



## **Detroit Wayne Integrated Health Network**

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**FULL BOARD MEETING**  
**Wednesday, January 21, 2026**  
**Detroit Wayne Integrated Health Network**  
**Administration Building**  
**8726 Woodward, 1<sup>st</sup> Floor Board Room**  
**1:00 p.m.**  
**AGENDA**

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES** – November 19, 2025  
Special Full Board Minutes – December 3, 2025
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – November 5, 2025  
Approved Program Compliance Committee Minutes – November 12, 2025
- VII. ANNOUNCEMENTS**
  - A. Network Announcements
  - B. Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
  - A. Board Chair Report
    - 1. Nominating Committee Appointments
    - 2. Community Mental Health Association of Michigan Annual Winter Conference – Kalamazoo, Michigan (February 2nd – 4th 2026)
    - 3. National Council for Mental Wellbeing NatCon26, Colorado Convention Center, Denver, CO (April 27 – 29, 2026)
    - 4. Regional Chamber of Commerce Mackinac Policy Conference 2026 – Mackinac Island, Michigan (May 26<sup>th</sup> – 29<sup>th</sup> 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**



5. Community Mental Health Association of Michigan Annual Summer Conference – Grand Traverse, Michigan (June 8 – 10, 2026)
- B. Executive Committee
  1. Update Board Study Session – (Friday, November 21, 2025)
  2. Update Metro Region Meeting – Detroit Wayne Integrated Health Network – Hosts (December 4, 2025)
- C. Finance Committee
- D. Program Compliance Committee
- E. Recipients Rights Advisory Committee
- F. Policy/Bylaw Committee
  1. Board Stipend Policy – Policy #2016 – 02
  2. Board Delegation of Authority Policy – Policy #2016-13
- IX. FY2025/2026 RESOLUTION #1 – RESOLUTION INCREASING BOARD MEMBER PER DIEM**
- X. FY2025/2026 RESOLUTION #2 – RESOLUTION INCREASING SUD OVERSIGHT POLICY BOARD MEMBER PER DIEM**
- XI. FY2025/2026 RESOLUTION #3 – RESOLUTION INCREASING RECIPIENT RIGHTS ADVISORY AND APPEALS COMMITTEES PER DIEM**
- XII. SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT**
- XIII. UNFINISHED BUSINESS (Staff Recommendations)**
  - A. **BA#26-04 (Revised)** – Michigan Department of Health and Human Services (MDHHS) Children’s Initiatives Grants *(Program Compliance)*
  - B. **BA #26-12 (Revision 3)** – Substance Use Disorder Treatment Providers Network FY26- Screening, Brief Intervention and Referral to Treatment (SBIRT) and Narcan *(Program Compliance)*
  - C. **BA #26-14 (Revision 3)** – DWIHN Provider Network system FY26 *(Program Compliance)*
  - D. **BA #26-21 (Revision 2)** – Autism Services *(Program Compliance)*
  - E. **BA#26-36 (Revised)** – Children Services Healthcare Quality Initiatives Program FY 26 *(Program Compliance)*
  - F. **BA#26-39 (Revised)** – Michigan Child Collaborative Care (MC3) Program FY26 *(Program Compliance)*
- XIV. New Business (Staff Recommendations)**
  - A. **BA #26-37** - Credentialing Verification Organization FY26 – Medversant Technologies, LLC *(Program Compliance)*
  - B. **BA#26-42** – Wayne County Jail Mental Health Services FY26 *(Program Compliance)*
  - C. **BA #26-43** –Mobile Crisis Safety Monitoring/Panic Button FY26- Alert Media, Inc. *(Program Compliance)*
  - D. **BA #26-45** – Workers Compensation Insurance *(Executive)*
- XV. AD HOC COMMITTEE REPORTS**
  - A. Strategic Plan Committee
  - B. Board Building Committee

**XVI. PRESIDENT AND CEO MONTHLY REPORT**

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

**XVII. PROVIDER PRESENTATION – None**

**XVIII. REVIEW OF ACTION ITEMS**

**XIX. GOOD AND WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS**

Members of the public are welcome to address the Board during this time up to two (2) 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 who do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to them 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 instead responded to on an individual basis).

**XX. ADJOURNMENT**



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
FULL BOARD MEETING  
Meeting Minutes  
Wednesday, November 19, 2025  
1:00 p.m.**

**BOARD MEMBERS PRESENT**

Dr. Cynthia Taueg, Board Chairperson  
Jonathan C. Kinloch, Vice Chairperson  
Dora Brown, Treasurer  
Eva Garza Dewaelsche, Secretary

Angela Bullock  
Angelo Glenn

**BOARD MEMBERS ATTENDING VIRTUALLY:** None

**BOARD MEMBERS EXCUSED:** Ms. Karima Bentounsi, Lynne F. Carter, M.D., Mr. Kevin McNamara, Mr. Bernard Parker, Mr. William Phillips and Ms. Kenya Ruth.

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

**GUEST(S):** Ms. Terra Linzner City of Detroit HBD and Mr. Zachary Betthauser, Homeless Action of Detroit. Dr. Shinese Johnson and Ms. Alycia Drane, The Black Caucus Foundation of Michigan

**CALL TO ORDER**

The Board Chairperson, Dr. Taueg welcomed and thanked everyone for attending the meeting both in person and virtually. The meeting was called to order at 1:22 p.m. A roll call was requested.

**ROLL CALL**

Roll call was taken by Ms. Garza Dewaelsche, and a quorum was not present. The Board Chair, Dr. Taueg, reported that due to a lack of quorum, the board was unable to vote and conduct official business; however, some discussion was allowed for informational purposes only. She also requested that a presentation was scheduled today and that the presenters be notified that the time for their presentation would be moved up on the agenda.

**APPROVAL OF THE AGENDA**

The Board Chairperson Dr. Taueg did not call for a motion on the agenda as there was no quorum present.

**MOMENT OF SILENCE**

The Board Chair. Taueg called for a moment of silence. A moment of Silence was taken.

**APPROVAL OF BOARD MINUTES**

The Board Chairperson, Dr. Taueg, did not call for a motion on the board minutes of October 15, 2025 as there was no quorum present.

## **RECEIVE AND FILE**

The approved minutes from the Finance Committee meeting of October 1, 2025 and the Program Compliance Committee meeting of October 8, were not received and filed.

## **ANNOUNCEMENTS**

### Network Announcements

Ms. D. Clark, Director of Communications, reported that the Board members were invited to attend the Wayne County Suicide Prevention Coalition for a day of remembrance. The International Survivors of Suicide Loss would take place on Saturday, November 22<sup>nd</sup> from 11:00 a.m. to 1:00 p.m. at DABO located in Detroit on Grand River.

On Monday, November 24<sup>th</sup> DWIHN and Team Wellness will be distributing our food boxes to the community along with turkeys. The event will occur at the Detroit Wayne Integrated Health Network Administration building from 4:00 p.m. to 6:00 p.m. Board members were invited to attend the event.

Board members were invited to attend the DWIHN Holiday party scheduled for Friday, December 12<sup>th</sup> from 11:00 a.m. to 2:00 p.m. The event is for DWIHN Staff and will take place at Wayne County Community College District – Northwest Campus located at 8200 W. Outer Drive, Detroit, Michigan. An invitation was extended to Board members to attend. There were no further Network announcements.

### Board Announcements

Board Chairperson Dr. Tauog called for Board Announcements. There were no board announcements.

## **BOARD COMMITTEE REPORTS**

### Board Chair Report

Board Chairperson, Dr. Tauog provided a verbal report. It was reported that, per the board Bylaws, they were to select a Nominating Committee during the month of November, which will be announced and ratified in January as a part of the annual process. Ms. Blackshire will send out a notice to all board members and those interested in serving on the Nomination Committee should respond, per the bylaws the Nominating Committee has four members and we will most likely go in the order of people volunteering to be on the committee, if there are no volunteers, she will volunteer board members for the Nominating committee which is consistent with our bylaws.

The Community Mental Health Association held its fall conference in October, and several members attended. No comments were provided regarding the conference. The Community Mental Health Association has scheduled their winter conference which will be held in Kalamazoo, Michigan in February. At this time there are no members scheduled to attend this conference. Board members that are interested should notified the Board Liaison.

The National Council for Mental Wellbeing NatCon26 is scheduled for April in Denver, Colorado. The Board Chair noted that she has expressed interest in attending, along with several other board members. DWIHN will not only be represented by board members, but there will be some DWIHN staff in attendance.

The Board Chair, Dr. Taueg, asked Mr. White, CEO, if there were any staff members scheduled to attend the CMHAM Annual Winter Conference. Mr. White noted that DWIHN staff members would be attending; however, he did not have their names available at this time.

The Regional Chamber of Commerce Mackinac Policy Conference is scheduled for next May, and there are board members and staff who will be in attendance.

The CMHA Annual Summer Conference has been scheduled for June in Traverse City and has been announced. Board members who were interested in attending the conference were encouraged to contact the board liaison.

#### Executive Committee

Dr. Taueg, Board Chairperson, provided a verbal report. It was reported that the Executive Committee met on Monday, November 17, 2025. Several items were discussed. The Board Study Session is scheduled for this Friday and has been posted. Board members were reminded that the first hour of the Study Session would be mandatory Compliance Training. She was hopeful that board members would be present for the entire day, but at a minimum, they should attend the compliance training. It was noted that a few board members would be traveling and Ms. Jackson would have to catch up with them later to ensure they have the information relative to the compliance. Ms. Jackson, VP of Compliance, noted that she would ensure this.

The Metro Region meeting is scheduled for this quarter on Thursday, December 4, 2025 and Detroit Wayne Integrated Health Network is the host. The information has been sent to all of the board members. It is a hybrid meeting, so board members can attend in person or virtually. We will be represented and Mr. White will be giving a report about what is happening in Wayne County.

Dr. Taueg, Board Chair, reported that at the Executive Committee meeting, there was a recommendation to not have board or committee meetings in December; this was to come today to this body for ratification, but since there is no quorum, we will have to determine what will need to be done about that recommendation and she wanted the board to be aware of that as we work towards what next step might be.

It was also reported that the Board Liaison had provided the board and committee meeting schedule for 2026, and this was a wonderful document, and board members were encouraged to use it. The Board Liaison was requested to provide information on the dates in red. Ms. Blackshire, Board Liaison, noted that dates in red indicated a change in the meeting date. For the Executive Committee, the dates in red were changes from the third Monday of the month to the second Monday of the month. The Program Compliance meeting in November falls on Veterans Day, when the DWIHN offices are closed; therefore, the meeting will be moved to the second Thursday in November. There was no further discussion.

Additionally, at the Executive Committee, we had the opportunity to hear from Mr. White, our CEO regarding a succession plan which is in your packets. It speaks of how things would be handled in the event that he is unavailable to be in charge, and secondarily, it speaks to what happens if Mr. Singla is not available, so those things are in writing, and this was shared at the Executive Committee meeting. The Chairperson requested Mr. White to provide any additional comments.

Mr. White, CEO, noted that the document articulates what would happen in the unlikely event that both he and Manny are unavailable. A lot of thought went into preparing the plan and really getting to know the staff and their strengths and where they would best fit, and that report represents his findings. Dr. Taueg, Board Chairperson, congratulated Mr. White on his one-year anniversary with DWIHN and thanked him. She noted that he has “been drinking water out of the proverbial fire hose” this year. There has been a lot going on, not only with getting acquainted with the workings here, but also with the RFP and a number of other things that have occurred, so we are really glad that he was still with us. Mr. White thanked Dr. Taueg for the comments and noted that he was glad to be here. Dr. Taueg thanked him for his services. There was no further discussion.

Dr. Taueg, Board Chairperson, called for the Finance Committee report.

#### Finance Committee

Ms. Dora Brown, Chairperson of the Finance Committee, provided a verbal report. It was reported that the Finance Committee met on Wednesday, November 5, 2025. This was a relatively slim meeting; there was one board action. There were no financial statements at that particular meeting because we had our year-end on September 30th, and they are working toward getting those books closed and audited for the year-end. We did have a quarterly purchasing report, and as usual, our team continues to ask the staff to improve their Wayne County purchasing percentages. Ms. S. Durant, VP of Finance, as a result of a question from Mr. Parker, reported on the net position and where those funds will be allocated. She highlighted that the Medicaid ISF would definitely go to the PIHP, and with the newly formed PIHP, if we were to be awarded the RFP, the unrestricted or local funds would remain in DWIHN control. Ms. Durant noted that the document presented at the Finance Committee meeting contains very important information and will be part of the board study session, to which all board members should be privy and able to vet and ask questions. There was no further discussion. The Board Chair thanked Ms. Brown for the Finance Committee report. The Finance Committee's report was received and filed.

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

#### Program Compliance Committee

Commissioner Jonathan C. Kinloch, Chair of the Program Compliance Committee, provided a verbal report. It was reported that the Program Compliance Committee met on Wednesday, November 12, 2025. The committee received follow-up items from the Crisis Direct Services and Network Innovation and Community Engagement and Adult Initiatives. The requested information was provided regarding the Juvenile Restorative Program, including the number of youth in the program and the success of the children. There was no report from Corporate Compliance, and the Chief Medical Officer's report was deferred to the January 14, 2026 meeting. Ms. G. Wolf, VP of Crisis Direct Services provided a report on the roles and responsibilities of her department. Year-end summary reports were received from the Access Call Center, Autism Services, Children's Initiative, Customer Service, Network Innovation and Community Engagement, Integrated Health Care, Residential Services and Substance Use Disorder Initiatives. The DWIHN Outpatient Clinic report was deferred to the January 14<sup>th</sup> meeting. There was no Strategic Plan or Quality Review report. The Associate Vice President of Clinical Operations provided an Executive Summary. The committee reviewed and moved to full board for approval, six board actions under unfinished business, and eight board actions under new business. The reports received from all departments noted the tremendous work that has been provided to the people we serve throughout the year and a great number of accomplishments were noted.

Dr. Taueg noted that she was at the meeting and was quite impressed with the year-end reports, which were succinct and highlighted the many accomplishments. She was really proud to be associated and part of this agency and wanted to say thank you to all the staff for all their hard work because it really showed as you gave those end-of-year reports. There was no further discussion. The Program Compliance Committee's report was received and filed.

Dr. Taueg, Board Chairperson, called for the report of the Recipient Rights Advisory Committee.

Recipient Rights Advisory Committee

Ms. Polly McCalister, Director of Recipient Rights, reported on behalf of Ms. Ruth, Committee Chair, Recipient Rights Advisory Committee (RRAC), that there was no meeting during the month of November.

Dr. Taueg, Board Chairperson, called for the Policy/Bylaw Committee report.

Policy/Bylaw Committee

It was reported that the Policy/Bylaw Committee meeting did not meet during the month of November.

**SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT**

Mr. Adams, SUD Oversight Policy Board Chair, reported that the SUD Oversight Policy Board met on November 17, 2025. It was reported that a quorum was present at the meeting, and Mr. H. Rousey provided a thorough overview. Mr. White, CEO, provided updates, and there was an opportunity to cover several new business items. There was a presentation from the Taylor Team Health Center that talked about veterans' outreach. There was a presentation from Ms. S. Durant, VP of Finance, who spoke on the conditions of the PA2 monies and some of the changes that might be taking place. There were two board actions that were approved unanimously and informational reports were received from our departments. There was no further discussion. The report of the Substance Use Disorder Oversight Policy Board was received and filed.

The Chair, Dr. Taueg, noted that because of a lack of quorum, the board items, some of which require a supermajority, listed under Unfinished Business – Staff Recommendation and New Business – Staff Recommendations would have to have the next steps determined relative to getting those board actions approved, and that will be announced.



#### **X. Unfinished Business-Staff Recommendations:**

- A. BA#21-29 (Revision 5) – Outfront Media Inc. *(Finance)*
- B. BA#24-67 (Revision 1) – Opioid Settlement Leg Up Scope of Service Modification *(Program Compliance)*
- C. BA#25-24 (Revision 6) – Autism Services FY25 *(Program Compliance)*
- D. BA#26-03 (Revised) – Children’s Initiatives Waiver Services FY26 *(Program Compliance)*
- E. BA#26-10 (Revision 2) – Substance Use Disorder (SUD) Health Homes FY2026 *(Full Board)*
- F. BA#26-12 (Revised) – Substance Use Disorder Treatment Provider Network FY26 Michigan Certification Board for Addiction Professionals (MCBAP) Test Preparation *(Full Board)*
- G. BA#26-12 (Revision 1) – FY2026 Substance Use Disorder (SUD) Treatment Provider Allocations *(Full Board)*
- H. BA#26-12 (Revision 2) – MyStrength, SUD Health Home Contingency Management, and Prescription Drug Take Back Boxes *(Program Compliance)*
- I. BA#26-13 (Revised) – FY2026 Substance Use Disorder (SUD) Prevention Provider Allocations *(Full Board)*
- J. BA#26-14 (Revised) – Detroit Wayne Integrated Health Network Provider Network System FY2025/2026 *(Full Board)*
- K. BA#26-14 (Revision 2) – DWIHN Provider Network System FY26 *(Program Compliance)*
- L. BA#26-21 (Revised) – Autism Services FY26 *(Program Compliance)*

#### **XI. NEW BUSINESS – Staff Recommendations:**

BA#26-07 – ARCS -Detroit, Northwestern Wayne County, and Western Wayne County FY26 *(Program Compliance)*

- A. BA#26-23 – Employee Healthcare 2026 *(Executive)*
- B. BA#26-31 – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House FY26 *(Program Compliance)*
- C. BA#26-32 – Neighborhood Service Organization (NSO) and Wayne Metro PATH FY26 *(Program Compliance)*
- D. BA#26-33 – Central City PSH CoC Program and Leasing Project FY26 *(Program Compliance)*
- E. BA#26-36 – Children Services Health Quality Initiative FY26 *(Program Compliance)*
- F. BA#26-38 – Highland Park Police Department Partnership FY26 *(Program Compliance)*
- G. BA#26-39 – Michigan Clinical Consultation and Care (MC3) *(Program Compliance)*
- H. BA#26-40– Detroit Healthy Housing Center FY26 - Neighborhood Service Organization (NSO) *(Program Compliance)*

#### **AD HOC COMMITTEE REPORTS**

##### Strategic Plan Committee

Dr. Taueg, Board Chairperson called for the Strategic Plan Committee report. The Strategic Plan Committee did not meet in November. There was no report.

Dr. Taueg, Board Chairperson, noted there was no Building Committee report; however, she requested that Mr. M. Maskey, Executive Director of Facilities, provide an update which would not be a committee report.

#### Board Building Committee Updates

Mr. M. Maskey, Executive Director of Facilities, provided an update on the DWIHN 7 Mile building. It was reported that we have hit another milestone; construction for the facility has been going extremely well. We started framing interior and exterior walls to the facility, so we are well on our way to getting the building enclosed before the extreme cold weather gets in. The second floor is looking really good. The majority of the walls are almost up and we are going to move down to the first floor. Dr. Taueg, Board Chairperson, noted that 7 Mile is looking good, and we will continue to watch, and when it is time for the ribbon cutting, we will all be there. She thanked him for the update.

Dr. Taueg, Board Chairperson called for the President and CEO Monthly Report.

#### **PRESIDENT AND CEO MONTHLY REPORT**

Mr. White, President and CEO, provided a written report for the record. Mr. White noted that an all-staff meeting was held this morning, and he wanted to make sure to thank them for their commitment and hard work. Updates as much as possible were provided on the re-bid. The good news from the meeting is that morale appears to be high, there were over 370 people at the virtual meeting. He congratulated Ms. Blackwell, VP of Government Affairs, Ms. D. Clark, Director of Communications, and Ms. A. Smith, AVP, Network Innovation and Community Engagement, on a job well done. Additions are always being added, and even though it's virtual, there are ways to make folks feel heard and involved in the meeting.

Regarding the PIHP rebid, there have been no additional developments. We are still waiting for the judge to respond to some pending issues legally, with regard to the legality of the process. We anticipate that it will be around December 8<sup>th</sup> or perhaps before, should there be no additional findings or changes. We are still anticipating February 24, 2026, as the award date, with October 1, 2026, as the implementation date for the new regional authority. The board is aware that we submitted a very competitive bid, because it is still in evaluation. There are no specific details regarding the bid itself, other than to say the staff here at DWIHN has put us in the best position possible to compete for this tremendous opportunity.

Crisis Services, located at 707 W. Milwaukee, remains extremely busy. We discussed the number of presentations for October, which stands at 294, with 67% of those individuals being admitted. This continues to drive high utilization of adult services. The BHUC services were opened in October, and we saw 6% of adult presentations and 28% of youth presentations diverted to the BHUC level of care, so there is great work going on at the Crisis Center. We do not take them for granted because it is a 24-7 operation and ever evolving and changing.

The Integrated Health Pilot update, which we have been working on to close the gap on physical and behavioral health within 90 days there has been lots of work that has gone into that, Our Health Plan partner one, reviewed 11 members in October, connecting four without an assigned provider to services, our Health Plan partner two, reviewed 10 members in September, connecting four to services and following up with five for medical care. We are working very hard to close those gaps and continually improve the operation.

The CCBHC has been approved by the state, we are still awaiting a CMS approval, we do think the current re-bid has had an impact on getting the information back to us, but we anticipate that picking up

after the re-bid closes around the early part of next year. We did have a productive meeting with our Executive Director Ms. E. Reynolds as well as her number two person Ms. Melissa Peters outlining the needs and the work. He noted he was quite impressed with the continuous improvements that they have put into place with the service delivery model they have and some efficiency gains. They have put themselves on a performance plan which he thought was quite innovative and they are moving in the right direction as far as utilization. The Executive Director wants more staff which will be determined at a later date. He will keep the board informed.

It was reported that the long-term residential care has been moving forward. An aggressive date of November-December had been given, which he felt was unrealistic and had not adopted, but we do think they are more in line with early spring. The framing has been successfully completed for the high-acuity unit and the geriatric unit, which marks a major construction milestone; new windows are currently being cut and put into the building, and will enhance the natural light and ventilation, so we are moving in the right direction. This will be a fantastic addition to DWIHN to do some things with the geriatric group that has not been realized before.

Mr. White reported that from October 15<sup>th</sup> -17<sup>th</sup> he attend the mental health conference in Washington, D.C. which was a professional development training for him. The conference focused on the future of mental health, there was a lot of networking and great information.

On October 23<sup>rd</sup> he attended the Crains 40 Under 40 where Ms. G. Jones was an honoree. Ms. Jones was present in the room during the Full Board meeting and received accolades from the board and others in attendance. Mr. White had the opportunity to meet her family and her father was exceptionally proud.

On Friday, October 24<sup>th</sup> there was a legislative tour of the 707 Crisis Center, there was an opportunity to have some additional conversations regarding funding and they complimented the venue.

On October 27<sup>th</sup>, he attended the CMHSP Fall Conference, which was well attended by DWIHN staff of Ms. Wolf, Ms. Blackwell, Ms. E. Patterson, Mr. Singla, and Ms. Adams. Ms. Patterson and Mr. White participated in a roundtable discussion for those around the state and gave a presentation on Health Homes. Ms. B. Miles, Ms. N. Florty and Ms. R. Collins did a presentation on youth initiatives and Youth United. They all did a very good job.

On October 29<sup>th</sup> he attended the Horatio Williams Foundation on Mental Health had there were 150 young college athletes in attendance. There was a discussion on depression and other issues.

On Friday, the 31st, there was a Child Welfare Improvement Task Force meeting to which he had been selected; the Task Force includes a number of judges and others from around the state.

On Wednesday, November 5th, Wayne County Community College District, Detroit Urban Studies, there was an opportunity to do a roundtable discussion, with our SUD director, Mr. M. Yascolt, as well as Mr. T. Adams, our SUD chair and Reverend Wendell Anthony of the NAACP. There were a number of issues for young people as they attended school, which included bullying and mental health support.

On Thursday, November 6<sup>th</sup>, DWIHN did a food event here, which was phenomenal. There was a great turnout by staff showing up for folks who have the greatest need. On Monday, we will be giving out the food that we collected.

On November 13<sup>th</sup> he attended the Above and Beyond Ceremony with DPD and the fire department. A groundbreaking ceremony took place at the sanctuary for those aging out of foster care, led by Bishop Ellis, on Friday, November 14<sup>th</sup>.

He was reminded by Mr. Singla that he has not met with all of the providers as promised during his interview, he is just under 100 and has 300 plus to go in 2026, but he will be restarting that and taking Mr. Singla with him. He was also selected by the new mayor to chair a committee on public safety and emergency response along with the former U.S. Attorney, Dawn Isom, a number of others will be on that committee and will be assisting from now to the inauguration in that transition which is quite an honor for us and he will certainly be talking about how DWIHN can support behavioral health, work to reduce crime, recidivism and things such as that.

Ms. B. Blackwell, VP of Government Operations, was requested to give a legislative update. There was a brief question on the CCBHC and the six mile McNichols and Greenfield location. Ms. Blackwell reported that the legislators were impressed by the 707 location. They also received information about the mobile crisis programs and the green machine. They spoke with Ms. Wolf and her staff and members that were receiving services. They were excited about the BEST program as it is the first of its kind, not just in Michigan but across the state and country. There was discussion with the legislators regarding the reduction in benefits that have occurred over the last three weeks; the bins for the food drive have been filled by staff, there are about 50 boxes here and the food drive will take place on Monday afternoon between 4 p.m. and 6 p.m. letters were sent to our AFC homes and people we serve to make sure they can come and receive a box. Team Wellness will be donating turkeys to accompany the letter that went out to a lot of our AFC homes and people that we serve to make sure they can come here and receive a box, along with our partnership with Team Wellness, which is donating turkeys to accompany those boxes. Ms. Blackwell noted that at the Annual Fall Conference in Grand Traverse, Dr. Tauog was awarded a Longevity Award that recognizes board members with long years of outstanding service on their local CMH boards. The award was read into the record and stated, in 2015, the Michigan Association of Community Mental Health Boards, now CMHA, Community Mental Health Association established the CMHSP Board Member Longevity Award to recognize board members with long years of outstanding service to their local CMH board. Dr. Cynthia Tauog, this certificate is in recognition of your many years of dedication to your local community mental health services as a long-standing board member. Thank you for your years of service. This was awarded to Dr. Cynthia Tauog at the CMHA Fall Conference on October 28th, 2025. Dr. Tauog thanked Ms. Blackwell for receiving the award. There was a brief discussion regarding the geriatric and high acuity unit at the long term facility. There was no further discussion. The monthly report of the CEO was received and filed.

**PROVIDER PRESENTATION** – Ms. Terra Linzner, Housing Stability and Innovations Division Director, and Mr. Z. Betthausen, Coordinated Entry Manager for the Homeless Action Network of Detroit commonly known as CAM - City of Detroit Housing & Revitalization Department. A PowerPoint was provided for the record. A high-level overview was provided on the Detroit Continuum of Care which is a conglomerate of different entities and people with lived experience, interested members that come together to form the Detroit Continuum of Care. It is a general membership that anyone can join, and has a voting membership body that meets every other month. The Detroit CoC Board is an elected board; it is online, and it makes primarily decisions about funding, funding priorities related to regulatory requirements, and HUD funding. The CoC board is staffed by HAND, the Homeless Action Network of Detroit. The Board also oversees CAM and the Homelessness Management Information System, or

HMIS, which does all of the data entry for people experiencing homelessness. There are funders such as the City of Detroit, MSHDA, Michigan Department of Health and Human Services and those with lived experience. Information was provided on how one might get introduced into the homelessness system and how they might flow through the system, keeping in mind it is often not a linear process. The Detroit Housing Resources Helpline phone number was shared, along with the different types and processes for addressing one's unsheltered homelessness. There is the Straight Outreach Team, the Crisis Care Center, the CAS Community for families and single females, and the Detroit Rescue Mission Ministries for single males. The number folks should use to contact someone is 866.313.2520. There are 30 different types of programs that households will get screened for when they call. There are just over 1,650 emergency shelter beds in our system, which serve various population types. The emergency beds are filled by CAM either from the drop-in center or from those who have called the helpline and have been added to a shelter prioritization list, and there are also some in-person access points. Information was provided on the Rapid Rehousing (RRH) program, which combines short-term rental assistance of up to 24 months with supportive services. There are 330 units available throughout Detroit, Highland Park, and Hamtramck, with a waitlist of approximately 714 households. Information was provided on the Permanent Supportive Housing (PSH), which provides long-term rental subsidy with supportive services. Only households enrolled in a homeless program that enters data into the Homeless Management Information System are eligible, and they must be experiencing long-term homelessness with a documented disability. There are 1,756 total units available. Folks who need more intensive services, such as group homes, adult living facilities, and those who cannot maintain their activities of daily living, are not appropriate for the Shelter System. There is definitely a gap in our system with households that experience homelessness, that need assistance with daily living, that may not qualify for a nursing home, for instance, because they don't need that level of intensive care they are kind of stuck, and can be, unfortunately, cycling between the hospital and drop-in shelter, because they're really, very difficult to find placement for.

It was noted they have been working with Ms. A. Smith and really value the partnership with DWIHN to get better connections and triage for folks in our drop-in center to make sure that they are receiving intakes and screening for DWIHN services. It was reported that there have been some shifts in HUD funding, as recently announced in the Notice of Funding Opportunity (NOFO). The system has been previously prioritized the HUD-funded continuum of care resources for permanent supportive housing, the NOFO was released and the Department of Housing and Urban Development is placing a cap on the amount of funding that they can apply for supportive housing projects, permanent supportive housing and rapid rehousing are included in the cap. Information was provided on the Bonus Funding Opportunities and the current project types and new project types (Transitional Housing; SSO-Street Outreach; and SSO-Standalone) were given. The current timeline was provided with information on the local application for new project funding to be released; the applicant webinar, when applications are due to HAND, the CoC Board decisions on what will be submitted to HUD for funding; the eSNAPs project entry, and when all applications are submitted to HUD via eSNAPs. It was noted that there is approximately a \$23 million deficit, and therefore, significant changes will need to be made in the system to serve the households we currently support. The impact to programs could start as soon as March, 2026. Discussion ensued regarding the advocacy work being done by the Michigan Coalition Against Homelessness and other strategies that could be put into place. The Board thanked them for the information and for the services they provide. There was no further discussion.

**REVIEW OF ACTION ITEMS** – There was one action item which was to send an email to board members regarding the Nominating Committee appointments.

### **GOOD AND WELFARE/PUBLIC COMMENT**

Dr. Taueg, Board Chair called for Good and Welfare/Public Comment. The Good and Welfare/Public Comment Statement was read. Dr. Shanice Johnson, Director of School-Based and Community Programs for the Black Caucus Foundation of Michigan, and Ms. Alicia Drake, Data Impact Specialist, Black Caucus Foundation addressed the Board. They thanked the board for their support. They noted they have been working year-round to support community empowerment through civic engagement, youth leadership development and programs that strengthen families across Michigan. They are entering fiscal year 26 with their partnership with Detroit Public Schools Community District for the 19<sup>th</sup> year and are in the schools for their substance prevention program. They passed out information on their Navigation to Success school-based program, which outlines some of their objectives and goals of the 16-week program which has served over 5,000 students in the past couple years. Overviews were provided on some of their other programs.

An invitation was extended to Board members to attend their holiday reception on Thursday, December 18<sup>th</sup> where DWIHN Board member Ms. Angela Bullock will be honored. They thanked the board for the time. Ms. Bullock was congratulated for being honored and recognized by them. Board members noted that they are very familiar with this organization and thanked them for their good work.

### **ADJOURNMENT**

There being no further business, Dr. Taueg, Board Chairperson, wished everyone a happy holiday season. There was no formal motion to adjourn. There was no further discussion. The meeting was adjourned at 2:26 p.m.

Submitted by:  
Lillian M. Blackshire  
Board Liaison



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
SPECIAL FULL BOARD MEETING  
Meeting Minutes  
Wednesday, December 3, 2025  
1:00 p.m.**

**BOARD MEMBERS PRESENT**

Dr. Cynthia Taueg, Board Chairperson  
Jonathan C. Kinloch, Vice Chairperson  
Dora Brown, Treasurer  
Angela Bullock  
Lynne F. Carter, M.D.

Angelo Glenn  
Kevin McNamara  
Bernard Parker  
William Phillips

**BOARD MEMBERS ATTENDING VIRTUALLY:** None

**BOARD MEMBERS EXCUSED:** Ms. Karima Bentounsi, Ms. Eva Garza Dewaelsche, Board Secretary, and Ms. Kenya Ruth.

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

**GUEST(S):** None

**CALL TO ORDER**

The Board Chairperson, Dr. Taueg welcomed and thanked everyone for attending the meeting both in person and virtually. The meeting was called to order at 1:12 p.m. A roll call was requested.

**ROLL CALL**

Roll call was taken by Mr. Glenn, Board Member as Ms. Garza Dewaelsche, Board Secretary was excused from the meeting and a quorum was present.

**APPROVAL OF THE AGENDA**

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

**MOMENT OF SILENCE**

The Board Chair. Taueg called for a moment of silence. A moment of Silence was taken.

**APPROVAL OF BOARD MINUTES**

The Board Chairperson, Dr. Taueg, called for a motion to approve the minutes from the Wednesday, October 15, 2025 Full Board meeting. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes from the meeting held on October 15, 2025.** There were no corrections to the minutes. **Motion carried.**

## RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of October 1, 2025 and the Program Compliance Committee meeting of October 8, were received and filed.

## ANNOUNCEMENTS

### Network Announcements

Ms. D. Clark, Director of Communications, reminded Board members that they were invited to attend the DWIHN Holiday party scheduled for Friday, December 12<sup>th</sup> from 11:00 a.m. to 2:00 p.m. The event will take place at Wayne County Community College District – Northwest Campus located at 8200 W. Outer Drive, Detroit, Michigan. There were no further Network announcements.

### Board Announcements

Board Chairperson Dr. Taueg called for Board Announcements. Mr. Parker noted that Mr. Fred Durhal passed away and his services are scheduled for this coming Friday. It was noted that, as a State Representative, he was very active in the Michigan Democratic Party and had had the pleasure of working with him at Wayne County. He also wanted to recognize him for his dedication to mental health, as he was very supportive of the work being performed. There were no further board announcements.

## BOARD COMMITTEE REPORTS

### Board Chair Report

Board Chairperson, Dr. Taueg provided a verbal report. It was reported that during the Executive Committee meeting held last month, a recommendation was made to cancel all committee meetings for the month of December, which was approved. The Full Board needed to ratify that decision. **It was moved by Mr. Phillips and supported by Ms. Bullock to cancel all meetings for the month of December.** There was no further discussion. **Motion carried.**

It was reported that Ms. Blackshire, Board Liaison, put a call out on her behalf for any volunteers for the Nominating Committee. Per the bylaws, the Committee is made up of four board members, and four board members have responded, so that request is closed. The members of the Nominating Committee will be announced in January for the board's ratification; the Nominating Committee will meet and proceed to do its work.

The Metro Region meeting is scheduled for tomorrow evening, Thursday, December 4, 2025. Dr. Taueg requested an update on the logistics, and she believed that it was a hybrid meeting and that Detroit Wayne Integrated Health Network is the host. Ms. Blackwell, VP of Government Affairs reported. She confirmed that DWIHN was the host of this quarters meeting; the meeting will be held tomorrow at Wayne County Community College District at the Northwest Campus on Outer Drive. It will be a hybrid meeting. There will be presentations coming from our counterparts at Oakland and Macomb. Mr. White and Dr. Taueg are also scheduled to make a presentation on the state of what is going on here in our region. There is a good showing of our own board members and leadership here at DWIHN that will be in attendance. The meeting begins at 6:00 p.m. There will also be a legislative update coming from CMHA.. Dr. Taueg noted that she was planning to attend, and that some board members will be attending in person, while others will be participating via hybrid means.

It was noted by the Board Liaison, Ms. Blackshire, that all board members had received a copy of the 2026 meeting schedule. It was reported that there were a couple of changes, the first being that the Finance Committee will meet on the first Wednesday of January as scheduled, which will be January 7<sup>th</sup>, 2026; typically, this meeting was held on the third Wednesday of January. The Board Executive Committee meeting in January will be held on Tuesday, January 21<sup>st</sup> that meeting will be held on Tuesday, because the third Monday of the month is Martin Luther King Day and is a recognized holiday.



Dr. Taueg thanked Ms. Blackshire for putting together the 2026 Board and Committee meeting schedule as it takes a lot of time and effort, she uses the scheduled and hoped that other board members used it as well. Dr. Taueg noted that there were a number of board actions that were pulled over to the Special Full Board meeting; some of the items will also require two-thirds approval, and she was going to ask Legal Counsel about how to proceed.

Ms. Y. Turner, VP of Legal Affairs, noted that it would be prudent, for the record, to take a roll call vote on those items that required a two-thirds vote, so that there is a record of who voted in favor. Dr. Taueg confirmed that a roll call vote was necessary, to which Ms. Turner, Legal Counsel, noted that it was not required but recommended. Dr. Taueg, directed board member Angelo Glenn to carry out the roll call votes when needed.

## **IX. Unfinished Business-Staff Recommendations**

- A. **BA#21-29 (Revision 5)** – Outfront Media Inc. Ms. D. Clark, Director of Communications reporting. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Ms. Brown approval of Board action #21-29 (Revision 5).** DWIHN Administration is requesting approval to exercise the second two-year renewal option with Outfront Media for Community Outreach, which was originally approved under Board Action #21-29. This agreement allows DWIHN and Outfront Media to continue high quality and impactful messaging regarding our services in and around Metro Detroit and Wayne County, including educational information, services, SUD services, etc. The not-to-exceed cost for two years totals \$245,208.50 with Year 1 at a cost of \$108,262.50 and Year 2 at \$136,946.00. Contract terms are October 1, 2025 to September 30, 2027. This brings the total contract not to exceed amount to \$1,288,509.50. There was no further discussion. **Motion carried.**
- B. **BA# 24-67 (Revision 1)** – Opioid Settlement Leg Up Scope of Service Modification. The Chair called for a motion. **It was moved by Ms. Bullock and supported by Mr. McNamara approval of BA#24-67 (Revision 1).** Staff requesting board approval for the modification of the scope of services for the Opioid Settlement A Leg Up program for Chance for Life; there is no change in the amount allocated. The modification is (1) reducing the required period of incarceration from 5 to 2 years; (2) inclusion of the employment specialist and community outreach budget; and (3) inclusion of forty (40) scholarships for A Leg Up program recipients. The value of the scholarships will be \$3,500 per scholarship for a 4-month program (i.e., Phase 1), which includes transportation and meals during the program. The scholarship partners will continue the program after the 4-month period of DWIHN-sponsored training (i.e., Phase 2). The scholarships will be split between two agencies: The Associated Builders (\$36,000.00) and Contractors and Information Technology and Artificial Intelligence (\$17,995.00). The total not to exceed contract amount of \$1,080,000.00, July 1, 2024 through 6/30/2026 will remain unchanged. There was no further discussion. A roll call vote was taken. **Motion carried with Dr. Taueg, Ms. Brown, Ms. Bullock, Dr. Carter, Mr. Glenn, Mr. McNamara, Mr. Parker, Mr. Phillips voting Yea. Commissioner Kinloch recused himself from the Provider Chance for Life as he is on their Board.**
- C. **BA#25-24 (Revision 6)** – Autism Services FY25. The Chair called for a motion. **It was moved by Ms. Bullock and supported by Ms. Brown approval of BA#25-24 (Revision 6).** Staff requesting board approval for an extension until 1/31/26 of the Autism Evaluator Provider, Sprout Evaluation Center, for the time range of 12/1/25-1/31/26 to account for the results of the 2026-019 Autism Independent Evaluation Request for Proposal (RFP) Rebid. The FY 26 extension contract is not to exceed \$163,746.00 for a four-month period ending January 31, 2026. Discussion ensued regarding the four-month time period. There was no further discussion. **Motion carried.**
- D. **BA#26-03 (Revised)** – Children’s Initiatives Waiver Services FY26. The Chair called for a motion. **It was moved by Mr. Phillips and supported by Mr. Glenn approval of BA#26-03 (Revised).** Staff requesting board approval to add an additional provider for SED Waiver Services. The new provider is St. Francis on the Lake, which will provide overnight summer camp services for youths on the SED Waiver. The funding amount

for SED Waiver Medicaid claim services is to remain the same and not exceed \$2,086,207.00 for FY26. Waiver services for children including SED Waiver and Children's Waiver for FY26 contract from 10/1/25-9/30/26 of the estimated Medicaid funding in the amount not to exceed \$4,475,852. There was no further discussion. **Motion carried.**

- E. **BA#26-10 (Revision 2)** – Substance Use Disorder (SUD) Health Homes FY2026. The Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. Parker approval of BA#26-10 (Revision 2).** This board action revision is only to approve Mariner's Inn as an SUDHH in this Board Action, at the October board meeting the Full Board requested that the Mariner's Inn board action be separated and brought back to be considered separately in November. The DWIHN Health Homes team is requesting approval to renew and continue the SUD Health Home Statement of Work at the following Service Providers to continue SUD Health Home (SUDHH) Services in Wayne county: Hegira Health, Inc, Metro-East Drug Treatment Corporation, Nardin Park Recovery Center, Inc., New Light Recovery Center, Inc., Mariner's Inn, Elmhurst Home, Sobriety House, Star Center, Inc. and The Guidance Center. SUD Health Home was known as "Opioid Health Home" previously but has changed its name and expanded qualifying diagnoses to a more expansive "SUD Health Home" in FY 2025. The amounts listed for each provider are estimates based on prior year activity and are subject to change. Amounts may be allocated amongst providers without board approval. The amount for FY 2026 approximates \$1,721,216.00. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Dr. Carter, Commissioner Kinloch, Mr. McNamara, Mr. Parker, Mr. Phillips, and Dr. Taueg voting Yea. Mr. Glenn recused himself from the Provider Mariner's Inn as he is a staff member.**
- F. **BA#26-12 (Revised)** – Substance Use Disorder Treatment Provider Network FY26 Michigan Certification Board for Addiction Professionals (MCBAP) Test Preparation. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Ms. Bullock approval of Board action #26-12 (Revised).** The Chair called for a motion. It was moved by Commissioner Kinloch and supported by Ms. Bullock approval of board action #26-12 (Revised). At the October board meeting the Full Board requested that board action be brought back to be considered in November. The SUD Department requests a reallocation of \$29,900 in PA 2 funds to cover the costs of all prevention and treatment staff in the DWIHN network and at DWIHN to participate in a 6 month, 13 session course to help prepare for the International Certification & Reciprocity Consortium (IC&RC) examination, a required exam to receive the treatment or prevention credentials. This course also provides the participants with 78 CEU's and 160 contact hours required for the certification. Key Insights will be providing evaluations and following up with participants to measure program efficacy using exam pass rates and certification rates. Investing in staff certification directly benefits our network and the community by strengthening the SUD workforce. High employee turnover is a significant challenge in the SUD field, negatively impacting both our network and the individuals we serve. Certification assistance helps to ensure our prevention and treatment workforce is stable, and staff have a standardized, evidence-based skillset, leading to higher quality care and improved client outcomes. In addition, DWIHN is requesting the reallocation of \$19,100 PA2 funding for new provider, Real Solution (credentialed 8/14/2025), to perform SBIRT services. The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,093,864. The revised not-to-exceed contract for SUD Treatment remains unchanged, totaling \$5,093,864 for the fiscal year ending September 30, 2026. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Dr. Carter, Commissioner Kinloch, Mr.**

**McNamara, Mr. Parker, Mr. Phillips and Dr. Taueg voting Yea. Mr. Glenn recused himself from the Provider Mariner's Inn as he is a staff member.**

- G. **BA#26-12 (Revision 1)** – FY2026 Substance Use Disorder (SUD) Treatment Provider Allocations. The Chair called for a motion. It was moved by Commissioner Kinloch and supported by Ms. Brown approval of Board action #26-12 (Revision 1). The SUD Department is requesting approval to contract for the delivery of Substance Use Disorder Treatment Services for the 2026 fiscal year with a total budget not to exceed \$5,093,864. At the September and October board meetings, the Full Board requested that SUD Treatment Provider Mariner's Inn be separated and brought back to be considered separately in November. Treatment services will be funded with Federal Block Grant dollars (\$2,822,164) and PA2 funds (\$2,271,700), together totaling \$5,093,864. The SUD Treatment, Women's Specialty Services (WSS), and State Disability Assistance (SDA) block grant for claims-based activity based on medical necessity, and is included in the overall provider network board action; therefore, the below amounts do not reflect the entire SUD treatment, SDA, and WSS grant allocation from MDHHS. Treatment programs and amounts are summarized below: Block Grant Funds (\$2,822,164) Women's Specialty Services: \$665,000; SOR IV Treatment: \$1,463,295; Opioid Settlement Healing and Recovery Community Engagement & Infrastructure: \$30,435, Opioid Settlement Recovery Incentives Infrastructure: \$85,000, Opioid Settlement Alcohol Use Disorder Program: \$569,739. PA2 Fund (\$2,271,700) The Substance Use Disorder Department offers a range of services to support individuals on their journey to recovery. The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,093,864 for the fiscal year ending September 30, 2026. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Dr. Carter, Commissioner Kinloch, Mr. McNamara, Mr. Parker, Mr. Phillips and Dr. Taueg voting Yea. Mr. Glenn recused himself from the Provider Mariner's Inn as he is a staff member.**
- H. **BA#26-12 (Revision 2)** – MyStrength, SUD Health Home Contingency Management, and Prescription Drug Take Back Boxes. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Ms. Brown approval of BA#26-12 (Revision 2).** The SUD Department is requesting approval to utilize additional PA2 funds totaling \$280,250 for the following programs. The revised not to exceed amount for SUD Treatment totals \$5,374,114 for FYE 2025. (1) The SUD Department requests to add Mariners Inn to the SUD Health Home Contingency Management program, utilizing \$5,450 in PA2 funds to support this program. The Wellness Challenge 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 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 incentives are not duplicated. (2) The SUD Department also requests \$240,000 in PA2 funds for the implementation of the Teladoc Mental Health Complete (formerly MyStrength) program. To ensure compliance with NCQA behavioral health requirements and significantly increase member access to behavioral health support across all ages and stages of life. This integrated virtual platform provides a full continuum of care, including digital programs and tools: self-guided skill-building and resources. The program utilized a per-participant per-month cost structure, ensuring funds are exclusively spent on members who are actively engaged and enrolled. (3) The SUD Department also requests \$34,800 in PA2 funds to support the purchase of additional large medication disposal drop boxes. These custom drop boxes are stainless steel, vinyl-wrapped, and have anti-pry double-locking doors. Each drop box costs

\$3,480. Secure drop-off locations for prescription drugs provide a convenient and safe method for the public to dispose of unused, unwanted, or expired medications. The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,374,114. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Dr. Carter, Commissioner Kinloch, Mr. McNamara, Mr. Parker, Mr. Phillips and Dr. Taueg voting Yea. Mr. Glenn recused himself from the Provider Mariner's Inn as he is a staff member.**

- I. **BA#26-13 (Revised)** – FY2026 Substance Use Disorder (SUD) Prevention Provider Allocations. The Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. Parker approval of BA#26-13 (Revised).** DWIHN is requesting a contract for the fiscal year 2026 for an amount not to exceed \$6,408,313 for the delivery of Substance Use Disorder prevention services. At the September and October board meetings, the Full Board requested that SUD Prevention providers, Mariner's Inn and Chance for Life, be separated and brought back to be considered separately in November. The following prevention programs have been granted funding from MDHHS for fiscal year 2026: Block Grant - \$3,366,315 SUD Prevention Services: \$2,777,502, Gambling Prevention: \$173,913, SOR IV: \$350,000; Tobacco Prevention: \$4,000 and Opioid Settlement: \$60,000; PA2 - \$3,041,998. The prevention services are funded with \$3,366,315 of Federal Block Grant dollars and \$3,041,998 of PA2 funding, totaling \$6,408,313. DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,408,313 for the fiscal year ending September 30, 2026. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Dr. Carter, Mr. McNamara, Mr. Parker, Mr. Phillips and Dr. Taueg voting Yea. Mr. Glenn recused himself from the Provider Mariners' Inn as he is a staff member and Commissioner Kinloch recused himself from the Provider Chance for Life as he is a Board member.**
- J. **BA#26-14 (Revised)** – Detroit Wayne Integrated Health Network Provider Network System FY2025/2026. The Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. Phillips approval of Board Action #26-14 (Revised).** This board action #26-14 (Revised) was deferred to the November Full Board meeting. DWIHN is requesting approval for the addition of the following five providers to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. Note: Total amount of board actions remains the same not to exceed amount of \$837,791,038 for FY2026. Residential Providers: 1. Legacy Family Homes (credentialed 9.25/2025 for Community Living Support); 2. 3D Hearts Residential Care Homes (credentialed 9/25/2025 for Personal Care in Licensed Specialized Residential Setting: Community Living Support); 3. Ella's AFC Homes LLC (credentialed 9/25/2025 for Personal Care in Licensed Specialized Residential Setting: Community Living Support) 4. Lee Health Home Systems, LLC (credentialed 9/25/2025 for Personal Care in Licensed Specialized Residential Setting: Community Living Support). Outpatient Providers (existing): 1. Mariner's Inn (credentialed 7/9/2024 SUD and Non-Emergency Transportation Contract – Effective 10/1/2025); 2. God's Speed (credentialed 1/30/2024 Non-Emergency Transportation Contract – Effective 10/1/2025) SUD Provider: 1. Real Solutions (credentialed 08/14/2025 for Relapse Prevention/Peer Recovery, Intensive Wraparound). Board approval will allow for the continued delivery of behavioral health services for individuals with: Adults with Serious Mental Illness, Intellectual/Developmental 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 based on prior- year activity and are subject to change. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Dr. Carter, Commissioner Kinloch, Mr. McNamara, Mr. Parker, Mr. Phillips and Dr. Taueg voting Yea. Mr. Glenn recused himself from the Provider Mariner's Inn as he is a staff member.**
- K. **BA#26-14 (Revision 2)** – DWIHN Provider Network System FY26. The Chair called for a motion. **It was moved by Mr. Phillips and supported by Ms. Brown approval of Board action #26-14 (Revision 2).** Detroit Wayne Integrated Health Network is requesting approval for the addition of the following two

providers to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. Note: Total amount of the Board Action remains the same not to exceed amount of \$837,791,038 for FY2026. Residential Providers: 1. Erideja Matthews aka DOMUS Secreta LLC (credentialed 10/16/2025 for Community Living Support) 2. Mary Rose Corporation (credentialed 10/30/25 for Personal Care in Licensed Residential Setting; Community Living Support) Board approval will allow for the continued delivery of behavioral health services for individuals with: Adults 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 based on prior year activity and are subject to change. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Dr. Carter, Mr. McNamara, Mr. Parker, Mr. Phillips and Dr. Taueg voting Yea. Mr. Glenn recused himself from the Provider Mariner's Inn as he is a staff member and Commissioner Kinloch recused himself from the Provider Chance for Life as he is on their Board.**

- L. **BA#26-21 (Revised)** – Autism Services FY26. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Brown approval of Board action #26-21 (Revised).** Staff requesting board approval to the revision for the Autism Providers to receive a one-year contract for FY26 (October 1, 2025-September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for autism services for FY26 is estimated at \$104,955,784.00. ABA Providers, adding two additional providers (Blue Mind Therapy and Mansach Enterprises dba Euro Therapies) to the network to provide autism services who passed the Autism Request for Qualifications (RFQ). In addition, Open Door Living Association contracts end 12/31/25 due to non-renewal and to allow for transition planning. Independent Evaluation Services, adding two Independent Evaluators (Social Care Administrator dba McCrory Center and The Children's Center) as a result of the Autism Independent Evaluator Request for Proposal (RFP). Discussion ensued. **Motion carried.**

#### **X. NEW BUSINESS - Staff Recommendations:**

- A. **BA#26-07** – ARCS -Detroit, Northwestern Wayne County, and Western Wayne County FY26. The Chair called for a motion. **It was moved by Mr. McNamara and supported by Mr. Glenn approval of board action #26-07.** Staff requesting board approval of three (3) one-year contract renewals with the ARC of Northwest Wayne County (\$296,101.00), ARC of Western Wayne County (\$185,927.00), and ARC of Detroit (\$117,369.00). The contract period for each vendor is October 1, 2025 through September 30, 2026. The proposed contracts will provide advocacy, supportive services, and educational information to address issues facing individuals with Intellectual Disabilities (I/DD). Total funding for this request is not to exceed \$599,397.00 for the fiscal year ending September 30, 2026. There was no further discussion. **Motion carried.**
- B. **BA#26-23** – Employee Healthcare 2026. The Chair called for a motion. **It was moved by Mr. McNamara and supported by Mr. Phillips approval of BA#26-23.** DWIHN Administration is requesting approval of a one-year contract, effective January 1, 2026 through December 31, 2026, for an estimated amount of \$10,578,490 for the provision of comprehensive health benefits (medical – BCBS \$9,977,812, dental – Delta Dental and DENCAP \$557,268, and vision – Delta Dental VSP \$43,410) for five hundred thirty two (532) enrolled employees. The amount will vary based on the number of enrolled employees and their plan selections. This amount includes a \$367,466 increase in medical and dental; no increase in vision. The employee/employer contribution is in accordance with the PA152 waiver approved by the board of Directors and represents an 88/12 allocation of premiums. Current labor agreements require that DWIHN provide healthcare coverage to all its qualifying, active employees. Providers were selected through a bid process conducted by Lockton. The amount is estimated based on the staff count of approximately five hundred thirty-two (532) employees. There was no further discussion. A roll call vote was taken. **Motion carried with Ms. Brown, Ms. Bullock, Mr. Glenn,**

**Commissioner Kinloch, Mr. McNamara, Mr. Parker, Mr. Phillips and Dr. Taueg voting Yea. Dr. Lynne Carter recused herself as she is an employee of Blue Cross/Blue Shield.**

- C. **BA#26-31** – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House FY26. The Chair called for a motion. **It was moved by Mr. McNamara and supported by Ms. Bullock approval of BA#26-31.** Staff requesting board approval of a six-month extension with the following providers in the total amount not to exceed \$611,293.50 – Southwest Counseling Solutions Housing Resource Center in the amount of \$544,857.50 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities and CNS Covenant House Program in the amount of \$66,436.00 to address gaps in service through the provision of mental health support for young adults experiencing homelessness. There was no further discussion. **Motion carried.**
- D. **BA#26-32** – Neighborhood Service Organization (NSO) and Wayne Metro PATH FY26. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Mr. Parker approval of BA#26-32.** Staff requesting board approval to disburse Supplemental General Fund match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for Neighborhood Services Organization (NSO) in the amount not to exceed \$169,493.00 and Wayne Metropolitan Community Action Agency (WMCAA) in the amount not to exceed \$85,000.00 for a total not to exceed \$254,493.00 for the fiscal year ending September 2026. The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. There was no further discussion. **Motion carried.**
- E. **BA#26-33** – Central City PSH CoC Program and Leasing Project FY26. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of Board action #26-33.** Staff requesting board approval to disburse General Fund match in the not-to-exceed amount of \$165,045.00 to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the fiscal year ending September 30, 2026. The Continuum of Care grant agreements between HUD and CCIH are based on the continued need to provide supportive services and to have a housing stock in Detroit for persons experiencing homelessness. There was no further discussion. **Motion carried.**
- F. **BA#26-36** – Children Services Health Quality Initiative FY26. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of BA#26-36.** Staff requesting board approval for the Children Services Health Quality Initiative for the time range of 12/1/25 through 9/30/26. Providers are included as a result of the 2026-020 School-Based Health Quality Initiative Request for Proposal (RFP) and the 2026-022 Integrated Pediatric Program RFP. Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve the quality of healthcare services. The total FY 26 budget is estimated at \$3,780,000.00, of which \$629,997 was previously approved on BA #25-18 Revised. Approval is requested to allocate the remaining budget amount of \$3,150,003 for the 10 months ending September 30, 2026 – *School Success Initiative (School-Based Healthcare Quality Initiatives)*. The funding of \$2,483,335.00 will cover the remaining 10 months for FY26 out of the total \$ 2,980,000.00 budget. Funding will be distributed to the eleven (11) CMH Providers listed in the board action, delivering the services. *School Enrichment Program (GOAL Line)*, Community Education Commission to receive \$458,334.00 to cover 10 months of FY 26 out of the total estimated \$550,000.00 budget for the School Enrichment program. *Integrated Pediatric Program (formerly Integrated Infant Mental Health Program)* – Starfish to receive \$208,334.00 to cover 10 months for FY 26 out of the total estimated \$250,000.00 budget for the Integrated Pediatric program. There was no further discussion. **Motion carried.**
- G. **BA#26-38** – Highland Park Police Department Partnership FY26. The Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. Glenn approval of BA#26-38.** Staff requesting board

approval for DWIHN to partner with Highland Park Police Department, which was awarded funds (\$218,887.00) through a DOJ grant to fund one (1) Behavioral Health Specialist position, along with training and resiliency-focused events. DWIHN and the Highland Park Police Department are establishing a collaborative partnership to improve crisis response for individuals with mental illness, developmental disabilities, or substance use disorders in Highland Park. The budget breakdown is as follows: Behavioral Health Specialist salary and fringe (\$90,000.00) and deliver CIT training and co-response services (\$128,887.00). There was no further discussion. **Motion carried.**

- H. **BA#26-39** – Michigan Clinical Consultation and Care (MC3). The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Bullock approval of BA#26-39.** Staff requesting board approval of a one-year contract for an amount not to exceed \$105,596 for the FY26 contract term from 10/1/2025 - 9/30/2026. Funds are provided by the University of Michigan for \$84,612 for clinical services and \$20,984 for administrative services. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provide behavioral health consultation for local primary care providers with MC3 child, adolescent, and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with the MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County, as well as work in concert with other regional Behavioral Health Consultants. A sum of an amount not to exceed \$95,359.00 will be provided to Starfish Family Services to offer behavioral health consultant services for the FY 2026 period. Of this total amount (\$18,247.00 is for administrative (federally funded) and \$77,112.00 is for clinical services (state funded). The remaining \$10,237.00 is allocated for DWIHN indirect costs (\$2,737.00 for administrative and \$7,500.00 for clinical). There was no further discussion. **Motion carried.**

- I. **BA#26-40**– Detroit Healthy Housing Center FY26 - Neighborhood Service Organization (NSO). The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Bullock approval of BA#26-40.** Staff requesting board approval of a one-year contract renewal with Neighborhood Services Organization (NSO) Detroit Healthy Housing Center in the amount not to exceed \$902,050.00 for the fiscal year ending September 30, 2026, to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements. This initiative is funded by General Fund. There was no further discussion. **Motion carried.**

**ACTION ITEMS:** Dr. Tauег announced that Compliance Training was provided at the Board Study Session and that a time needed to be arranged for Board members who were unable to attend the Study Session to receive the Compliance Training.

#### **GOOD AND WELFARE/PUBLIC COMMENT**

Dr. Tauег, Board Chair called for Good and Welfare/Public Comment. The Good and Welfare/Public Comment Statement was read. There was no Good Welfare/Public Comment.

#### **ADJOURNMENT**

There being no further business, Dr. Tauег, Board Chairperson, wished everyone a happy holiday season. The Chair called for a motion to adjourn. It was moved by Mr. Glenn and supported by Mr. Phillips to adjourn. There was further discussion. The meeting was adjourned at 1:53 p.m.

Submitted by:  
Lillian M. Blackshire  
Board Liaison

# FINANCE COMMITTEE

**MINUTES**

**NOVEMBER 5, 2025**

**1:00 P.M.**

**8726 WOODWARD AVE.  
DETROIT, MI 48202  
(HYBRID/ZOOM)**

<b>MEETING CALLED BY</b>	Ms. Dora Brown, Chair, called the meeting to order at 1:09 p.m.
<b>TYPE OF MEETING</b>	Finance Committee Meeting
<b>FACILITATOR</b>	Ms. Dora Brown, Chair
<b>NOTE TAKER</b>	Ms. Lillian Blackshire, Board Liaison
<b>ATTENDEES</b>	<p><b>Finance Committee Members Present:</b>  Ms. Dora Brown, Chair  Mr. Kevin McNamara, Vice Chair  Mr. Bernard Parker</p> <p><b>Committee Members Attending Virtually:</b> None</p> <p><b>Committee Members Excused:</b>  Ms. Karima Bentounsi  Ms. Eva Garza Dewaelsche  Ms. Kenya Ruth</p> <p><b>Board Members Present:</b> None</p> <p><b>Board Members Attending Virtually:</b> Dr. Cynthia Taueg, Board Chair</p> <p><b>SUD Oversight Policy Board Members Attending Virtually:</b> None</p> <p><b>Board Members Excused:</b> None</p> <p><b>Staff:</b> Mr. James E. White, President and CEO; Mr. Manny Singla, Deputy Chief Executive Officer; Ms. Stacie Durant, VP of Finance; Ms. Brooke Blackwell, VP of Governmental Affairs; Ms. Yolanda Turner, VP of Legal Affairs; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Sheree Jackson, VP of Corporate Compliance; Mr. Mike Maskey, Executive Director of Facilities; Dr. Shama Faheem, Chief Medical Officer; Ms. Grace Wolf, VP of Crisis Care; Mr. Keith Frambro, VP of Information Technology; Ms. Dayna Clark, Director of Communications; Ms. Ebony Reynolds, Executive Director of Direct Services; Mr. Rai Williams, Director of Contract Management and Mr. Jody Connally, VP of Human Resources.</p> <p><b>Staff Attending Virtually:</b> Mr. Jeff White, Associate Vice President of Operations; Ms. Dhannetta Brown, Associate VP of Finance; Ms. Melinda Haner, Budget Administrator; and Mr. Larry Lee, Procurement Administrator.</p> <p><b>Guests:</b> None</p>



## AGENDA TOPICS

### I. Roll Call Ms. Lillian Blackshire, Board Liaison

### II. Roll Call

Roll Call was taken by Ms. Lillian Blackshire, Board Liaison, and a quorum was present upon Mr. McNamara's arrival at 1:10 p.m.

### III. Committee Member Remarks

Ms. Brown, Chair, called for the Committee members' remarks. There were no remarks given by the Committee.

### IV. Approval of Agenda

The Chair, Ms. Brown called for a motion on the agenda. It was requested that Board action #21-29 (Revision 5) Outfront Media be moved up on the agenda and taken before item VII. Presentation of the month Finance Report. **Motion:** It was moved by Mr. McNamara and supported by Mr. Parker approval of the agenda as amended. There was no further discussion. **Motion carried, agenda approved as amended.**

### V. Follow-up Items

The Chair called for any follow-up items. Information was to be provided on Outfront Media, their process and the additional services provided to Detroit Wayne Integrated Health Network. Ms. D. Clark, Director of Communications reporting. It was reported that billboards are the only service provided to DWIHN by Outfront Media.

### VI. Approval of the Meeting Minutes

The Chair, Ms. Brown, called for approval of the minutes from the meeting on Wednesday, October 1, 2025. **Motion:** It was moved by Mr. McNamara and supported by Mr. Parker the approval of the Finance Committee minutes from the meeting on Wednesday, October 1, 2025. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

### VIII. Unfinished Business – Staff Recommendations:

**a.Board Action #21-29 (Revision 5) – Outfront Inc. – Social Media Outreach.** Ms. D. Clark, Director of Communications reporting. DWIHN Administration is requesting approval to exercise the second two-year renewal option with Outfront Media for Community Outreach, which was originally approved under Board Action #21-29. This agreement allows DWIHN and Outfront Media to continue high quality and impactful messaging regarding our services in and around Metro Detroit and Wayne County, including educational information, services, SUD services, etc. The not-to-exceed cost for two years totals \$245,208.50 with Year 1 at a cost of \$108,262.50 and Year 2 at \$136,946.00. Contract terms are October 1, 2025 to September 30, 2027. This brings the total contract not to exceed amount to \$1,288,509.50.

**Motion:** It was moved by Mr. Parker and supported by Mr. McNamara approval of BA #21-29 (Revision 5) to Full Board. Discussion ensued regarding the services provided by Outfront Media. Ms. B. Blackwell, VP of Governmental Affairs provided information on the digital billboards and that DWIHN will begin to have messaging on buses and the people mover which would be handled by a different company. Mr. White, CEO provided information on the implementation of the DWIHN digital platform that will occur possibly in movie theatres. It was requested that, since Outfront Media handles only the billboards, the words "Social Media" should be removed from the board action. There was no further discussion. **Motion carried.**

## **VII. Presentation of the Monthly Finance Report**

S. Durant, VP of Finance, presented the Monthly Finance report. A written report for the twelve months ended September 30, 2025 was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

There were no financial statements to present for September 30, 2025 as audit report would serve as the report and be presented by Plant Moran in May 2026.

In the event the RFP is awarded to the new regional governmental entity, the net assets, as of September 30, 2024 and how they would be distributed was shared with the committee. The total net position was \$220,503,504. The net investment in capital assets represents the net value of capital assets. The net asset value is calculated as the actual costs of capital assets less related debt (i.e. Flagstar). The asset would follow its intended use.

- i. Computers and software were primarily purchased for the benefit of PIHP functions, however the IT department is reported as a shared department and assets purchased for the benefit of the CMHSP would be allocated through the SCA methodology consistent with the current calculations.
- ii. 707 West Milwaukee primarily contains CMHSP function (i.e. care center, BHUC, DOC). Therefore, the asset would follow its intended use and remain with DWIHN and DWIHN would continue making debt service payments in accordance with the construction loan agreement with Flagstar. The depreciation expense would continue to be amortized over 20 years and paid with Medicaid funds.
- iii. (Optional) Woodward Administration Building contains PIHP functions therefore the asset could follow its intended use and the new PIHP could make capital lease payments to DWIHN for the debt service payments. It is acknowledged the loan agreement is with DWIHN therefore a capital lease agreement could be entered into between DWIHN and the new PIHP, and at the end of the lease term the asset would be transferred to the new PIHP. The depreciation expense would continue to be amortized over 20 years and paid with Medicaid.
- iv. Woodward Annex was intended to serve members and although the building is currently underway for renovations, the asset would remain with DWIHN.
- v. Ecorse and 7 Mile Care Centers contain CMHSP functions therefore the assets would remain with DWIHN. DWIHN would be responsible for any debt service related to the completion of Ecorse care center, however depreciation expense charged to Medicaid is limited to the amount of debt issued on Ecorse.
- vi. Vehicles – grant funded relate to the SAMSA grant to purchase the mobile crisis vans. The asset will remain with DWIHN as mobile crisis is a CMHSP function.

B. Restricted for substance use disorder PA2 present the County funds remitted to DWIHN. It is unclear how MDHHS will handle overall substance use disorder however there is language outlined in Public Act 500 of 2012 that state the entity must be a “department designed community mental health entity”. However, it is clear from MDHHS’ response to questions that PA2 funds will not be transferred to the new PIHP hence DWIHN would retain the funds.

C. Restricted for risk financing – Medicaid ISF is solely the PIHP; therefore, the funds would be transferred to the new PIHP. It should be noted that all investment income earned from the ISF has been tracked and reinvested back into the ISF in accordance with the PIHP contract.

D. Restricted cash collateral no longer is restricted and were transferred to the general checking account in May 2025. These funds are currently combined with Unrestricted net assets.

E. Restricted for Opioid settlement represents funds awarded to state, township, cities and Counties (i.e. municipal entities) related to the Opioid settlement filed against several pharmaceutical

companies. DWIHN received an allocation from the special circumstances funds and therefore the funds would remain with DWIHN.

F. Unrestricted (i.e., local funds) represent non-Medicaid and non-General funds accumulated since the inception of the Authority. These funds are generated from various sources, including but not limited to non-ISF fund interest and county local funds. The PIHP does not generate any local funds other than the Performance Bonus Incentive Plan funds and according to DWIHN's accounting policies, restricted funds are spent first. The unrestricted net assets will remain with DWIHN.

An excerpt of the DWIHN Significant Account Policies was shared with the committee of the audited financial statement of the final FSR report submitted to MDHHS and the PIHP contract at 9/30/2024.

Discussion ensued regarding the monthly Finance report. Mr. Singla, Deputy CEO provided information on the separation of reporting and that the size of the region requires separation of services and buildings and that conversations are beginning to be held now to determine sustainability and other items. More discussion will be held at a later date.

The Chair, Ms. Brown, noted that the Finance Monthly Report was received and filed.

**VIII. FY2025 4<sup>th</sup> Quarter Purchasing Non-Competitive & Cooperative Report** – A written report was provided for the record. Mr. L. Lee, Procurement Manager, reporting. It was reported that contract percentages with Wayne County were at 9%, and Out of County was 91%. Contract percentages without IT for Wayne County was 22%; and out County was 78%. The total of purchases was \$972,50232 with the Wayne County total at \$87,962.69 and the IT total at \$572,168.91. Discussion ensued regarding the Wayne County percentages, and that more effort should be made to increase the percentages. There was no further discussion. The FY2025 4<sup>th</sup> Quarter Purchasing Non-Competitive & Cooperative report was received and filed.

**IX. New Business – Staff Recommendations: None**

**X. Good and Welfare/Public Comment**

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

**XI. 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. There was no further discussion. **Motion carried.** The meeting was adjourned at 1:45 p.m.

<b>FOLLOW-UP ITEMS</b>	<ul style="list-style-type: none"><li>a. The committee requested that the words “ Social Media Outreach” be removed from BA#21-29 (Revision 5) before the November Full Board Meeting.</li><li>b. Provide a 6-month update on WestComm, and this will determine additional commitment.</li></ul>
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# PROGRAM COMPLIANCE COMMITTEE

## MINUTES

NOVEMBER 12, 2025

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Board Vice- Chair at 1:10 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Kinloch, Board Vice-Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p><b>Committee Members:</b> Angela Bullock; Dr. Lynne Carter (Virtual); Angelo Glenn; and Commissioner Jonathan Kinloch, Committee Chair</p> <p><b>Committee Member(s) Excused:</b> William Phillips</p> <p><b>Board Members:</b> Dr. Cynthia Taueg, Board Chair, and Tom Adams, SUD Oversight Policy Board Chair (Virtual)</p> <p><b>Staff:</b> Brooke Blackwell; Yvonne Bostic; Jody Connally; Monifa Gray; Bonnie Herndon; Sheree Jackson; Dorian Johnson; Marianne Lyons (Virtual); Ryan Morgan; Cassandra Phipps; Vicky Politowski; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; James White; Rai Williams; Grace Wolf 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 a quorum was present.

### IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. <b>Motion:</b> It was moved by Mr. Glenn and supported by Dr. Taueg to approve the agenda. Commissioner Kinloch asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried.</b>
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## V. Follow-Up Items from Previous Meeting

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Crisis Direct Services' Quarterly Report/Network Innovation and Community Engagement (NICE)</b> – Provide a report on the Zero Suicide Initiative that outlines its impact and how it might be affecting our youth – <i>This follow-up item will be addressed in the NICE Year-End report.</i></p> <p>B. <b>Chief Medical Officer's Report</b> – Provide an assessment of having a first-year resident on board – <i>Deferred to January 14, 2026, Program Compliance Committee Meeting</i></p> <p>C. <b>Adults Initiatives' Quarterly Report</b> – Provide the capacity of the Motor City Clubhouse – Marianne Lyons, Director of Adult Initiatives, reported that the capacity of the Motor City Clubhouse is currently at 27 and have room for 50 more members.</p> <p>D. <b>AVP of Clinical Operations' Executive Summary/Integrated Health Care</b> – Provide information on how DWIHN validates that a member followed up with a primary care provider in Complex Case Management – Vicky Politowski, Director of Integrated Health Care, reported that there are several different ways DWIHN validates that a member has followed up with a primary care provider, i.e., providing transportation for the member to their doctor's appointments, through our HEDIS Measures and through different types of CPT codes in the CC360 (State's website). Women's health, cardiac health, and primary care can be followed up in those two systems.</p> <p>E. <b>BA #26-30 – Juvenile Restorative Program</b> – Provide more information on the number of youths in the program; what is the plan if the numbers do not meet expectations? Provide a breakdown of where the children are referred from and the success of the children in the program. Cassandra Phipps, Director of Children's Initiatives, reported that during FY25, 32 members were enrolled in JRP and 20 were discharged from the program. As of 11/11/2025, there are 26 active members participating in the program (14 new referrals for Q1 of FY26); 13 year olds were the youngest age and 18 was the oldest age of youth in the program; 88% of the youth in the program were male; Oppositional Defiant Disorder was the most prevalent primary diagnosis (53%); 28% of the youth received special education services; and referrals came from the five Care Management Organizations. The goal is to engage 70 youths in the juvenile restorative program annually. During FY24, this goal was achieved as evidenced by 87 youths being actively enrolled in the program. However, during FY25, there was a decrease in enrollment due to the program's transition to new locations during the spring season and a decline in the number of youths on probation. Thus, during FY25, 73 youths on probation were connected to community mental health services, and out of the total, 32 youths were referred to JRP and participated in the program. There were 19 out of 20 youth successfully discharged from the program and completed probation (95%); 100% of the youth who successfully discharged transitioned to a lower level of care to continue behavioral health services; 75% of the youths' PHQA score remained below a total score of 10; youth engaged in positive activities in the community successfully; and youth received weekly drug screens, in which 31% of the youth tested positive for drug use and 46% tested positive for drug use</p>
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	during the post-drug screen. The primary drug of choice was marijuana. For FY26 Initiatives, DWIHN will work towards increasing referrals, improving engagement, and outcomes. The program will be re-evaluated by the end of June 2025, in Q3, to determine if it is meeting goals and achieving outcomes, in order to continue the contract for FY 27.
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## VI. Approval of the Minutes

<b>DISCUSSION/ CONCLUSIONS</b>	Commissioner Kinloch called for a motion to approve the October 8, 2025, meeting minutes. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Glenn to approve the October 8, 2025, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b>
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## VII. Reports

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> – <i>Deferred to January 14, 2026 Program Compliance Committee Meeting</i></p> <p>B. <b>Corporate Compliance</b>— There was no Corporate Compliance report to review this month.</p>
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## VIII. Department Roles and Responsibilities

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Crisis Direct Services</b> – Grace Wolf, VP of Crisis Direct Services submitted and gave highlights of the department’s roles and responsibilities. It was reported that:</p> <ol style="list-style-type: none"> <li>1. <b>Program Description</b> – The Wayne County Crisis Continuum is a coordinated system of 24/7/365 crisis response services designed to provide immediate, person-centered, and trauma-informed care across all stages of behavioral health crisis. The continuum includes the Crisis Call Line, Mobile Crisis Teams (and Intensive Crisis Stabilization Teams), and the 707 Crisis Care Center. The Crisis Call Line serves as the central access point for anyone experiencing a behavioral health crisis in Wayne County. By calling 844-IN CRISIS (844-462-7474), individuals are connected to trained professionals who provide real-time de-escalation, crisis intervention, and linkage to community resources or mobile crisis dispatch. The Mobile Crisis Teams, certified by MDHHS, deploy two-person units—comprising a licensed clinician and a certified peer support specialist—anywhere in the county. These teams offer on-site crisis intervention, peer support, and stabilization services, and can connect individuals to higher levels of care or internal follow-up through the Intensive Crisis Stabilization (ICS) program. The 707 Crisis Care Center is a 32-bed facility that provides Adult Crisis Stabilization, Peer Support Led Transitional services, and Youth Crisis services. Additionally, 707 has expanded the continuum by providing short-term behavioral health urgent care services, including psychiatric evaluations, medication management, long-acting injectable administration, and linkage to outpatient care.</li> </ol>
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	<ol style="list-style-type: none"> <li>2. <b>Program Responsibilities</b> – The Crisis Continuum’s primary responsibilities include immediate access and response, clinical and peer-based crisis intervention and coordination, and continuity of care.</li> <li>3. <b>Program Scope</b> – The department serves all residents of Wayne County, including children and adults, regardless of insurance status or point of entry. The geographic coverage is county-wide, achieved through coordinated dispatch and mobile capacity. All programs operate 24 hours a day, 7 days of week, 365 days a year.</li> <li>4. <b>Department Structure</b> – The department has over 200 staff members, including full-time, part-time, and contingent staff.</li> <li>5. <b>Future Goals</b> - The Detroit Wayne Integrated Health Network (DWIHN) Crisis Department remains committed to strengthening Wayne County’s behavioral health crisis continuum through innovation, accessibility, and integrated care. Looking ahead, the department’s strategic priorities center on expanding system capacity and enhancing service coordination across all levels of crisis response. In alignment with these goals, DWIHN will open two new crisis care facilities in 2026. A 52-bed facility on 7 Mile Road will serve as a regional hub, providing comprehensive crisis stabilization and medical integration services. Additionally, a 16-bed facility in the Downriver area, located in Ecorse, will ensure equitable access to crisis care for residents in the southern region of the county. Each site will also feature a 24/7 Behavioral Health Urgent Care, offering walk-in services for individuals ages 5 and older. These centers will provide immediate access to assessment, intervention, and linkage to ongoing services—reducing emergency department utilization and promoting early engagement in care.</li> </ol> <p>Commisioner Kinloch opened the floor for discussion. There was no discussion.</p>
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## IX. Quarterly Report

<b>DISCUSSION/ CONCLUSIONS</b>	<ol style="list-style-type: none"> <li>A. <b>Managed Care Operations (MCO)</b> – Rai Williams, Director of Managed Care Operations, submitted and gave highlights of the Managed Care Operations’ Quarterly Report. It was reported that the department is responsible for the strategic oversight and operational execution of key system functions that support network integrity, service access, and regulatory compliance. MCO ensures timely, equitable, and high-quality care for the Medicaid, uninsured, and underinsured populations of Wayne County. The department’s priorities are driven by federal and state standards, including those established by the Michigan Department of Health and Human Services (MDHHS), the Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and the Health Services Advisory Group (HSAG). Operational leadership and oversight are provided by the Deputy Chief Executive Officer, the Associate VP of Operations, and the Director of Contract Management. The key functions of MCO include provider contracting, credentialing and recredentialing, network adequacy and expansion, operational readiness and monitoring, data tracking and reporting, and stakeholder engagement and support.</li> <li>1. <b>Activity 1: Credentialing</b> – For FY 25, Q4, there was a total of 610 applications reviewed, and a total of 366 applications were approved by the Credentialing Committee. During this quarter, a total of 53 sites were assigned, with 41 completed directly by the MCO team and an additional five previously reviewed by Quality, thereby eliminating the need for duplicate visits. This means 46 out of the 53 site visits (over 86%) were accomplished during this reporting period. Even amid technical barriers, the department achieved several key accomplishments that underscore its adaptability and</li> </ol>
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	<p>leadership in credentialing operations; successfully maintained 100% compliance with AmeriHealth and Aetna credentialing audits, and received 96.2% from Humana’s pre-delegation audit, validating process integrity even under system strain; completed and documented all Universal Credentialing Implementation trainings, ensuring our workforce is fully equipped to meet NCQA and MDHHS standards under the new credentialing model.</p> <p>2. <b>Activity 2: New Provider Changes to the Network/Provider Challenges</b> – In FY 25 Q4, there were a total of 159 providers processed. Four on-site pre-contracting training sessions were held across July and August, drawing participation from 33 provider representatives, who provided positive feedback. Participants emphasized that the new electronic pre-contracting process has significantly reduced administrative burdens and improved the accuracy of document submissions. Provider inquiries increased by 78.3% compared to the previous year; contract expansion requests more than doubled (+163.2%); and achieved a 99% score on the 2024 AmeriHealth Annual Delegation Audit.</p> <p>3. <b>Activity 3: MCO Provider Satisfaction Survey</b> – In FY 25, Q4 (July-September 2025), the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 32 responses, for a total of 103 survey responses since February 2025. The average ratings for professionalism and courtesy reached 4.66, responsiveness improved to 4.71, and knowledge rose to 4.68. To date, six staff members have been honored as the MCO Operator of the Month, and the team recently introduced a peer recognition component that encourages colleagues to nominate one another for exceptional collaboration and teamwork. For FY26, MCO will continue to integrate provider feedback into daily operations, utilize data-driven insights to guide service improvements, and expand survey visibility through targeted outreach, encouraging more providers to share feedback following key interactions, such as onboarding, credentialing, and contracting.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee congratulated Ms. Williams and her team on a job well done.</p>
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## X. Year-End Brief Summary Reports

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Access Call Center</b> – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s Year-End Brief Summary. It was reported that all Call Center Performance Standards were met for MDHHS and DWIHN for FY 24/25 (October 2024-September 2025). During FY 24/25, a total of 1,200 calls were monitored (ACCR: 83%, SUD: 81%, and Clinical: 93%), with an overall average performance score of 86.0%. Areas of strength included treating the caller with dignity and respect, and adherence to opening and closing scripts, and areas of weakness included asking the caller “How did you hear about us?”, discussions about Advance Directives, and one-call resolution. The goal for FY 26 will be increased to stay above 85% each quarter. During FY 24-25, there was very little variation in the average of appointment availability from quarter to quarter. There was an increase in appointment availability on average for SUD FY 23-24 (79%) to FY 24-25 (88%); Hospital Discharge follow-up FY 23-24 (85%) to FY 24-25 (97%); and a decrease in MH/IDD intake appointments FY 23-24 (89%) to FY 24-25 (87%). During this fiscal year, there were over 4 new provider additions to the network, and many of our current providers expanded their service array. Both were efforts to increase the availability of services for the DWIHN community. Many providers (CRSPs) report that they have hired additional</p>
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staff and implemented programs to support staff and reduce turnover. For FY26, the department will continue Customer Service Skills Training Series and coaching as needed, and perform more one-on-one coaching; work towards achieving all silent monitoring scores above 85%; continue recruitment to fill vacancies; increase frequency of monitoring and change schedules to improve service level and abandonment rate; build and implement additional features of the Genesys Phone System (WorkForce, Knowledge Base, Satisfaction Surveys). Commissioner Kinloch opened the floor for discussion. There was no discussion.

- B. **Autism Services** – Cassandra Phipps, Director of Children’s Initiatives, submitted and gave highlights of the Autism Services’ Year-End Brief Summary. It was reported that during FY 25, Q1 started with a total of 2,423 youths enrolled in Autism Services and ended with a total of 3,310 youths enrolled in Q4, resulting in a growth of 887 youths. The average enrollment was approximately 458.75 members per quarter, with a peak enrollment of 564 members in Q3. There were 64% new enrollments into the ABA programs after creating the Enrollment, Discharge, and Transfer (EDT) form this fiscal year, and 17% for both discharging and transferring to a different ABA provider. There were originally 14 ABA providers prior to the RFQ, and 15 new providers have been added to the Network; a total of six (6) providers onboarding were added and are currently completing the credentialing process; and there are three (3) qualified providers that meet network requirements, allowing DWIHN to onboard providers more efficiently when needed. At the end of Q4, there are 29 ABA providers in the Network. The department plans to develop and deploy a Best Practice Diagnostic Evaluation Report Template for FY26. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- C. **Children’s Initiatives** – Cassandra Phipps, Director of Children’s Initiatives, submitted and gave highlights of the Children’s Initiatives’ Year-End Brief Summary. It was reported that during FY 2025, DWIHN served an average of 13,162 children, youth, and families in Wayne County, ages 0 up to 21st birthday; including both serious emotional disturbance (SED) and intellectual developmental disability (I/DD) designations. DWIHN contracted with 18 SED Providers and 17 IDD Providers. A total of 118 staff members were trained in the Michi CANS Screener for community mental health providers to administer to children and youth aged 0 to 21<sup>st</sup> birthday. The DWIHN Access Center completed a total of 5,633 MichiCANS screenings, with 64% of participants being ages 0 to 5 years old and 36% being ages 6 to 20 years old. As a result, the majority of the treatment needs indicated Level 2 Severe/Serious Services (community mental health services) at 72%. A total of 341 MichiCANS screenings were completed among three DHHS offices within Wayne County. The majority of the screenings were completed by the North Central Region (187), the South Central Region (65), and the Western Wayne Region (89). DWIHN developed an integrated health risk factor presentation this year for the School Success Initiative (SSI) program. There were 222 new student referrals to participate in the SSI program; unsuccessful discharges (youth that were expelled from school) remained at 2%; and hospitalizations by 64 events (a decrease in the number of students with crisis and hospital events from the previous year). The department was able to roll out the Intensive Care Coordination Wraparound program according to the State and were able to train the providers on this new model. There were 327 patients seen, including 293 newly and currently enrolled in services (89% of whom were mothers connected to services) in the new Integrated Pediatric Program, a pilot program launched on October 1, 2025, with Starfish to support perinatal health. This project involves coordination with 6

OBGYN practices to address new mother issues, including mental health conditions, substance abuse, and social determinants of health. During FY 25, hospital recidivism successfully remained below the 15% hospital recidivism goal (12.64%). On December 4, 2025, the Children's Initiatives department will host the Annual System of Care Report to the Community Event "Our Community, Our Story" at the SoHo Banquet Event Center in Westland. FY 26 plans, meet the needs of children, youth, and families to ensure timely access to services and quality services; improve integrated health care for children, youth, and families; prevention of recidivism with high-risk youth; and provide outreach in the community. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Dr. Taueg commended Ms. Phipps and her team on a job well done.

- D. **Customer Service (CS)** – Bonnie Herndon, Customer Service Administrator, and Dorian Johnson, Customer Service Due Process Manager, submitted and gave highlights of the Customer Service's Year-End Brief Summary. It was reported that in FY 2024/25, while the number of calls offered decreased to 12,459, we demonstrated even greater responsiveness. We successfully answered 11,823 calls, achieving an impressive abandonment rate of just 1%. Our ASA remained stable at 9 seconds, reinforcing our commitment to efficiency. Furthermore, 97% of calls met service level standards, and 95% were answered satisfactorily, showcasing our unwavering dedication to excellence in service. The transition to our new phone system has undeniably had a positive impact on our call handling and efficiency. These enhancements have led to substantial improvements in key performance indicators, positioning DWIHN as a leader in customer service excellence. In fiscal year 2024/2025, the call center not only managed an even higher volume of calls but also recorded substantial improvements across key metrics. The abandonment rate dropped to 3%, and the ASA was reduced to an outstanding 10 seconds, highlighting our enhanced efficiency. Moreover, the service level and the percentage of calls answered rose to an impressive 95%, clearly reflecting our successful adaptation to the new system and operational advancements. Overall, the data confirms that the transition was expertly managed, resulting in significantly improved customer service outcomes. In FY'25, there were 3 MI Health Link grievances. This represents a 50% decrease from the 5 grievances reported in FY'24. The DWIHN Provider Network reported processing a total of 25,645 Adverse Benefit Determination notices in FY '25. This represented an approximate 7% increase from the previous fiscal year, at 23,913. In FY 25, there was a decrease in appeals (17) compared to FY 24 (46). Customer Service Due Process onboarded one appeals specialist and one grievance specialist; the Grievance Division institutes in-person training to better accommodate and support the provider network; the Appeals Division trained providers virtually as well as at their provider's locations to provide a more comprehensive learning experience; staff represented DWIHN in two State Fair Hearings and several pre-conference hearings; staff participated in three mediation sessions to support both the member and the provider network; and the department successfully defended Standard IX for HSAG with a score of 92%, which was an 8% increase from the previous cycle. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Mr. White requested a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction. (Action)**
- E. **DWIHN Outpatient Clinic (DOC)** – *Deferred to January 14, 2026 Program Compliance Committee Meeting*
- F. **Network Innovation and Community Engagement (NICE)** – Andrea Smith, Associate VP of NICE, submitted and gave highlights of the NICE's Year-End Brief

Summary. It was reported that for the Advancing Special Initiatives and Crisis Response, the department successfully advanced the Zero Suicide Initiative, tracking the training of 308 clinical staff, over 30,000 screenings, and 5,480 assessments. A new policy on follow-up care and automated caring contacts was developed. The Reach Us Detroit warmline handled 2,895 calls, while youth initiatives engaged more than 2,700 families through programs such as the Summer Youth Employment Program, the Young Professionals Conference (with 610 attendees), and Back-to-School Day. The Mobile Outreach Clinic expanded DWIHN's reach to 29 zip codes, providing 246 direct encounters and participating in 28 outreach events. The department supported the training of over 4,500 participants across 118 trainings for the Building Workforce Capacity, including Mental Health First Aid (980 trained) and QPR Suicide Prevention (873 trained). Major conferences - Trauma, Self-Care, and Co-Occurring Disorders—served 600 professionals. The internship program expanded to include 59 students from leading universities, while partnerships with AHEC and MDHHS supported workforce development in underserved areas. Additionally, HCBS training reached 1,335 staff, and the Compliance Academy trained 330 providers. The Detroit Wayne Connect helpdesk resolved 1,775 requests related to training and platform support. For the Justice-Involved and Diversion Initiatives, the department advanced diversion efforts through programs like: Detroit Homeless Outreach Team (DHOT) - 3,760 individuals engaged; Co-Response Project - 4,246 encounters; Jail Navigator - 384 assessments and 79 treatment referrals; Crisis Intervention Team (CIT) - 11 40-hour trainings and 3 dispatcher courses, training 187 individuals; Veterans and Specialty Courts - 250+ referrals and 220 individuals connected to services. Collaborations with Naphcare resulted in 14,000 screenings, 1,432 coordinated releases. FY26, the department will continue to expand data integration, implement Zero Suicide, provide mobile outreach, and offer culturally responsive care. Ongoing priorities include enhanced CEU offerings, expanded internship opportunities, and upgrades to the DWC platform to sustain workforce and community impact. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee commended Mrs. Smith and her team on the collaboration with the Detroit Outreach Team and DPD.

- G. **Integrated Health Care (IHC)** – Vicky Politowski, Director of IHC submitted and gave highlights of the IHC's Year-End Brief Summary. It was reported that the Integrated Health Care Coordination Team actively partners with eight Medicaid Health Plans and five Integrated Care Organizations in a concerted effort to improve health outcomes for the members of the Detroit Wayne Integrated Health Network (DWIHN). In 2025, our initiatives enabled 1,177 members to experience comprehensive care coordination, effectively linking them with vital resources such as behavioral health providers, primary care physicians, housing assistance, nutritional support, transportation services, and other essential resources necessary for their successful recovery and overall well-being. The Complex Case Management Team is an intensive 120-day service dedicated to providing exceptional support to individuals facing intricate medical and behavioral health challenges. In 2025, 56% of members visited a primary care provider before starting complex case management. Within 90 days of joining the program, this figure increased to 73%. Initially, 34% of members were engaged with a Clinically Responsible Service Provider; however, within 90 days, this number rose to 81%. Consequently, linking individuals to skilled medical professionals significantly boosts the likelihood of successful recovery. In FY 2023, the DWIHN Integrated Care Team broadened its direct service offerings by initiating the provision of OBRA services. The second initiative focused on

ensuring that individuals not currently receiving services were assigned a Clinically Responsible Service Provider who could meet their needs. In 2025, 565 individuals were successfully opened to services with Clinically Responsible Service Provider. In FY 2025, OBRA conducted 968 additional assessments compared to FY 2024. This increase was achieved through improved efficiencies in the referral process and the assignment of assessments without requiring additional staffing. Since 2023, there has been a steady rise in both referrals and assessments. In FY 2025, DWIHN and Vital Data Systems improved access to the HEDIS Scorecard for Clinically Responsible Service Providers and Health Plans, allowing them to assess network performance more effectively. Additionally, DWIHN and Vital Data collaborated to develop new predictive analytics aimed at enhancing treatment outcomes for members. These predictive measures were designed to identify undiagnosed depression, substance use disorders, and members at risk of hospitalization. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- H. **Residential Services** – Ryan Morgan, Director of Residential Services, submitted and gave highlights of the Residential Services’ Year-End Brief Summary. It was reported that the department continued to show growth by completing (3,722) Residential Assessments this year, (2,007) assessments were completed with Adults with Mental Illness (AMI), and (1,715) were completed with individuals with Intellectual and Developmental Disabilities (I/DD). The Residential Services Authorizations Unit was able to process (12,648) authorization requests during Fiscal Year 25. Authorizations were approved within an average of (5.68) days. In July, Residential Care Specialist Audreana Shannon was a panelist at the Department of Health and Human Services’ “Passing the Torch Conference.” The purpose of this conference was to share resources and strategies for youth transitioning into Adult Services. Residential’s participation was in coordination with DWIHN’s Children’s Initiatives unit. This conference was held in person in East Lansing. Residential Care Specialist Lezlee Adkisson and Catherine Broadnax were awarded the Presidential Honor of Distinction this year. Cathy helped coordinate with community resources in order to add providers to the DWIHN network. Lezlee went above and beyond to locate a residential placement for a member with complex medical and behavioral health needs. For FY 26, the Residential Department will look to leverage technology to assist with the residential referral process, this includes the appropriateness of referrals, ensuring that less restrictive settings are explored, and examining the possibility of implementing a referral portal; work to initiate a Residential Risk Matrix that will track residential provider data and supports the department with information that can assist with resource allocation; the department has shown tremendous progress over the past year. The goal is to improve overall efficiency and member experience, increase the number of Residential Assessments completed, as well as the overall quality of those assessments. Additionally, we aim to optimize the efficiency of placement by enhancing our network adequacy. Commissioner Kinloch opened the floor for discussion. Discussion ensued.
- I. **Substance Use Disorder Initiatives** – Matthew Yascolt, Director of SUD Initiatives, submitted and gave highlights of the SUD Initiatives’ Year-End Brief Summary. It was reported that one of the department’s major accomplishments was preparing and onboarding additional providers to expand access to services following the completion of a rigorous procurement process. The department also standardized operations by formalizing internal processes—including the development of new committees, policies, and standard operating procedures. Finally, the team modernized all contracts to ensure alignment with state and federal expectations, particularly those from MDHHS and SAMHSA. Throughout

	<p>FY25, DWIHN ensured that pregnant women maintained priority admission status across all levels of care. This commitment guarantees that pregnant women receive timely and specialized support—often within hours of referral—maximizing the likelihood of healthy outcomes for both mother and infant. In FY25, 13 pregnant women were served in outpatient MAT, 29 pregnant women were served in outpatient, and eight (8) pregnant women were served in withdrawal management. Medication-Assisted Treatment (MAT) remains the gold standard of care for individuals with opioid use disorder (OUD). This evidence-based approach combines FDA-approved medications with counseling to address the chronic, biological nature of addiction—significantly improving survival rates and long-term recovery outcomes compared to non-medication approaches alone. For FY 26, the SUD Department will improve service provider quality scores through targeted in-service training and technical assistance; the team will formalize policies and improve workflows to create greater operational efficiency and transparency; and plans to develop a comprehensive SUD Provider Handbook—a single, accessible resource outlining expectations, policies, and standards of practice. Commissioner Kinloch opened the floor for discussion. Discussion ensued. <b><i>Dr. Taueg recommended that DWIHN have providers and staff trained on how to screen and provide treatment to pregnant women who have Perinatal Mood and Anxiety Disorder (PMAD).</i></b></p>
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#### XI. Strategic Plan - None

<b>DISCUSSION/ CONCLUSIONS</b>	<b><i>There was no Strategic Plan to review this month.</i></b>
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#### XII. Quality Review(s) – None

<b>DISCUSSION/ CONCLUSIONS</b>	<b><i>There were no Quality Review(s) to report this month.</i></b>
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#### XIII. Associate VP of Clinical Operations Executive Summary

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Stacey Sharp, Associate VP of Clinical Operations, submitted and gave highlights of her report. It was reported that:</p> <p>A. <b>Adults Initiatives</b> - Michigan's behavioral health system is amid a major transformation as oversight for Certified Community Behavioral Health Clinics (CCBHCs) shifts from local PIHPs to direct management by the Michigan Department of Health and Human Services (MDHHS). This change, effective October 1, 2025, represents a move toward greater standardization, federal alignment, and full-cost reimbursement for clinics that provide comprehensive behavioral health and substance use services. While this transition reduces DWIHN's direct oversight responsibilities, it introduces both opportunities and challenges. The state's new payment and reporting model could strengthen care quality and financial sustainability, but it also limits DWIHN's visibility into data, claims, and performance outcomes for members served at CCBHCs. To mitigate this, DWIHN's Adult Initiatives team is working closely with MDHHS and local providers to establish secure data-sharing pathways and ensure ongoing</p>
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	<p>coordination for high-need populations—particularly those under Assisted Outpatient Treatment (AOT) and Not Guilty by Reason of Insanity (NGRI) orders. Ultimately, this transition underscores a broader evolution toward integrated, accountable, and equitable behavioral health care. DWIHN remains focused on ensuring that, despite changes in administrative structure, Wayne County residents continue to receive seamless, coordinated, and high-quality services across both the CMH and CCBHC systems. Commissioner Kinloch opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the Associate VP of Clinical Operations' executive summary has been received and placed on file.</p>
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#### XIV. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p><b><i>Commissioner Kinloch, Committee Chair, informed the committee that Unfinished Business board actions A-F will be bundled and a motion would be made after discussion.</i></b></p>
	<p>A. <b>BA #24-67 (Revised) – Opioid Settlement Leg Up Scope of Service Modification</b> – Staff requesting board approval for the modification of the scope of services for the Opioid Settlement A Leg Up program for Chance for Life; there is no change in the amount allocated. The modification is (1) reducing the required period of incarceration from 5 to 2 years; (2) inclusion of the employment specialist and community outreach budget; and (3) inclusion of forty (40) scholarships for A Leg Up program recipients. The value of the scholarships will be \$3,500 per scholarship for a 4-month program (i.e., Phase 1), which includes transportation and meals during the program. The scholarship partners will continue the program after the 4-month period of DWIHN-sponsored training (i.e., Phase 2). The scholarships will be split between two agencies: The Associated Builders (\$36,000.00) and Contractors and Information Technology and Artificial Intelligence (\$17,995.00). The total not to exceed contract amount of \$1,080,000.00, July 1, 2024 through 6/30/2026 will remain unchanged. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>B. <b>BA #25-24 (Revised 6) – Autism Services FY 25</b> – Staff requesting board approval for an extension until 1/31/26 of the Autism Evaluator Provider, Sprout Evaluation Center, for the time range of 12/1/25-1/31/26 to account for the results of the 2026-019 Autism Independent Evaluation Request for Proposal (RFP) Rebid. The FY 26 extension contract is not to exceed \$163,746.00 for a four-month period ending January 31, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>C. <b>BA #26-03 (Revised) – Children's Initiatives Waiver Services FY 26</b> – Staff requesting board approval to add an additional provider for SED Waiver Services. The new provider is St. Francis on the Lake, which will provide overnight summer camp services for youths on the SED Waiver. The funding amount for SED Waiver Medicaid claim services is to remain the same and not exceed \$2,086,207.00 for FY26. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>D. <b>BA #26-12 (Revised) – SUD Treatment Service Providers Network FY 26 – MyStrength, SUD Health Home Contingency Management and Prescription Drug Take Back Boxes</b> – Staff requesting board approval to utilize additional PA2 funds totaling \$280,250 for the following programs. The revised not to exceed amount for SUD Treatment totals \$5,374,114 for FYE 2026 - (1) The SUD Department requests to add Mariners Inn to the SUD Health Home Contingency Management program, utilizing \$5,450 in PA2 funds to support this program; (2) The SUD Department also requests \$240,000 in PA2 funds for the implementation</p>

	<p>of the Teladoc Mental Health Complete (formerly MyStrength) program; and (3) The SUD Department also requests \$34,800 in PA2 funds to support the purchase of additional large medication disposal drop boxes. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>E. <b>BA #26-14 (Revised) – DWIHN Provider Network System FY 26</b> – Staff requesting board approval for the addition of the following two residential providers (Erideja Matthew, aka DOMUS SECRETA, LLC, and Mary Rose Corporation). The services include a full array of behavioral health services per the PIHP and CMHSP contracts. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>F. <b>BA #26-21 (Revised) – Autism Services FY 26</b> – Staff requesting board approval to the revision for the Autism Providers to receive a one-year contract for FY26 (October 1, 2025-September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for autism services for FY26 is estimated at \$104,955.784.00. ABA Providers, adding two additional providers (Blue Mind Therapy and Mansach Enterprises dba Euro Therapies) to the network to provide autism services who passed the Autism Request for Qualifications (RFQ). In addition, Open Door Living Association contracts end 12/31/25 due to non-renewal and to allow for transition planning. Independent Evaluation Services, adding two Independent Evaluators (Social Care Administrator dba McCrory Center and The Children’s Center) as a result of the Autism Independent Evaluator Request for Proposal (RFP). Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #24-67 (Revised), BA #25-24 (Revised 6), BA #26-03 (Revised), BA #26-12 (Revised 2), BA #26-14 (Revised 2), and BA #26-21 (Revised). <b>Motion:</b> It was moved by Dr. Taueg and supported by Mrs. Bullock to move BA #24-67 (Revised), BA #25-24 (Revised 6), BA #26-03 (Revised), BA #26-12 (Revised 2), BA #26-14 (Revised 2), and BA #26-21 (Revised) to Full Board for approval. Mr. Glenn abstained from BA #26-12 (Revised 2) and BA #26-14 (Revised 2) due to his affiliation with Mariner’s Inn. Commissioner Kinloch abstained from BA #24-67 (Revised) and BA #26-14 (Revised 2) due to his affiliation with Chance for Life. There was no further discussion. <b>Motion carried.</b></p>
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## XV. New Business (Staff Recommendations)

<b>DISCUSSION/ CONCLUSIONS</b>	<p><b><i>Commissioner Kinloch, Committee Chair, informed the committee that New Business (Staff Recommendations) board actions A-H will be bundled and a motion will be made after discussion.</i></b></p> <p>A. <b>BA #26-07 – ARCS – Detroit, Northwest Wayne County, and Western Wayne County FY 26</b> – Staff requesting board approval of three (3) one-year contract renewals with the ARC of Northwest Wayne County (\$296,101.00), ARC of Western Wayne County (\$185,927.00), and ARC of Detroit (\$117,369.00). The contract period for each vendor is October 1, 2025 through September 30, 2026. The proposed contracts will provide advocacy, supportive services, and educational information to address issues facing individuals with Intellectual Disabilities (I/DD). Total funding for this request is not to exceed \$599,397.00 for the fiscal year ending September 30, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>B. <b>BA #26-31 – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House FY 26</b> – Staff requesting board approval of a six-month</p>
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extension with the following providers in the total amount not to exceed \$611,293.50 – Southwest Counseling Solutions Housing Resource Center in the amount of \$544,857.50 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities and CNS Covenant House Program in the amount of \$66,436.00 to address gaps in service through the provision of mental health support for young adults experiencing homelessness. Commissioner Kinloch opened the floor for discussion. There was no discussion.

- C. **BA #26-32 – Neighborhood Service Organization (NSO) and Wayne Metro PATH** – Staff requesting board approval to disburse Supplemental General Fund match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for Neighborhood Services Organization (NSO) in the amount not to exceed \$169,493.00 and Wayne Metropolitan Community Action Agency (WMCAA) in the amount not to exceed \$85,000.00 for a total not to exceed \$254,493.00 for the fiscal year ending September 2026. The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- D. **BA #26-33 – Central City PSH CoC Program and Leasing Project FY 26** – Staff requesting board approval to disburse General Fund match in the not-to-exceed amount of \$165,045.00 to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the fiscal year ending September 30, 2026. The Continuum of Care grant agreements between HUD and CCIH are based on the continued need to provide supportive services and to have a housing stock in Detroit for persons experiencing homelessness. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- E. **BA #26-36 – Children Services Health Quality Initiative FY 26** – Staff requesting board approval for the Children Services Health Quality Initiative for the time range of 12/1/25 through 9/30/26. Providers are included as a result of the 2026-020 School-Based Health Quality Initiative Request for Proposal (RFP) and the 2026-022 Integrated Pediatric Program RFP. Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve the quality of healthcare services. The total FY 26 budget is estimated at \$3,780,000.00, of which \$629,997 was previously approved on BA #25-18 Revised. Approval is requested to allocate the remaining budget amount of \$3,150,003 for the 10 months ending September 30, 2026 – *School Success Initiative (School-Based Healthcare Quality Initiatives)*. The funding of \$2,483,335.00 will cover the remaining 10 months for FY26 out of the total \$2,980,000.00 budget. Funding will be distributed to the eleven (11) CMH Providers listed in the board action, delivering the services. *School Enrichment Program (GOAL Line)*, Community Education Commission to receive \$458,334.00 to cover 10 months of FY 26 out of the total estimated \$550,000.00 budget for the School Enrichment program. *Integrated Pediatric Program (formerly Integrated Infant Mental Health Program)* – Starfish to receive \$208,334.00 to cover 10 months for FY 26 out of the total estimated \$250,000.00 budget for the Integrated Pediatric program. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- F. **BA #26-38 – Highland Park Police Department Partnership FY 26** – Staff requesting board approval for DWIHN to partner with Highland Park Police Department, which was awarded funds (\$218,887.00) through a DOJ grant to fund one (1) Behavioral Health Specialist position, along with training and



	<p>resiliency-focused events. DWIHN and the Highland Park Police Department are establishing a collaborative partnership to improve crisis response for individuals with mental illness, developmental disabilities, or substance use disorders in Highland Park. The budget breakdown is as follows: Behavioral Health Specialist salary and fringe (\$90,000.00) and deliver CIT training and co-response services (\$128,887.00). Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>G. <b>BA #26-39 – Michigan Clinical Consultation and Care (MC3) FY 26</b> – Staff requesting board approval of a one-year contract for an amount not to exceed \$105,596 for the FY26 contract term from 10/1/2025 - 9/30/2026. Funds are provided by the University of Michigan for \$84,612 for clinical services and \$20,984 for administrative services. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provide behavioral health consultation for local primary care providers with MC3 child, adolescent, and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with the MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County, as well as work in concert with other regional Behavioral Health Consultants. A sum of an amount not to exceed \$95,359.00 will be provided to Starfish Family Services to offer behavioral health consultant services for the FY 2026 period. Of this total amount (\$18,247.00 is for administrative (federally funded) and \$77,112.00 is for clinical services (state funded). The remaining \$10,237.00 is allocated for DWIHN indirect costs (\$2,737.00 for administrative and \$7,500.00 for clinical). Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>H. <b>BA #26-40 – Detroit Healthy Housing Center FY 26</b> – Neighborhood Service Organization (NSO) – Staff requesting board approval of a one-year contract renewal with Neighborhood Services Organization (NSO) Detroit Healthy Housing Center in the amount not to exceed \$902,050.00 for the fiscal year ending September 30, 2026, to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements. This initiative is funded by General Fund. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #26-07, BA #26-31, BA #26-32, BA #26-33, BA #26-36, BA #26-38, BA #26-39, and BA #26-40. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Glenn to move BA #26-07, BA #26-31, BA #26-32, BA #26-33, BA #26-36, BA #26-38, BA #26-39, and BA #26-40 to Full Board for approval. There was no further discussion. <b>Motion carried.</b></p>
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## XVI. Good and Welfare/Public Comment

<b>DISCUSSION/ CONCLUSIONS</b>	<p><i><b>There was no Good and Welfare/Public Comment to review this month.</b></i></p>
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Action Items	Responsible Person	Due Date
	Dr. Shama Faheem	Deferred to January 14, 2026, Program

1. <b>Chief Medical Officer's Report</b> – Provide an assessment of having a first-year resident on board		<b>Compliance Committee Meeting</b>
2. <b>Customer Service Year-End Report</b> – Provide a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction	Bonnie Herndon Dorian Johnson	<b>January 14, 2026</b>

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

**ADJOURNED:** 2:48 p.m.

**NEXT MEETING:** Wednesday, January 14, 2025, 2025, at 1:00 p.m.



## **Detroit Wayne Integrated Health Network**

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

### **COMMITTEE CHARTER- NOMINATING COMMITTEE**

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#### **I. Purpose of the Committee: The following statement represents charge of the Committee**

The Nominating Committee is charged with recommending to the Full Board of Directors a slate of Officers or recommend a replacement to fill an Officer vacancy to the Full Board of Directors.

#### **II. Members: The following statement represents the membership of the Committee**

The Nominating Committee shall consist of four members, and its purpose shall be to nominate Board Officers.

#### **III. Duties and Responsibilities**

The Nominating Committee shall be appointed by the Chairperson of the Board, shall meet annually or as necessary to fill an Officer vacancy, and shall function, as set forth below:

The Chairperson shall annually appoint members to the Nominating Committee, consisting of four Board members, prior to the January regular Board meeting. The Chairperson's slate of appointments shall be submitted for Board confirmation at the Board's regular January meeting and, if not approved, alternative slates of nominees shall be proposed until Nominating Committee members have been selected. The Nominating Committee shall report a recommended slate of officers at the February regular Board meeting. The Board shall accept or reject the slate of officers by majority vote. If the Board rejects the slate of nominees, nominations for individual officer positions may be taken on the floor, or the Nominating Committee shall meet and create a new slate of nominees to be presented at a special board meeting prior to the March regular Board meeting.

## Data Summary

### Demographic Information

Reporting CMH/LPH	Detroit Wayne Integrated Health Network
Recipient Rights Office Director Name	Dr. Polly McCalister
Reporting Period	October 1, 2024 through September 30, 2025
Number of Rights Office Staff	41
Full Time Equivalents (FTEs)	41
Staff with an Investigative Role	25
FTEs for Investigation	25.00
Complaints per FTE	63.04

### Complaint Data Summary

<i>Type</i>	<i>Received</i>	
All Allegations Received	1992	
Allegations Received Subject to Investigation/Intervention	1576	
Allegations Received with No Right Involved or Outside Jurisdiction	416	
Investigations Completed	1576	
Interventions Completed	0	
Allegations Substantiated	621	
Percent of All Allegations Substantiated	39%	
<i>Highlighted Complaint Categories</i>	<i>Received</i>	<i>Substantiated</i>
Abuse I, II, III	365	132
Neglect I, II, III	335	205
Dignity and Respect	216	73
MH Services Suited to Condition	324	101
Individual Written Plan of Service	10	4
Disclosure of Confidential Information	36	21

### Complaint Remediation

<i>Remediation Type</i>	<i>Total</i>
Verbal Counseling	37
Written Counseling	31
Verbal Reprimand	22
Written Reprimand	200
Suspension	67
Demotion	1
Staff Transfer	13
Training	142
Employment Termination	4
Employee Resigned	49
Contract Action	39
Policy Revision/Development	26
Environmental Repair/Enhancement	5
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	3
Other	9
None	0

### Training Received by the Office of Recipient Rights

<b>Training Categories</b>	<b>Hours</b>
I - Operations	111.25
II - Legal Foundations	34.5
III - Leadership	17
IV - Augmented Training	162
<b>Total</b>	<b>324.75</b>

### Training Provided by the Office of Recipient Rights

	<b>Agency</b>	<b>Contracted</b>	<b>Recipient</b>	<b>Other</b>
Instructor-Led (In Person)	0	0	0	0
Instructor-Led (Virtual)	157	4629	0	115
eLearning	0	25615	0	538
Video	0	0	0	0
Paper	0	0	0	0
<b>Total</b>	<b>157</b>	<b>30244</b>	<b>0</b>	<b>653</b>

### Appeals

<b>Grounds</b>	<b>Total</b>
Findings	22
Action Taken	2
Timeliness	0
<b>Decision</b>	<b>Total</b>
Denied Appeal	1
Upheld Investigative Findings	11
Returned for Reinvestigation	12
Requested External Investigation	0
Take Additional Action	1
Address Timeliness Issues	0

## Desired Outcomes and Progress Toward These Outcomes

### Outcomes

Continue closing investigations under 75 days

To ensure the RRAC members are trained in DWIHN ORR polices.

To conduct RRAC improvement training with MDHHS trainers.

### Outcomes established for the Office of Recipient Rights for 2026

Continue closing investigations under 75 days

To ensure the RRAC members are trained in DWIHN ORR polices.

All ORR managers will receive external leadership training.

## Recommendations to the Governing Board

*The Office of Recipient Rights and Recipient Rights Advisory Committee Recommends:*

Implement annual appeals training to support a comprehensive understanding of appeal guidelines.

Offer short quizzes at the end of RRAC sessions to confirm that each member understands our policies and MDHHS requirements.

Review changes in MDHHS contract and procurement process to determine what adjustments may be needed to maintain or improve Recipient Rights protection

# ***Board of Directors***



- POLICY NO.: 2016-002
- ISSUE DATE: April 20, 2016
- REVISED ON: November 16, 2016  
June 16, 2021
- ORIGINATOR: Board of Directors
- BA NO. : 15-67

## **SUBJECT: STIPEND POLICY**

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1. **Policy** – The Mental Health Code (MCL 330.1224, Sec. 224) provides for board members to receive a stipend for attendance at Board meetings, events, and related functions. Consistent with the above, DWHN supports the payment of a stipend to all board members.
2. **Purpose** - To describe and outline the process for Board Member receipt of the allowed stipend.
3. **Standard**
  - 3.1 The Mental Health Code allows for one stipend per day regardless of the number of meetings attended on a single day.
  - 3.2 The amount of the stipend cannot exceed the highest stipend of any Wayne County boards. In 2016 that amount is \$95.00.
  - 3.3 Any board member has the option to decline the stipend without explanation.
4. **Application**
  - 4.1 A Board Member may receive an allotment of up to 7 meeting stipends per month for the following purposes. Meetings attended over and above this amount are not eligible for a stipend unless approved by the Board Chair:
    - 4.1.1 Full board meetings 1
    - 4.1.2 Committee Meetings 2
    - 4.1.3 Other Meetings /events 4



- 4.2 There shall be a sign in sheet for all regularly scheduled board meetings and study sessions to document attendance for stipend purposes.
- 4.3 All other meetings/events the board member will send an email to the board liaison/executive assistant or other designated DWIHN staff to document their attendance and generate the stipend for that day.
- 4.4 Meetings that require overnight travel may, at the discretion of the board member, entitle the board member to a stipend for each day in addition to the maximum set forth in paragraph 4.1.
- 4.5 The Board Liaison/Executive Assistant will keep a record of all meetings attended based on 4.2 and 4.3 above and submit for processing on a monthly or biweekly basis. Checks will be mailed to Board Members home or otherwise as directed by them. Direct deposit is available for the stipend. Board members will receive electronically a monthly statement of meetings attended and covered by the stipend.
- 4.6 The maximum number of stipends does not apply to the DWIHN Board Chair who is an ex-officio member of all board committees and whose duties may require attendance at additional meetings.
- 4.7 The Board Chair may make exceptions to the aforementioned rules at their discretion or at the request of a Board member to the Board Chair.
- 4.8 Finance Committee will review a quarterly Board stipend expense report.
- 4.9 This policy will be reviewed, at a minimum, every 2 years or as directed by the board.

# ***Board of Directors***



- **POLICY NO.:** 2016-013
- **ISSUE DATE:** April 20, 2016
- **REVISED ON:** November 16, 2016  
November 21, 2018  
August 21, 2019  
January 21, 2026
- **ORIGINATOR:** Board of Directors
- **BA NO.:** 15-67

## **SUBJECT: DELEGATION OF AUTHORITY**

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The President and CEO is appointed by and reports to the Detroit Wayne Integrated Health Network Board of Directors as the Chief Executive Officer and is charged with providing leadership and overall direction and administration of the Detroit Wayne Integrated Health Network. The President and CEO is the sole employee of the Board and interprets and applies the policies of the Board of Directors. The President and CEO is responsible for the day-to-day leadership and administration of the Network as delegated by the Board. The Board retains its fiduciary and governance authority and role unless expressly delegated. The Delegation of authority of the President and CEO is as follows:

- A. **Planning** – Develops and receives Board approval on the goals, objectives and priorities for the Network.
- B. **Budget and Finance** – Reviews and approves the Network’s budget prepared by the Chief Financial Officer prior to final approval by the Board.
- C. **Staff** – Supervises staff in carrying out the plans and programs of the Network. Determines responsibilities and authority among staff and assures that high standards of performance are being met.
- D. **Resources** – Works with Board members to secure adequate resources to carry out the Network’s programs and monitors the allocation of these resources to insure they are used effectively and efficiently.
- E. **Administration** – Responsible for the day-to-day administration of the activities of the Network in accordance with Board policies and directives. Responsible for setting, approving and implementing Network operational and clinical policies.

- F. **Review and Evaluation** – Monitors and revises when necessary, the activities of the Network in order to gain greater program effectiveness. Assists Board members in evaluating progress and outcomes of programs, and recommends to the Board revisions of goals or objectives when needed in order to improve organizational performance.
- G. **Public Relations** – Works with Board members to ensure community awareness of the Network’s goals, mission, vision, values and objectives and programs and obtain community support.

The Network Board evaluates the President and CEO on an annual basis and with the active input of the President and CEO, outlines the goals and objectives to be accomplished in the upcoming year. The annual goals and objectives along with the CEO’s contract are the guiding documents for the authority delegated to the President and CEO. The Network Board has the sole authority to hire and terminate the CEO.



# Delegation of Authority Board and CEO

January 21, 2026

This chart describes the roles and responsibilities of the Board and the CEO. The following roles and responsibilities have been delegated by the Board to the CEO, pursuant to the Michigan Mental Health Code and the Network's By-laws, and the Board reserves the right to rescind such delegation by full Board approval.

Responsibility	Board of Directors	Administrator/CEO
<b><u>POLICIES, PLANNING, &amp; OPERATIONS</u></b>		
<b>Budget &amp; grants</b>	Approves	Recommends and implements
<b>Policy</b>	Sets and Approves Board Policies	Recommends and implements Board Policies Sets, approves and implements Network Operational and Clinical Policies
<b>Short and long-term goals</b>	Co-develops, approves and monitors	Co-develops, recommends and implements
<b>Oversight of operational benchmarks</b>	Monitors	Recommends and implements
<b>Appointments to SUD Oversight Policy Board and ORR Advisory Committees</b>	Recommends and approves	Recommends
<b><u>PERSONNEL</u></b>		
<b>Collective Bargaining Agreement</b>	Approves	Recommends and implements
<b>Organizational chart/staffing plan</b>	Receive and File	Establishes the organizational structure
<b>Staff salary ranges (non-unionized) and benefits</b>	Approves	Recommends
<b>Staff evaluation</b>	Evaluates the CEO	Evaluates all other staff
<b>Hiring of CEO</b>	Hires/fires	No role
<b>Hiring/firing of management of staff (other than administrator)</b>	No role - except must inform Board of hiring ORR Director	Approves all hiring, makes final termination decisions and manages staff
<b>Communication with staff</b>	Channeled through CEO or designee	Communicates directly
<b>Staff deployment and assignment</b>	No role	Establishes

<b>Hiring/firing of Compliance Officer</b>	Reference Bylaw Article 4 - Statutorily Required Executive Staff and Compliance Officer, Section 5	Reference Bylaw Article 4 - Statutorily Required Executive Staff and Compliance Officer, Section 5
<b>Hiring/firing of Director of the Office of Recipient Rights</b>	Reference Bylaw Article 4 - Statutorily Required Executive Staff and Compliance Officer, Section 6	Reference Bylaw Article 4 - Statutorily Required Executive Staff and Compliance Officer, Section 6
<b>Staff grievances (Executive leadership only)</b>	No role except have to approve termination of Compliance Officer and must notify ORR Advisory Committee prior to ORR Director termination	Makes final decision with all non-executive leadership
<b>Job Descriptions</b>	Receive and File	Establishes
<b><u>FINANCE</u></b>		
<b>All Financial policies</b>	Approves	Recommends and implements
<b>Budget</b>	Approves/monitors	Develops/recommends expenditures and controls
<b>Financial oversight</b>	Reviews monthly financials, approves the selection of auditor, and approves financials	Prepares and presents monthly statements, audits, and recommends the auditor; communicates to the board any advance payments to providers made in the context of insolvency within the next Board meeting or Finance Committee meeting, whichever is sooner
<b>Termination of contracts</b>	Termination of Contract Policy – Reference Policy No. 2016-020	Termination of Contract Policy – Reference Policy No. 2016-020
<b>Major purchases (over \$100,000)</b>	Approves	Recommends and implements
<b>Minor purchases (less than \$100,000)</b>	Receive and File – Quarterly report to Finance Committee	Authorizes



# **Detroit Wayne Integrated Health Network**

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## **FISCAL YEAR 2025-2026 RESOLUTION #1 RESOLUTION INCREASING DWIHN BOARD OF DIRECTORS MEMBER PER DIEM**

**WHEREAS**, pursuant to the Michigan Mental Health Code, Public Act 258 of 1974, as amended ("Code"), the Detroit Wayne Integrated Health Network ("Network") was established as a county community mental health Network; and

**WHEREAS**, the Network Board of Directors ("Network Board") members currently receive a daily per diem and mileage expenses as fixed by the Network Board; and

**WHEREAS**, the Network Board wishes to increase the standard daily per diem paid to the Network Board members to the amount of Two Hundred Dollars (\$200.00) effective February 1, 2026.

**NOW THEREFORE BE IT RESOLVED** that the Board of Directors of the Detroit Wayne Integrated Health Network hereby sets the Network Board members' daily per diem at an amount of Two Hundred Dollars (\$200.00) effective February 1, 2026.

**I HEREBY CERTIFY** that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twenty-First (21<sup>st</sup>) Day January 2026.

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Dr. Cynthia Taueg, *Chairperson*

### **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**





# Detroit Wayne Integrated Health Network

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## FISCAL YEAR 2025-2026 RESOLUTION #2

### RESOLUTION INCREASING SUD OVERSIGHT POLICY BOARD MEMBER PER DIEM

**WHEREAS**, pursuant to the Michigan Mental Health Code, Public Act 258 of 1974, as amended ("Code"), the Detroit Wayne Integrated Health Network ("Network") was established as a county community mental health authority; and

**WHEREAS**, pursuant to the Code the Network established a Substance Use Disorder Oversight Policy Board ("SUD Board") through a contractual agreement between the Network and the County of Wayne (MCL 330.1287); and

**WHEREAS**, the SUD Board members currently receive a daily per diem and mileage expenses as fixed by the Network Board of Directors; and

**WHEREAS**, the Network Board of Directors wishes to increase the standard daily per diem paid to the SUD Board members to the amount of Two Hundred Dollars (\$200.00) effective February 1, 2026.

**NOW THEREFORE BE IT RESOLVED** that the Board of Directors of the Detroit Wayne Integrated Health Network hereby sets the SUD Board members' daily per diem at an amount of Two Hundred Dollars (\$200.00) effective February 1, 2026.

**I HEREBY CERTIFY** that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twenty-First (21<sup>st</sup>) Day January 2026.

---

Dr. Cynthia Taueg, *Chairperson*

#### Board of Directors

Dr. Cynthia Taueg, Chairperson  
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### **FISCAL YEAR 2025-2026 RESOLUTION #3**

#### **RESOLUTION INCREASING**

#### **RECIPIENT RIGHTS ADVISORY AND APPEALS COMMITTEE PER DIEM**

**WHEREAS**, pursuant to the Michigan Mental Health Code, Public Act 258 of 1974, as amended ("Code"), the Detroit Wayne Integrated Health Network ("Network") was established as a county community mental health Network; and

**WHEREAS**, pursuant to the Code the Network established a Recipient Rights Advisory Committee and Recipient Rights Appeals Committee ("Rights Committee") (MCL 330.1757 and MCL 330.1774); and

**WHEREAS**, the Rights Committee members currently receive a daily per diem and mileage expenses as fixed by the Network Board of Directors ("Network Board"); and

**WHEREAS**, the Network Board wishes to increase the standard daily per diem paid to the Rights Committees' members to the amount of Two Hundred Dollars (\$200.00) effective February 1, 2026.

**NOW THEREFORE BE IT RESOLVED** that the Board of Directors of the Detroit Wayne Integrated Health Network hereby sets the Rights Committees' members' daily per diem at an amount of Two Hundred Dollars (\$200.00) effective February 1, 2026.

**I HEREBY CERTIFY** that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twenty-First (21st) Day of January 2026.

---

Dr. Cynthia Tauog, *Chairperson*

#### **Board of Directors**

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Karima Bentounsi  
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson  
Angela Bullock  
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Eva Garza Dewaelsche, Secretary  
Angelo Glenn  
Kenya Ruth

**James E. White, President and CEO**





## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-04R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Children's Initiatives MDHHS Grants

Address where services are provided: 707 W Milwaukee Detroit Mi 48202

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 1,872,983.00 Previous Fiscal Year: \$ 1,849,440.00

Program Type: Continuation

Projected Number Served- Year 1: 13,100 Persons Served (previous fiscal year): 13,085

Date Contract First Initiated: 10/1/2017

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).

Requesting revision to the board action (26-04) for additional \$24,081 allocated to the **Infant Toddler Court Grant Program** for fiscal year contract 10/1/25 through 9/30/26 due to notice of supplemental funds from MDHHS.

The FY26 amended budget totals **\$138,479**, representing an increase of \$24,081 from the original allocation of \$114,398.

These funds will be used to address increased cost-of-living and fringe expenses; travel for additional participants attending the Annual Cross Sites Meeting and Coordinator attendance at the MI-AIMH conference; Coordinator training and meeting costs; Provide stipends for parent leaders participating in program activities; Allocate resources for reunification supports for families completing the Early Childhood Court (ECC) docket; Parent resource kits (educational materials, early childhood development info, self-care items); Program materials and supplies (flyers or outreach materials to improve community awareness).

These investments ensure continued capacity for DWIHN to provide trauma-informed, family-centered, and collaborative services consistent with MDHHS guidance and Infant Toddler Court Program objectives.

**Infant Toddler Court Grant:** The purpose of the Infant Toddler Court Program is to increase the spread and coordination of Michigan Baby Courts to ensure children and their families ages 0 to 3 in the child welfare system (CWS) or at-risk for entry into DWC receive equitable, high-quality, coordinate, and trauma-informed services. DWIHN employed a Baby Court Coordinator to provide services for this grant. DWIHN is the provider of this program and will receive the budget allocation of **\$138,479**.

There are no changes to the other MDHHS Children Grants:

- System of Care Block Grant - \$1,043,582
- Infant and Early Childhood Mental Health Consultation Grant (IECMHC) - \$548,396
- Infant and Early Childhood Mental Health Consultation Home Visiting (IECMHC-HV) - \$142,526

**The overall total funding from MDHHS allocated for these programs is not to exceed \$1,872,983 for the fiscal year ended September 30, 2026. DWIHN is seeking board approval to allocate funds, with the ability to reallocate funds amongst providers within each program up to the total program amount without board approval during FY26.**

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
MDHHS Block Grants	\$ 1,872,983.00	\$ 1,872,983.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Signature/Date:

**James White**

Signed: Thursday, January 8, 2026

1/8/2026 7:31:31 PM

Stacie Durant, Vice President of Finance

Signature/Date:

**Stacie Durant**

Signed: Monday, January 5, 2026

1/5/2026 12:10:04 PM

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-12R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Treatment: Screening Brief Intervention and Referral to Treatment and Narcan

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 1/21/2026 to 9/30/2026

Amount of Contract: \$ 5,449,114.00 Previous Fiscal Year: \$ 6,468,023.00

Program Type: Continuation

Projected Number Served- Year 1: 18,050 Persons Served (previous fiscal year): 15,000

Date Contract First Initiated: 10/1/2025

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).

The SUD Department requests \$75,000 in PA2 funds to support the Screening Brief Intervention and Referral to Treatment (SBIRT) program at Hegira Health in partnership with Garden City Hospital.

SBIRT programs are crucial in helping with substance use disorder issues when partnered with hospitals. Hospitals, especially emergency departments, provide an ideal opportunity for early intervention before substance use escalates.

SBIRT involves universal screening of all adult patients (regardless of their reason for visit) for risky or unhealthy substance use (including alcohol and illicit drugs) and is a peer recovery coach-driven process, supporting a safe space for an individual to consider changing their substance use behavior. This systematic approach identifies patients who might not otherwise disclose or seek help for their substance use, catching issues early before they progress to a severe disorder.

For patients identified as using substances at risky levels, a brief intervention is provided. This is a short, motivational conversation—typically 5 to 15 minutes—based on principles of motivational interviewing. The intervention increases the patient's insight and awareness regarding their substance use and motivates them toward behavioral change to reduce or eliminate the risky behavior. For individuals identified as needing more extensive care Referral to Treatment ensures a smooth transition from the hospital setting to specialty addiction treatment.

This direct referral actively links patients to appropriate services (e.g., outpatient counseling, intensive treatment, or detox) that they might not otherwise access, improving the continuity of care.

Evidence shows that integrating SBIRT into hospital settings, particularly primary care, emergency rooms, and trauma centers, can lead to positive results: By intervening early, SBIRT helps prevent or reduce health complications, accidents, and injuries related to substance misuse, which often lead to costly emergency department visits and hospital admissions.

In addition, the SUD Department is reallocating \$35,000 in PA2 funds from the Narcan Vendor line item on BA#26-12 to Novaceuticals to support Narcan, Fentanyl and Xyalzene test strip procurement. Historically, we have contracted with Novaceuticals for the procurement of overdose prevention supplies. Novaceuticals has products available to us at a discount rate, in line with the market value of overdose prevention kits. Following the 5-month extension and additional funds to support procuring additional Narcan in the short term. We will be bidding out our contract for overdose prevention supplies through the Invitation for Bid process.

The revised not to exceed amount of SUD prevention totals \$5,449,114 for the fiscal year ending September 30, 2026.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,449,114.

---

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Block Grant	\$ 2,822,164.00	\$ 2,822,164.00
PA2	\$ 2,626,950.00	\$ 2,626,950.00
<b>Total Revenue</b>	<b>\$ 5,449,114.00</b>	<b>\$ 5,449,114.00</b>

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

Signature/Date:

**James White**

Signed: Thursday, January 8, 2026

Stacie Durant, Vice President of Finance

Signature/Date:

**Stacie Durant**

Signed: Tuesday, January 6, 2026

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026



## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-14R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY26

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 1/1/2026 to 9/30/2026

Amount of Contract: \$ 837,791,038.00 Previous Fiscal Year: \$ 934,583,332.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the addition of the following 5 providers to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. **Note: Total amount of Board Action remains the same not to exceed amount of \$837,791,038 for FY 2026.**

### **Residential Provider:**

#### **1. FONAG Inc**

(Credentialed 12/18/2025 for Personal Care in Licensed Residential Setting; Community Living Support)

### **Outpatient Providers:**

**1. First Day Homecare LLC:** (Credentialed 6/15/2025 for Private Duty Nursing)

**2. Reline Consulting dba Q & A Abilities Center:** (Credentialed 9/2/2025 for Speech; Occupational Therapy)

**3. Wynning Foundation Inc:** (Credentialed 12/18/2025 for Behavioral Health Treatment Plan; Telemedicine; Therapy (Mental Health) Child & Adult, Individuals, Family Group; Music/Art Therapy; Recreational Therapy)

Board approval will allow for the continued delivery of behavioral health services for individuals with: Adults 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 based on prior year activity 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 25/26	Annualized
Multiple	\$ 837,791,038.00	\$ 837,791,038.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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*

*Stacie Durant*

Signed: Thursday, January 8, 2026

Signed: Tuesday, December 30, 2025

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 26-21R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Autism Providers

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 104,955,784.00 Previous Fiscal Year: \$ 102,905,784.00

Program Type: Continuation

Projected Number Served- Year 1: 5,100 Persons Served (previous fiscal year): 5,000

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).

Requesting DWIHN Board to approve revision for the Autism Independent Evaluator Provider, Sprout Evaluation Center LLC, to receive a contract for FY26 (February 1, 2026 - September 30, 2026) as a result of the Autism Evaluator Request for Proposal (RFP) to complete Autism Evaluations for **\$491,237** . Sprout was approved for an extension from FY25 contract until 1/31/26 (BA25-24R6). **The total projected budget for autism services for FY26 is estimated at \$104,955,784.**

**Description of Independent Evaluation Services:** Provide comprehensive diagnostic evaluations for children and youth ages 0 to 21st birthday to determine eligibility for autism services.

There are no changes to the current Autism Independent Evaluations:

-Social Care Administrator DBA McCrory Center

-The Children's Center

**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:

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	\$ 104,080,784.00	\$ 104,080,784.00
General Fund	\$ 875,000.00	\$ 875,000.00
<b>Total Revenue</b>	\$ 104,955,784.00	\$ 104,955,784.00

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**

**Stacie Durant**

Signed: Thursday, January 8, 2026

Signed: Friday, January 2, 2026

1/8/2026 7:33:19 PM

1/2/2026 4:09:31 PM

Board Action #: 26-21R2

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 26-36R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Children Services Healthcare Quality Initiatives Program

Address where services are provided: various provider locations

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 1/1/2026 to 9/30/2026

Amount of Contract: \$ 3,780,000.00 Previous Fiscal Year: \$ 3,780,000.00

Program Type: Continuation

Projected Number Served- Year 1: 45,500 Persons Served (previous fiscal year): 44,000

Date Contract First Initiated: 10/1/2023

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).

Requesting DWIHN Board approval for the revision of the Children's Services Healthcare Quality School Success Initiatives (SSI) Program, to add a new provider, Core Caring Group (dba RBC Support Services), as a result of the 2026-020 School Based Health Quality Initiative Request for Proposal (RFP). Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve healthcare quality of services.

**Core Caring Group (dba RBC Support Services) will be allocated an amount not to exceed \$120,810 for the 9-month period of 01/01/2026 - 09/30/2026.**

**There are no changes to the remaining SSI providers or other programs. The total Children Services Healthcare Quality**

Initiatives budget remains the same in an amount not to exceed \$3,150,003 for the 10 months ending 09/30/2026.

The remaining 2 months of services for the period 10/1/2025 - 11/30/2025, totaling \$629,997, were approved with Board Action 25-18R.

BA25-18R (\$629,997) and 26-36R (\$3,150,003) together total the FY26 Children's Services Healthcare Quality Initiatives Programs in an amount not to exceed \$3,780,000

Funds within the total budget not-to-exceed amount of \$3,780,000 may be allocated amongst providers as needed without Board approval for the fiscal year ending September 30, 2026.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	\$ 3,780,000.00	\$ 3,780,000.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Signature/Date:

James White

Signed: Thursday, January 8, 2026

1/8/2026 7:32:27 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Tuesday, December 30, 2025

12/30/2025 6:28:33 PM

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-39R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant

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

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 105,596.00 Previous Fiscal Year: \$ 124,755.00

Program Type: Continuation

Projected Number Served- Year 1: 300 Persons Served (previous fiscal year): 365

Date Contract First Initiated: 6/1/2015

Provider Impaneled (Y/N)? Y

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

This board action is requesting a revision to the initial board action wherein funds provided by the University of Michigan (U of M) were allocated to Starfish Family Services to provide services under the Michigan Child Collaborative Care Program (MC3). Total funding (\$105,596) provided by (U of M) included \$84,612 for clinical services and \$20,984 for administrative services; \$95,359 was allocated to Starfish with the remaining amount retained by DWIHN for indirect costs.

U of M has requested provision of services be transferred from Starfish to DWIHN as early as possible. That being said, DWIHN requests a revision to Starfish's contract term end date from 9/30/2026 to 2/28/2026 and contract amount change to \$36,196 (\$28,593 for clinical services; \$7,603 for administrative).

The remaining funds will be allocated to DWIHN as follows:

- Indirect costs totaling \$13,774
- New Behavioral Health Consultant - \$44,982 Clinical; \$10,644 administrative; This position will report to the DWIHN Outpatient Clinic

The total amount allocated to Starfish is not to exceed \$36,196 for the 5 month period ending 2/28/2026. The remaining funds (\$69,400) will be allocated to DWIHN.

**Program Description:** The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Provider provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants.

Behavioral Health Consultant will act as the liaison with the primary care physician staff and the University of Michigan psychiatric staff.

Services include:

- Regional Outreach to eligible providers to ensure utilization of the MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrist;
- Coordination of care for children, adolescents, and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

---

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
state grant	\$ 84,612.00	\$ 84,612.00
federal grant	\$ 20,984.00	\$ 20,984.00
<b>Total Revenue</b>	<b>\$ 105,596.00</b>	<b>\$ 105,596.00</b>

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**

**Stacie Durant**

Board Action #: 26-39R

Signed: Thursday, January 8, 2026

Signed: Thursday, January 8, 2026

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-37 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Medversant Technologies LLC

Contract Title: Credentialing Verification Organization - Medversant

Address where services are provided: 355 South Grand Ave. Suite 1700 Los Angeles, CA 90071

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 11/1/2025 to 10/31/2026

Amount of Contract: \$ 298,600.00 Previous Fiscal Year: \$ 310,600.00

Program Type: Continuation

Projected Number Served- Year 1: 1,300 Persons Served (previous fiscal year): 1206

Date Contract First Initiated: 11/1/2017

Provider Impaneled (Y/N)? N

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval to enter into a one-year contract, **effective November 1, 2025, through October 31, 2026**, for an **amount not to exceed \$298,600** with **Medversant Technologies LLC**, a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization.

Medversant primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition Medversant conducts continuous monitoring of DEA licenses, Office of Inspector General, and System for Award Management sanctions, and licensure. All Medversant activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition Medversant will send Credentialing/Re-Credentialing letters and certificates to providers or practitioners. Medversant also has the capabilities to share all credentialing data with the State of Michigan's Universal Credentialing CRM platform and is being utilized by other PIHPs, creating synergies of a single solution. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

---

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Multiple	\$ 298,600.00	\$ 298,600.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

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: Thursday, January 8, 2026

Signed: Tuesday, January 6, 2026

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026



## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-42 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Wayne County

Contract Title: Wayne County Jail

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 5,000,000.00 Previous Fiscal Year: \$ 5,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 2,000 Persons Served (previous fiscal year): 2000

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? N

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

Detroit Wayne Integrated Health Network is requesting a continuing contract with Wayne County for the provision of mental health services for Wayne County residents who have been detained at the jail. Upon booking into the jail, inmates are screened, assessed, and determined to meet criteria for an intellectual/developmental disability; serious mental illness; co-occurring disorder; substance use disorder; or is at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by credentialed and qualified mental health professionals. Services include evaluation, diagnosis, crisis intervention, individual and group therapy, case management, medication management, referral, and discharge planning. Provision of services for this population supports DWIHN's mission to assure that mental health services are accessible for those in need. Treatment and services occur in the jail, and discharge planning provides for post-release aftercare with the community mental health system. **The contract amount is not to exceed \$5,000,000 for the fiscal year ending September 30, 2026.**

---

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
General Fund	\$ 5,000,000.00	\$ 5,000,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 5,000,000.00	\$ 5,000,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827210.08055

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: Saturday, December 20, 2025

Signed: Friday, December 19, 2025

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-43 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Alert Media Inc

Contract Title: Mobile Crisis Safety Monitoring/Panic Button

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 1/27/2026 to 1/26/2029

Amount of Contract: \$ 116,592.00 Previous Fiscal Year: \$ 89,592.00

Program Type: New

Projected Number Served- Year 1: 75 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 1/27/2026

Provider Impaneled (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for a Modification in the amount of \$27,000 to the previously approved Competitive Best Value Purchase for the Mobile Crisis – Panic Button Platform, Blanket Order BO22590027, with AlertMedia. This request builds upon the original competitive source justification and vendor selection process previously approved. This is a three-year contract to provide safety monitoring to Mobile Crisis staff. The contract term is from **January 27, 2026, through January 26, 2029. The contract amount shall not exceed \$116,592 for the duration of 3 years.**

---

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Multiple	\$ 116,592.00	\$ 116,592.00
	\$	\$

<b>Total Revenue</b>	\$	\$
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Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64972.961000.00000

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**

Signed: Thursday, January 8, 2026

**Stacie Durant**

Signed: Tuesday, December 30, 2025

## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here:\_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-45 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Accident Fund Insurance Co. of America

Contract Title: Workers' Compensation Insurance

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 1/20/2026

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 181,485.00 Previous Fiscal Year: \$ 54,551.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (“DWIHN”) is requesting approval to modify Workers’ Compensation insurance coverage through The Accident Fund for the period of October 1, 2025 through September 30, 2026. The previous cost of the premium was \$60,838. The cost of the premium for the policy is now \$181,485.00 due to an audit. The premium may be adjusted commensurate with the yearly Workers’ Compensation Audit. DWIHN is required by State law to maintain Workers’ Compensation Coverage.

The contract if approved will not exceed \$181,485.00 and will have a contract term of October 1, 2025 through September 30, 2026.

---

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 181,485.00	\$ 181,485.00

Board Action #: 26-45

	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.911000.00000

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**

Signed: Friday, January 16, 2026

**Stacie Durant**

Signed: Thursday, January 15, 2026



## Board Action Taken

The following Action was taken by the Full Board on the 21st day of January 2026.

☒ Approved

☐ Rejected

☐ Modified as follows:

☐ Tabled as follows:

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Executive Director -initial here: \_\_\_\_\_

*Lillian M. Blackshire*  
Board Liaison Signature

January 21, 2026



## **President and CEO Report to the Board**

### **January 2026**

**James E. White**

### **GOVERNMENT AFFAIRS/LEGISLATIVE EFFORTS**

As we enter 2026, we continue to work with our lobbyists at PAA to strengthen bipartisan relationships with policymakers and key stakeholders. This is an election year that will bring a shorter legislative calendar with every statewide office and legislative seat on the ballot.

In January, Attorney General Dana Nessel determined that the disapproval mechanism used by the House Appropriations Committee violated the Michigan Constitution's separation of powers among the branches of government. Specifically, the opinion found that the statute improperly allowed a single legislative committee to block the executive branch's implementation of \$645 million in already enacted appropriations, including funding for 163 community enhancement and infrastructure grants and projects. Moving forward, DWIHN will actively partner with our lobbyists to educate and advocate for the funding necessary to protect and strengthen our critical behavioral healthcare services.

### **ADVOCACY AND ENGAGEMENT**

- December 8, 2025: DWIHN Leadership volunteered with the Detroit Goodfellows to distribute
- December 2025–January 2026: Community outreach and distribution with our sleeping bag coats.
- January is Human Trafficking Awareness Month
- February 2–3, 2026: CMHA Winter Conference (Kalamazoo) - This year, Manny Singla, DCEO, and Stacey Sharpe, Associate Vice President of Clinical Operations, will be featured in a workshop.

### **Board of Directors' Appointments:**

Four board seats are up for reappointment this March, two each from the City (Angela Bullock and Bernard Parker) and County (Karima Bentounsi and Kevin McNamara)

### **SUD Board of Directors Appointments**

Up for re-appointment this March are two seats by the Wayne County Commission – James Perry and Margo Martin. Appointments from the DWIHN Board of Directors are up in 2027.

### **INTEGRATED HEALTH PILOT UPDATE**

The Detroit Wayne Integrated Health Network (DWIHN) continues its partnership with different health systems and platforms to provide integrated care. In the landscape of healthcare management, a notable effort has emerged aimed at enhancing care coordination among health plans. This initiative, involving the Detroit Wayne Integrated Health Network (DWIHN) and two Medicaid Health Plans, began with a structured approach to identify and address gaps in care for

members, specifically focusing on those with both physical and behavioral health needs. This prepared DWIHN for when Michigan Department of Health and Human Services required all health plans to complete care coordination with the PIHP.

Starting in January of fiscal year 2025/2026, DWIHN, alongside its 12 partner health plans, established care coordination agreements to streamline efforts in addressing these gaps. Monthly meetings are held to assess and discuss the health needs of members, highlighting issues such as patients not engaging with primary care providers, untreated health conditions related to psychiatric medications, high hospitalization rates, and medication non-adherence. This concludes the special project that involved only two health plans, as all health plans are now required to do so. Care Coordination will be reported out in regular Integrated Health Care monthly and quarterly reports.

### **Hospital Systems (formerly known as Health Plan Partner Three)**

This health system has opened an outpatient clinic in the Dearborn area, and DWIHN has reached out to explore the possibility of a partnership.

### **Shared Platforms:**

#### HEDIS Scorecard

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to evaluate performance in key areas of care. The Detroit Wayne Integrated Health Network (DWIHN) is following the guidelines established by the National Committee for Quality Assurance (NCQA) for behavioral health HEDIS measures to monitor and report on their effectiveness.

The Michigan Department of Health and Human Services (MDHHS) has launched a three-year quality plan to evaluate all Prepaid Inpatient Health Plans (PIHPs) based on 11 specific HEDIS measures. They will discontinue the use of the Michigan Mission-Based Performance Indicator System (MMBPI), except for one measure.

DWIHN collaborated with Vital Data to create a report that allows DWIHN to see which providers are accessing the HEDIS system. This will enable DWIHN to work closely with CRSP agencies that are not monitoring HEDIS data.

In December, the HEDIS scorecard was reviewed during six monthly meetings of Clinically Responsible Service Providers and seven health plans.

#### Lumenore

A customized predictive model utilizes new data to assess the risk of recidivism accurately. Lumenore segments members based on their likelihood of experiencing recidivism within 30 days. This model recommends interventions tailored to each individual's risk profile. The DWIHN Utilization Management and Integrated Health Care department will review the recommendations for members and forward them to the appropriate providers. During December, IHC and a CRISP provider tested the system and are ready to deploy in January.

## LONG TERM RESIDENTIAL CARE UPDATE

### Project Status Summary

- Overall Construction Progress: Major trades are nearing completion, with most systems at or above 90%.
- Drywall: Over 80% complete across both units; ceiling work to begin soon.
- Doors & Frames: Preparation and priming underway; all doors and frames are delivered and ready for installation.
- Plumbing: Approximately 90% complete; three bathrooms remain for rough-in. Hot water tanks and looping system are to be completed next week.
- Electrical: Rough-in about 90% complete; final work scheduled for next week.
- HVAC: All new units installed; split system onsite; above-ceiling ductwork about 90% complete.
- Fire Suppression: Sprinkler installation is approximately 90% complete.

### Additional Highlights

- All kitchen equipment is on-site and ready for installation.
- Bathroom tile installation has begun.

## CHIEF MEDICAL OFFICER

### Workforce Pipeline:

DWIHN Crisis Center has facilitated Psychiatry Residency Rotation for 6 months, completed one cohort of Psychiatric Mental Health Nurse Practitioners and close to the end of 2<sup>nd</sup> one and have gone through training several Physician Assistants in Psychiatry. Feedback from their training program has been very positive.

We completed an evaluation of first-year psychiatry residents during their one-month Crisis/Emergency Psychiatry rotation through structured feedback from eight site supervisors and clinical leaders. Findings indicate strong performance in initial psychiatric evaluations and suicide/homicide risk assessments (87.5% rated them as Adequate/Well) with no patient safety concerns reported. However, some gaps were noted in acute agitation management (62.5% rated them as Adequate/Well) and advanced legal process proficiency such as court ordered treatments. Recommendations include retaining the rotation in PGY-1 with prerequisite training, enhancing orientation, and strengthening agitation management through simulation and didactics. A meeting with the Residency Director later this month will finalize adjustments.

### Quality of Care:

Quality Indicators show a positive trend in reduced recidivism meeting State threshold of < 15% for Adults after several Quarters. (Adults: 14.87%, Children: 14.17% in Q4 2025). We focused on improved care coordination efforts with regional health systems.

### Direct Services:

Crisis services continue to expand capacity, serving 181 adults and 33 youths in December, with trauma-informed care prioritized for foster youth. Outpatient clinic operations remain stable with 957 enrolled since July 2024 and goals to sustain Joint Commission accreditation; recruitment for a Medical Director and an Advanced Practice Provider are in progress.

## **CHILDREN'S INITIATIVES**

On December 4, 2025, the Children's Initiative Department hosted its Annual Report to the Community event, "Our Community, Our Story," fulfilling a key deliverable for the System of Care Block Grant. This gathering served as an opportunity to reflect on Fiscal Year 2025 achievements in meeting the needs of children, youth, and families across Wayne County. The report highlighted progress toward four (4) core goals: increasing access to services, improving service quality, amplifying youth and parent voice, and strengthening the workforce.

The event drew strong engagement, with 89 of 98 registered attendees—including providers, community partners, stakeholders, and representatives from the Michigan Department of Health and Human Services—coming together to celebrate shared accomplishments. Participants received the System of Care Report booklet, now available on the DWIHN Children's Initiative webpage, which summarizes key milestones from the past year. The program featured keynote speaker Andrew Griffin, who delivered an inspiring message titled "Rewriting the Vision," and honored five (5) individuals with awards recognizing their contributions to advancing children's services.

Looking ahead, the focus remains on addressing persistent barriers to mental health services for children, youth, and families while continuing progress on System of Care Block Grant goals. Planning is already underway for the next Report to the Community event in December 2026, ensuring that the momentum and collaboration fostered this year carry forward into future efforts.

## **CRISIS SERVICES**

In late December 2025, MDHHS released a new Intensive Crisis Stabilization Services certification. This certification encompasses our crisis call line, mobile crisis teams and ICSS follow-up teams. The staff are working hard on the application and will submit to the state in med-February.

## **DIRECT CLINICAL SERVICES**

The DOC continues to monitor its Quality Assurance Performance Improvement Plan (QAPIP) for effectiveness of its interventions. The clinic sends appointment reminders and places reminder calls to members prior to the scheduled appointment in effort to increase show rates and decrease no-shows. The clinic also utilizes certified peer support specialists to engage individuals. These interventions are showing improvement and efforts to further reduce no-shows will continue ongoing.

There was a slight decrease in the number of services delivered by the DOC for November and December. There were fewer in-person days due to holidays in both months. The DOC continues to work on the interventions outlined in the QAPIP which require ensuring that staff adhere to the engagement policy and increase monitoring and supervision of staff caseloads. The DOC will continue to measure progress in services delivered with this plan and will adjust interventions if needed. For Q1 FY 26 there was a total of 2,346 billable services delivered.

Total Number Served FY 2025/Number Served 2025 Calendar Year: Since opening in July 2024, the total number of people that were enrolled and or assigned to the DOC was 957. Enrollment is defined by individuals who chose the DOC through the access center, new members that were unassigned to a clinically responsible service provider, individuals referred from mobile crisis or discharged from the CSU.

The total number of unique people served since July 2024 was 720. This data point is based on unique individuals that had at least one billable service encounter with the DOC. For this data point, the DOC counted the total number of unique intakes that generated a billable encounter completed for a new member. Since opening the DOC has provided a total of 6,367 services. For FY 2025, the DOC provided a total of 3997 services to members.

#### Demographic Data:

- 82% of persons served by the DOC are African American, followed by Caucasian at 11% and 7% reporting as other.
- 72% of people served by the DOC are female, followed by 28% males.
- 81% of people served by the DOC are adults followed by 19% children.

#### Accomplishments over the last year:

- Obtained full three-year Joint Commission Accreditation
- Received approval to begin Infant and Early Childhood Mental Health (I-ECMH) (started 12/2025)
- Expanded Evidenced-Based Practices to align with State of Michigan recommended practices
- Participation in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) cohort for certification

#### 2025 Outreach

The DOC participated in several outreach events for 2025 informing the community of the services the clinic offers as well as the DWIHN network overall. The approximate number of outreach events was 15 which included events such as interview on WWJ for Wellness Wednesday, Fox 2 News interview, the 6 Mile Street Fair, Detroit Health Department Fair, District 2 Department of Neighborhoods Meeting, DWIHN Self-Care Conference, Triumph Church Bible Study, WCCCD-Michigan Minority Supplier Development Council Health Care Summit, and Breast Cancer Screening Event hosted at Advantage Health to name a few.

#### **FINANCE**

Based on a preliminary Financial Status Report (FSR) analysis, Detroit Wayne Integrated Health Network (DWIHN) will utilize approximately \$20 million of the \$70 million in its Medicaid Internal Service Fund (ISF) in FY25. A significant amount of the increase in Medicaid is a shift from General Fund costs related to spenddown. DWIHN's General Fund overspend is expected to be reduced as compared to the prior year.

Molina has expressed interest in credentialing DWIHN as a Community Mental Health Service Provider (CMHSP) within their network of providers. This means DWIHN can serve all behavioral health members, including mild to moderate, and bill Molina as a payor.

DWIHN's Substance Use Disorder (SUD) Department is putting measures in place to reduce the number of uninsured members whose services are paid with Block Grant Treatment funding. Public Act 2 (PA2) funding will absorb the approximate \$2 million in overruns related to FY25. Finance presented the information to the SUD Advisory Board in November, and they are aware of the overruns.

DWIHN has put controls in place to ensure Certified Community Behavioral Health Clinic (CCBHC), eligible services are not paid, except for Respite. The Michigan Department of Health and Human Services (MDHHS) requested that DWIHN continue payment for respite until such time CCBHC's can enter into agreements with respective providers. MDHHS will reimburse DWIHN for any services paid.

## **HUMAN RESOURCES**

During the month of January, DWIHN welcomed two new members to our leadership team – Darrin Crawford, Chief of Staff, and Ebonye Graham, Associate VP of Human Resources. These two individuals are a welcomed addition to the DWIHN team. Contract negotiations with all unions have been completed and contracts ratified. The ASE Supervisor Institute Group E sessions and the LEAD (Lead, Engage, Advance, Develop) middle management program classes are ongoing. Participants have been finalized for the next cohort with Harvard Business School Online. They will be able to sign up for their classes the week of January 19, 2026.

## **INTEGRATED HEALTHCARE SERVICES**

The OBRA program plays a critical role in ensuring that individuals with behavioral health or intellectual/developmental disabilities receive appropriate care before entering nursing facilities. Each referral—whether from hospitals, community sources, or nursing homes—triggers a preadmission review within four days or an annual review within 14 days. This process safeguards members by confirming the right level of care and preventing unnecessary institutionalization.

December marked a period of strong performance and growing demand. OBRA processed 613 referrals, with 285 assigned for assessment and 198 completed. Additionally, 313 cases were triaged, and exemption letters were issued, indicating no assessment was needed. This represents an increase of 42 assessments compared to the same month last year. Notably, hospital referrals continue to rise, yet staff consistently meet the four-day turnaround requirement while reducing the 14-day annual review queue by 100 cases—a significant operational improvement.

The team's productivity remains a highlight, with most staff completing more than five assessments weekly and the OBRA Occupational Therapist averaging seven. Looking ahead, the focus is on leveraging full staffing resources and cross-training initiatives to accelerate annual review completions. These efforts position OBRA to sustain compliance, manage growing referral volumes, and maintain timely, member-centered care.

## **QUALITY**

MDHHS has scheduled DWIHN's Annual Site Review from March 11, 2026, through May 22, 2026. This will be a remote review as in the past; however, we will be using the Customer Relationship Management (CRM) instead of sharing documents via File Transfer Protocol (FTP).

DWIHN has received final results from the External Quality Performance Improvement Project. We achieved a "Met" validation score for 100% of the critical evaluation elements and 100% for the overall evaluation elements across the first eight validated steps, resulting in a "High Confidence" validation status.

For Step 9, the PIP achieved a "Met" validation score for 100% of the critical evaluation elements and 67% for the overall evaluation elements, resulting in a "Moderate Confidence" validation



status. This indicates that the performance indicator showed a statistically significant improvement over the baseline performance for both populations. However, we did not meet the state-specific goal of eliminating the existing disparity between the two subgroups during the second remeasurement period.

#### Next Steps:

- We will conduct a quarterly review of the causal and barrier analysis to ensure the identified barriers are still relevant, as well as to identify any new barriers that may require developing interventions.
- We will establish an evaluation process to assess the effectiveness of each intervention. This evaluation will help inform decisions on whether to continue, revise, or discontinue an intervention.

## **RESIDENTIAL SERVICES**

Throughout December, the Residential Services Department continued its commitment to quality by reviewing assessments completed by Residential Care Specialists (RCS). These audits, conducted by department managers, ensure that assessments meet baseline performance expectations and provide the necessary information to determine medical necessity and level of care for members. This process is critical to maintaining accuracy and thoroughness in service delivery.

During the month, managers within the Adults with Mental Illness (AMI) and Intellectual and Developmental Disabilities (I/DD) units completed two audits for each RCS conducting assessments, measuring performance against an 80% benchmark. Since the implementation of the residential audit tool in May 2025, average scores have improved by approximately 10%, signaling stronger assessment quality and growing staff proficiency. This progress reflects the department's focus on continuous improvement and accountability.

The audit process also identified two areas for improvement, with 73.3% of completed assessments documenting that the case holder of the Clinically Responsible Service Provider (CRSP) was made aware of the assessment recommendations and 78.3% of assessments documenting the placement preference of the member. Addressing these gaps will remain a priority as the department works to strengthen consistency and ensure comprehensive documentation. Moving forward, the team will continue leveraging the audit tool to drive quality and support better outcomes for members.

## **SUBSTANCE USE DISORDERS**

Leaving a substance use disorder program against medical advice (AMA) occurs when a patient voluntarily exits treatment before the provider team recommends discharge. This early departure can disrupt care continuity and impact recovery outcomes, making AMA rates an important measure of program effectiveness and engagement. For FY 2026, AMA rates have shown notable improvement, currently 1,208 basis points lower than the previous year. This reduction reflects a positive trend compared to withdrawal management programs and demonstrates a larger margin of improvement during the winter months, when AMA rates historically decline. These gains suggest that retention strategies and seasonal factors are contributing to better patient adherence.



Looking forward, the priority is to ensure that providers have actionable plans to further reduce AMA rates. The department will collaborate with service providers to develop retention policies and strategies aimed at sustaining this progress and supporting patients through the full continuum of care.

## COMMUNICATIONS

In December, DWIHN continued educating the community on seasonal affective disorder, social hosting, and dealing with holiday grief as we were in the midst of the holidays. We also highlighted major programs and partnerships in the holiday months: the improved Leg Up Program and SUD Holiday Coat distribution drive.

### Media Outreach

For the 25/26 fiscal year, the Communications team continued to use Critical Mention, 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 search for media contacts to reach more outlets.

### Monthly Highlights

The Communications department garnered media coverage, including these stories (hyperlinks connect to stories and interviews):



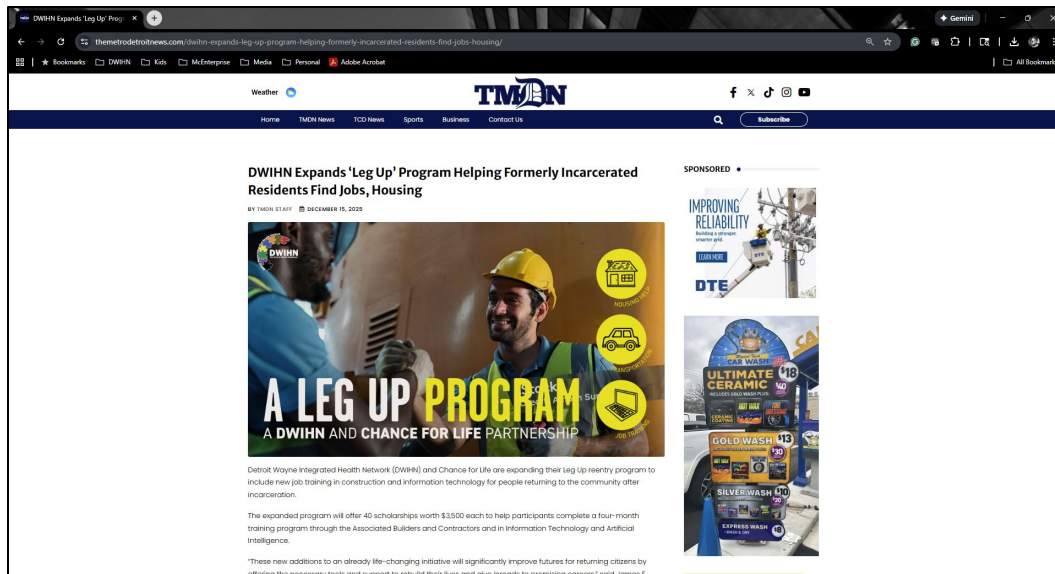
### Holiday Resource and Coat Distribution

On December 22, Substance Use Disorder Services organized and handed out Narcan kits and sleeping bag coats to SUD providers for distribution in the community. 180 coats were handed off to eight providers: Sacred Heart, Detroit Recovery Project, Salvation Army, Elmhurst Home, Star Center, Beginning Steps, Abound Recovery Services, Sobriety House, Lakeridge

Also, on December 30, the coats were loaded onto Mobile Crisis and Detroit Homeless Outreach Team (DHOT) vehicles as they conducted outreach in the community. DHOT engaged eleven (11) homeless individuals with care kits, food boxes, and two (2) coats.

Leg Up Program

On December 15, the [Metro Detroit News](#) shared the expansion of the DWIHN-funded Leg Up program through Chances for Life. It was also featured on all social media channels. The program provides forty, \$3,500 scholarships to participants requiring the completion of a four-month job training program.



## PBS Kids – Carl the Collector




The second campaign with PBS Kids exceeded expectations, with additional airtime and a wider reach to more homes, as commercials ran during the broadcast of the Carl the Collector cartoon.

- Contracted spots: 624
- Spots delivered: 767
- Estimated households reached: 432,000
- Actual households reached: 615,878



## Media Analytics




DWIHN received **373** total mentions, majority paid advertising, garnering the following metrics:

 <b>55.5k</b> Total TV Audience <b>55.5k</b> Local Audience	<b>\$8.122k</b> Total TV Publicity <b>\$8.122k</b> Local Publicity
 <b>131k</b> Total Radio Audience	<b>\$154</b> Total Radio Publicity
 <b>20.1M</b> Total Online Audience	<b>\$59.2k</b> Total Online Publicity

## Social Media

Posts highlighting the communities we serve, and staff engaged in direct, face-to-face work consistently outperformed other content types. Content that demonstrated real-world impact and genuine care generated higher engagement and was shared more frequently across platforms.

Here are the top posts of the month of December (Hyperlinks direct to posts):

1	2	3
<b>Provider Profile featuring Lincoln Behavioral Services</b>	<b>Marshall Mathers Coat Drive &amp; Giveaway and Goodfellows Toy Drive Recap</b>	<b>Navigating Grief During the Holidays</b>
Dec. 1	Dec. 8	Dec. 30
<b>1.1K Views</b>	<b>1.3K views</b>	<b>376 Views</b>
		

### Social Media Performance Report Summary

<b>Social Media Performance</b> (Facebook, Instagram, LinkedIn, X and YouTube)	<b>Previous Period</b> (November 2025)	<b>Current Period</b> (December 2025)
Total Audience Growth (Followers)	+260	+313
Engagements	4,211	3,483
Post Click Links	150	91
Engagement Rate	4.5%	4.1%
Impressions	92,840	85,520

### Community Outreach

DWIHN was in the community collaborating with partner organizations throughout the month. On Friday, December 12, DWIHN partnered to support Detroit PAL and the Detroit Police Department's Friday Night Lights, an outreach program for young men. The Network Innovation and Community Engagement (NICE) team were on the scene to talk to the boys, share a meal, give some haircuts, and play some basketball.



*NICE Team members Trent Sanford and Chris Jones work with Detroit Youth for the Friday Night Lights event*

On December 20, D’lon Schnieder, Communications Liaison, and Dwight Harris, Peer Support Specialist, attended the Angel Tree event at Greater Grace Temple where they handed out resources to families of children whose parents have been incarcerated. DWIHN sponsored the event to support the purchase of toys, books, clothes, and other resources for the kids.

DECEMBER	TOTAL
Number of Events	11
Estimated Individuals Reached	525

### **Branding, Visual Design & Outreach Initiatives**

The Communications team continues to elevate the DWIHN brand through strategic outreach and cohesive design across internal, external, and digital platforms. The team has further expanded its advertising to transit.

- **DDOT** – 300 interior cards
- **People Mover** – Eight (8) cards (pictured)
- **SMART** – Bus Wraps coming soon



**Upcoming Events: (See attachments)**





# DWIHN SOCIAL IDENTITY TRAINING SERIES

DWIHN Social Identity Training Series is offered quarterly  
Sessions are on Mondays, Wednesdays and Thursdays  
either 9am-12pm or 1pm-4pm

CEUs pending through the NASW of Michigan

To view/register for upcoming sessions right click a session title below or email [training@ruthelliscenter.org](mailto:training@ruthelliscenter.org)

## **SOCIAL IDENTITY 101**

Introduces words persons served might use to define their social identities. Expands understanding of how social identities can impact services and referrals. Facilitates practicing social identity conversations to increase positive health and safety outcomes for persons served

## **FAMILY PRESERVATION WITH UNIQUE POPULATIONS**

Introduces the importance of Family Preservation. Expands understanding of how family preservation might look with unique populations. Facilitates practicing of restorative approaches with parents of unique populations

## **INDIVIDUALIZED PLANS OF SERVICE WITH UNIQUE POPULATIONS**

Introduces the importance of a comprehensive intake and individualized plan of service. Expands understanding of the implications of individualized plans of service with unique populations. Facilitates practicing of developing service plans and referrals with unique populations

## **PERSON CENTERED PLANNING WITH UNIQUE POPULATIONS**

Introduces the importance of person centered planning. Expands understanding of how person centered planning applies to unique populations. Facilitates practice of skills that increase positive health and safety outcomes with unique populations through person centered work.

## **PLEASE NOTE:**

AN INDIVIDUAL COMPUTER WITH CAMERA AND AUDIO ACTIVATED IS REQUIRED FOR ALL TRAININGS

PARTICIPANTS WILL BE IN BREAKOUT ROOMS AND NEED ACCESS TO TYPE RESPONSES

PARTICIPANTS ARE REQUIRED TO BE ON CAMERA TO RECEIVE CREDIT

PLEASE CONTACT  
[TRAINING@RUTHELLISCENTER.ORG](mailto:TRAINING@RUTHELLISCENTER.ORG)  
TO REQUEST ACCOMMODATIONS.

For More Information ,Contact Us



[training@ruthelliscenter.org](mailto:training@ruthelliscenter.org)



[www.ruthelliscenter.org](http://www.ruthelliscenter.org)

# Love & Logic Parenting Made Enjoyable

## VIRTUAL PARENTING EDUCATION SERIES

These workshops provide concrete (helpful) information needed to be a more effective parent to motivate, lead and inspire the very best in your children.

**Thursday Evenings**  
**January 15, 22, 29,**  
**February 5 & 12, 2026**  
**7-8:30pm**

Have you ever asked yourself: *Why can't I get my child to be more responsible and make better decisions?* Come and join us!

### WORKSHOP SESSIONS

- 1: Handling Misbehavior without Breaking a Sweat
- 2: Teaching Kids to Listen the First Time
- 3: Avoiding Power Struggles and Bedtime Battles
- 4: Setting Limits
- 5: What to Do When Your Kids Leave You Speechless

Certificate provided after entire series has been completed.

**Full participation required.**

For more information contact Anita Rothert at  
arothert@guidance-center.org or 734-785-7705 x7035.



Register in advance at  
[bit.ly/  
jan26parenting](https://bit.ly/jan26parenting)  
or use the QR code:



After registering, you will receive a confirmation email containing information about joining the meeting.

**THE GUIDANCE CENTER**  
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