that she believed that like everything else cost of living, that add cost of living increases to \$50,000 over more than 10-year period, you would be at over \$100,000. She stated she strongly requests that this is considered. Ms. Dewaelsche stated that she agrees with Mr. Durant. DWIHN is large enough that \$100,000 is not that much. And, as long as staff is following all of the procurement procedures and policies that we have approved \$100,000 shouldn't be a problem. Ms. Durant added that we just had an audit report, and my finance report that notes the number of findings that we've had over the last 10 years, and procurement is an area that is under audit.

Mr. McNamara requested clarification that this is just for discussion right now and no vote is being taken. Ms. Durant responded that it was her understanding that the Finance Committee wanted to discuss and then it would go before the Policy Committee for review and approval to move to the full board. They wanted it to come to finance. There was further discussion.

Mr. Parker suggested that before it goes to the Policy Committee, that there's some analysis of how many contracts were under \$100,000, but over \$50,000. This would help know what type of impact we're talking about. Ms. Durant will pull the information together for the last two years.

Ms. Durant summarized the request. The Policy will be presented to the Policy Committee for review, it will include language regarding non-federal funding equalization credits, as well as a list of all contracts in the last two years that were between \$50,000 and \$100,000.

The Chair called for a motion to refer the Procurement Policy recommendations, as amended, to the Policy Committee for consideration. It was moved by Mr. Parker and supported by Mr. McNamara. There was no further discussion. The motion carried.

X. Non-competitive Fiscal year 25, Second Quarter Purchasing Non-competitive and Cooperative report

Ms. Mira presented the 2nd Quarter Purchasing Non-Competitive and Cooperative Report for all non-competitive solicitations, cooperatives and emergencies. For the actual percentages, the total was \$1,806,970.42, with the Wayne County total being \$208,232 and IT total being \$1,332,191.13. The contract percentages overall total was Wayne County at 11.52% and out county at 88.48% Looking at the funding percentages without IT, Wayne County would be 43.86%. and out county at 56.14%. She noted that one of those was a cooperative purchase for IT for over \$1,000,000 and that's why those percentages are so different.

Mr. Parker asked about the low percentage of Wayne County firms and whether they include Wayne County firms when they do solicitations. Ms. Mira responded that when it's a solicitation, we're all inclusive with Wayne County and all firms in general. We ask for a courtesy list on most things that are bid out. These are all non-competitive or cooperative, the cooperative being that it's already solicited by another agency, i.e., MiDeal and/or Sourcewell or Omnia partners. It's something that has already been publicly bid, but not from DWIHN.

The comparable source and sole source usually have reasons, sole source being that it's the only one that can provide the service or good, and the comparable source being that they have a history with us and provide good price basing, etc. There was no further discussion.

XI. Unfinished Business – Staff Recommendations: None

XII. New Business – Staff Recommendations: None

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

XII. 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. Parker to adjourn the meeting. Motion carried. The meeting was adjourned at 2:44 p.m.

FOLLOW-UP ITEMS

- 1) Refer to Program Compliance Committee to discuss whether programs were affected by the loss of COVID grant funds.
- 2) Provide analysis to Policy Committee on contracts between \$50,000 and \$100,000 over the last two years.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

MAY 14, 2025

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angelo Glenn and Commissioner Jonathan Kinloch</p> <p>Committee Member(s) Excused: Angela Bullock, Dr. Lynne Carter, and William Phillips</p> <p>Board Member(s): Dr. Cynthia Tauveg, Board Chair</p> <p>Staff: Brooke Blackwell; Yvonne Bostic; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Melissa Moody; Ryan Morgan; Cassandra Phipps; Manny Singla; Andrea Smith; Yolanda Turner; James White; Rai Williams; and Matthew Yascolt</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Commissioner Kinloch called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Commissioner Kinloch called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Dr. Tauveg and supported by Mr. Glenn to approve the agenda. Commissioner Kinloch asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
------------------------------------	---

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer's Report – The committee requested a deeper dive to determine reasons individuals are returning to the Crisis Center for services – Are they not receiving the services they need? – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update. It was reported that nine (9) members had 62 presentations and were referred to inpatient five times; Members who started using DWIHN Crisis Care Center, though were coming back to it at times of crisis multiple times, had very low probability to be referred to inpatient psychiatric admission (8 %); Most of those members were dual SMI and SUD and had significant substance use histories; Lack of engagement with outpatient provider was a common factor; Lack of coordination between SUD and MH CRSP is a common observation; and Team Wellness and Central City Integrated Health were the common Clinically Responsible Service Providers (CRSP). Team Wellness had closed cases on several of them with their outpatient teams, though they were open as CRSP pending disenrollment, as they were continuing to use Crisis Services. AOT was not used on any member; One member who was placed in the ACT program improved and had no crisis episodes after that. Members who continue to come to DWIHN CSU are encouraged to use our Crisis Call line, Mobile crisis services, and CSU, given high chances of stabilization and low chances of inpatient referral. Staff will improve coordination between mental health and substance use CRSP; Utilize the Substance Use Complex Case Manager; Encourage Team Wellness and CCIH's participation and visits in discharge planning during Crisis episodes to develop rapport with patients and develop plans for direct transport to discharge appointments. This seems not to be a problem with these 9 members only, but a problem in general, particularly with certain CRSP. Recent education to CRSP was provided on Assisted Outpatient Treatment (AOT). Will provide more education and guidance to improve utilization for the appropriate population. Staff will develop more specific Disengagement and recidivism Guidelines and increase ACT referrals on these and other similar members. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>B. Managed Care Operations' Quarterly Report – Provide a mapping of providers in Wayne County and Detroit to determine if there is a gap in service – Rai Williams, Director of Managed Care Operations, and Manny Singla, Executive VP of Operations, submitted and gave an update. It was reported that the map shows that DWIHN has adequate network coverage for Wayne County and Detroit. The map also shows providers that have 24-hour locations and are within a 10-minute/20-mile radius and a 10-minute and five (5) mile radius. DWIHN is putting together a robust map on our website that will give our members the ability to look at all the services by zip code, and the ability to drill down into what is the closest service to them. President/CEO, James White, informed the committee that staff are looking at identifying ways we can improve the map for the services that they provide. We are working through what that looks like going forward and believe it will be beneficial for us to be able to hover over the dots on the map and know precisely the service that is provided. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p>
----------------------------	---

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the April 9, 2025, meeting minutes. Motion: It was moved by Dr. Taueg and supported by Mr. Glenn to approve the April 9, 2025, meeting minutes. Commissioner Kinloch asked if there were any
----------------------------	---

changes/modifications to the April 9, 2025 meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

17B DISCUSSION/
18B CONCLUSIONS

- A. **Chief Medical Officer** – Dr. Shama Faheem, Chief Medical Officer, submitted and gave highlights of the Chief Medical Officer’s report. It was reported that:
1. **Behavioral Health Education, Advocacy, and Outreach** – Opioid Impact Conference was held under the partnership of Detroit Wayne Integrated Health Network, Michigan Public Health Institute (MPHI), and the Michigan Recovery Friendly Workplace Program. Dr. Faheem received a Certificate of Appreciation from MPHI. May is Mental Health Awareness month.
 2. **MDHHS Updates** – As part of efforts to increase access to substance use disorder (SUD) treatment, the Michigan Department of Health and Human Services (MDHHS) is offering student loan repayment to providers if they begin providing or expand opioid addiction treatment programs. Through the Michigan Opioid Treatment Access Loan Repayment Program, providers may be eligible for student loan repayments between \$15,000 and \$30,000. The program is available to medical doctors and osteopathic medicine doctors, psychiatrists, nurse practitioners, physician assistants, and substance use disorder counselors who begin offering opioid treatment or expand treatment that is already being offered. Providers who work in a variety of health care settings are eligible to apply. Applications must be submitted by Monday, May 19. Applications and other resources are available at Michigan.gov/miota. Health care providers are encouraged to review the materials and submit applications when the cycle begins. This information has been shared with our CRSP Medical Directors and Opioid Treatment providers.
 3. **Crisis Center Medical Director’s Update** – DWIHN has completed its Joint Commission Accreditation Process and had minimal findings. The surveyor was impressed at how well the programs were prepared for its first year. We are working on addressing the small areas of low/medium areas of findings that we had, so we could receive our Certificate. DWIHN has been working with MDHHS to go through our recertification. We have submitted all the documentation and have been receiving feedback on it. Our site visit is scheduled for the end of the month. The State has appreciated DWIHN on several of our policies and protocols, many of which are related to Substance use withdrawal management at a Crisis Center, and has asked for our permission to include them in their Best Practice Handbook. To improve the discharge process for members with elevated risk, Intensive Crisis Stabilization Services through our Mobile Crisis Teams have been incorporated within the Crisis Center where those cases would be referred to the ICSS teams to help them stabilize and connect with outpatient services until follow-up is established which is one of allowable scope of ICSS in Michigan.
 4. **Quality Updates** - Racial Disparity in Follow Up After Hospitalization rates was identified as a PIP based on MDHHS request for a Quality improvement

	<p>project addressing disparity in 2021. DWIHN started with a baseline disparity of 4.51 and the goal was to lower it each year, it was unfortunate that we encountered aftereffects of pandemics and staffing shortages in 2022 and ending of Public health emergency which lead to members losing their coverage as well as changes in MDHHS telemedicine policy which became more restrictive which also disproportionately affected African American population in 2023 and widened the disparity. However, with targeted interventions with CRSP, who had the highest disparity, and interventions such as help with transport, reinstatement of coverage, and expansion of providers, we were able to bring it back close to baseline in 2024. The preliminary data for 2025 (though it has a claim lag) does indicate further improvement in disparity, and we are hopeful that we may be able to meet the State's expectation of going below our baseline for the first time, but we are still encouraged to see that the trend has been in the right direction.</p> <p>The Chair opened the floor for discussion. Discussion ensued.</p> <p>B. Corporate Compliance – <i>There was no Corporate Compliance report to review this month.</i></p> <p>The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
--	--

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Access Call Center – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s quarterly report. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1: Call Center Performance – Call detail report – MDHHS’ Standards and Call Center Performance for 2nd Quarter FY 24/25 (January through March 2025) were met. For the 2nd Quarter of FY 24-25 there were 44,081 calls handled by the access call center: 11,663 (26.0%) calls handled related to SUD services with an average handle time of 16:00 minutes; 5,607 (13.0%) calls handled, related to MH services, with an average handle time of 19:00 minutes; and 26,811 (61.0%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/PCW, Hospital Inpatient, etc.), Transfer calls (Crisis, ORR, Customer Service, Grievance, etc.). In an annual comparison of 2nd Quarter FY 23-24 (4.0%) to 2nd Quarter FY 24-25 (1.0%) abandonment rate, there was a 3% improvement. There has also been an improvement in the service level and speed to answer. 2. Activity 2: Appointment Availability and Scheduling - In comparison to FY 23/24 to FY 24/25, there was an increase in all areas of focus for appointment availability, with the greatest increase for SUD appointment availability by approx. 11%. There was also an increase in appointment availability for the hospital discharge follow-up appointments of approximately 8%. For MH and I/DD intake appointments, there was very little change in appointment availability across the network. To address concerns related to appointment availability, representatives from DWIHN’s quality department, Children / Adult Initiatives, Integrated Care and Access Call Center have 30–45-day meetings with the CRSP providers to identify barriers and discuss interventions and the DWIHN Access Committee meet monthly to discuss how the network can be improved by the addition or removal of providers.
----------------------------	--

3. **Activity 3: Accomplishments and Updates – Staffing and Training** – Medicaid Fraud, Waste and Abuse (DWC online training); Infection Prevention and Control Practices (DWC online Training); Infant Mental Health Training (Carolyn Dayton, LMSW, Wayne State University; Advance Directives (DWC online training); Access Call Center Demographic Review Policy (Policy Stat); Access Call Center Information and Referral Policy (Policy Stat). The department is working on filling two SUD vacancies. There is a tentative start date of May 19, 2025, for all three (3) shifts (7a-3p, 8a-4p, and 9a-5:30p) to be working from the 707 W. Milwaukee location.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Innovation and Community Engagement** – Andrea Smith, Associate VP of Innovation and Community Engagement, submitted and gave highlights of the Innovation and Community Engagement's quarterly report. It was reported that during FY 25 (Q2), the department advanced its mission through a series of impactful initiatives targeting justice-involved populations, homeless outreach, and veteran support. Across these initiatives, a total of 2,153 individual encounters were recorded, with 520 individuals connected to critical services.

1. **Activity 1: Justice-Involved Initiatives** – The department continued its robust collaboration with law enforcement and the judicial system. Highlights include **247 jail releases** tracked, **41 individuals navigated** to mental health treatment via the Jail Navigator, and **1,125 co-responder encounters**, resulting in 114 service connections. **Drug, mental health, and veterans' courts facilitated 223 referrals** to DWIHN services, despite Mental Health Court facing referral limitations due to a vacant assessor position. The department also enhanced its collaboration with the Highland Park Police Department by delivering Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA) training. The Detroit Homeless Outreach Team (DHOT) engaged 740 individuals during street outreach, successfully connecting 188 to housing and behavioral health services.
2. **Activity 2: Veteran Navigator** - The Veteran Navigator program made significant strides, **connecting 89 veterans and engaging 4 family members**. Over **100 outreach connections** were logged, including 97 referrals across housing, legal, and employment services. Survey results showed that 89% of veterans reported an increased willingness to seek help after engagement. Staff are coordinating meetings with key housing stakeholders to identify strategies for improved collaboration and systems integration, including colocation models. The Veteran Navigator will continue advocacy and resource expansion efforts with MDHHS, VA, and local partners to close service gaps.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- C. **Residential Services** – Ryan Morgan, Director of Residential Services, submitted and gave highlights of the Residential Services' quarterly report. It was reported:

1. **Activity 1: Monitoring Residential Authorization** - The Residential Authorizations unit consists of four (4) staff who processed (3,302) residential authorizations during the second quarter. Additionally, 96% of those authorizations were approved within the fourteen (14) day timeframe. During the second quarter, the Residential Authorizations Unit began to complete Adverse Benefit Determination letters (ABD) for any member assessed for a reduction in services. In the first month of implementing this new process, the department completed two (2) Adverse Benefit Determination letters. The Residential Authorizations Unit will continue to monitor and track this data moving forward.

2. **Activity 2: Updating Residential Assessments** – The Residential Services Department was able to complete 897 Residential Assessments during the quarter, 515 of those were completed with Adults with Mental Illness, and 382 were completed with Individuals with Intellectual and Developmental Disabilities. During the second quarter, the Residential Services Department was able to develop an internal quality audit tool that will be utilized to ensure that staff are incorporating the necessary information needed to complete a high-quality assessment. We were able to make the assessment electronic so that managers can complete the assessment with staff in individual supervision. Each staff member will have two (2) assessments reviewed monthly in individual supervision utilizing this audit tool.
3. **Quarterly Update** - During the second quarter, the Residential Services Department had 173 new members referred to Residential Services. Upon receiving the referral, Residential Care Specialists contact the referral agent within twenty-four (24) hours. After that, they work with the referral agent to schedule the Residential Assessment within seventy-two (72) hours. This process has improved referral efficiency. The Residential Services Department was able to add an additional Residential Care Specialist to our staff working with Individuals with Intellectual and Developmental Disabilities, who will be able to complete Residential Assessments. The Residential Services Department continued to update and finalize eleven (11) policies and procedures that previously did not exist within the department. They are currently in the final stage of development. These policies outline the best practice guidelines within Residential Services.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- D. **Substance Use Disorder Initiatives** – Matthew Yascolt, Interim Director of the Substance Use Disorder Initiatives, submitted and gave highlights of the Substance Use Disorder Initiatives' quarterly report. It was reported:
 1. **Activity 1: Analysis of MDOC and Veteran Members leaving all levels of treatment against medical advice** – Members who leave treatment against medical advice (AMA) are choosing to discontinue treatment without the recommendation of the member's treatment planning team. Leaving against medical advice can expose the member to increased risks, including the need for readmission or exacerbation of their condition. Data from 10/1/24 to 5/1/25 was reviewed, and AMA benchmarks were established for the different populations we serve. Staff will educate the service provider network on population risk factors associated with leaving AMA. Notify MDOC partners of higher AMA rates to ensure effective communication and coordination of care with MDOC. Notify service providers with high rates of members leaving AMA and provide training and education. Staff will continue to assess AMA designations for all levels of care, compare AMA rates to quality scores, and environmental scores. Provide technical assistance at the provider level as needed to improve outcomes.
 2. **Activity 2: Women's Specialty Services program analysis and longitudinal review** – The goals of Women's Specialty Services are to ensure that pregnant women and women with parental rights to their children receive priority admission to substance use disorder treatment, to provide gender specific trauma informed care, support healthy pregnancies and child development, strengthen family well-being, and improve access to comprehensive care. Data from 10/1/2024 to 4/30/2025 was reviewed, and recovery encounters were analyzed. Recovery encounters include recovery planning, relationship building, nutrition, financial management,

	<p>coping skills, and parenting skills. The number of recovery encounters each member enrolled in women's specialty services (WSS) was compared to the number of recovery encounters that general female members received. On average, members enrolled in WSS received 9 more recovery-based encounters than their counterparts. Staff will continue to analyze programming and build out programming across more providers, monitor programming, and look at possibilities of enhancement at current provider locations and opportunities for replication.</p> <p>3. Activity 3: Members receiving Recovery Supports (T1012) employment analysis - Employment helps develop a sense of purpose and establish goals and objectives necessary for members in recovery from substance use disorder. The Current Procedural Terminology (CPT) code T1012 for recovery supports can be used for skills development, coping skills, financial management, and assistance with employment. Members who received T1012 services between 10/1/24 and 4/22/25 were analyzed. The analysis found that 82.45% of members who received T1012 services this fiscal year self-reported being unemployed. Looking closer at the age distribution of members who were unemployed and receiving T1012, the majority of members were in the 30-39 age group. We will continue to monitor the utilization of T1012, investigate additional avenues to provide employment services to our members, and share information with providers and stakeholders. Staff will meet with treatment providers to discuss strategies and plans to engage members in employment services.</p> <p>The Chair opened the floor for discussion. There was no discussion. The Chair noted that the quarterly reports for Access Call Center, Innovation and Community Engagement, Residential Services, and Substance Use Disorder Initiatives have been received and placed on file.</p>
--	---

IX. Strategic Plan – None

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan to review this month.</i>
------------------------------------	--

X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<i>There were no Quality Review(s) to review this month.</i>
------------------------------------	--

XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Clinical Operations executive summary. It was reported:</p> <ol style="list-style-type: none"> 1. Utilization Management – The goal is to improve the efficiency of utilization review and decrease/eliminate delays in service delivery or authorization. The current goal is that 95% of prior authorization dispositions are provided within 14 days of request. The UM team was not historically meeting that goal (Q1-72%). The Utilization Management Department did a thorough evaluation of internal processes and procedures as related to prior authorization review and disposition. This resulted in an internal plan of correction in January 2025 that clearly outlined processes, procedures, and included staff re-training. In the month of April, the Utilization Management prior authorization review teams
------------------------------------	---

approved 92% of authorization requests within fourteen (14) calendar days, up from 90% in March. The team continues to demonstrate improvement, following the implementation of a departmental performance improvement plan to address not meeting the 95% 14-day timeframe standard for non-urgent requests. Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. UM has continued in the development of non-clinical Quality Impact Assessment (QIA) for timeliness of non-urgent, preservice authorization decisions, with the goal of decreasing decision time to seven (7) calendar days. UM is actively working to implement process and procedural changes to meet this new requirement for authorization requests in all service areas.

2. **Adult Initiatives** – Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting while providing comprehensive support to increase their success. There are a total of 437 members receiving IPS services in April 2025 from the 8 CRSPs (ACCESS< Central City, Community Network Services, MiSide, The Guidance Center, Hegira, Lincoln Behavioral Services, and Team Wellness).
 3. **Integrated Health Care Services** – Health Effectiveness Data and Information Set (HEDIS): Follow-up after hospitalization (FUH)- FUH Assesses the percentage of inpatient discharges, for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older, that resulted in follow-up care with a mental health provider within 7 and 30 days. DWIHN has worked diligently in this area to improve member outcomes and care. This includes providing a HEDIS Scorecard to Clinically Responsible Service Providers with their data for follow-up after hospitalization and meeting with CRSPs every 45 days to review data and barriers. DWIHN scores are based on open members only, so there is a difference in scores when compared to MDHHS. Currently, DWIHN is meeting the Michigan Department of Health and Human Services HEDIS Goals for FUH. In April 2025, each Clinically Responsible Service Provider was presented with their FUH 2023-2024 scores, and new interventions were discussed. Clinically Responsible Service Providers who did not meet the goal for FUH were asked to provide a plan on how it will be met. Sixteen out of 23 Adult CRSPs (70%) met the goal of 58% FUH. Thirteen out of twenty Children CRSPs (65%) met the goal of 70% FUH.
 4. **Health Home Initiatives** - *Certified Community Behavioral Health Clinic (CCBHC) – 20,144 members* - MDHHS supplied an update to CCBHC demonstration sites and PIHPs to clarify what they currently know about proposed cuts to Health and Human Services programs at the Office of Management and Budget (OMB). Currently proposed cuts would not affect the CCBHC demonstration, only expansion grants (which were awarded by SAMHSA in the past). A reminder that the CCBHC demonstration is approved through FY27. DWIHN is still awaiting CCBHC certification from CMS. *Behavioral Health Home (BHH)- 862 members and Substance Use Disorder Health Home (SUDHH)- 766 members* - BHH and SUDHH continue to work toward the department's enrollment goal of 1,000 enrollees in each program. This is provided through ongoing education with the provider network. A DWIHN network provider is seeking to join the SUDHH program, which would bring the total number of SUDHH providers up to nine (9) if they become certified. DWIHN currently has the most BHH enrollees of any Michigan region, representing 27% of statewide enrollment. DWIHN has the second highest SUDHH regional enrollment, representing 18% of statewide enrollment.
- The Chair opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the VP of Clinical Operations' executive summary has been received and placed on file.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #25-02 (Revised 3) – Substance Use Disorder (SUD) Health Home Incentive-Based Wellness Challenge – The SUD Department is requesting \$43,600.00 of PA2 funds to support the SUD Health Home Incentive-Based Wellness Challenge. It is a contingency management program designed to encourage our members enrolled in SUD Health Home programming to meet physical health objectives outlined in the challenge. Members' incentives will not exceed \$100.00 per participant per quarter. Incentivized physical health objectives will address and aim to improve HEDIS measures, specifically follow-up after emergency department visit for substance use (FUA), which is a pay-for-performance metric. Members who are enrolled in the MDHHS Recovery Incentive Pilot program are not eligible for the SUD Health Home Incentive-Based Wellness Challenge. Controls have been established to ensure that there is no duplication of incentives. Motion: It was moved by Mr. Glenn and supported by Dr. Tauveg to move BA #25-02 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #25-24 (Revised 3) – Autism Service Providers FY 25 – Staff requesting board approval to add one (1) new ABA Provider, Karing Kids to receive a seven-month contract effective March 1, 2025 through September 30, 2025 to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for Autism services for FY 25 remains unchanged and is not to exceed \$102,905,784.00. The amounts listed for each provider are estimated based on the prior year's activity and are subject to change. Amounts may be reallocated amongst providers without board approval. The Chair called for a motion on BA #25-24 (Revised 3). Motion: It was moved by Dr. Tauveg and supported by Mr. Glenn to move BA #25-24 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #25-51 (Revised 3) – DWIHN Provider Network System FY 25 – Staff requesting board approval to add six (6) providers (five residential providers, and one outpatient provider) to the DWIHN Provider Network. Board approval will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance, and Co-Occurring Disorders. The Chair called for a motion on BA #25-51 (Revised 3). Motion: It was moved by Mr. Glenn and supported by Dr. Tauveg to move BA #25-51 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p>
----------------------------	---

XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA #25-60 – Summer Youth Employment Program (SYEP) – Staff requesting board for \$1.9 million to fund the continuation of the DWIHN Summer Youth Employment Program (SYEP) from June 1-September 30, 2025. The SYEP program has been funded for the last six years and involves collaboration with organizations that thrive on community outreach to</p>
----------------------------	--

	<p>adolescents, focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months. The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14-24 living in Wayne County. In addition to work experience, this funding will ensure that the employed youth receive educational information on prevention, treatment, and access to care. The Chair called for a motion on BA #25-60. Motion: It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #25-60 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.</p>
--	--

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There was no Good and Welfare/Public Comment this month.</i></p>
------------------------------------	--

ACTION ITEMS	Responsible Person	Due Date
<p><i>There are no action items to review this month.</i></p>		

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

ADJOURNED: 2:16 p.m.

NEXT MEETING: Wednesday, June 11, 2025, at 1:00 p.m.

FY26 Budget Submission Timeline

Wednesday, June 11, 2025:	Budget Administrator provides budget templates to CFO
Monday, June 30, 2025:	Initial Budget submission to Finance and PCC
Wednesday, July 9, 2025:	Board return questions to staff
Monday, July 14, 2025:	Staff to complete questions and forward to Finance
Wednesday, July 23, 2025:	Budget with responses to questions submitted to Finance and PCC
Wednesday, August 6, 2025:	Annual Budget hearing (Finance and PCC)
Wednesday, September 3, 2025:	Presentation of Recommended Budget to Finance Committee
Wednesday, September 17, 2025:	Full board approval of Recommended Budget

EXECUTIVE SUMMARY

Marlena J. Hampton, MA, LPC - Director of Utilization Management

UTILIZATION MANAGEMENT PROGRAM DESCRIPTION – FY 2025-2027

Utilization Management (UM) functions are guided by the Detroit Wayne Integrated Health Network's (DWIHN) commitment to providing effective, consistent, and high-quality behavioral health services that lead to positive financial outcomes.

The Utilization Management Program Description outlines the expectations and standards set by the Michigan Department of Health and Human Services (MDHHS) and the Centers for Medicare and Medicaid Services (CMS).

The DWIHN Chief Medical Officer plays a significant role in developing, implementing, supervising, and evaluating the UM program. Ultimately, the Board of Directors (BOD) is responsible for ensuring the overall quality of the supports and services provided to residents of Wayne County.

UM PROGRAM PURPOSE

The UM Program Description defines and describes processes that will align the Utilization Management program with DWIHN's Strategic Plan as identified by the Board of Directors.

The UM program description will:

- Guard against conflict of interest and protect the integrity of clinical decision-making using written evidence-based and professional consensus criteria.
- Promote DWIHN accountability for any delegated functions and responsibilities.
- Confirm that individuals have a significant role in the design of the systems that support them.
- Promise UM decisions are made in a fair, impartial, and consistent manner that is in the best interest of the person.
- Assure UM decisions are timely, efficient, and consistent with standardized guidelines to increase the likelihood that services for vulnerable persons are equal in amount, duration, and scope.
- Ensure compliance with state and federal law, regulatory, and accreditation standards. Use of Level of Care criteria, Clinical Practice Protocols, and best practices to improve processes and reduce inappropriate variations in practice.
- Assure that people get individualized, appropriate behavioral health services and supports that are sufficient in scope, frequency, and duration to achieve effective outcomes.
- Encourage equitable access to behavioral health services across the network.
- Promote the availability of cost-effective behavioral health services within available resources for a greater number of people.
- Respond in a timely manner to member and practitioner/provider complaints/appeals regarding UM issues after coordinating a comprehensive and timely investigation.

UM PROGRAM SCOPE

The UM Program involves activities that ensure the appropriate allocation of resources for behavioral health and substance use programs for individuals managed by DWIHN staff and Crisis Service Vendors. The processes managed within the Utilization Management program include pre-service, concurrent, and post-service reviews, denials & appeals, discharge planning, monitoring of network service utilization, and other care management activities.

REQUIRED REVISIONS AND ADDITIONS

- **Certified Community Behavioral Health Clinic (CCBHC) Requirements of Utilization Management.** PIHP utilization management of CCBHC services is limited to retrospective review of approved/rendered services to confirm that the care was medically necessary. Michigan Department of Health and Human Services (MDHHS) CCBHC demonstration requirement.
- **Timeliness of Expedited UM Decisions.** A statement that indicates expedited decisions must be made no later than 72 hours after receiving the request for service. This element, though unchanged and present in other documentation, was missing from the FY 22-24 program description. HSAG and NCQA requirements.
- **UM Health Equity Analysis.** UM Committee to conduct annual health equity analysis of prior authorization policies and procedures used. Goals include creating additional transparency and identifying disproportionate impacts of UM policies and procedures on enrollees. Centers for Medicare and Medicaid Services (CMS) requirement.

CHANGES RECOMMENDED AND APPROVED BY THE UM COMMITTEE

- **Update of Job Descriptions.** Streamlining job description information to remain aligned with accreditation requirements without providing details unrelated to Utilization Management scope (e.g., Chief Medical Officer). Updating job titles. Removing obsolete positions.
- **Derivation of UM Department Goals.** Removal of the nonessential requirement of program goals being derived from the DWIHN Strategic Plan. While the Utilization Management department works in service of the strategic plan, goals should be aligned with the department's purpose and directly inform our annual evaluation.

Board Action Taken

The following Action was taken by the Full Board on the 18th day of June, 2025.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire

6/18/2025

Board Liaison Signature

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-24R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: Acorn Health

Contract Title: Autism Service Providers

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/11/2025

Proposed Contract Term: 6/1/2025 to 9/30/2025

Amount of Contract: \$ 102,905,784.00 Previous Fiscal Year: \$ 91,807,643.00

Program Type: Continuation

Projected Number Served- Year 1: 2,600 Persons Served (previous fiscal year): 2,473

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting approval to add one (3) new ABA Providers to the network:

- Blue Mind Therapy
- Bright Behavior
- Pediatric Integrated Health

The contract to be effective June 1, 2025 through September 30, 2025 to deliver Applied Behavior Analysis (ABA) and or Autism Evaluations.

The total projected budget for autism services for FY25 remains unchanged and is not to exceed \$102,905,784.

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval.

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

Board Action #: 25-24R4

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Medicaid	\$ 102,405,784.00	\$ 102,405,784.00
State General Funds	\$ 500,000.00	\$ 500,000.00
Total Revenue	\$ 102,905,784.00	\$ 102,905,784.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, May 30, 2025

Signed: Friday, May 30, 2025

5/30/2025 10:33:48 AM

5/30/2025 8:55:43 AM

Board Action #: 25-24R4

Board Action Taken

The following Action was taken by the Full Board on the 18th day of June, 2025.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire

6/18/2025

Board Liaison Signature

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-25R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2025 Operating Budget

Address where services are provided: None

Presented to Finance Committee at its meeting on: 6/4/2025

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 1,261,153,299.00 Previous Fiscal Year: \$ 1,150,651,761.00

Program Type: Modification

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

Date Contract First Initiated: 10/1/2024

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 proposed budget amendment serves to certify/ decertify the following revenues and authorize changes to expenditures in a like amount:

1. Certify additional Psychiatric Hospital Rate Adjustment (HRA) revenues totaling \$15,275,822 resulting from a 20% rate increase approved by DHHS
2. Decertify \$818,520 of COVID and ARPA grant revenue:
 - \$320,581 – Substance Use Disorders ARPA treatment and prevention block grant funds
 - \$429,676 – ACT and IDDT COVID block grant funds
 - \$68,263 – Mental Health COVID supplemental block grant funds

The board action also includes the use of \$1,298,468 of Medicaid/ Local Reserves to support the following budgetary needs:

1. \$313,700 for janitorial services at the Milwaukee Crisis Care Center (BAs 25-59, 25-62 and 25-63)
2. \$163,418 for HealthStream credentialing data conversion and implementation (BA 25-14R)
3. \$694,697 for additional administrative salaries and fringes:

Board Action #: 25-25R4

- \$72,388 salaries and fringes for administrative staff promotions
- \$622,309 salaries and fringes for new administrative positions:
 - Integrated Health Population Analyst (\$110,269)
 - Recipient Rights Data Analyst (\$95,566)
 - Three (3) new Facilities positions (\$225,342)
 - Two (2) Human Resources Generalists (\$191,132)

4. \$126,653 salaries and fringes to fund four (4) new contingent Mobile Crisis positions

The revised FY 2025 Operating Budget of \$1,261,153,299 consists of the following revenue:

- \$954,388,540 - Medicaid, DHS Incentive, Medicaid-Autism, Children's/SED Waiver, HAB, CCBHC Supplemental
- \$152,892,019 - Healthy MI Plan
- \$12,552,243 - MI Health Link
- \$21,460,905 - State General Funds
- \$23,533,633 - Wayne County Local Match Funds
- \$4,723,521 - County PA2 Funds
- \$38,856,715 - State Grants (MDHHS/ MDHHS SUD, OBRA)
- \$27,923,631 - Federal Grants (MDHHS/ MDHHS SUD, SAMHSA)
- \$953,543 - Local Grants
- \$6,760,000 - Interest Income
- \$40,000 - Miscellaneous Revenue
- \$17,068,549 - Medicaid/ Local Reserves

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 1,261,153,299.00	\$ 1,261,153,299.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Friday, May 30, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Wednesday, May 28, 2025

Board Action Taken

The following Action was taken by the Full Board on the 18th day of June, 2025.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire

6/18/2025

Board Liaison Signature

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-51R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 6/11/2025

Proposed Contract Term: 6/1/2025 to 9/30/2025

Amount of Contract: \$ 905,684,000.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75,943

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting the addition of the following 3 providers to the DWIHN provider network as outlined below, **without change to the total provider network amount.**

Residential Providers:

1. Caring for Others Homecare Solutions Inc DBA CFO Homecare and Staffing Agency
(Credentialed 5/29/2025 for Community Living Support)

2. Memee LLC
(Credentialed 5/29/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

3. Real People Cares LLC
(Credentialed 5/29/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

Board approval will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated and are subject to change.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Multiple	\$ 905,684,000.00	\$ 905,684,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Wednesday, June 4, 2025

Stacie Durant

Signed: Tuesday, June 3, 2025

Board Action Taken

The following Action was taken by the Full Board on the 18th day of June, 2025.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire

6/18/2025

Board Liaison Signature

Date

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-64 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: Coalition on Temporary Shelter

Contract Title: 25-64: HUD Permanent Supportive Housing (PSH)

Address where services are provided: Various locations throughout Wayne County

Presented to Program Compliance Committee at its meeting on: 6/11/2025

Proposed Contract Term: 5/1/2025 to 12/31/2026

Amount of Contract: \$ 2,773,935.50 Previous Fiscal Year: \$ 2,495,149.00

Program Type: Continuation

Projected Number Served- Year 1: 330 Persons Served (previous fiscal year): 314

Date Contract First Initiated: 10/1/2004

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 recommends Board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Supportive Housing funds for the following existing grant programs: **COTS, Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions, and Wayne Metropolitan Community Action Agency.**

Additionally, this Board Action recommends approval for the disbursement of the required local match to **DCI, COTS, and CCIH.**

Approval of this Board Action will authorize the renewal, acceptance, and disbursement of HUD CoC Permanent Supportive Housing grant funds in the amount of **\$2,664,614**, along with the Detroit Wayne

Integrated Health Network general fund local match of **\$109,321.50**, for a total amount **not to exceed \$2,773,935.50**.

The providers listed above submitted renewal applications through the local Continuum of Care and have been awarded funding for the HUD 2024 grant cycle. Program dates and details are as follows:

- **Central City Integrated Health: 5/1/2025 – 4/30/2026 (Permanent Housing) \$607,131.75**
- **Central City Integrated Health: 6/1/2025 – 5/31/2026 (Rental Assistance Program - RAP) \$501,331.00**
- **COTS: 11/1/2025 – 10/31/2026 (Omega) \$469,326.25**
- **Development Centers Inc.: 11/1/2025 - 10/31/2026 (Omega) \$215,969.00**
- **Southwest Counseling Solutions: 1/1/2026 - 12/31/2026 (Rental Assistance Program - RAP) \$439,869.00**
- **Wayne Metro Community Action Agency: 8/1/2025 - 7/31/2026 (Permanent Housing) \$505,216.00**
- **DWIHN Administrative Costs - \$35,092.50**

Note: Funds may be redistributed amongst providers up to the approved not to exceed amount without Board approval.

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

Source of Funds: General Fund,HUD

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
HUD	\$ 2,664,614.00	\$ 2,664,614.00
General Funds	\$ 109,321.50	\$ 109,321.50
Total Revenue	\$ 2,773,935.50	\$ 2,773,935.50

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Multiple

In Budget (Y/N)? Y

Board Action #: 25-64

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Monday, June 9, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Friday, June 6, 2025

Board Action Taken

The following Action was taken by the Full Board on the 18th day of June, 2025.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire

6/18/2025

Board Liaison Signature

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-65 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: Charter Township of Canton

Contract Title: Western Wayne Therapeutic

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/11/2025

Proposed Contract Term: 6/1/2025 to 9/30/2025

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

Program Type: Continuation

Projected Number Served- Year 1: 140 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 1/1/2016

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).

Requesting approval for agreement between DWIHN and the Charter Township of Canton - Department of Leisure Services Therapeutic Recreation in the amount of \$75,000.00. The Therapeutic Recreation Program specifically provides positive and appropriate skill-building and leisure services to individuals with disabilities including intellectual and developmental disabilities (IDD), Serious Emotional Disturbance (SED), and Serious Mental Illness (SMI) within Wayne County.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Medicaid	\$ 75,000.00	\$ 75,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.00021

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Monday, June 9, 2025

Stacie Durant

Signed: Monday, June 9, 2025

Board Action Taken

The following Action was taken by the Full Board on the 18th day of June, 2025.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire

6/18/2025

Board Liaison Signature

Date