



Detroit Wayne Integrated Health Network

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

**FULL BOARD MEETING
Wednesday, July 16, 2025
Detroit Wayne Integrated Health Network
Administration Building
8726 Woodward Ave.
Detroit, Michigan 48202
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** – June 18, 2025 & Closed Session Minutes June 18, 2025
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – June 4, 2025
Approved Program Compliance Committee Minutes – June 11, 2025
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Metro Region Meeting – Macomb County Community Mental Health (Virtual) – July 24, 2025
 - 2) Community Mental Health Association of Michigan Annual Fall Conference – Grand Traverse, Michigan (October 27 – 28)
 - 3) Regional Chamber of Commerce Mackinac Policy Conference 2026 – Mackinac Island, Michigan (May 26th- 29th 2026)
 - B) Executive Committee
 - 1) Budget Hearing – Joint Finance Committee and Program Compliance Committee Meeting – August 6, 2025
 - 2) Metro Region Meeting – Detroit Wayne Integrated Health Network (October, 2025)
 - 3) Board Study Session (October, 2025)
 - C) Finance Committee
 - D) Program Compliance Committee

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



- E) Recipient Rights Advisory Committee
- F) Policy/Bylaw Committee
 - A. CEO Succession Plan
 - B. Detroit Wayne Integrated Health Network Procurement Policy
 - C. Board Action and Resolution Policy (Policy #2016-003)

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

X. UNFINISHED BUSINESS

Staff Recommendations:

- A. BA#24-50 (Revised) - Care Center Pharmacy Services *(Finance)*
- B. BA#24-55 (Revised) - Linen Services at 707 Crisis Care Center *(Finance)*
- C. BA#24-70 (Revised) - Leasing Space at Considine Little Rock Life Center *(Finance)*
- D. BA#25-02 (Revision 4) - ARPA Transitional Funding *(Program Compliance)*
- E. BA#25-11 (Revision 2) - Substance Use Disorder (SUD) Health Homes FY2025 - Mariners Inn *(Program Compliance)*
- F. BA#25-25 (Revision 5) - DWIHN FY2025 Operating Budget *(Finance)*
- G. BA#25-51 (Revision 5) - DWIHN Provider Network System FY2025 *(Program Compliance)*

XI. NEW BUSINESS

Staff Recommendations: None

XII. AD HOC COMMITTEE REPORTS

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

XIII. PRESIDENT AND CEO MONTHLY REPORT

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

XIV. PROVIDER PRESENTATION - Black Family Development

XV. REVIEW OF ACTION ITEMS

XVI. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

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

XVII. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD/ANNUAL MEETING**

Meeting Minutes

Wednesday, June 18, 2025

11:00 a.m.

BOARD MEMBERS PRESENT

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

BOARD MEMBERS ATTENDING VIRTUALLY: None

BOARD MEMBERS EXCUSED: None

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

GUEST(S): Mr. Tyrone Sanders Jr., Esq. of Counsel and Ms. Rebecca (Becky) Bechler, Managing Partner, Public Affairs Associates (PAA)

CALL TO ORDER

The Board Chair Dr. Cynthia Taueg welcomed and thanked everyone for attending the meeting. The meeting was called to order at 11:08 p.m. A roll call was requested.

ROLL CALL

Roll call was taken by the Board Secretary, Ms. E. Garza Dewaelsche and a quorum was present.

APPROVAL OF THE AGENDA

The Board Chair, Dr. Taueg called for a motion on the agenda and noted that an item needed to be added to the agenda. She added Legal Matters to the agenda, under item IX. Board Committee Reports, this item would be taken as the first item under the Board Chair Report. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the agenda with the addition of Legal Matters added to the agenda under item IX. Board Committee Reports item A. Board Chair Report.** There was no further discussion. **Motion carried, agenda adopted as amended.**

MOMENT OF SILENCE

The Board Chairperson, Dr. Taueg, called for a moment of silence. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes from the Full Board meeting of May 21, 2025. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes of May 21, 2025.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of May 7, 2025 and the Program Compliance Committee meeting of May 14, 2025 were received and filed.

ANNOUNCEMENTS

Network Announcements

Ms. B. Blackwell, VP of Government Affairs, extended an invitation to the Board and those in the audience to attend the upcoming 11th Annual Faith-Based Event “Wellness Beyond the Walls – Connecting Community, Spirituality, and Finding Wellness in Mind, Body and Spirit” scheduled on Thursday, July 10th 2025 from 9:00 a.m. to 4:00 p.m. at Madonna College 36600 Schoolcraft Livonia, MI. 48150. Additional information will be sent to our Provider Partners, community stakeholders and posted on our social media sites. There was no further discussion.

Board Announcements

Board Chair Dr. Tauег called for Board Announcements. Mr. Parker extended an invitation to the board and those in attendance to the Alkebu-lan Village Juneteenth Celebration, which includes fireworks on June 19, 2025, at 6:00 p.m. Alkebu-lan Village provides services to young people during the summer months.

Dr. Tauег, announced two birthdays during the month of June, Dr. Lynne Carter and Ms. Dora Brown both celebrated birthdays. The Board extended birthday greetings and wishes to the Board members.

LEGISLATIVE PRESENTATION – PUBLIC AFFAIRS ASSOCIATES (PAA)

Dr. Chair and Board Chair welcomed Mr. Tyrone Sanders and Ms. Becky Bechler to the meeting and noted there would be an update on the state of the environment in Lansing as well as the State of Michigan related to the Federal Government on the delivery of mental health services in our State. A PowerPoint was provided to board members. Mr. Sanders noted there were sobering statistics and information about what is going on relative to proposed cuts in funding. It was noted that the first page of the presentation talked about the state of the Legislature, in the Michigan House of Representatives, which is composed of 110 members, 56 Republicans and 54 Democrats; and in the State Senate, which comprises 38 seats with 19 Democrats and 18 Republicans. The 35th Senate District is currently vacant due to the election of Kristen McDonald Rivet to Congress. There has not been a lot of bipartisan action on policy on the budget, and this is demonstrated by the fact that only 5 bills have been signed into law this year.

An overview on the impact on the State budget was provided, it was noted that typically we would be going into the final week of negotiations on a budget, however while the Michigan Senate has passed their budget two weeks ago in its totality over to the House, the House of Representatives have yet to pass a budget with the exception of a school budget and a higher education budget; and the reason they have given for that is because as our last consensus revenue estimating conference fiscal analyst came back and noted that there is a billion dollar hole in our budget from the estimates of January, 2025 and have indicated the hole will get larger as we get to the end of our fiscal year which is September 30th; Republicans in the House have indicated the desire to wait and do another revenue estimating Conference in August in order to pass a budget that they believe

is fiscally responsible but more importantly one where they will not have to come back after the new fiscal year starts on October 1st and start taking back money. There has been little to no negotiation between the House and Senate on the Budget. We have no idea yet what the Republicans are proposing in their budget as it relates to the programming that we care about that has to do with the delivery of behavioral health services in this State. There are proposals pending before the United States Senate right now that could decimate programming for mental health services and substance abuse services in our State. We get about \$350 million from the Federal Government in the form of Medicaid that supports mental health programming; these funds were responsible for helping to serve almost 300,000 people who received services in our State last year; almost 3,000 people received services in our CSU last year. The mental health aspect of it is \$350 million, but in total the State of Michigan is looking to lose about \$15 billion dollars if the bill that passed in the US House is adopted into law by the US Senate and we anticipated, or they had a goal to pass the budget by the 4th of July. He noted that there was nothing big and beautiful about the bill because it is decimating the social safety net programs that Michiganders and our residents in Wayne County and Detroit depend on, and the State is looking at sustaining an \$880 million cut in the Supplemental Nutrition Assistance Program. We are not only impacting people's ability to get health care and mental health care, but also their ability to feed their families, so it really is a perfect storm.

Ms. Becky Bechler was introduced to speak about the things that they have been doing to control the narrative in Lansing and talking to members of Congress. Ms. Bechler noted they have been extremely active on behalf of the people who depend on the programs and services that DWIHN provides. It was noted that the Federal Government no longer provides funds for our crisis centers around the State because that was a part of the COVID funding. They immediately went to work, contacting our legislators and stakeholders, reaching out to let them know we need some assistance in the budget to fill that gap. The entire spring and now into the summer have been spent meeting with legislators, both virtually and in person. The conversations were very beneficial; legislators did not know all the details of what goes on with budgeting for organizations like DWIHN. It was a great opportunity for an informal conversation where they could ask questions that they normally would not be comfortable asking in a public setting. We have also met with several stakeholders during the Regional Chamber of Commerce Policy Conference on Mackinac Island. There was an opportunity to engage leadership within the Michigan Health and Human Hospital Association because if our organizations have to cut services this will have a direct impact on the hospitals in our surrounding areas, they were very attuned and very attentive to what we had to say and want to partner with us, offer suggestions of meeting with some of their members which we have done. We are very active in the legislative process. There is uncertainty around timing, we do not know when they are going to start to negotiate in earnest on the entire budget. We do know that the Speaker and the Senate majority leader are in a meeting today, this is their first conversation on the budget. We do not know if that is going to be on the education pieces or if there will be meaningful conversation; this has been a frustrating process. The Speaker of the House has been very open and feels like they can work over the summer, and they do not really feel any pressure to come up with a state budget until September 30th or October 1st, which puts a lot of pressure on stakeholders and all entities to budget and move forward with the programming that you want to serve the State of Michigan. There is also an odd process that the House of Republicans are using where anyone that wants to receive funding which was typically enhancement grants in the past needs to come before the Legislature, the Appropriations Committee and indicate why they want it and really outline it. The website for the House Republicans shows that over 800 entities

have applied for enhancement grants. So, having a hearing where 800 entities are able to provide testimony will clearly take up all of the summer depending on how they play that out. It is a very cumbersome, uncertain process. Another issue that we are following closely this spring is that the Department of Health and Human Services launched an online survey trying to reach out to stakeholders and entities about how to improve the behavioral health services dealing with PIHP's, this was all anticipation for what we are waiting for, an RFP on the PIHP process. It is believed that in the next 2 to 4 weeks, the Department of Health and Human Services will release an RFP for entities to respond to. We all know that they're probably going to go from 10 to 3 PIHPs; they are putting Wayne, Oakland, and Macomb into one area to work through. So there are a lot of unknown entities and in Lansing, it's become very controversial. We have stakeholders who support the process, there are stakeholders that do not support the process, and the legislators are now hearing from those pretty aggressively. We are not sure what the avenue, for example, if you wanted to stop a state RFP process, we are not certain how they would do that. We do know that the Community Mental Health Association has been aggressively opposing the process, we do know, because we've heard from legislative leaders. They're asking stakeholders about the problems or the benefits of this RFP. The governor signed only five pieces of legislation into law. They started in January, and now we are mid-June; five pieces of legislation is not a lot of activity, which is one of the results of having a divided government, they are not talking to one another, and they are not discussing legislation, and quite frankly, they are not passing each other's bills. There is not a lot of good news that we are reporting and there are more questions than answers. We wanted to make sure we provide you with the most updated information. It was noted that Mr. White and his team have been extremely active in this process, meeting with stakeholders and making it a priority. We believe that education will pay dividends later.

Discussion ensued regarding there being an increase or decrease in the funds for behavioral health; whether there have been situations similar to this, and how much the impending Governor's election is playing into their willingness to do nothing. PAA noted that they have seen this before, which resulted in a government shutdown for several hours; there was a lack of communication and a lack of bipartisan effort to negotiate a budget. The thing that exacerbates this issue is that we do not know what is going to happen with the Federal Government. The State of Michigan does not have the general fund revenue to backfill even an "nth" of these programs. There was also discussion about the planning that DWIHN has done if all these cuts happen. Mr. White noted that they have certainly looked at our economic situation, our provider network, the duplication within the provider network, gaining some efficiencies, looking at our IDD population, and the impact there. PAA noted that our CFO has done an amazing job over the years, certainly coming out of COVID and being judicious and a good steward of dollars to put us where we can make these decisions right now. However, we are looking at what happens if these programs are cut. The Chair, Dr. Taueg, noted that she was happy to hear that Mr. White was working with PAA, and thanked them for the information and for coming to the meeting to present it. There was no further discussion.

BOARD COMMITTEE REPORTS

Board Chair Report

The Chair, Dr. Taueg, noted that item IX. Legal Matters would be taken at this point, and there needed to be a motion for the board to enter into a closed session pursuant to Section 8(h) of the Open Meetings Act to receive advice contained in the legal opinion which is subject to the Attorney Client privilege and is exempt from discussion or disclosure under Section 13 (1G) of the Michigan

Freedom of Information Act. **It was moved by Mr. Glenn and supported by Mr. Parker to move into closed session.** A verbal vote was taken, and a roll call vote was requested. Ms. Garza Dewaelsche, Board Secretary, took a roll call vote. The Board moved into closed session with Dr. Taueg, Commissioner Kinloch, Ms. Dora Brown, Ms. Eva Garza Dewaelsche, Ms. Karima Bentounsi, Ms. Angela Bullock, Lynne F. Carter, M.D., Mr. Angelo Glenn, Mr. Kevin McNamara, Mr. Bernard Parker, Mr. William Phillips, and Ms. Kenya Ruth all voting Yea. **Motion carried.** The Board recessed to classroom 222 located at the Wayne County Community College District for the closed session.

The Board moved into closed session at 11:43 a.m. with Mr. White, CEO, Mr. Manny Singla, Deputy CEO, Ms. Yolanda Turner, VP of Legal Affairs, and Ms. Monifa Gray, Associate VP of Legal Affairs, attending the closed session.

The Board returned to the Wayne County Community College District -Northwest Campus Ballroom Detroit, Michigan from closed session at 12:40 p.m. **It was moved by Ms. Brown and supported by Ms. Garza Dewaelsche to come out of closed session.** A roll call vote was taken by Board Secretary, Garza Dewaelsche. Dr. Taueg, Commissioner Kinloch; Ms. Brown, Ms. Eva Garza Dewaelsche, Ms. Karima Bentounsi, Ms. Angela Bullock, Lynne F. Carter, M.D. Mr. Angelo Glenn, Mr. Kevin McNamara, Mr. Bernard Parker, Mr. William Phillips, and Ms. Kenya Ruth all voted Yea. **Motion carried.** The Board came out of closed session at 12:41 p.m.

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

The Regional Chamber of Commerce Mackinac Policy Conference was held on May 27th – May 30th, 2025, Commissioner Kinloch, Mr. Glenn, Mr. McNamara, Ms. Dewaelsche, and Mr. Phillips attended the Conference along with Mr. Adams, Chair, SUD Substance Use Disorder Policy Board and Mr. White, CEO, Mr. Singla and Ms. Blackwell. The Conference was very informative.

The Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference was held June 10th and 11th in Traverse City, Michigan. Mr. Parker, Ms. Bentounsi, Ms. Ruth and Commissioner Kinloch were in attendance.

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

It was announced that the Regional Chamber of Commerce Mackinac Policy Conference on Mackinac Island for 2026 was scheduled, and there are board members who are interested in attending.

Executive Committee

The Chair, Dr. Taueg, called for the Executive Committee to report and noted that she was not present at the meeting, and Commissioner Kinloch chaired that meeting on her behalf and would provide the report.

Commissioner Kinloch provided a verbal report. It was reported that the Executive Committee met on Monday, June 16, 2025. The Committee received various reports from the Finance Committee and the Program Compliance Committee. The committee also considered the recommendation to the Board to cancel the Board Study Session scheduled for July 30, 2025, as the agenda notes we will have our Budget Hearing, which is a joint meeting of the Finance and Program Compliance Committees, and is scheduled for August 6, 2025.

It was moved by Commission Kinloch and supported by Ms. Garza Dewaelsche to cancel the July Board Study Session. There was no further discussion. Motion carried.

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

Finance Committee

Ms. Brown, Chair of the Finance Committee provided a verbal report. It was reported the Finance Committee met on Wednesday, June 4th 2025. CMS approved the HRA payment to hospitals and increased per diem from \$608.00 to \$728.00, which is a pass-through that incentivizes the hospital to take our members. Although DWIHN is experiencing an increase in cost and utilization of approximately \$30 million dollars as of May 29th MDHHS approved a rate amendment to distribute approximately \$148 million statewide due to increases in inpatient, Autism and community living support based upon historical analysis; DWIHN is expected to receive approximately \$29 million dollars of the proceeds to offset increases to cost and utilization. DWIHN has projected to overspend general funds at approximately \$12 million dollars of which current year local funds will cover the deficit without going into our reserves. MDHHS announced that they will directly manage and oversee all CCBHC Statewide, which will result in DWIHN losing approximately \$600,000 in fees. Flagstar has released the cash collateral for our construction loans. The committee considered and moved for approval one board action, and our liquidity remains strong, and our cash flow is sufficient to support operations. There was no further discussion. The report of the Finance Committee was received and filed.

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

Program Compliance Committee

Lynne F. Carter, M.D., Vice Chairperson of the Program Compliance Committee, chaired the committee in Commissioner Kinloch's absence and provided a verbal report. It was reported that the Program Compliance Committee met on Wednesday, June 11, 2025. The committee received follow-up items from the Children's Initiatives Department and Outpatient Clinics. Quarterly reports were received from the Autism Services Department, Children's Initiatives, Outpatient Clinic Services, Customer Service, and Integrated Healthcare. The Substance Use Disorder Initiatives provided a PowerPoint presentation on the Chess eRecovery App Pilot Program. The Program Description Executive Summary was presented to the Committee, which moved it to the Full Board for approval. Comments were made regarding the conciseness and level of detail that was provided in the report, and it was to be used as a template for future program descriptions. The Quality department gave an update on the Quality Assurance Performance Improvement Plan for fiscal year 2025, and the VP of Clinical Operations provided an Executive Summary, which included updates on the Autism Services department. The Committee reviewed and moved for Full Board approval two board actions under Unfinished business and two board actions under

New business. Overall, the quarterly reports were very informative and continued to move the organization forward. There was no further discussion. The report of the Program Compliance Committee was received and filed.

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

Recipient Rights Advisory Committee

Ms. Ruth, Chair, Recipient Rights Advisory Committee (RRAC) provided a verbal report. It was reported that the Recipient Rights Advisory Committee met on Monday, June 2nd. The Chair welcomed new members Ms. Dora Brown, Ms. Angela Bullock, and Ms. English to the committee. There is a new bill, Senate Bill 271, which is designed to allow 100% virtual participation for Recipient Rights meetings. This has not passed yet; however, we wanted to make you aware, and we are hopeful that this bill will pass. The Office of Recipient Rights (ORR) is currently working on its semiannual report for the period of October 1st through March 31st, 2025. The report is due by the end of this month, June 30th, to MDHHS. The Director's report for complaints and investigations for April 1st through May 21st noted our office received 361 allegations, 35 were out of our Provider Jurisdictions, 12 were No Rights involved; 14 were actual investigations, we closed 78, and 236 remain open. Recipient Rights training for April 1st through May 15th, our trainers registered 1,222 individuals, 609 attended and completed the training; 413 were rescheduled to a later date, and 19 DWIHN staff members were also trained. There were 17 classes held on Tuesday, Wednesday, and Thursday from 10:00 a.m. to noon, and the evening classes were held on the second and 4th Tuesday of each month from 4:00 p.m. to 6:00 p.m. During our meeting, Ms. N. Williams, ORR Case Manager, presented a Compliance, Resolution, Policy presentation. There was no further discussion. The report of the Recipient Rights Advisory Committee was received and filed.

The Chair, Dr. Tauzeg called for the Policy/Bylaw Committee report.

Policy/Bylaw Committee

Mr. Phillips, Committee Chair, reported that the Policy/Bylaw Committee meeting was postponed to July 9th, 2025, and there is no report.

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Mr. Adams, SUD Oversight Policy Board Chair, reported that the SUD Oversight Policy Board met on Monday, June 16, 2025. There was full participation of a quorum. One action item was put forth and approved unanimously. The Benefits Manager from Coral Health Community provided information about the prevention summer camps. There was no further discussion. The Substance Use Disorder (SUD) Oversight Policy Board Report was received and filed.

The Chair, Dr. Tauzeg called for the report of the Utilization Management Program Description FY2025-2027 Executive Summary.

UTILIZATION MANAGEMENT (UM) PROGRAM DESCRIPTION FY2025-2027 EXECUTIVE SUMMARY

Ms. Marlena Hampton, Director of Utilization Management, reporting. An Executive Summary was provided for the board. Ms. Hampton noted that she was seeking board approval for the Utilization Management Program Description for fiscal years 25-27 which includes the program description of purpose and scope as well as our required additions and those approved by the

committee. The Chair called for a motion. **It was moved by Ms. Ruth and supported by Ms. Bentounsi approval of the Utilization Management Program Description FY2025-2027 – Executive Summary.** There was no further discussion. **Motion carried.**

The Chair, Dr. Taueg called for Unfinished Business. **It was moved by Mr. Parker and supported by Mr. Phillips to bundle and approve items 12a. BA#25-24 (Revision 4) Autism Service Providers FY25; 12b. BA#25-25 (Revision 4) FY25 DWIHN Operating Budget; and 12c. BA#25-51 (Revision 4) – DWIHN Provider Network System FY25, under Unfinished Business, as all the contracts had been reviewed by a Committee.** There was no further discussion. **Motion carried.**

Unfinished Business

Staff Recommendations:

A. BA#25-24 (Revision 4) Autism Service Providers FY25. DWIHN is requesting approval to add three (3) new APA Providers to the network: Blue Mind Therapy, Bright Behavior, and Pediatric Integrated Health. The contract is to be effective June 1, 2025, through September 30, 2025, to deliver Applied Behavior Analysis (ABA) and or Autism Evaluations. The total projected budget for autism services for FY25 remains unchanged and is not to exceed \$102,905,784. The amounts listed for each provider are estimated based on prior year activity and are subject to change. There was no further discussion.

B. BA#25-25 (Revision 4) FY25 Detroit Wayne Integrated Health Network Operating Budget. The proposed budget amendment serves to certify/decertify the following revenues and authorize changes to expenditures in a like amount: 1. Certify additional Psychiatric Hospital Rate Adjustment (HRA) revenues totaling \$15,275,822 resulting from a 20% rate increase approved by DHHS. 2. Decertify \$818,520 COVID and ARPA grant revenue: \$320,581 – Substance Use Disorders ARPA treatment and prevention block grant funds; \$429,676 – ACT and IDDT COVID block grant funds; \$68,263 – Mental Health COVID supplemental block grant funds. The board action also includes the use of \$1,298,468 of Medicaid/Local Reserves to support the following budgetary needs: \$313,700 for janitorial services at the Milwaukee Crisis Care Center (BA's 25-59, 25-62 and 25-63) 2. \$163,418 for HealthStream credentialing data conversion and implementation (BA 25-14R) and 3. \$694,697 for additional administrative salaries and fringes: \$72,388 salaries and fringes for administrative staff positions, \$622,309 salaries and fringes for new administrative position: Integrated Health Population Analyst (\$110,269), Recipient Rights Data Analyst (\$95,566), Three (3) new Facilities positions (\$225,342), Two (2) Human Resources Generalists (\$191,132) 4. \$126,653 salaries and fringes to fund four (4) new contingent Mobile Crisis positions. The revised FY2025 Operating Budget of \$1,261,153,299 consists of the following revenue: \$954,388,540 Medicaid, DHS Incentive, Medicaid-Autism, Children's /SED Waiver, HAB, CCBHC Supplemental, \$152,892,019 – Healthy MI Plan, \$12,552,243 -MI Health Link, \$21,460,905-State General Funds, \$23,533,633 – Wayne County Local Match Funds, \$4,723,521 – County PA2 Funds, \$38,856,715 – State Grants (MDHHS/MDHHS SUD, OBRA), \$27,923,631- Federal Grants (MDHHS/MDHHS SUD, SAMHSA), \$953,543 – Local Grants, \$6,760,000 – Interest Income, \$40,000 – Miscellaneous Revenue, \$17,068,549 – Medicaid/Local Reserves. There was no further discussion.

C. BA#25-51 (Revision 4) DWIHN Provider Network System FY25. DWIHN is requesting the addition of the following three (3) providers to the DWIHN provider network as outlined below without change to the total provider network amount. Residential Providers: 1. Caring for Others Homecare Solutions Inc. DBA CFO Homecare and Staffing Agency (Credentialed 5/29/2025 for Community Living Support). 2. Memee LLC (Credentialed 5/29/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support). 3. Real People Cares LLC

(Credentialed 5/29/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support). Board approval will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance, and Co-Occurring Disorders. The Services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated and are subject to change. There was no further discussion.

The Chair, Dr. Tauieg called for New Business. **It was moved by Commissioner Kinloch and supported by Ms. Ruth to bundle and approve items 13a. BA#25-64 HUD Permanent Supportive Housing (PSH) and 13b. BA#25-65 Western Therapeutic under New Business, as all the contracts had been reviewed by the Committees.** There was no further discussion. **Motion carried.**

New Business

Staff Recommendations:

- A. BA #25-64 – HUD Permanent Supportive Housing PSH.** This Board Action recommends Board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Supportive Housing funds for the following existing grant programs: COTS, Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Conseling Solutions and Wayne Metropolitan Community Action Agency. Additionally, this Board action recommends approval for the disbursement of the required local match to DCI, COTS, and CCIH. Approval of this Board action will authorize the renewal, acceptance, and disbursement of HUD CoC Permanent Supportive Housing grant funds in the amount of \$2,664,614, along with the Detroit Wayne Integrated Health Network general fund local match of \$109,321.50, for a total amount not to exceed \$2,773,935.50. The providers listed above submitted renewal applications through the local Continuum of Care and have been awarded funding for the HUD 2024 grant cycle. Program dates and details are as follows: Central City Integrated Health: 5/1/2025-4/30/2025 (Permanent Housing \$607,131.75; Central City Integrated Health-6/1/2025-5/31/2026 (Rental Assistance Program -RAP) \$501,331.00; COTS -11/1/2025-10/31/2026 (Omega) \$469,326.25; Development Center Inc, 11/1/2025-10/31/2026 (Omega) \$215,969.00; Southwest Counseling Solutions 1/1/2026 – 12/31/2026 (Rental Assistance Program – RAP) \$439,869.00; Wayne Metro Community Action Agency: 8/1/2025-7/31/2-26 (Permanent Housing) \$505,216.00 and DWIHN Administrative Costs - \$35,092.50. Funds may be redistributed amongst providers up to the approved not to exceed amount without Board approval. There was no further discussion.
- B. BA#26-65 Western Wayne Therapeutic-** This board action is requesting approval for an agreement between DWIHN and the Charter Township of Canton, Department of Leisure Services Therapeutic Recreation in the amount of \$75,000. The Therapeutic Recreation Program specifically provides positive and appropriate skill-building and leisure services to individuals with disabilities, including intellectual and developmental disabilities (IDD), Serious Emotional Disturbance (SED), and Serious Mental Illness (SMI) within Wayne County. There was no further discussion.

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

The Chair, Dr. Taueg requested the Strategic Plan Committee report. Dr. Carter, Committee Chair reported that the Strategic Plan Committee met on Friday, June 6, 2025. This meeting was scheduled as a planning meeting to address what occurred during the Strategic Plan of 2023-2025 and the plans for going forward, which would be for fiscal year 2026-2028. The committee discussed the overall structure, including the Mission statement, Vision, Values, and Guiding Principles to determine whether major changes were needed. The Administration presented the six pillars, and the reporting structure for each pillar was identified. It was reported that Advocacy provides reports at the Executive Committee meetings; the Access Pillar accomplished 92% of their objectives, the Advocacy Pillar accomplished 83%, and the Customer Pillar accomplished 73% of their objectives. The Finance Pillar accomplished 93% of their objectives, the Quality Pillar accomplished 94% and the Talent Engagement Pillar accomplished 91% of their objectives. The details that led to those numbers will be part of the future discussion as we plan for fiscal years 2026 through 2028. We will have our next meeting during the month of August to determine next steps. The committee also requested additional information on the details of the objectives, which will go into the specific planning of our goals of 2026 through the 2028 fiscal years. There was no further discussion. The report of the Strategic Plan Committee was received and filed.

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

Board Building Committee

Mr. Parker, Committee Chair, noted that the Building Committee did not meet during the month of June. There was no report.

The Chair, Dr. Taueg 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. It was noted that he was pleased to share various initiative updates and partnerships that exemplify our commitment to supporting individuals' mental health and behavioral needs across our region. It was reported our crisis care services team has achieved a major milestone earning Joint Commission Accreditation valid for three years, reflecting on our commitment to maintaining high standards of care, he congratulated and acknowledged the 707 Crisis Center celebrated its one year anniversary, June 10th with over 2,300 presentations for service which has been amazing. He noted that he personally knew of the impact of 707 and now the community can see that with the joint accreditation, but its impact with the number of people that it is serving moving from our crisis intervention to our innovative care models.

The integrated healthcare pilot continues to make notable progress. We have met with a number of providers, and we are continuing that platform to make sure we make the best of those services and provide them more efficiently. DWIHN continues its partnership with Medicaid Health plans to deliver integrated care, focusing on closing care gaps and improving member outcomes. Our care coordination efforts are going on monthly with Health Plan one and two, targeting members with physical and behavioral health gaps, with the goal of closing within 90 days. DWIHN exceeds the state standards with 97% of high need members actively engaged in care coordination.

The CCBHC application for full accreditation is progressing; however, a closure date was not provided. As we await further communication for approval with our final packet, we have received technical assistance, and Executive Director Ms. E. Reynolds was highlighted for her efforts. The process continues to move in the right direction, and it is believed that we are headed towards a disposition very soon.

The Long-term Residential Care with the Trillium team is in the final stages of the Permit Review Process. The board has been provided with a list of some outstanding items that we are working to bring to closure. Mr. Mike Maskey, Executive Director was acknowledged for his work with the Trillium team, and giving them technical advice as issues come up and with his work with the 707 Crisis Center and all that it took to bring that to where it is today; he also acknowledged VP Grace Wolf for her efforts, and Dr. Fahim and Dr. Mammo on the ground with the 24/7 operation seven days a week.

Mr. White noted that he has had the opportunity to do a few things over the past few weeks. He attended the May 2025 Mackinac Policy Conference, where advocacy and the impact of the so-called Big Beautiful Bill will have on those in our State who are recipients of Medicaid funding. We know that one in four families in Michigan will be impacted by this bill if it is approved, as it is currently laid out. On June 9th he attended professional development in Boston, where again the conversation was on the Big Beautiful Bill and the impact on Medicaid and the loss of some services and how we will move forward. On June 14th, we were featured by Fox 2 News, celebrating the one-year anniversary of the Crisis Care Center. Mr. Parker was thanked for attending and providing well-received words. The Mobile Crisis Clinic was featured that morning on Fox 2 as well, and on June 14th, he had the privilege of serving as a keynote speaker at the Father's Day Luncheon and Community Awards Ceremony hosted by Commissioner Alicia Bell.

Mr. White reported that he looked forward to sharing more updates as we continue our mission to deliver exceptional mental health services and strengthen our community partnerships. He thanked the staff, who do an amazing job and continue to impress him each and every day as he sees their work. He also acknowledged his wife, who had joined the meeting, and thanked her for being there. There was no further discussion. The CEO's monthly report was received and filed.

REVIEW OF ACTION ITEMS – There were no action items to report.

GOOD AND WELFARE/PUBLIC COMMENT

The Chair, Dr. Taueg, called for Good and Welfare/Public Comment. The Good and Welfare/Public Comment Statement was read. There were no members of the public requesting to address the Board either in person or virtually.

Mr. Parker noted that the Wayne County Commission had a loss with the passing of Commissioner Irma Clark-Coleman and that she has been very supportive of our efforts here and has always wanted to know what was happening. It was his hope that we could have someone attend the funeral and possibly provide a letter or a resolution for the official record. It was noted that Commissioner Clark-Coleman was a long-standing advocate of mental health services programs and a supporter of Detroit Wayne. **It was moved by Commissioner Kinloch and supported by Ms. Ruth that DWIHN direct that a Resolution in Memoriam be crafted for the late**

Commissioner Irma Clark Coleman and delivered at the most appropriate time. There was no further discussion. **Motion carried.**

ADJOURNMENT

There being no further business, Dr. Taueg, Chairperson called for a motion to adjourn. **It was moved by Mr. Parker and supported by Ms. Ruth to adjourn. The motion carried unanimously.** The meeting was adjourned at 12:58 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

JUNE 4, 2025

1:00 P.M.

**DETROIT WAYNE INTEGRATED
HEALTH NETWORK
8726 WOODWARD AVENUE
DETROIT, MI. 48202**

MEETING CALLED BY	Ms. Dora Brown, Chair called the meeting to order at 1:06 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Carmen Smith
ATTENDEES	<p>Finance Committee Members Present: Dora Brown, Chair Kevin McNamara, Vice Chair Eva Garza Dewaelsche Bernard Parker Kenya Ruth Dr. Cynthia Taueg</p> <p>Committee Members Excused: Karima Bentounsi</p> <p>Board Members Present: Commissioner Jonathan Kinloch</p> <p>Staff Members Present: Mr. M. Singla, Deputy CEO; Ms. S. Durant, VP of Finance; Mr. J. Connally, VP of Human Resources; Ms. B. Blackwell, VP of Government Affairs; Mr. K. Frambro, VP of IT Services; Ms. M. Gray, Associate VP of Legal Affairs; Mr. M. Maskey, Executive Director of Facilities; Mr. J. Schafer, Compliance Administrator; Ms. M. Moody, VP of Clinical Operations; and Ms. E. Reynolds, Executive Director of Outpatient Services</p> <p>Staff Members Virtually: Mr. J. White, CEO; Ms. Y. Turner, VP of Legal Affairs and Ms. C. Phipps, Director Children's Initiatives</p> <p>Guests: None</p>

AGENDA TOPICS

<p>I. Call to Order The meeting was called to order by the Chair, Ms. Dora Brown at 1:06 p.m.</p> <p>II. Roll Call Roll Call was taken by Ms. Lillian M. Blackshire, Board Liaison and a quorum was present.</p> <p>III. Committee Member Remarks - None</p>	
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IV. Approval of Agenda

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

V. Follow-up Items

Provide information on the Mental Health Act Fund

This item was deferred to the Program Compliance Committee.

Analysis of SUD Programs that were impacted by loss of COVID Grants

Ms. Durant reported. The first item was this body requesting an analysis of which programs and how much were impacted by the Federal cease of COVID Grants. The information was presented and this committee deferred to the Program Compliance Committee to determine the impact, if any, based on the March 31 deadline for those grants.

Provide Analysis on the number of contracts over the last two years that have gone to the Board between \$50K-\$100K

Ms. Durant reported. At the last meeting, there was a presentation regarding amendment to the procurement policy. This item was referred to the Policy Committee, however, the meeting was cancelled so it was brought to the Finance Committee. She stated that she brought the list of any contracts between \$50 and \$100,000, which is included in the Finance Committee packet. The information contains the contracts for the past two years.

Mr. McNamara stated that when he looks at the list of the \$50,000-\$100,000, it initially looks like it's good to go to \$100,000, but his concern is not things like Camp Therapeutic Recreation or the Accident Fund Insurance. His concern would be related to consultants. What kind of safeguards would we have on going from \$50,000 to \$100,000 with the consultants? He referred to Starfish Family Services. Ms. Durant responded that Starfish is not a consultant, but one of our largest children's providers. He asked for further clarification regarding the consultants, particularly personal services contracts. Ms. Durant responded those would still come to the board in the quarterly report. Ms. Cassandra Phipps, Director of Children's Services, provided clarification on Starfish Family Services. She stated that DWIHN has a contract with Starfish and University of Michigan for the MC3 program, and that is what is listed on the document, her understanding is that they provide behavioral health consultant staff for this program. She explained that the MC3 program is in tandem with the University of Michigan. They provide psychiatric consultation to doctors that might need to consult on medication, and then behavioral health consultants are housed in the clinics to provide consultation to those clinics.

Mr. McNamara asked if there's a way to segregate personal service contracts to keep it at \$50,000? He stated that, although he has a very high respect for what DWIHN does, in government they hire people a lot, and they put the named consultant on it, and I know that that's not a consultant. He further stated that it worries him that if somebody hired somebody as a consultant, the board wouldn't know about it until such time that it is already done.

Commissioner Kinloch asked if Mr. McNamara's request is for personal service contracts or professional service contracts to still require board approval under the less than \$100,000 threshold that has been proposed. Mr. McNamara asked if it would be difficult to do that and leave it at the \$50,000 threshold. Ms. Durant asked if this has previously been an issue and, if not, why would the concern be there that it would happen going forward. Mr. McNamara responded that it has not been an issue. Commissioner Kinloch stated that the board can always look at the matter in the future and make necessary adjustments if it becomes an issue so we can have consistency with the policy. Ms. Durant reiterated that the information would be provided to the board on a quarterly basis.

Mr. Parker asked if, in the future, an RFP goes out for a particular commodity, service, etc., does that mean anything under \$100,000 can be approved by Administration without coming before the board? Ms. Durant

responded that yes, to also be in line with this request on board approval, staff is also requesting that the threshold for formal solicitations be also increased to \$100,000; part of what was presented to the Finance Committee last month was, along with the equalization credits and the things that you all had requested in terms of, county-based, and so forth, there were two (2) things requested; one was that the Board approve contracts instead of \$50,000, it would be \$100,000. The second request was formal solicitations would be required over \$100,000 opposed to \$50,000. Currently, Federal (CFR) guidelines allow up to \$250,000 for a non-formal solicitation, but DWIHN is only asking for \$100,000. Therefore, contracts under \$100,000 would not require a formal solicitation. Contracts above \$100,000 would require a formal solicitation, and they would have to come before the board.

Mr. Parker asked for clarification – if DWIHN does a solicitation and it's under \$100,000, could it be approved by staff without coming to the board? Ms. Durant responded that is correct. Mr. Parker asked if it would just consist of contacting three companies and asking what their price is or getting informal quotes. Ms. Durant responded, per the CFR, that is the case up to a reasonable amount. Mr. Parker asked for clarification that the document presented included all the contracts over \$50,000 but less than \$100,000 and Ms. Durant responded that was correct.

Dr. Tauzeg asked if a company requires two contracts under \$100,000 would that then come to the board, or would it be listed twice. Ms. Durant responded that she believed if it is a different scope of service, it would be considered a different contract. She also stated she would clarify and bring the information back to the Committee. Dr. Tauzeg inquired as to the plans that we currently have in place for expansion, could it be expected that this number could increase in any significant way? Ms. Durant responded that is a real possibility. Dr. Tauzeg responded that the board will need to watch it quarterly. If it becomes troublesome to the board at some point, the policy can be revisited.

Commissioner Kinloch asked if the policy can be amended to say if any company receives in the aggregate, for whatever services, over \$100,000 within a 12-month period, that would trigger approval by the board, regardless of what the scope of services? Ms. Brown stated that she agrees with Commissioner Kinloch as to eliminate multiple contracts or RFPs to individuals under the \$100,000 threshold. This would include individual companies and subsidiaries. There was further discussion on how to identify the subsidiaries.

The record reflects that Mr. White joined the meeting virtually at this point.

Dr. Tauzeg asked if a motion is required to refer to Policy Committee. Ms. Turner responded that it has already been referred to the committee for review, and the amended language will also be forwarded to them as an amendment to the policy.

VI. Approval of the Meeting Minutes

The Chair called for a motion on the Finance Committee Minutes from the meeting of May 7, 2025.

Motion: It was moved by Ms. Ruth and supported by Mr. McNamara to approve the Minutes. There was no further discussion. **Motion carried.**

VII. Presentation of the Monthly Finance Report

Ms. Durant presented on the Monthly Finance Report for the seven (7) months ended April 30, 2025. She stated there had been a lot of supposed discussion at Federal level that the Hospital Rate Adjustment (HRA) payment that is a pass through from the State to Detroit-Wayne to the hospitals was in jeopardy as one of the Medicaid cuts that was in jeopardy. DWIHN received notice a couple of weeks ago that not only was it not in jeopardy, but the Federal government (CMS) did approve that hospital rate adjustment, and they also increased the amount of the HRA payments. This rate adjustment allows the hospitals to get additional compensation, and to encourage and incentivize hospitals to take our members or persons who are on Medicaid, because private insurance pays a lot more.

Ms. Durant stated that there is a board action on the agenda for a budget adjustment under Unfinished Business that will increase that amount (it is an estimate). The rate went up 20%, so the thought is that the funding will go up 20% as well.

Ms. Durant stated that throughout the year, she submits reports to the State on projections on where we're at, based on our revenues, activities, costs, and utilization. We had a mid-year report that was due the past Friday. Based on that mid-year report, DWIHN was looking at a Medicaid shortfall, so our utilization costs exceeded our revenues by about \$30 million. These funds were going to have to come out of our \$70 million Internal Service Fund, leaving \$40 million, which is something that would need watching. However, when submitting the report, we got a rate adjustment letter from the State of Michigan, whereby they are amending the rates and adding an additional \$148 million to the system because of higher utilization and costs. She stated that she estimates DWIHN will receive between \$30 and \$32 million. DWIHN is hopeful that this comes to fruition, and we won't have to use our ISF.

Ms. Durant stated that at the end of FY 24, we had a general fund shortfall. We are projecting that we're going to have a general fund shortfall again to the tune of approximately \$12 million. The current year will be able to cover that deficit without going into reserves. Dr. Taueg asked if the shortfall comes from any particular area. Ms. Durant responded that it's mostly due to spenddown and getting people back on Medicaid quickly during their redetermination period. In prior times, the providers still got paid. Now, we provide incentives to the providers that if they want to be paid, they need to get the necessary information submitted to the DHS office for their clients in a timely manner.

Ms. Durant reported that MDCH announced that, effective October 1, 2025, they will be directly managing the payment and oversight for all CCBHCs. DWIHN has seven (7) CCBHC providers in our region right now, and there are two (2) parts to the payments that we pay to them. There's the Medicaid-based payment, which is part of our Medicaid capitation payment, and there is a supplemental payment, which is money the State gives to us that we pass through to them. That pass-through will go away. For the Medicaid-based, we're estimating that out of the \$1 billion that we receive in Medicaid, \$50 million will be carved out (estimate). Mr. McNamara asked how much the pass-through is for our administrative fee? Ms. Durant responded it's about \$600,000. Dr. Taueg asked how it would work when DWIHN becomes certified as a CCBHC. Ms. Durant responded that her understanding is that if we were a CCBHC, the Medicaid and the supplemental related to DWIHN as a CCBHC would come to us directly from the State.

Ms. Durant stated that on May 29, 2025, our cash collateral that was held for our construction was released, and she transferred that into our main depository account, so that funding is now available for disbursement amongst the provider network. Ms. Dewaelsche asked what was the amount? Ms. Durant responded that the amount is \$22 million. \$2,045,000 remained as restricted because that was the difference between the second appraisal on the Woodward building and the loan amount.

Mr. McNamara asked for information about the IBNR (Incurred but Not Reported) Payable on the report. He stated the payment appears larger each month and wondered if it ever gets cost settled with the State. Ms. Durant responded that this is very common in a claims-based system or a healthcare system, where you have claims and services that have been performed, but the bill hasn't been received yet. She stated that it's important to put it there because, if not, it would look like we had extra money, and the State would ask for that back. She also stated this is an estimated amount based on past claims and what we have paid previously. There was further discussion.

Ms. Brown stated that the Monthly Finance Report was received and filed.

VIII. FY27 Budget Submission Timeline

Ms. Durant reported on the FY 26 budget submission timeline. She stated that on an annual basis, there is a joint Finance Committee and Program Compliance Committee meeting on the 1st Wednesday of August, which is August 6, 2025. The timeline would be that we would provide the board the initial budget packet on June 30. Questions would be submitted by July 9, and then DWIHN would provide

the final board packet, including responses to any questions that board members proposed by Wednesday, July 23.

IX. Unfinished Business – Staff Recommendations:

A. BA #25-25 (Revision 4): FY25 Detroit Wayne Integrated Health Network Operating Budget

Ms. Durant reported. BA 25-25R4 is the Budget Amendment regarding HRA, where we are certifying an additional \$15.3 million related to the anticipated HRA increase resulting from a 20% rate increase that was approved by DHS. In addition to that, we're decertifying \$818,520 for the COVID and ARPA Grant revenue that ended on March 31, 2025. We're also including additional Medicaid reserves of \$1.3 million related to approximately \$313,700 for janitorial services for the Care Center, \$163,418 for HealthStream, credentialing data, conversion and implementation, and \$694,697 for additional administrative salaries and fringes. She stated there was detailed information on the fringes in the written submission. Mr. Parker asked if all the additional administrative salaries all pertained to the Care Center. Ms. Durant responded that the Facilities and the HR positions pertain to direct services, and the fact that we've got the additional buildings, and we need additional staff to continue hiring. She stated she believed the rest of the positions are regular administrative salaries or administrative cost. These were not anticipated last year when the budget was presented.

Ms. Ruth asked about the new positions. Ms. Durant responded that on the Mobile Crisis positions, there was a lot of overtime so the additional contingent staff was hired to alleviate those costs. Mr. Maskey stated that the positions that posted for Facilities are going to help accommodate all the new contracts that we have coming forth with the different facilities. Now that the facilities' warranties are starting to expire, we have a tremendous amount of contracts that are going to be executed, as well as inventory and fleet management. Also, with the mobile crisis vans, we need individuals to help service those and keep them on the road, making sure tires are rotated, oil changes are completed, etc. He provided further explanation of each of the requested positions.

Mr. Connally reported on the Human Resources positions. There are two (2) Human Resources Generalist positions that are also being requested. Due to the significant increase in staffing, we need these additional positions to support HR needs for the additional staff.

Mr. White stated provided additional clarification on the request for contingent staff for the Crisis unit. The primary reason for that is just to have the availability of staff, as well as to reduce the overtime. They have them literally on standby. He started that DWIHN is coming up on one year of utilization of the Crisis Services unit. We're looking at 2,000 runs that they've handled, and the numbers are expected to grow over the summer so that additional staff is very much needed. With regards to the vehicle maintenance, the other big responsibility is maintaining the mobile clinic, which is a significant responsibility - from cleaning it to making sure that it's ready to go when we roll it out throughout the community, so that position would incur those responsibilities as well.

Ms. Dewaelsche inquired about the positions where staff are requesting the increase. Do these positions have to be filled by September 30? Ms. Durant responded that they are trying to fill the positions now. If the positions are not filled by September 30, they will be on our FY 26 budget. That was a big question to the chair. Dr. Taueg asked what would happen with the funds if the positions are not filled by September 30 and Ms. Durant responded that the funds are coming from the reserves, so it would just be less reserves spent. Ms. Dewaelsche asked for the total amount of the budget adjustment, which is approximately \$15.8 million.

The Chair called for a motion to approve BA #25-25R4. **Motion: It was moved by Mr. Parker and supported by Ms. Dewaelsche.** There were no questions or additional discussion. **Motion carried.**

X. New Business – Staff Recommendations: None

Mr. Parker stated that the Care Center has been operating for almost a year and asked if there's enough data to determine how much we've been able to reimburse versus the cost that it's costing us to operate the center

because we get reimbursement based on the participation clients but our costs are somewhat standard as far as personnel and cost of the building. Ms. Durant stated that we don't bill for our services. We receive a capitated amount of funding from the State, and the services, payment to providers and administrative costs, etc. is a part of that capitation which also includes the Care Center. Mr. Parker stated that he basically wants to know how the Care Center is functioning. Ms. Brown added that she believed Mr. Parker was requesting a wellness check on how the Crisis Center is doing as far as how it operates financially i.e. what does it look like, how is it affecting the budget?

Mr. White stated that he constantly asks about capitation issue, which can be quite confusing. The question at a very basic level is are we losing money. The answer is maybe. The Care Center is quite an extensive endeavor. He stated he's very interested in that because he wants to know what it's going to look like when we get to 707. Are we going to have a big, empty building, or are we going to have a big, filled building? This is not a money making endeavor. It's a break even endeavor. At this point, we are not breaking even. He added that, if given time to understand the issue more, he would provide a more complete response and has already spent a lot of time with Ms. Durant on the issue. There was further discussion.

XI. Good and Welfare/Public Comment – The Chair asked if there were any public comments. There were no members of the public requesting to address the committee.

XII. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn.
Motion: It was moved by Mr. McNamara and supported by Ms. Ruth to adjourn the meeting.
Motion carried. The meeting was adjourned at 2:13 p.m.

FOLLOW-UP ITEMS

- 1) The committee requested an analysis of the Crisis Care Center and how we are performing financially.
- 2) Revise the Procurement Policy to include language regarding if an individual company has a contract aggregate of over \$100K in a fiscal year it has to come to the board.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JUNE 11, 2025

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Lynne Carter, Vice-Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	Committee Members: Angela Bullock, Dr. Lynne Carter, and William Phillips Committee Member(s) Excused: Angelo Glenn and Commissioner Kinloch Staff: Brooke Blackwell; Monifa Gray; Marlena Hampton; Sheree Jackson; Melissa Moody; Cassandra Phipps; Ebony Reynolds; April Siebert; Manny Singla; Andrea Smith; Yolanda Turner; Michele Vasconcellos; James White (Virtual0; Rai Williams; and Matthew Yascolt

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Dr. Carter called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Dr. Carter called for a motion to approve the agenda. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to approve the agenda. Dr. Carter asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	A. Children's Initiatives' Quarter Report – Provide information on what efforts are in place to reach African American boys between the ages of 10 to 14 to help them before they are in crisis – Cassandra Phipps, Director of Children's Initiatives reported that the department provides presentations on accessing
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Community Mental Health Services to schools in Wayne County, Department of Health and Human Services (DHHS), parents, and other stakeholders throughout the year; DWIHN offers prevention programs through the School Success Initiative program, GOAL Line, and Youth United to provide positive activities, education, and resources to prevent crisis; the department participates in monthly meetings with DHHS and various case consultations with DHHS to discuss service options; and further analysis of crisis screening trends to assess risk factor trends, zip code locations, referral source and housing status. New initiatives started in FY 25, The Michigan Collaborative (MC3) with University of Michigan to provide psychiatric consultation at The Children's Hospital's emergency room and Southwest Counseling Solutions (MiSide), Youth-Nominated Supported Model at The Children's Hospital emergency room providing Cognitive Behavioral Therapy for Suicide Prevention and the Youth-Nominated Support team for black adolescents ages 12-17 years old following an emergency room visit for acute suicide risk and build a qualified workforce including diversity and relatability to the children and youth receiving services. Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on the admission trends for the children's unit for ages 10-14. Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center. **(Action)**

- B. **Outpatient Clinics' Quarterly Report** – Provide information on outreach and awareness to get more men into outpatient care instead of going to crisis – The outpatient clinic has recently recruited three (3) African American male staff, that are in process of developing outreach efforts focused on education and destigmatizing myths associated with accessing mental health services as a means of prevention and to boost overall physical and mental health. The outpatient clinic is actively working on identifying places in the local community and will report in more detail on the outcomes during the quarter 3 updates. DWIHN Outpatient Clinic is also partnering with the DWIHN Communications team to better inform the community about outpatient clinic services, which will include more social and news media highlighting the direct services that DWIHN provides. Dr. Carter opened the floor for discussion. Discussion ensued.
- C. **Provide the impact of grants not continuing past March 31, 2025, would have on our members; What programs might be affected by the loss of these dollars?** DWIHN had six (6) months of funding available, and that was discontinued at the end of March 2025. We had a total of over \$1.7M in ARPA Grant, and that funded 11 different initiatives. Eight of those 11 initiatives were related to substance use services, and for the first six months, we used approximately 46% of those funds. Of the eight programs, we are able to continue a good majority of almost all the programs. The response teams, recovery housing, and recovery support can all be fee-for-service billed codes so the providers can continue to do and get reimbursed for those services. There are funds available for evidence-based practice, prevention, and student assistance programming through various sources (SOR block grants and PA2 funds). When looking at just those services that directly impact on the members, it is actually not 46% but more than 70% of those funds have been used.
- D. **Provide information on the Mental Health Act Fund—** This program is specifically for our Assertive Community Treatment (ACT) team providers and did not go directly to members or services. This program was an incentive program for providers to offer hiring incentives, bonuses, retention, and training. Four of the seven ACT Team providers used the expenses, and three did not submit any expenses on that line item. DWIHN also had three other initiatives that were related to staff incentives, training supplies and materials for our CIT,

	mental health first aid, and some allocation for SUD administrative expenses. Of the \$538,000.00 that DWIHN received for that program, there is \$429,000.00 left. Dr. Carter opened the floor for discussion. Discussion ensued.
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Dr. Carter called for a motion to approve the May 14, 2025, meeting minutes. Motion: It was moved by Ms. Bullock and supported by Mr. Phillips to approve the May 14, 2025, meeting minutes. Dr. Carter asked if there were any changes/modifications to the May 14, 2025, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.
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VII. Reports

17B DISCUSSION/ 18B CONCLUSIONS	<p>A. Chief Medical Officer - <i>The Chief Medical Officer's Report was deferred to the July 9, 2025, Program Compliance Committee meeting.</i></p> <p>B. Corporate Compliance - <i>The Corporate Compliance Report was deferred to the July 9, 2025, Program Compliance Committee meeting.</i></p>
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VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Autism Services – Cassandra Phipps, Director of Children’s Initiatives, submitted and gave highlights of the Autism Services’ quarterly report. It was reported that:</p> <p>1. Activity 1: Expansion of Autism Services (RFQ) – To address provider capacity shortages affecting beneficiaries seeking Autism Services in Wayne County a 5-year Request for Qualifications (RFQ) was posted to increase the number of ABA providers available in Detroit Wayne Integrated Network (DWIHN) provider network. The RFQ started in 2023 and expected to continue until 2028. Over the course of Fiscal Year 2024 and the first two quarters of Fiscal Year 2025, the Autism Benefit program has continued to grow in both member engagement and service activity. Throughout FY24, enrollments steadily increased each quarter, peaking in Q4 with 371 new members. Discharges steadily declined over the same period, indicating improved service retention and stability across the network. In FY25, enrollments remained high, with a record-setting 428 new members in Q1. While Q2 also maintained strong enrollment (404 members), the number of discharges rose significantly to 242, more than doubling the prior quarter. This increase is largely attributed to Chitter Chatter’s contract conclusion, which prompted a high number of discharges and member transitions. To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. Between January and March, a total of 3 ABA Providers were officially awarded a contract: Akoya Behavioral Health, Brightview Care, and KD Care Community ABA Services. The new ABA Providers were promptly onboarded and provided orientation training to support the influx of transferring members needing placement due to a nonrenewal ABA Provider contract. The addition of the 3 ABA Providers and the non-renewal brought the total ABA Providers in the network to 25. The department will continue to coordinate with the Contracts and Credentialing departments regarding onboarding new ABA providers and facilitating ABA orientation for the new providers.</p>
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2. **Activity 2: Timely Access to Eligibility Results** - The DWIHN Autism Department is focused on improving timely access to ABA services for individuals with autism, ages 0 to 21st birthday, covered by Medicaid in Wayne County. A key area of improvement is reducing delays in receiving diagnostic evaluation reports, which are required to determine eligibility for the Autism Benefit. Historically, delays of up to three months were common, significantly impacting how quickly members could begin services. The goal is to ensure diagnostic reports are completed within 7 calendar days for non-spectrum evaluations and within 15 business days for evaluations resulting in an ASD diagnosis. In response to feedback from providers and evaluators, DWIHN extended the allowable reporting window for ASD diagnoses from 10 to 15 business days, while maintaining the 7-day requirement for non-spectrum evaluations. Since this update, timeliness has improved significantly. In FY24, the average on-time completion rate was 84%. In FY25/Q2, that number rose to 513 out of 528 reports, reaching a 97% on-time rate, well above the 80% target. This demonstrates that the revised timelines support both quality evaluations and access to services. DWIHN will continue to review all incoming diagnostic evaluations to ensure eligibility is accurately determined before authorizations are issued. Evaluators will be held to an 80% adherence rate to ensure thorough and individualized recommendations are made. In addition, DWIHN will emphasize the importance of separating the evaluation and feedback sessions, reinforcing this expectation with providers to support comprehensive family-centered care, and improve the quality of recommendations shared with families.
3. **Activity 3: New Autism Initiatives** – From January to March 2025, new initiatives focused on improving provider coordination, streamlining enrollment and discharge processes, and enhancing access for families. These efforts aim to ensure timely services, stronger oversight, and better outcomes for members. From January to March 2025, the Autism Services team launched several initiatives to improve coordination and access, including piloting the ABA Enrollment, Discharge, and Transfer Form, rolling out the Provider Availability Form for Support Coordinators, and addressing overdue six-month assessments. A training series was also launched to support new providers entering the network. The department hosted multiple provider trainings throughout Q2 to strengthen understanding of Autism Benefit requirements and improve consistency in documentation, service delivery, and network expectations. In the coming months plan to fully implement the ABA Enrollment, Discharge, and Transfer (EDT) form across all providers to streamline transitions and improve documentation. Continue offering targeted technical assistance and training for both new and existing providers to strengthen understanding of compliance and coordination requirements.

Dr. Carter opened the floor for discussion. There was no discussion.

- B. **Children's Initiatives** – Cassandra Phipps, Director of Children's Initiatives, submitted and gave highlights of the Children's Initiatives ' quarterly report. It was reported that during FY25/Q2, DWIHN served a total of 13,369 unduplicated children, youth, and families in Wayne County, ages 0 up to the 21st birthday, including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY25/Q1 of 13,056 members served as well as significantly higher than the previous FY24/Q2 of 11,925 members served. It is noted that during FY24, the average children, youth, and families served was 12,249, and a total of 48,996. As of FY25/Q2, the total number of children, youth, and families served was 26,425.

1. **Activity 1: Access to Children's Services** – The Michigan Department of Health and Human Services (MDHHS) implemented Performance Indicator 2a: Timely access to services. Effective 10/1/2024, the new goal for timely access to services was identified at 57%. It is the expectation that children receive an intake assessment within 14 days of the screening date. In addition, the new screening service was incorporated into the data reports. Children Providers also participate in 45-day meetings to inform of progress, challenges, and solutions. Children's Providers were trained in the new screening submission process. The interventions resulted in an increase in compliance and meeting the 57% goal for FY25/Q2.
2. **Activity 2: School Success Initiative Program** – The School Success Initiative (SSI) is an evidence-based and prevention-based mental health program provided to students K-12 in Wayne County. The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school as a result of the administered Strengths and Difficulties (SDQ) questionnaire. There are 10 Children Providers that deliver SSI services within 64 schools in Wayne County. During FY25/Q2, a total of 203 students were accepted to participate in SSI Tier services. There was a big decrease in crisis screenings in FY 24 (42) compared to FY 25, Q2 (3). There was also a big decrease in inpatient hospitalization from FY 24 (38) compared to FY 25, Q2 (3). There were 603 various risk factor presentations provided to students, educators, and/or parents for FY 25. During FY 25, Q2, there was an increase in total tier services and total students receiving tier services compared to Q1.
3. **Activity 3: Pediatric Integrated Health Program** - The new Integrated Pediatric Program is a pilot program that was launched on 10/1/2025 with Starfish to support perinatal health. This project would create capacity to provide coordination between 6 OBGYN practices, Perinatal Programming throughout Wayne County, pregnant and new mothers' issues, including mental health conditions, substance abuse, and social determinants of health. The objectives of the program are to increase access to services for identified patients in OB/GYN clinics and the likelihood of desired health outcomes for pregnant and new mothers. During FY25/Q2, 72 patients were seen at the OBGYN clinics, and 56 patients presented with perinatal health needs. Out of the 56 with perinatal health needs, 12 declined ongoing services, and 32 enrolled in community mental health services. The program served six (6) fathers in Q2 as well. The updated parameters are to include fathers in future data reports. Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) issued a Request for Information (RFI) among children's providers, resulting in 5 providers and DWIHN staff having the opportunity to participate in postpartum depression training this year. In addition, 3 Providers were selected to pilot HT2. HT2 is an e-screening, brief intervention, and connection to care for behavioral health in pregnancy. Michigan State University is offering gift cards to cover the cost of diapers for pregnant mothers who participate in the pilot screening program. DWIHN will be issuing RFPs for several children's services programs for FY 26.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on whether grandparents will be included in the Pediatric Integrated Health program. Is there a follow-up after a member has been connected to services? (**Action**)

C. **Outpatient Clinics Services** – Ebony Reynolds, Executive Director of Outpatient Clinics Services, submitted and gave highlights of the Outpatient Clinics Services’ quarterly report. It was reported:

1. **Activity 1: Joint Commission Survey** – The DWIHN Outpatient Clinic completed the Joint Commission survey on April 14-15, 2025, in partnership with the DWIHN Crisis Care Services team. The review went very well. There was one recommendation to add a rating scale to the Columbia Suicide Rating Scale (C-SSR) to accompany the existing comprehensive C-SSR screening. All items have been sent to the Joint Commission, and DWIHN did receive a full three-year accreditation, effective April 16, 2025.
2. **Activity 2: Certified Community Behavioral Health Clinic (CCBHC)** – The DWIHN Outpatient Clinic has submitted additional documentation to MDHHS for DWIHN’s CCBHC application. MDHHS requested additional clinical information regarding crisis services and catchment area as well as a new cost report. MDHHS informed DWIHN that they have submitted all requested documents for full approval, and now DWIHN is awaiting a response on full certification.
3. **Activity 3: Quarter 2 Performance Indicator Data** - As a directly operated service provider, the DWIHN outpatient clinic is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows: Indicator #2a - Access/1st Request Timeliness-Benchmark 57%; Indicator #3 - Access/1st Service Timeliness-Benchmark 83.8%; Indicator #4(a) Follow-up care within seven (7) days of discharge from inpatient-Benchmark 95%; and Indicator #10 - Inpatient Recidivism-Benchmark 15%. All performance indicator benchmarks were met for FY 25, Q2.
- 4 **Activity 4: Current Enrollment/Demographic Data** - The DWIHN outpatient clinic began providing services in Quarter 4 of Fiscal Year 2024 (Q4 FY 24). To date, the outpatient clinic has a current enrollment of 343 individuals. The current goal is to enroll 350 by September 2025.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested a timeline on the completion of the dashboard in Power BI. **(Action)**

D. **Customer Service** – Michele Vasconcellos, Director of Customer Service, submitted and gave highlights of the Customer Service’s quarterly report. It was reported that:

1. **Activity 1: Customer Service Calls** – For the 2nd Quarter fiscal years 23/24 and 24/25 comparison for DWIHN’s Reception/Switchboard, we showed that there was a decrease in both the number of offered calls and the number of calls answered. There was also a reduction in the abandonment rate from 2% to 1%, demonstrating our efforts to promptly address callers. The average speed to answer was 10 seconds. The service level increased from 95% to 97%. In comparing the Customer Service Call Center data, we've seen increases in both the number of offered calls and calls answered, reflecting our enhanced capacity to handle rising call traffic. With an abandonment rate of just 3%, well below the <5% standard. Our average speed of answer continued at 10 seconds. Both our service level and percentage of calls answered surpass the 80% standard, achieving an impressive 95%.
2. **Activity 2: Grievances and Appeals** – Grievances may contain more than one issue. For the 2nd Quarter FY 24/25, the trend of the top 3 categories for grievances was in the areas of: **Access to Services, Customer Service, and Delivery of Service**. For 2nd Quarter 2, FY 23/24, the trend of the top

3 categories for grievances was in the areas of **Interpersonal, Delivery of Service, and Access to Services**. Overall, FY24/25 showed decreases in grievance categories in comparison to the previous fiscal year. Most Due process activities halted due to Disenrollment process collaboration, Chitter Chatter outreach letters, and addressing adverse benefit determination letters that had to be created and mailed by Customer Service. The department continued preparing Grievance and Appeals files for the upcoming HSAG Review and working with the HSAG consultant and conducted multiple Due Process trainings with the provider network.

3. **Activity 3: Member Engagement** - The department facilitates various survey activities. This feedback is essential to DWIHN's ability to address members, providers, and community concerns and prioritize new initiatives; Member Engagement sponsored a Mental Health Awareness event in March, which focused on expanding resources and opportunities in the community; and preparing for the publishing of the Spring member newsletter, Person Point of View was addressed.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on why there are 25% fewer switchboard calls compared to FY 24. Define what the "call being answered in 10 seconds" means. **(Action)**

- E. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care's quarterly report. It was reported that:

1. **Omnibus Budget Reconciliation ACT (OBRA)** – 1,795 referrals were triaged, and 524 full assessments and 166 partial assessments were completed. Within the next year, 363 individuals in nursing homes will require an annual assessment.
2. **Complex Case Management** – In quarter two, Complex Case Management focused on increasing the number of individuals entering the program. This was accomplished by increasing the number of community presentations at local CRSPs, hospitals, primary care offices, substance use clinics, and DWIHN Care Center. Complex Case Management also reached out to 101 other individuals for care coordination. Case Management increased the number of open cases from ten (10) new cases in quarter one to sixteen (16) new cases in quarter two. At the end of December 2024, Complex Case Management started going to the DWIHN Care Center weekly to discuss the service's benefits. Of the sixteen (16) referrals, nine (9) were from the DWIHN Care Center. Referrals from CRSP and DWIHN Care Center are the highest.
3. **Health Effective Data Information Set (HEDIS)** – The Integrated Health Care Department has quality improvement plans for 4 of the 11 measures. DWIHN created a HEDIS Scorecard, which was rolled out in the first quarter of 2024. DWIHN shares these measures with CRSP providers at the 45-day meetings. In quarter two, during the 45-day meetings, HEDIS scores for each CRSP were shared. Scores from 2023 and 2024 were compared, and CRSPs were asked how they are monitoring and improving scores. Nineteen CRSPs are involved in HEDIS scores. In March, a new HEDIS Specialist was hired in the Integrated Health Care Department. Integrated Health Care met with a local diabetes clinic to discuss opportunities to improve the health of members who are prescribed antipsychotics and need diabetes testing. The HEDIS specialist is working with CRSP to monitor HEDIS scores and interventions. DWIHN will work with two FQHCs and a local diabetes clinic to increase care for individuals.

Dr. Carter opened the floor for discussion. There was no discussion.

	The Chair noted that the quarterly reports for Autism Services, Children’s Initiatives, Outpatient Clinic Services, Customer Service, and Integrated Health Care have been received and placed on file.
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IX. Substance Use Disorder (SUD) Initiatives’ CHESS eRecovery App Pilot Program

DISCUSSION/ CONCLUSIONS	Matthew Yascolt, Interim SUD Director, submitted and gave an overview of the SUD Initiatives’ CHESS eRecovery App Pilot Program. It was reported that the project scope is a partnership with CHESS, beginning May 2024 through September 30, 2025, unlimited use by members and alumni, community engagement, on-demand peer recovery support, and milestone and achievement progress. The participating providers are Quality Behavioral Health (QBH) and Personalized Nursing Lighthouse (PNLH). The current funding for May 20, 2024, through September 30, 2025, is \$36,000.00. There were 41 enrollments in August 2024 for QBH and 14 enrollments in March 2025 for PNLH. Through surveys, daily check-ins, community posts, and the recovery help button, members can reach out for help through a series of escalations. There were four (4) escalations in December 2024. There were 14 individuals at QBH and 41 individuals at PNLH who set their sobriety date within the app. The next proposed steps are to build out provider participation, incorporate contingency management, and incorporate appointment reminders to improve initiation or engagement of alcohol and other drug abuse or dependence treatment (IET-HEDIS measure). Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on the CBT exercises that are provided to users of the app and if they are specifically tailored or boilerplate. (Action)
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X. Utilization Management (UM) Program Description FY 2025-27 Executive Summary

DISCUSSION/ CONCLUSIONS	Marlena Hampton, Director of Utilization Management submitted and gave highlights of the UM Program Description FY 2025-27 Executive Summary. It was reported that the Utilization Management Program Description outlines the expectations and standards set by the Michigan Department of Health and Human Services (MDHHS) and the Centers for Medicare and Medicaid Services (CMS). The DWIHN Chief Medical Officer plays a significant role in developing, implementing, supervising, and evaluating the UM program. Ultimately, the Board of Directors (BOD) is responsible for ensuring the overall quality of the support and services provided to residents of Wayne County. The UM Program Description defines and describes processes that will align the Utilization Management program with DWIHN’s Strategic Plan as identified by the Board of Directors. The UM Program involves activities that ensure the appropriate allocation of resources for behavioral health and substance use programs for individuals managed by DWIHN staff and Crisis Service Vendors. The processes managed within the Utilization Management program include pre-service, concurrent, and post-service reviews, denials & appeals, discharge planning, monitoring of network service utilization, and other care management activities. The required revisions and additions are for the Certified Community Behavioral Health Clinic (CCBHC) Requirements of Utilization Management, Timeliness of Expedited UM Decisions, and UM Health Equity Analysis. The changes recommended and approved by the UM Committee are updates to job descriptions and the derivation of UM department goals.
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	Dr. Carter opened the floor for discussion. There was no discussion. The Chair called for a motion on the UM Program Description FY 2025-27 Executive Summary. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move the UM Program Description FY 2025-27 Executive Summary to Full Board for approval. Motion carried.
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XI. Strategic Plan – None

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan to review this month.</i>
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XII. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<p>A. QAPIP Work Plan FY 25 Update – April Siebert, Director of Quality Improvement, submitted and gave highlights of the QAPIP Work Plan FY 25 Update. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1: Performance Indicators Data Q1 and Q2 Reporting – The finalized rates for the first quarter of 2025 are included in this report, along with the preliminary rates for the second quarter of 2025. Please note that the second quarter rates are still subject to change and are expected to be finalized by June 30, 2025. DWIHN has consistently met the standards for Performance Indicators #1 (Children and Adults), 4a (Children and Adults), and #10 (Children). Notably, we have made progress in Indicator #10 (Adult Recidivism), reducing the rate from 16.94% in the first quarter to 15.46% in the second quarter, an improvement of 1.48 percentage points. However, we acknowledge the need for ongoing improvement in Performance Indicator #2a, which involves completing Biopsychosocial Assessments within 14 days. Currently, our performance in this area is at 53.38% for the second quarter, falling short of the established benchmark of 57%. To address this issue, the Quality Team is collaborating with the Children's Initiatives Department to launch a Performance Improvement Project (PIP) focused on Indicator #2a for children. The department will analyze data from the past six months to identify patterns and trends aimed at improving outcomes. 2. Activity 2: External Quality Review (HSAG) Updates—DWIHN is currently in the second year of a comprehensive three-year compliance review cycle. The next review, scheduled for June 13, 2025, will assess 8 out of the remaining 13 compliance standards. This evaluation is crucial for ensuring that we meet regulatory requirements and maintain the quality of our services. The following standard will be examined during this review for FY 25 – Standard II: Emergency and post-stabilization; Standard VII: Provider Selection; Standard VIII: Confidentiality; Standard IX: Grievance and Appeal; Standard X: Sub-contractual Relationships and Delegation; Standard XI: Practice Guidelines; Standard XII: Health Information Systems; and Standard XIII: QAPIP. Previous year's performance - In the first year of the three-year compliance review cycle, DWIHN achieved a compliance score of 88%. This reflects strong performance from FY2021, which received a score of 77%. Strengths - Our scores have significantly improved since the previous evaluation, increasing by 11 percentage points. This substantial improvement positions us third among all Prepaid Inpatient Health Plans (PIHPs) in the state. It reflects our strong commitment to delivering high-quality health services and underscores our proactive approach to responding to feedback. This responsiveness allows us to make meaningful enhancements to our
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	<p>programs, ultimately leading to better outcomes for the individuals and communities we serve.</p> <p>Dr. Carter opened the floor for discussion. There was no discussion.</p>
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XIII. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Clinical Operations executive summary. It was reported:</p> <ol style="list-style-type: none"> 1. Autism Services – There has been a 31% increase in members receiving treatment and a 74% increase in members evaluated for autism from FY22 through FY24. This is in line with what is being seen nationally. In 2022, a CDC report, across 16 national sites, indicated the prevalence of autism was 1 in 31 for 8-year-olds and 1 in 34 for 4-year-olds (up 22% since 2020 and up 375% since 2000). In response to the rising need for autism services in Wayne County, DWIHN launched a Request for Qualification in 2023 to expand Autism Services over the next five years. As a result, the ABA provider network has grown from 13 to 26 providers. 2. Health Home Initiatives – <u>Certified Community Behavioral Health Clinic (CCBHC)</u> – 20,780 members, 7 providers - On Thursday, 5/22/25, MDHHS announced that it would be moving forward with taking over both the payment and all administrative functions for the CCBHC demonstration starting October 1, 2025. MDHHS held a PIHP-CCBHC Payment Transition Meeting on May 30, 2025, to have initial discussions about this transition. This meeting left many unanswered questions, and MDHHS is meeting internally to review. DWIHN's Health Home team is not interrupting or making changes to CCBHC demonstration processes at this time, as more information is needed and potential changes to the MDHHS plan may occur. <u>Behavioral Health Home (BHH)</u> - 854 members, 9 providers – All measures, Adults Access to Preventive/Ambulatory Health Services (AAP), Follow-Up After Hospitalization for Mental Illness (FUH7), and Controlling High Blood Pressure (CBP) were met. <u>Substance Use Disorder Health Home (SUDHH)</u> – 754 members, 8 providers – All measures, Initiation and Engagement of Substance Use Disorder Treatment (IET14), Follow-Up After Hospitalization for Substance Use (FUH7), and Emergency Department Utilization for SUD (SUD-EDYR) rate per 1,000 people, were met. The SUD-OHH Wellness Challenge has continued to yield positive results. Part of the Wellness Challenge activity for members was to go to a primary care provider and have screening labs completed. Through this initiative, New Light identified two (2) members who had undiagnosed Hepatitis, and several others had undiagnosed diabetes. This screening and identification have enabled members to start receiving the appropriate medical care. <p>The Chair opened the floor for discussion. There was no discussion. Dr. Carter noted that the VP of Clinical Operations' executive summary has been received and placed on file.</p>
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XIV. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #25-24 (Revised 4) – Autism Service Providers FY 25 – Staff requesting board approval to add three (3) new ABA Providers (Blue Mind Therapy, Bright Behavior, and Integrated Pediatric Therapy) to the Network. The contract to be effective June 1, 2025 through September 30, 2025 to deliver ABA and/or Autism Evaluations. The total projected budget for Autism services for FY 25 remains</p>
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	<p>unchanged and is not to exceed \$102,905, 784.00. The Chair called for a motion on BA #25-24 (Revised 4). Motion: It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-24 (Revised 4) to Full Board for approval. Dr. Carter opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #25-51 (Revised 4) – DWIHN Provider Network System FY 25 – Staff requesting board approval to add three (3) residential providers (Caring for Others Homecare Solutions, Inc dba CFO Homecare and Staffing Agency, Memee, LLC., and Real People Care, LLC) to the Network. This will allow for the continued delivery of behavioral health services for individuals with Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance, and Co-Occurring Disorders. The Chair called for a motion on BA #25-51 (Revised 4). Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-51 (Revised 4) to Full Board for approval. Dr. Carter opened the floor for discussion. There was no discussion. Motion carried.</p>
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XV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA #25-64 – HUD Permanent Supporting Housing (PSH) – Staff requesting board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Supportive Housing funds for the five (5) providers listed in this board action. Additionally, this board action recommends approval for the disbursement of the required local match to DCI, COTS, and CCIH. Approval of this board action will authorize the renewal, acceptance, and disbursement of HUD CoC Permanent Supportive Housing grant funds in the amount of \$2,664,614.00 along with the Detroit Wayne Integrated Health Network’s general fund local match of \$109,321.50, for a total amount not to exceed \$2,773,935.50. The Chair called for a motion on BA #25-64. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-64 to Full Board for approval. Dr. Carter opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>B. BA #25-65 – Western Wayne Therapeutic Recreation – Staff requesting board approval for an agreement between DWIHN and The Charter Township of Canton-Department of Leisure Services Therapeutic Recreation in the amount of \$75,000.00. The Therapeutic Recreation program specifically provides positive and appropriate skill-building and leisure services to individuals with disabilities, including Intellectual and Developmental Disabilities (I/DD), Serious Emotional Disturbance (SED), and Serious Mental Illness (SMI) within Wayne County. The Chair called for a motion on BA #25-65. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-65 to Full Board for approval. Dr. Carter opened the floor for discussion. There was no discussion. Motion carried.</p>
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XVI. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p>A. The committee requested a summary overview of each department's responsibilities. (Action)</p> <p>B. Mr. White, President/CEO informed the committee that Commissioner Irma Clark-Coleman has passed away.</p>
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Action Items	Responsible Person	Due Date
<p>1. Follow-Up Item from Previous Meeting (Children's Initiatives' Quarterly Report) – Provide information on the admission trends for the children's unit for ages 10-14.</p> <p>Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center.</p>	Grace Wolf	<p>July 9, 2025</p> <p>August 13, 2025</p>
<p>2. Children's Initiatives Quarterly Report – Provide information on whether grandparents will be included in the Pediatric Integrated Health program. Is there a follow-up after a member has been connected to services?</p>	Cassandra Phipps	July 9, 2025
<p>3. Outpatient Clinics Services – Provide a timeline for the completion of the dashboard in Power BI.</p>	Ebony Reynolds	TBD
<p>4. Customer Service's Quarterly Report – Provide information on why there are 25% fewer switchboard calls compared to FY 24. Define what the "call being answered in 10 seconds" means.</p>	Michele Vasconcellos	July 9, 2025
<p>5. Substance Use Disorder (SUD) Initiatives' CHES eRecovery App Pilot Program - Provide information on the CBT exercises that are provided to users of the app and if they are specifically tailored or boilerplate.</p>	Matthew Yascolt	July 9, 2025
<p>6. Good and Welfare – Provide a summary overview of each department's responsibilities.</p>	Clinical Departments	August 13, 2025

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

ADJOURNED: 2:42 p.m.

NEXT MEETING: Wednesday, July 9, 2025, at 1:00 p.m.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-50R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Warriors Pharmacy Inc

Contract Title: Care Center Pharmacy Services

Address where services are provided: None

Presented to Finance Committee at its meeting on: 7/2/2025

Proposed Contract Term: 3/1/2024 to 2/28/2027

Amount of Contract: \$ 704,000.00 Previous Fiscal Year: \$ 360,000.00

Program Type: Modification

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

Date Contract First Initiated: 2/19/2024

Provider Impaneled (Y/N)?

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

The DWIHN Crisis Services Department is requesting a modification to BA# 24-50, Pharmacy Services for the 707 Crisis Care Center.

The contract for pharmacy services originally went out for bid in February 2024 and was awarded to Warrior's Pharmacy as not to exceed \$360,000 for a three-year period ending February 28, 2027. At the time of the original board action, the 707 Crisis Care Center was not open and therefore the amount was a projection of usage and cost. The request for this modification is to align the contract with actual utilization and costs based on the first year of operations.

We therefore request an increase of \$344,000.00 to the existing contract in order to continue operations without interruption. **This modification would bring the total contract amount not to exceed \$704,000 for the 3 year period.**

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 704,000.00	\$ 704,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64950.817201.00000

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, June 27, 2025

Stacie Durant

Signed: Wednesday, June 25, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-55R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Maurers Textile Rental Services Inc

Contract Title: Linen Services at 707 Crisis Care Center

Address where services are provided: None

Presented to Finance Committee at its meeting on: 7/2/2025

Proposed Contract Term: 3/1/2024 to 2/28/2027

Amount of Contract: \$ 181,584.00 Previous Fiscal Year: \$ 136,584.00

Program Type: Modification

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

Date Contract First Initiated: 2/19/2024

Provider Impaneled (Y/N)?

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

The DWIHN Crisis Services Department is requesting a modification to BA#24-55 – Linen Services at 707 Crisis Care Center. In order to continue operations without interruption, we are requesting an increase in the amount of \$45,000 for a **total contract amount not to exceed \$181,584**, with no extension in time, to the existing contract that is set to expire on February 28, 2027.

The contract for linen service originally went out to bid in December 2023 and was awarded to Maurer’s Textile Rental Services, Inc. as not to exceed \$136,584. At the time of the original board action, the 707 Crisis Care Center was not open and the amount was estimated. The modification is requested to align with the actual utilization and costs based on the first year of operations.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
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Board Action #: 24-55R

MULTIPLE	\$ 181,584.00	\$ 181,584.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64950.817203.00000

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, June 27, 2025

Stacie Durant

Signed: Wednesday, June 25, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-70R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Considine Little Rock Life Center

Contract Title: Leasing Space at Considine Little Rock Center

Address where services are provided: None

Presented to Finance Committee at its meeting on: 7/2/2025

Proposed Contract Term: 8/1/2025 to 7/31/2026

Amount of Contract: \$ 84,000.00 Previous Fiscal Year: \$ 63,000.00

Program Type: Continuation

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

Date Contract First Initiated: 3/1/2022

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).

DWIHN is requesting Board approval to exercise the additional one-year option to continue our current lease at the Considine Little Rock Life Center. The Considine is adjacent to our Woodward facility and it allows DWIHN to be able to store, package and distribute all the organizational materials to the public. In addition the organization is able to conduct larger community engagement meetings with ample meeting space and parking.

DWIHN has the exclusive use of its auditorium for hosting public gatherings and community outreach services. The space will additionally help to aid in building community relationships by offering needed community space to members of the local block clubs and neighborhood associations to have access to this space for large community gatherings.

We are requesting a **one-year contract extension renewal until July 31, 2026 with a funds increase in the amount of \$21,000 with contract total not to exceed \$84,000.**

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 84,000.00	\$ 84,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.941000.00000

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, June 27, 2025

Stacie Durant

Signed: Wednesday, June 25, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-02R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Elmhurst Home Inc.

Contract Title: Transitional Funding for ARPA Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 7/9/2025

Proposed Contract Term: 4/1/2025 to 9/30/2025

Amount of Contract: \$ 6,318,023.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: Continuation

Projected Number Served- Year 1: 286 Persons Served (previous fiscal year): 570

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

To ensure the seamless and sustainable transition of APRA programs to alternative ongoing funding streams the SUD department is requesting \$25,291 in PA2 funds to support the transition of recovery housing and recovery support service programs as ARPA funding for these initiatives was rolled back. This financial assistance enables these programs to maintain service continuity, stabilize operations, and facilitate program adaptation.

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 \$6,318,023.

The revised not to exceed contract for SUD Treatment totals \$6,318,023 for the fiscal year ending September 30, 2025.

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

Elmhurst is currently on a CAP due to recent audit results

Source of Funds: PA2

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Block Grant	\$ 4,478,032.00	\$ 4,478,032.00
PA2	\$ 1,839,991.00	\$ 1,839,991.00
Total Revenue	\$ 6,318,023.00	\$ 6,318,023.00

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

Signed: Monday, July 7, 2025

Stacie Durant

Signed: Thursday, July 3, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-11R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Star Center Inc.

Contract Title: SUD Health Home FY2025

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 7/9/2025

Proposed Contract Term: 8/1/2025 to 9/30/2025

Amount of Contract: \$ 1,170,663.00 Previous Fiscal Year: \$ 918,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,310 Persons Served (previous fiscal year): 661

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

This Board Action is requesting the approval to add Mariner's Inn as an SUD Health Home (previously referred to as Opioid Health Home) provider. Mariner's Inn is an existing partner in DWIHN's network. Mariner's Inn submitted a Health Home certification packet which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certification was reviewed and approved by DWIHN's Health Home Director and SUD Health Home Administrator. The certification outlined the provider's ability to meet SUDHH organizational and program requirements. Topics addressed in the certifications include confirming providers meet basic MDHHS and Medicaid requirements, anticipated enrollment, meeting staffing ratios, and the providers plans and infrastructure to perform the six core SUDHH services: Comprehensive Care Management, Comprehensive Transitional Care, Care Coordination, Individual and Family Support Services, Health Promotion, and Referral to Community and Social Support Services. DWIHN's Access Committee and Credentialing Committee have reviewed and approved this request.

The funding that shall pass through DWIHN because of Mariner's Inn's delivery of this service is estimated to be an additional \$12,663 for FY2025, bringing the total estimate of this revised BA to \$1,170,663. The amounts listed for each provider are estimates based on prior year activity and are subject to change without Board approval.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Board Action #: 25-11R2

Revenue	FY 24/25	Annualized
Medicaid	\$ 1,170,663.00	\$ 1,170,663.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64938.827040.00000

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, June 26, 2025

Signed: Thursday, June 26, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-25R5 Revised: ☒ Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2025 Operating Budget

Address where services are provided: None

Presented to Finance Committee at its meeting on: 7/2/2025

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

Amount of Contract: \$ 1,253,700,167.00 Previous Fiscal Year: \$ 1,150,651,761.00

Program Type: Modification

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)?

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

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

1. Decertify grant funds totaling \$6.9 million
 - \$4.2 million – Adult Crisis Stabilization Unit startup grant (Federal stop spend order)
 - \$2.6 million – Wayne County Strong (Federal program ended)
 - \$182K block grant revenue over budgeted in error
2. Decertify State construction grant revenues of \$19.8 million. Funds will be recertified in the FY 2026 budget to cover construction costs for the 7-Mile and Downriver Integrated Care Centers.
3. Certify additional Medicaid and HMP revenue totaling \$32.9 million resulting from base capitation amendments for inpatient, community living supports, and autism services. \$13.7 million of the additional revenue has been used to reverse Medicaid reserves; the remaining amount covers additional projected Medicaid/ HMP services.

The revised FY 2025 Operating Budget of \$1,253,700,167 consists of the following revenue:

- \$987,179,305 - Medicaid, DHS Incentive, Medicaid-Autism, Children's/SED Waiver, HAB, CCBHC Supplemental
- \$153,563,163 - Healthy MI Plan

- \$12,552,243 - MI Health Link
- \$21,460,905 - State General Funds
- \$23,486,447 - Wayne County Local Match Funds
- \$4,723,521 - County PA2 Funds
- \$13,576,540 - State Grants (MDHHS/ MDHHS SUD, OBRA)
- \$26,529,282 - Federal Grants (MDHHS/ MDHHS SUD, SAMHSA)
- \$953,543 - Local Grants
- \$6,260,000 - Interest Income
- \$40,000 - Miscellaneous Revenue
- **\$3,375,218 - Medicaid/ Local Reserves**

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 1,253,700,167.00	\$ 1,253,700,167.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, June 27, 2025

Signed: Friday, June 27, 2025

Board Action #: 25-25R5

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-51R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 7/9/2025

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

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

Program Type: Continuation

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

Date Contract First Initiated: 5/1/2025

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).

DWIHN is requesting the addition of the following 2 providers to the DWIHN provider network as outlined below, **without change to the total provider network amount.**

Residential Providers:

1. Heaven's Angels Residential Services

(Credentialed 5/5/2025 for Community Living Support)

2. Rose's Home Care LLC

(Credentialed 5/15/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, July 2, 2025

Signed: Wednesday, July 2, 2025



President and CEO Report to the Board

July 2025

James E. White

GOVERNMENT AFFAIRS/LEGISLATIVE EFFORTS

DWIHN receives ongoing support from PAA as we look at the changes taking place in Lansing with lawmakers working to educate key governmental stakeholders on DWIHN's policy priorities and ensuring access to care, meetings with top elected officials, corporate executives, and civic leaders to discuss healthcare, talent development, infrastructure, innovation, and economic development.

DWIHN is speaking with legislators seeking support to ensure there is no interruption of behavioral health supports in our schools, youth programs, crisis care, mental health outreach initiatives, and community law enforcement mental health support initiatives, which are critical now more than ever. Conversations are to address our immediate needs, knowing that future discussions would likely be necessary as the landscape changes throughout our region, state, and country.

House Speaker Matt Hall voiced support for tightening SNAP eligibility, aligning with proposed federal cuts that could reduce Michigan's funding by \$800 million by 2028. Speaker Hall criticized the State for using waivers to extend benefits to people he says aren't eligible, arguing the program should serve only those truly in need:

- Medicaid & SNAP Work Requirements – The House version keeps strict work requirements for Medicaid and food assistance, estimated to impact up to 12 million Americans.
- Low-Income Communities: Cuts and delays in SNAP, literacy, and education programs will widen equity gaps, especially in urban districts like Detroit, Flint, and Benton Harbor.

DWIHN is advocated to protect Medicaid for vulnerable individuals statewide with communication to our stakeholders, providers, and persons served about the bill, known as the Big Beautiful Bill, as well as continuing our efforts to educate about proposed policy changes impacting Medicaid recipients in Michigan who are on Spenddown.

Governor Gretchen Whitmer recently amplified concerns raised in independent reports warning that proposed Republican budget cuts to Medicaid and SNAP would have severe consequences for Michigan's economy, workforce, and public health. The cuts, totaling \$1.2 Trillion nationally over ten years, are projected to result in a \$4.53 billion drop in Michigan's gross domestic product and the loss of over 41,000 jobs statewide. The impact on Michigan's healthcare sector would be particularly devastating. As the state's largest private-sector employer, the healthcare industry supports more than one million jobs and contributes over \$100 Billion to the economy. Cuts to Medicaid alone could eliminate 17,300 healthcare jobs and another 16,100 in related industries. Providers could be forced to reduce services, harming access to care for residents across the state and weakening community wellness overall.

ADVOCACY AND ENGAGEMENT

On July 21, 2025, Youth United is hosting a Leadership Academy at WCCCD Downriver Campus. This is a two-week program that equips young leaders (ages 14-25) with the skills they need to enhance their leadership skills. There are only 15 spots available. All participants will receive a stipend as well as a laptop.

INTEGRATED HEALTH PILOT UPDATE

The Detroit Wayne Integrated Health Network (DWIHN) continues its partnership with Medicaid Health Plans to provide integrated care. Below is a list of updates for our collaborations with Medicaid Health Plan Partners One, Two, and Three.

Care Coordination is completed monthly with Health Plan One and Two. DWIHN and the Health Plans work together to actively search out and consult on members with physical and behavioral health gaps in care. Care coordination aims to close identified gaps in care within 90 days. Examples of gaps in care include not engaging with a primary care provider, untreated diabetes and on antipsychotics, high hospitalization rates (medical and psychiatric), not taking medications as prescribed, or not engaged with the Clinically Responsible Service Provider agency.

DWIHN continues to exceed the Michigan Department of Health and Human Services standard of having at least 25% of care plans open or completed in CC360 when the risk stratification tab is used. DWIHN has established its goal to open 40% of its members in the easy risk stratification tab, as these members have a higher need for care and could benefit from care coordination. In reviewing the CC360 risk stratification over the last 7 months, 750 members could benefit from care coordination, and 595 (79%) have an open or completed case with DWIHN care coordination.

In FY 2025, 351 members have been served in the care coordination program with Health Plans One and Two.

Health Plan Partner One

Health Plan Partner One and Integrated Health Care Services (IHC) met in June to coordinate care and opened fifteen members for care coordination. Ten of those were opened jointly with Health Plan One. Four were opened only by DWIHN based on a psychiatric hospitalization or emergency room visit. Ten gaps in care were resolved in June. Four members did not have an assigned provider and were connected to services. Three were connected to a primary care provider.

Health Plan Partner Two

Health Plan Two reviewed eighteen members in the June Care Coordination meeting. Twenty-one were opened with Health Plan Two. Two members did not have an assigned provider and were able to be connected to services. Three needed housing and transportation resources, and one was connected to a primary care provider.

Health Plan Partner Three

Our Deputy Director (Manny Singla), VP of Clinical Operations (Melissa Moody), Medical Director (Dr. Shama Faheem) and Integrated Health Care Director (Vicky Politowski) met with a new Health Provider to discuss a collaboration.

Shared Platform and HEDIS Scorecard

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool that health plans use to measure performance in essential care areas. DWIHN is following the guidelines set by the National Committee for Quality Assurance (NCQA) for behavioral health HEDIS measures to monitor and report on.

The HEIDS Scorecard also tracks HEDIS Measures needed for Certified Behavioral Health Clinics (CCBHC) and Behavioral Health Homes (BHH). DWIHN and Vital Data are working on adding substance abuse data to the Scorecard in the next few months for Substance Use Disorder Health Home (SUDHH). In May, validation was started for the new Substance Use Disorder data to be added to the HEDIS Scorecard and will continue through July. In June, the HEDIS scorecard was reviewed at fourteen Clinically Responsible Service Provider meetings monthly.

CCBHC UPDATE

DWIHN received notification from the MDHHS-CCBHC team on May 30, 2025, that they submitted all required documents to CMS and SAMHSA for approval of our CCBHC application. We have not yet received any additional communication and are awaiting a response from MDHHS on if we will receive full certification. The Outpatient Clinic will continue to move forward with direct service provision to its members.

LONG TERM RESIDENTIAL CARE UPDATE

DWIHN has received a significant progress update from Trillium as part of the public private partnership. Trillium has received all the approvals and finally has received the permit which was one of the key milestones . They are now moving full speed ahead with the renovation and meeting their general contractor to set the timeline for completion of the project deliverables.

AUTISM SERVICES

DWIHN Autism Service Department oversees the Autism state plan for youth and young adults up to 21 years of age. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses empirically supported techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

There has been a 31% increase in members receiving treatment and a 74% surge in individuals being evaluated for Autism since 2022. In response to this rising demand, DWIHN launched a 2023 RFQ to expand Autism services over five years. As a result, the ABA provider network has grown from 13 to 26 providers. Lincoln Park, Inkster, and Hamtramck represent the highest need areas for autism services as there are no sites or locations in those specific cities. DWIHN will continue to target those geographic areas for adding autism service providers.

Utilization Management (UM): The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).

The HSW program continues to exceed the state program requirement of 95% slot utilization. DWIHN's HSW has an average of 97.13% utilization per month with 1,093 slots filled fiscal year to date. This quarter, in conjunction with overall monitoring efforts, the HSW team began capturing certification renewal data. In May, there were 109 renewals due, and 88 renewals submitted (81%).

The Michigan Department of Health and Human Services (MDHHS) has removed its limit of five new members per PIHP pending approval at any given time, imposed while they caught up on new enrollee applications. This eliminates DWIHN's waitlist and allows all referred members to be served without delay.

CHIEF MEDICAL OFFICER

Educational Initiatives:

Wayne State Psychiatry Residents started their Emergency Psychiatry rotations at our Crisis center in July 2025. There will be one resident per month. Child and Adolescent Psychiatry Fellows will be starting soon. Medical students have also outreached; however, we are taking a pause to avoid supervisor burnout.

Dr. Faheem has done annual Community Mental Health Lecture Series to 4th Year Psychiatry Residents for last two years and completed another series in June. However, she has requested them to transition it to 2nd Year Psychiatry training so they have an early opportunity to learn about CMH and get interested in taking job opportunities within CMH at graduation. Dr. Faheem is scheduled to do 4-week lectures with 2nd Year residents in July.

Initiatives and Innovations:

Care coordination expansion: Within last month, DWIHN focused on improving its relationship with hospital systems. Collaborative meetings with two major health systems (Henry Ford and Corewell Health) were held and identified two common themes:

- Lack of information about all services offered by DWIHN and their provider and processes on how to access them
- Delay in finding inpatient psychiatric beds resulting in prolonged ED wait times

Assisted Outpatient Treatment (AOT):

AOT is court ordered treatment that help certain members who lack insight into need for treatment to comply with it. It requires our providers to adhere to certain mental health code and court requirements such as compliance with outpatient visits, renewing court orders when needed, submission of documents to court which was a challenge in certain areas for our providers and often resulted in increased transport orders and hospitalization for AOT members.

In the last two months, DWIHN worked not only on revising its Assisted Outpatient Treatment EMR Module for better data capturing and tracking but also provided multiple trainings to its provider network. Simultaneously, MDHHS also collaborated with CMHA to provide a three series AOT training which was well received.

The number of members on AOT in June were 845 (780 as of May, 12th). Within same period, the transport orders decreased from 57 to 22 and hospitalizations for members on AOT decreased significantly from 151 to 31 in June. This has resulted in significant reduction in hospitalization

cost for members on AOT from \$2,099,963 April-Mid May to \$513,388.16. Will monitor for sustained improvement.

CHILDREN'S INITIATIVES

The Fatherhood Initiative held its' 13th annual Fatherhood Forum at Greater Grace Temple, where I rendered opening remarks. Former Assistant Secretary of State, Heaster Wheeler, provided the keynote presentation. Workshop topics included Adverse Childhood Experiences, Obtaining Custody and Parenting Time, Fathers Fighting Stigma, and Toxic Masculinity.

Youth United participated in several events this month, including:

- Youth MOVE Detroit, in collaboration with Detroit PAL, hosted a Meet & Greet Mario Kart Tournament with themed workshop stations including mental health, gaming and advocacy. Youth from the Juvenile Restorative Program and the University Yes Academy were personally invited to attend the event.
- Facilitated the monthly Youth Under Construction Training on Mental Health Disorders and Navigating the System. The goal was to understand mental health and how it impacts youth, identify different mental health disorders, and direct youth on the right path to receiving mental health services.
- Youth MOVE Detroit held a Self-Care Workshop as a part of their 6-part series of workshops. The event was held at The Children Center including "STAR" Jars, Journal Creations, affirmation jars, and each attendee had a chance to make their own self-care kit. The self-care kit included lotions, face masks, bath bombs, essential roll-on oils, and more.

Children's Initiatives participated in the initial Mi Kids Now Dashboard Workgroup hosted by Michigan Department of Health and Human Services (MDHHS) to review the progress of the new dashboard system. The workgroup discussed data across the State for the MichiCANS Screener, MichiCANS Comprehensive, and intensive crisis stabilization services (ICSS).

CLINICAL OPERATIONS

Crisis Services:

Detroit Wayne Integrated Health Network (DWIHN) established its' PAR Dispatch team on November 1, 2024. This team receives calls from hospitals requesting individuals be screened for inpatient care. DWIHN has always completed this service for children services, but prior to November 1, 2024, Hegira/COPE completed this service for the adult population.

Key Performance Indicators have continued to improve over the first three quarters even as call volume has increased. The Service level is the percentage of calls that are answered within 30 seconds. The State service level standard is 80%, but DWIHN's set its service level goal at 85%, which was met in Quarter 3.

PAR Dispatch Data	Service Level	Avg Speed of Answer	Calls Received	Requests Completed
Q1 2025	83%	26s	3,092	1,681
Q2 2025	84%	24s	4,926	2,516
Q3 2025	92%	14s	4,299	2,496

Health Home Initiatives:

Certified Community Behavioral Health Clinic (CCBHC) – 21,266 members, 7 providers

The Health Homes team continues without pause on its CCBHC projects and technical support of the CCBHC sites. We are still awaiting updates from MDHHS about the upcoming administrative transition set for October 1, 2025, as there are still many unanswered questions at this time about the transition.

All six CCBHC sites who participated in the demonstration in FY 2024 have received their **preliminary** Quality Bonus Payment award notice. CCBHC's were assessed on 6 measures and could earn a 5% bonus on their Medicaid cost volume. CCBHC Performance Measures:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD) – 30-day
- Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH) – 30-day
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)
- Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)
- Major Depressive Disorder: Suicide Risk Assessment (SRA-A)

CCBHC	% of Possible Award
ACCESS	72%
CNS	95%
DEVELOPMENT CENTERS	100%
ELMHURST HOME, INC	85%
SOUTHWEST COUNSELING & DEVELOPMENT	77%
THE GUIDANCE CENTER	95%

CRISIS CARE SERVICES

The Adult Crisis Stabilization Unit has been participating in the MDHHS recertification process since March of this year. Happy to announce they successfully passed state certification in June 2025. Our Adult CSU remains as one of the only two certified units in the state!

During June 2025, 225 individuals presented to the facility seeking services. On June 3, 2025, we had our highest ever utilization on the Adult CSU, with the unit serving 21 individuals – a 175% utilization rate.

DIRECT CLINICAL SERVICES

Current Enrollment/Demographic Data:

To date, the DWIHN Outpatient Clinic has a current active enrollment of approximately 410 individuals. Detroit remains the city with the highest enrollment for the Outpatient Clinic, with 81% of enrollees residing in Detroit. 48227 is currently the zip code with the highest number of enrollees (11%), surpassing 48202 and 48235 both of which are at 9% enrollment.

Outreach/Expansion Efforts Established in the Month of June 2025:

The Outpatient Clinic submitted an application to MDHHS requesting approval for Infant and Early Childhood mental health services. The DOC is awaiting a response on approval for this service. If approved, the DOC will be able to expand its outpatient services to pregnant families and children ages 0-6 years of age. The clinic currently provides services to children ages 7-21. Approval of I/ECMH services will expand this access and allow the DOC to serve children and families ages 0-21 years of age.

The DOC intake staff participated in the Fatherhood Forum with the Children's Initiatives Department on June 26, 2025. The goal was to increase awareness of the Outpatient Clinic and to boost enrollment of males in treatment.

The DOC met with 36th District Court on July 10, 2025, to inform them of the outpatient services the clinic offers and to list itself as a choice provider for persons involved with the judicial system that need behavioral health services. If the DOC is chosen by the individual, the clinic will deliver outpatient services that are medically necessary to support community integration.

The DOC is also offering its services as a choice provider for individuals discharged from inpatient hospitalization that do not currently have a clinically responsible service provider. If the person chooses the DOC, the clinic will deliver services medically necessary to support the person in the community.

The DOC will be expanding access to individuals in nursing home settings and specialized residential. DOC will ensure that the individuals are given choice in provider and if they choose the DOC, outpatient services will be delivered in those settings.

FINANCE

Governor Whitmore has proposed a 100% increase to the Medicaid asset threshold; Senate proposed a 60% increase in the Medicaid asset threshold. The increase will directly eliminate or reduce the number of Medicaid members with deductibles and therefore reduce the amount of spenddown (i.e. General Fund).

As part of the June rate amendment, the Michigan Department of Health and Human Services (MDHHS) reduced Detroit Wayne Integrated Health Network (DWIHN) entity factor. DWIHN met with MDHHS regarding the reduction and, per MDHHS, the reduction was due to other regions' disenrollment after the public health emergency (PHE) was more significant than MDHHS assumptions and therefore funds needed to be reallocated accordingly. MDHHS could not advise whether this change in the entity-wide factor would mean less revenues for DWIHN in FY26, however there is an impact for FY25. The DWIHN Vice President of Finance (CFO) will not know the amount until actual adjusted payments are received in July. It should be noted that Oakland and Macomb received a more significant reduction in their entity factor.

A draft of the FY26 recommended CEO's budget was included in the packet presented at DWIHN's Finance Committee meeting on July 2, 2025. All board questions are due back to Finance by July 9, 2025.

HUMAN RESOURCES

DWIHN HR continues contract negotiations with GAA. The ASE Supervisor Institute Group E sessions are ongoing. HR is the process of finalizing the new agreement with Harvard Business School Online to begin the third cohort of the HBSO Training Program. The new agreement allows HBSO to provide leadership training for ten DWIHN staff members during the period of September 1, 2025-August 31, 2026.

Over the past month, DWIHN HR hired new staff to augment our already excellent work force: Positions filled included: Accounts Payable Specialist, Call Center Clinical Specialist (Part time), Clinical Specialist-Crisis Services, Customer Service Engagement Specialist, Data Analyst-Recipient Rights, Medical Records Specialist, Mobile Clinic Clinician, Peer Support Specialist-Outpatient Clinics, Psychiatrist (Part time), and Transportation Specialist.

QUALITY

The Quality Department has facilitated External Audits Reviews by HSAG for our Managed Care standards in June. Results will be available by September, however, the overall feedback from the reviewers was encouraging.

The Quality Department has also continued to audit our provider network for Medicaid claims verifications, as well as mental health, substance use, autism and home and community-based residential providers for compliance. Since it is midway through the fiscal year, the Quality Department is approximately 50% done with its verifications and audits. Key findings indicate the lack of updated treatment plans and lack of signatures, as well as some poor documentation, which typically triggers Corrective Action Plans. The most common provider types with the highest CAPs are the substance use disorder prevention and treatment providers. Respective PIHP Departments are notified and in collaboration with them, Technical assistance and trainings are being provided to assist providers comply with CAPs and correct their findings. Some findings lead to further discussions with the Compliance and Contracting Departments.

RESIDENTIAL SERVICES

During the month of June, the Residential Services Department was able to discharge four members out of long-term state facilities and into the community. In addition, the Residential Services Department was able to add two (2) new residential provider locations to the network.

Throughout the month of June, the Residential Services Department continued to monitor the number of residential authorizations processed. Additionally, we were able to examine the amount of time it takes for each authorization to be approved. It is important that we continue to monitor this data to ensure that authorizations are being approved within the 14-day timeframe.

Residential Service Authorizations			
	Apr-25	May-25	Jun-25
Authorizations Processed	1,150	947	963
Auths Approved >14 Days	57	40	2
Auths Approved within 14 days	95.0%	95.8%	99.8%

The Residential Services Department is working toward a 7-day authorization disposition timeframe. In June, 68.4% of authorizations were approved within the timeframe.

The Residential Services Department will track authorization data, specifically focusing on timeliness standards, to continue to implement efficiency standards and allocate additional resources as needed.

SUBSTANCE USE SERVICES

The Substance Use Department is currently establishing treatment plan protocols and procedures which will result in a SUD network-wide training to ensure all recovery plans meet MDHHS requirements. DWIHN has also updated its' SUD member engagement requirements to ensure members are not discharged from services prematurely. DWIHN is actively interviewing to fill the vacant Substance Use Director position.

UTILIZATION MANAGEMENT

The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).

HSW continues to exceed the State program requirement of 95% slot utilization. DWIHN's HSW has an average of 97.13% utilization per month with 1,093 slots filled fiscal year to date. This quarter, in conjunction with overall monitoring efforts, the HSW team began capturing certification renewal data. In May, there were 109 renewals due, and 88 submitted (81%).

The Michigan Department of Health and Human Services (MDHHS) has removed its limit of five (5) new members per PIHP pending approval at any given time, imposed while they caught up on new enrollee applications. This eliminates DWIHN's waitlist and allows all referred members to be served without delay.

COMMUNICATIONS

In June, DWIHN celebrated a milestone in services with the One Year Anniversary of the Crisis Care Center. The accomplishment marks the new shift in services and leading the state in crisis care.

Media Outreach

For the 24/25 fiscal year, the Communications team recently acquired 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.

Mobile Health Clinic

On the morning of [June 16](#), DWIHN was featured on Fox 2 live in the morning to give an exclusive interview and tour of the Mobile Health Clinic. Amy Andrews interviewed CEO James White and Andrea Smith, Assoc. Vice President of Innovation and Community Engagement.



707 Crisis Care Center:

Also on June 16, CEO James White led a press conference to celebrate the extraordinary work of the Crisis Care team – specifically the Crisis Care Center’s one-year anniversary, its Joint Commission accreditation and the 2,380 lives impacted by their work. The Mobile Crisis team was also commended for its tremendous contributions to DWIHN’s progress. Grace Wolf, VP of Crisis Services, also spoke on the Department’s accomplishments. [Fox 2](#) also covered this event.



Monthly Metrics (provided by Critical Mention):

June’s media outreach garnered **14 mentions: television with 9 and online/print with 5 mentions of DWIHN to their audiences and readers.** The chart below shows the mention’s audience numbers and publicity values with shows the advertising equivalence of the earned media.

	738k Total TV Audience 738k Local Audience	\$112k Total TV Publicity \$112k Local Publicity
	301k Total Online Audience	\$16.7k Total Online Publicity

Social Media Influencer Marketing Update:

Randi Rosario’s posts about the Mobile Health Clinic and Men’s Mental health were well received.

Social Media Influencer	# of Posts	Engagement/Impressions
The Capital Brand/Randi Rosario	3 Posts	269,560 Impressions

Social Media Performance Report Summary:

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	Previous Period (May 2025)	Current Period (June 2025)
Total Audience Growth	22,642	23,003
Engagements	10,218	28,558
Post Click Links	2,092	2314
Engagement Rate	1.5%	0.4%
Impressions	680,616	6,834,983

Community Outreach:

Report on community events DWIHN is requested to attend to provide resources or presentations.

June 2025	
Community Events	6
Estimated Individuals Reached	420

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.



Centers For Family Development, Inc.

D.B.A. Black Family Development, Inc.

DWIHN Full Board Presentation

Kenyatta Stephens, CEO

July 16, 2025



2995 East Grand Blvd. Headquarters

Our Mission Statement. . . .



***“To strengthen
and enhance
the lives of
children,
youth, and
families
through
partnerships
that support
safe, nurturing,
vibrant homes,
schools and
communities.”***

7 Service Pillars

Integrated
Health

School-Based
Mental
Health

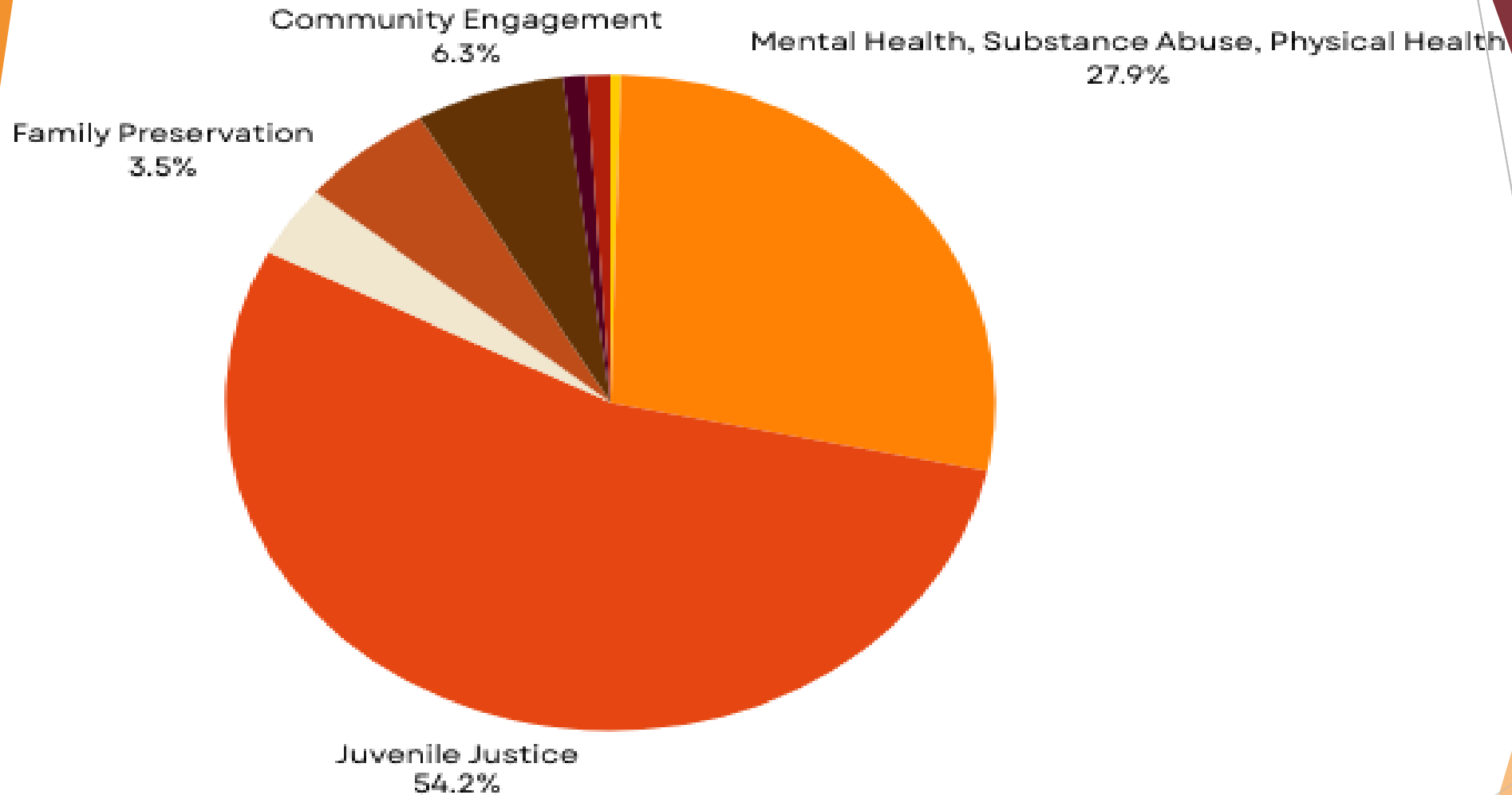
Juvenile
Justice

Early
Childhood

Family
Preservation

Community
Engagement

Youth
Engagement

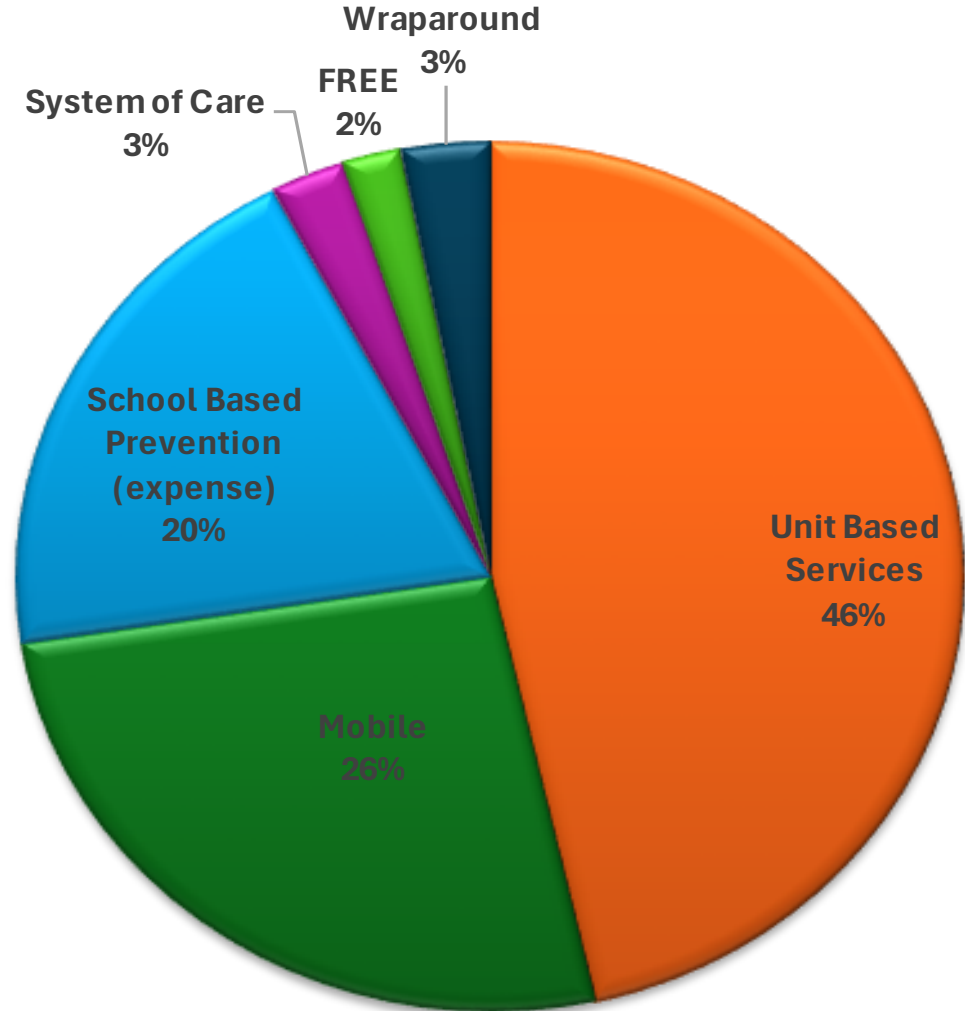


PUBLIC SUPPORT & REVENUE 2024

33,000 Persons Served in 2024 FY

DWIHN Revenue

Unit Based Services	\$	1,136,787
Mobile		638,453
School Based Prevention (expense)		486,278
System of Care		63,003
FREE		49,051
Wraparound		73,592
Total DWIHN Revenue	\$	2,447,165



DWIHN Revenue CY2024

Accreditation, Licensure & Affiliations

- CARF Accreditation since 1992
- CMO Accredited by CARF since 2004
- 15 CARF Accredited Services
- Substance Abuse Licensure since 1989
- Mental Health Medicaid Billing Credentials Since 2003
- Wraparound Site Model Endorsement since 2014
- Parent Management Training - Oregon Model (PMTO) Endorsement since 2015
- Parents and Teachers Affiliate since 2018
- IIRP Midwest Affiliate Site Since 2012

CHILDREN & FAMILY SERVICES

CFDI successfully maintains a variety of outpatient services, including:

- Individual & Family Services**
 - Prevention Services**
 - Parent Outreach**

CHILDREN & FAMILY SERVICES

Treatment Services:

- ▶ 6,697 Individuals received treatment services through CFDI Behavioral Health programs
- ▶ 2,660 Family services were delivered

Prevention Services:

- ▶ Outpatient Prevention Positively Impacted 17,601 students, through a total of 3,543 preventative services.
(*Data Totals May Include Duplicate Students)

Parent Outreach:

- ▶ Parent Outreach engaged 2,933 parents & caregivers through a total of 1,244 outreach events.

Staff Education:

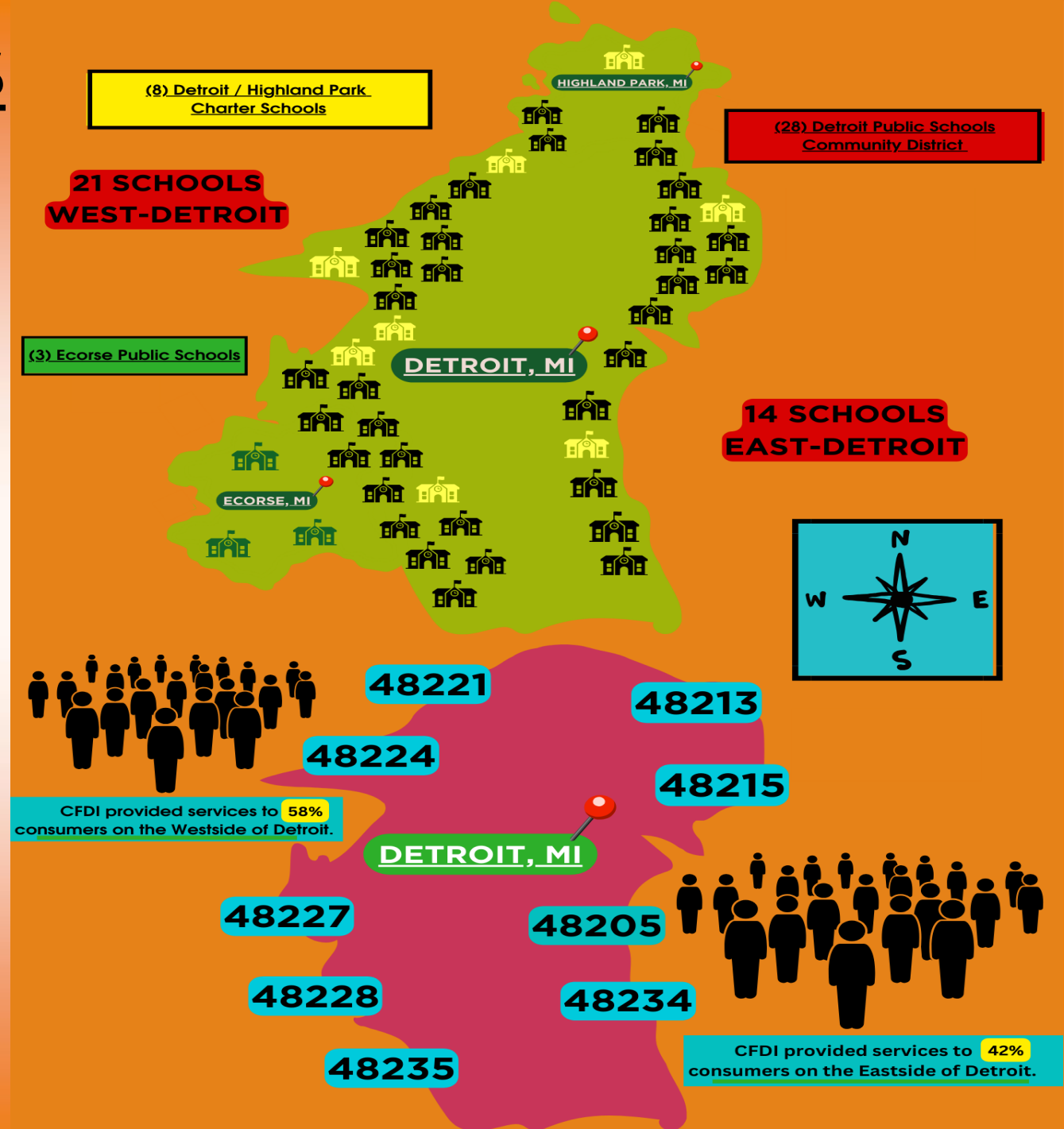
- ▶ BFDI Educated 7,177 school staff members through 1,477 educational sessions.



CHILDREN & FAMILY SERVICES

DEMOGRAPHICS

- ▶ **58%** of rendered services on Detroit's West-Side
- ▶ **42%** of rendered services were provided on Detroit's East-Side.



CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

❖ **68%** of intakes into behavioral health program received an integrated health screening.



Center for Family Development, Inc.
(Black Family Development, Inc.)



Hope and Healing Clinic

Certified Community Behavioral Health Clinic

*Person- and family-centered holistic
services to support wellness*

CCBHC Core Services

- Crisis Services
- Comprehensive Screening
- Treatment Planning
- Outpatient BH and SUD Care
- Primary Care Screening
- Targeted Case Management
- Peer/Parent Support
- Psychiatric Rehabilitation
- Community-based Care for Veterans

*Clinic services based on
direct input and feedback
from the Community!*

Integrated Physical Health Services

- Well child and adult physicals
- Care for illness and injury
- Chronic condition management
- Full laboratory services
- Nursing Assessment
- Health Education
- Preventive Care
- Vaccines coming soon!





HOPE MOBILE OUTREACH

Hope Mobile Outreach Team has operated as a community-based initiative serving Detroit and Wayne County, dedicated to meeting people where they are. We deliver essential services directly to neighborhoods, homes, and community hubs with a focus on access, equity, and immediate support and linkage to care.

Community Events:

346 Outreach events were attended from August 2022 - May 2025

16,600 Community members were served as a result of the 346 attended events.

Residents Served:

The HOPE Mobile team comprising therapists, youth peer support, & parent support partners provided CFDI services to **1,050** Wayne County residents.

Requests For Follow-up:

550 requests were made for follow-up contact, serving as critical intervention points for individuals at risk of crisis. Follow-up services include Behavioral health, Food access, Employment, & Housing Stability.

Therapeutic & Peer Interventions:

Of the **1,050** community members served, there were **2,643** therapy & peer service interventions completed.



HOPE MOBILE OUTREACH

Partnerships & Collaborations

**Data Reflects October 2023 - September 2024*

- ▶ CFDI's HOPE Mobile Team engaged **8,353** residents across Detroit-Wayne County in 2024.
- ▶ **1,390** therapy and peer service interventions were completed in 2024.
- ▶ Partnerships & collaborations expanded access to mental health therapy for all ages, physical health screenings, and peer-led interventions.
- ▶ As a result of CFDI's partnership with One Detroit, 500+ participants were served through the Peacenics and direct personal and family interventions





HOPE MOBILE OUTREACH

ONE DETROIT PARTNERSHIP

From October 2023 to September 2024, BFDI & ONE DETROIT successfully completed the following outcomes through continued partnership.

- **235** Returning Citizens were served at Roundtables.
- **52** Families were served
- Of **183** Returning Citizens **102** met with BFDI for initial contact.

Follow up Contacts received services to address the following:

- Employment Concerns
- Education/Vocational Training
- Medical Access
- Clinical Interventions
- Reintegration into Family Units



One Detroit Youth Advisory Council

TOWNHALL

W/ DETROIT HEALTH
DEPARTMENT

MEETING REPORT

Thursday May
24th, 2024



ONE
DETROIT

VIOLENCE REDUCTION PARTNERSHIP





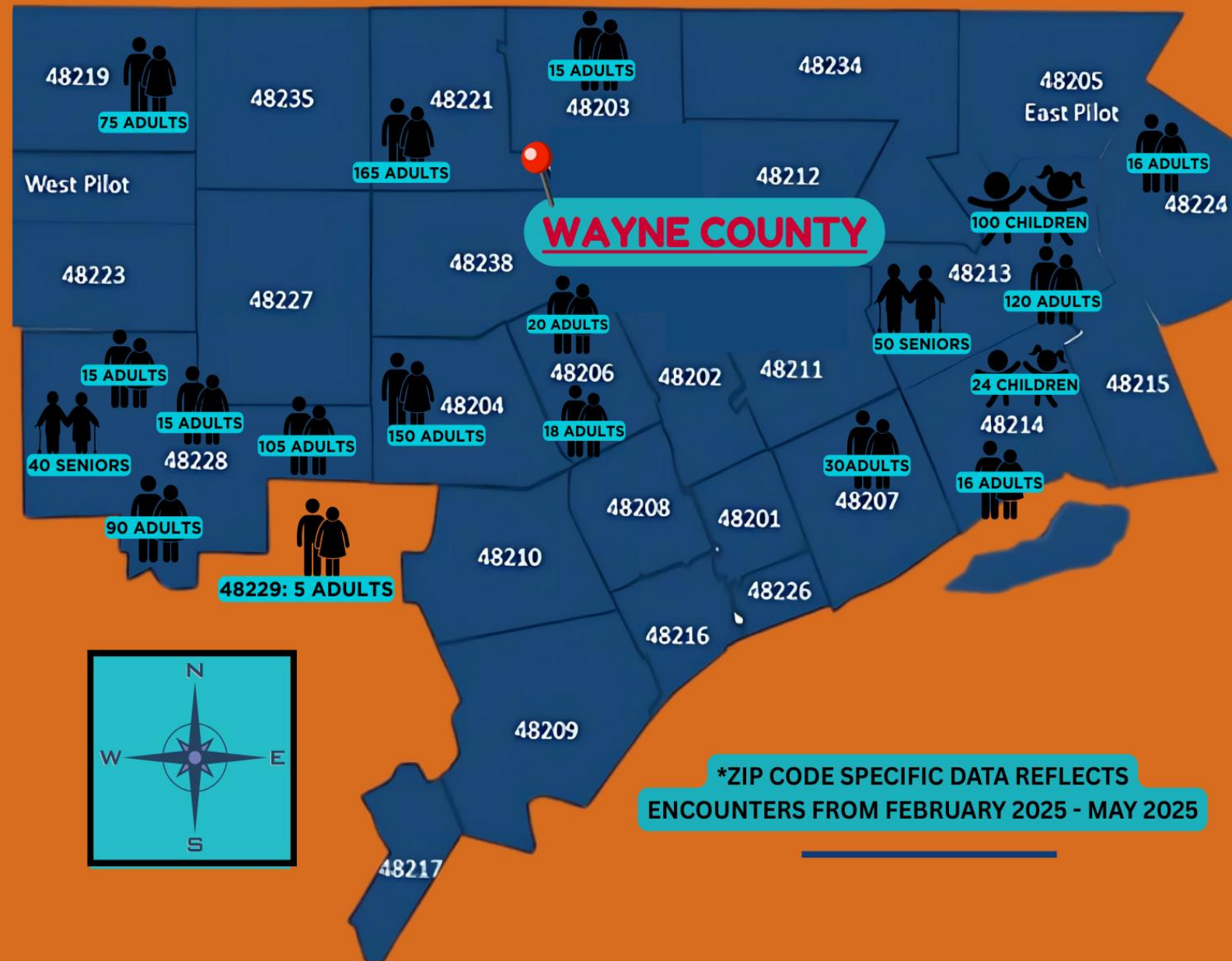
HOPE MOBILE OUTREACH WAYNE COUNTY STRONG

From February 2025 - May 2025, CFDI conducted counseling and public education sessions, reaching diverse community members across Wayne County providing psychoeducation on stress & coping strategies, and fostering community resilience surrounding the 2023 disaster.

- Through 19 community - centric service encounters, CFDI provided outreach to **1,075** residents.
- Of the 1,075 community members served, **861** participants were adults (18-64 years), and **124** were youth & children (Under 18 years)

Public Information Activities:

- Mental health treatment
- Substance use disorder treatment
- Prevention services
- Early childhood programming
- Homeless prevention supports



Who is Youth United

Youth United (YU) is a youth-led initiative that has been based in Wayne County for 20 years.

BFDI has been a partner in the Youth United program for 20 years.

YU advocates for youth voice and positive involvement in the System of Care (SOC). Promoting positive values and philosophy empowers young people to make a difference.

We offer a safe environment to discuss critical issues and provide resources to help youth stay informed about issues that impact their communities.



East Region BFDI

Train and educate youth and stakeholders on topics based on their identified needs.

Actions:

- Courageous Conversations
- Youth Under Construction Training Manual
- Focus Groups
- Transition Age Youth Forum

In FY 2024 the BFDI-Youth United East Region hosted, co-hosted, and/or supported thirty-nine (39) community activities including:

- Youth United Professional Development Days
- Quarterly WC Youth Involvement Meetings
- Courageous Conversations
- Youth United/Family Alliance for Change (FAFC) annual Santa Day.
- Focus Groups.
- Trainings such as Social Media, Narcan, Gun Safety
- Stigma Busting Workshops
- March Dadness and Fatherhood Forum with the Fatherhood Initiative.
- ▶ Transition Age Youth Forum
- Live in the D segment on Channel 4 and Children's Mental Health Awareness Day
- CoC Committee on Youth Homelessness
- Michigan Candidate Forum
- Community Health and Wellness Fair
- Back to School Fair with Assured Family Services.
- Cultural Linguistic Competency Summit.
- Walk a Mile in Lansing.
- Youth Spotlight Awards.
- NAMI Honors and Nami Con.
- National Youth Leadership Regional Council Roundtable.

SUD PREVENTION & TREATMENT

Substance Abuse Treatment Services:

- ▶ **93%** of adults served in SUD outpatient treatment
- ▶ **100%** of youth consumers remained free of hospitalizations and residential admission
- ▶ **3,456** recipients of substance use disorder prevention in 2024
 - **160** prevention direct services provided
 - **114** SUD prevention groups held

The word "RECOVERY" is written in a bold, 3D-style font. Each letter is a different color: R (pink), E (yellow), C (teal), O (orange), V (pink), E (orange), R (teal), Y (teal). The letters have a slight shadow and are set against a dark, textured rectangular background.

Of the individuals who received SUD services on average of 90 days or more, **93%** successfully discharged from the program.

Level of Impact - Targeted Intervention

The use of evidence-based programming and **Restorative Practices** underscores FREE program commitment to effective and proven methods for behavior change.

Lions Quest Skills for Adolescents is a universal and comprehensive curriculum for students in grades 6-8 with the aim of fostering a positive learning environment, teaching social and emotional skills, promoting prosocial behavior, and preventing drug and alcohol use.



Level of Impact - Targeted Intervention

Restorative Practices is a transdisciplinary field of study that examines how to strengthen relationships between individuals and improve social connections within communities.

Restorative Practices are used in conflict resolution, creating dialogue, bridging gaps across divided groups and building cultures where all members have a voice, work more effectively, together, and become more innovative.



Lives Touched - Targeted Intervention

- ▶ 3456 lives touched in 2024
- ▶ 14 Community Wide Substance Use Prevention Events in which CFDI participated with DWIHN and many other community groups
- ▶ 114 ATOD groups facilitated by BFDI
- ▶ Schools specifically impacted by FREE Prevention during 2023-2024: *Cody High School, Paul Robeson/Malcolm X Academy, Barack Obama Leadership Academy, Fisher Magnet Upper Academy, Hope Academy.



Lives Touched

Take Down Tobacco National
Day of Action



Take Down Tobacco National
Day of Action



Lives touched

Harambee Brotherhood
Circle at Hope Academy



Youth led Peace and Safety
Walk at Paul Robeson
Malcolm X Academy



Lives Touched

REAL Brothers Vaping
Prevention Presentation In
Cody Rouge

Take Down Tobacco Day



**Thank you for the
opportunity to share our
work and DWIHN
partnership.**

Questions?

Centers For Family Development, Inc.

D.B.A. Black Family Development, Inc.