



Detroit Wayne Integrated Health Network

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FULL BOARD MEETING
Wednesday, February 18, 2026
Detroit Wayne Integrated Health Network
Administration Building
8726 Woodward, 1st Floor Board Room
1:00 p.m.
AGENDA

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES** – January 21, 2026
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – January 7, 2026
Approved Program Compliance Committee Minutes – January 14, 2026
- VII. ANNOUNCEMENTS**
 - A. Network Announcements
 - B. Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
 - A. Board Chair Report
 1. Board Committee Appointments (April)
 2. Annual Meeting (June/July 2026)
 3. Update Community Mental Health Annual Winter Conference, Kalamazoo, MI (February 2nd -4th 2026)
 4. National Council for Mental Wellbeing NatCon26, Colorado Convention Center, Denver, CO (April 27 – 29, 2026)
 5. Regional Chamber of Commerce Mackinac Policy Conference 2026 – Mackinac Island, Michigan (May 26th – 29th 2026)
 6. National Council for Mental Wellbeing Hill Day – Washington, DC (June 2nd – 3rd 2026)

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



7. Community Mental Health Association of Michigan Annual Summer Conference – Grand Traverse, Michigan (June 8 – 10, 2026)

B. Executive Committee

1. City of Detroit and Wayne County Appointments/Reappointments

2. Annual Report to the Commission (March, 2026)

C. Finance Committee

D. Program Compliance Committee

E. Recipients Rights Advisory Committee

F. Policy/Bylaw Committee

G. Nominating Committee

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

**X. QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPIP) DESCRIPTION
FY2026-2028** *(Program Compliance)*

**XI. QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPIP) EVALUATION
FY2025**
(Program Compliance)

**XII. QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPIP) WORK PLAN
FY2026** *(Program Compliance)*

XIII. UNFINISHED BUSINESS (Staff Recommendations)

A. **BA#23-67 (Revision 3)** – Modification TTEC *(Finance)*

B. **BA#24-23 (Revision 2)** – Quest Analytics, Inc. *(Program Compliance)*

C. **BA#25-30 (Revised)** – Community Mental Health Data Platform *(Program Compliance)*

D. **BA #26-02 (Revision 2)** – FY26 Detroit Wayne Integrated Health Network Operating Budget *(Finance)*

E. **BA#26-03 (Revision 2)** – Children’s Initiatives Wavier Services FY26 *(Program Compliance)*

F. **BA#26-12 (Revision 4)** – Substance Use Disorder (SUD) Treatment Provider Network System FY26 – Acupuncture Trainings and Opioid Settlement Healing and Recovery Carry Over Funding *(Program Compliance)*

G. **BA#26-13- (Revision 4)** – Substance Use Disorder (SUD) Prevention Provider Network System FY26- Opioid Settlement Healing and Recovery Carry Over Funding *(Program Compliance)*

H. **BA #26-14 (Revision 4)** – DWIHN Provider Network System FY26 *(Program Compliance)*

XIV. New Business (Staff Recommendations)

A. **BA#26-44** – Emergency Janitorial Services (Chompaway Ventures, LLC dba Jan-Pro) *(Executive)*

B. **BA#26-46** – MI Coordinate Health Highly Integrated Dual Eligible-Special Needs Plan (MICH HIDE-SNP) FY26 *(Program Compliance)*

C. **BA #26-47** – Milwaukee Building Parking (Laz Parking, LLC) *(Finance)*

D. **BA#26-48** – Purposeful Consulting, LLC – Professional & Strategy Development *(Executive)*

XV. AD HOC COMMITTEE REPORTS

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

XVI. PRESIDENT AND CEO MONTHLY REPORT

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

XVII. PROVIDER PRESENTATION – None

XVIII. REVIEW OF ACTION ITEMS

XIX. GOOD AND WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

Members of the public are welcome to address the Board during this time up to two (2) minutes (***The Board Liaison will notify the Chair when the time limit has been met***). Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals who do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to them and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA-related or of a confidential nature will not be posted but instead responded to on an individual basis).

XX. ADJOURNMENT



DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, January 21, 2026
1:00 p.m.

BOARD MEMBERS PRESENT

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

Angelo Glenn
Kevin McNamara
William Phillips
Kenya Ruth

BOARD MEMBERS ATTENDING VIRTUALLY: Ms. Karima Bentounsi and Mr. Bernard Parker

BOARD MEMBERS EXCUSED: Lynne F. Carter, M.D.

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

GUEST(S): None

CALL TO ORDER

The Board Chairperson, Dr. Taueg welcomed and thanked everyone for attending the meeting both in person and virtually. The meeting was called to order at 1:09 p.m. A roll call was requested.

ROLL CALL

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

APPROVAL OF THE AGENDA

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

MOMENT OF SILENCE

The Board Chair. Taueg called for a moment of silence and noted that there was a lot going on in the world and we would just pause to honor those who may be in the midst of the chaos. A moment of silence was taken.

APPROVAL OF BOARD MINUTES

The Board Chairperson, Dr. Taueg, called for a motion to approve the minutes from the November 19, 2025 Full Board meeting and the Special Full Board minutes from the meeting of December 3, 2025. It was moved by Ms. Bullock and supported by Ms. Ruth approval of the Full Board minutes from the meeting held on November 19, 2025 and the Special Full Board minutes from the meeting held on December 3, 2025. There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of November 5, 2025 and the Program Compliance Committee meeting of November 12, 2025 were received and filed.

ANNOUNCEMENTS

Board Announcements

Board Chairperson Dr. Taueg called for Board Announcements. Ms. Ruth provided feedback and accolades to Ms. E. Reynolds and her team. She noted she was boots on the ground and doing a magnificent job and she wanted to thank her. She also noted that Ms. Smith was given accolades of building awareness, but what they liked about Ms. Reynolds was she was from their area and that she has given hope and solutions.

Ms. Ruth also noted that Mr. White attended the three-day Horatio Williams Foundation HBCU's basketball tournament as well as D1 schools in the mid-Michigan area and delivered a phenomenal speech to the basketball players in both HBCU. He shared his story about his journey of education and only education will eradicate this hopelessness and there is nothing more refreshing than for our young people to see a reflection of thyself for what they can be with hard work. There were no further Board announcements.

Network Announcements

Ms. B. Blackwell, VP of Government Affairs noted that Ms. D. Clark, Director of Communications, was online via Zoom with some updates. Ms. Clark wished everyone a Happy New Year and informed everyone that the new website was up and going, and can be found by going to dwi hn.org and invited everyone to check it out and let them know what they think about it. There were no further Network announcements.

It was noted that this website replaced the former one and had a brand-new look and if there were items that needed to be added or changed to let Communications know so that IT could be notified to make the changes. We will continue to add or take things out as we see fit. Commissioner Kinloch commended the team on a job well done as it relates to the website, and noted that it presented well. It was also noted that the first time there was a refresh on the website was about seven years ago, and we have been gathering a lot of input from our staff, providers and the people we serve so that the website can be easier to navigate.

Congratulations was extended to Mr. White, President and CEO on his being recommended and appointed to the CIT International Board of Directors as this is a huge honor and with his years in law enforcement and everything we do from a CIT standpoint having his leadership on that board is a huge accomplishment for this organization. Discussion ensued regarding the website being ADA compliant and it was noted that it is in compliance.

Mr. White, CEO and President introduced the new DWIHN team members, Dr. Darren Crawford was introduced as the Chief of Staff, Ms. Ebony Graham, was introduced as Associate VP of Human Resources and Mr. Mike Ossy, Legal Counsel, is with our legal team. All were invited to come forward and make brief remarks. Mr. Crawford noted that he was a native of Detroit and glad to be back, prior to joining DWIHN he was an Assistant U.S Federal Prosecutor in the Eastern District of Michigan, he

is Morehouse graduate and has a law and medical degree, this opportunity presents a great balance of the ability to pull from both of his backgrounds and really add value to the community and a vulnerable community population and he was glad to be with DWIHN.

Ms. Ebony Graham, Associate Vice President of Human Resources noted that she recently transferred from Henry Ford Hospital and prior to that she spent approximately 17 years at Beaumont Health and was also the Director of Human Resources that opened the Beaumont Behavioral Health Hospital which is located in Dearborn and she was excited to be here and be a part of the work that we are doing to protect those that need the most protection. She has spent a lot of her career in healthcare human resources helping the people that help people.

The record reflects that Mr. Parker joined the meeting virtually.

Mr. Michael Ossy, Legal Counsel noted that he was absolutely thrilled to be a part of this organization and that it was an absolute privilege to bring his background and expertise in the legal field to help the organization move forward. He was looking forward to working with each of the board members and being a productive member of the team. All of them thanked the board for their time and the board welcomed each of them to DWIHN. Dr. Taueg noted that Mr. White, in light of all the things that are happening, has really added to the team and it was probably good to have more expertise to help us move forward.

BOARD COMMITTEE REPORTS

Board Chair Report

Board Chairperson, Dr. Taueg provided a verbal report. It was announced that recommendations for the Nominating Committee which is consistent with our Bylaws and also the governance policies will be recommended to the Full Board. The board members that are being recommended for the Nominating Committee are Mr. McNamara, Mr. Parker, Commissioner Kinloch and Mr. Glenn. Mr. McNamara has agreed to chair the Committee and a vote from the Full Board was needed to ratify the Nominating Committee appointments. The Chair called for a motion. **It was moved by Ms. Garza Dewaelsche and supported by Mr. Phillips approval of the Nominating Committee which consist of Mr. Kevin McNamara, Chair, Mr. Bernard Parker, Commissioner Kinloch and Mr. Angelo Glenn.** There was no further discussion. **Motion carried.** It was reported the Nominating Committee will meet, put together a slate and will present the slate to the Board at the Full Board meeting February and they we will be able to vote on their officers.

It was reported that the Community Mental Health Association of Michigan Winter Conference is coming up next month in February and will be in Kalamazoo, Michigan. Commissioner Kinloch is scheduled to attend the conference and we will be represented by him and DWIHN staff.

The National Council for Mental Health Wellbeing NATCON26 will be held in April and that will be in Denver Colorado, there are a number of board members that are attending, she will also be in attendance and is looking forward to hearing what some of the trends are and what is happening nationally.

The Regional Chamber of Commerce Policy Conference will be taking place on Mackinac Island. There are a number of board members that are attending, the conference will be held in the month of May. The

process has been changed for registration and housing, however we will be represented at that particular meeting.

The Community Mental Health Association of Michigan Annual Summer Conference will be held in June in Traverse City. Registration for the conference has not opened yet, board members that are interested in attending should notify the Board Liaison to be registered.

Executive Committee

The Chair, Dr. Taueg provided a verbal report. It was reported there was a board study session in November. It was held at Wayne County Community College District in Detroit, the Northwest Campus. It was very well attended and she thought it was a great session. Ms. Brown, was a star in helping us to figure out some of the portions of the meeting, there were a lot of questions and it was a good study session. We will be scheduling another study session sometime in April and the Board Liaison will provide more information. There was no further discussion on the Board Study Session.

The Metro Region meeting was held in the month of December and that was well attended. All three of the Tri-County Mental Health agencies were represented. Ms. Blackwell noted that a report was received from the Community Mental Health and we had good feedback for the discussion. There are a couple of things that we have been working with our lobbyists on for the upcoming conference and she will continue to work with Mr. White and Mr. Singla in regard to making sure we have appropriate representation in working with the legislators. There are upcoming meetings with department leadership and legislators. Dr. Taueg thanked Ms. Blackwell for helping to organize the meeting and noted that they had great food, but there were robust conversations and there will be more follow-up to some of that discussion regarding the RFP.

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

Finance Committee

Ms. Dora Brown, Chairperson of the Finance Committee, provided a verbal report. It was reported that the Finance Committee met on Wednesday, January 7, 2026. There were a couple of highlights based on a financial preliminary report. DWIHN will utilize approximately \$20 million of the \$70 million in Medicaid ISF in FY25 which is a significant amount of the increase in Medicaid as this is a shift from general fund costs related to spend down. DWIHN's General Fund overspend is expected to reduce compared to the prior year. Molina has expressed an interest in credentialing DWIHN as a network provider, which means that we can serve all behavioral health members, including mild to moderate and bill Molina as the payor which is a significant for DWHIN. Mr. White and his entire team were congratulated on a great partnership which was discussed at the Executive Committee meeting held yesterday.

The Substance Use Disorder department is putting in measures to reduce the uninsured members with a paid block grant treatment. PA2 will absorb approximately \$2 million in overruns related to FY2025. Finance presented the information to the SUD Advisory Board in November and they are aware of the overruns. DWIHN has put controls in place to ensure CCBHC-eligible servicers are not paid except for respite. MDHHS requested DWIHN to continued payment for respite until such time as CCBHC's can enter into agreements with respected providers. MDHHS will reimburse DWIHN for any services paid. The committee did not have any board actions, the liquidity remains strong and our cash flow is

sufficient to support operations. There was no further discussion. The Finance Committee report was received and filed.

Program Compliance Committee

Commissioner Jonathan C. Kinloch, Chair of the Program Compliance Committee, provided a verbal report. It was reported that the Program Compliance Committee met on Wednesday, January 14, 2026. The Committee received a follow-up item from the Chief Medical Officer on having a first-year resident on board. The follow-up item with Customer Service will be provided at the February meeting and the Corporate Compliance Officer deferred its report to the February 11th meeting as well. A monthly report was received by the Chief Medical Officer for the months of November and December. It was reported that Congress extended Medicare telehealth flexibilities through January 30th, 2026. Behavioral Health telehealth remains more protected than other services with broader home base coverage continuing under federal law. Also, the Adult Crisis Stabilization Unit served 181 individuals in December 2025 and the Child and Family Crisis Unit served 33 youths in the acute behavioral health crisis. A year end summary report was received from DWIHN's Outpatient Clinic Services Department. It was reported that since the opening in July 2024, the total number of people enrolled was 957; the number served by the Outpatient Clinic Services was 720 and a total of 6,367 services for FY2025 were provided which runs from October 1, 2024 through September 30, 2025. The total number of people that were served by the DOC was 500 for FY2025 and a total of 3,997 services were provided to members.

Quarterly reports were received from Adult Initiatives, Crisis Care Services, PIHP Crisis Services, Managed Care Operations and Utilization Management. There was no Strategic Plan or Quality Review Report. The Associate Vice President of Clinical Operations provided an Executive Summary. It was reported that on December 4, 2025, the Children's Initiatives Department hosted its Annual Report to the Community themed "Our Community, Our Story" which was a key deliverable for the System of Care block grant. The committee reviewed and moved to Full Board for approval six board actions under Unfinished Business and three board action under New Business. There was no further discussion. The Program Compliance Committee report was received and filed.

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

Recipient Rights Advisory Committee

Ms. Kenya Ruth, Chair of the Recipient Rights Advisory Committee provided a verbal report. It was reported that the committee held its first meeting of the new year on Friday, January 9, 2026. There were staff updates provided, new hires Ms. A. Hubbard, Ms. N. Creighton, Ms. J. Mathis, Mr. N. Combs, Ms. A. Horton, Mr. G. Sherbert and Mr. C. Bounds, Data Analyst, have all joined the department. There were some promotions, Ms. L. Davis has been promoted to Intake Manager and Ms. C. Bones has been promoted to Sr. Recipient Rights Investigator at the Care Center. Our annual report was submitted December 15, 2025 and as a requirement of the Michigan Department of Health and Human Services all board members have a copy of the Recipient Rights Annual report in their agenda packet. Ms. Ruth noted that if anyone had any questions to direct them to Dr. Polly McAllister, Director of the Recipient Rights Department. A brief overview was provided of the Recipient Rights office, it was reported that 1,992 allegations were received, the team processed 1,576 actual investigations which means 416 were No Rights Involved or Outside of our Jurisdiction. The team substantiated 621 cases. Under New Business the RAC Chair discussed the importance of attendance and being a member of Recipient Rights. She has requested that Dr. McCalister do a report card of attendance and there would be some

members that would be removed from our committee. There was no further discussion. The Recipient Rights Advisory Committee was received and filed.

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

Policy/Bylaw Committee

Mr. William Phillips, Committee Chair provided a verbal report. It was reported that the Policy/Bylaws Committee met on Wednesday, January 14, 2026 following the Program Compliance Committee meeting. There were four agenda items for discussion, the Board Stipend Policy, the Operational Communications Policy, the Board Delegation of Authority Policy and the DWIHN Policies. The committee has two recommendations for the Full Board's consideration. The first is that the committee discussed the Board Stipend which is currently set at \$100.00, included in the packet is the Board Stipend Policy, Policy #2016-02 which covers the policy and its limitations. After review of information provided by legal counsel on the stipend amounts of other Wayne County boards and authorities, the committee is recommending Full Board approval to move the Board's stipend, the Substance Use Disorder Oversight Policy Board Stipend, and the Recipient Rights Advisory Committee and Appeals Committee to \$200.00, this amount would still be below the highest paid stipend in Wayne County. The last change to the board stipend was made on September 1, 2023. There are three Resolutions before you today, one for the Full Board, the SUD Oversight Policy Board and the Recipient Rights Advisory Committee and Appeals Committee. It was requested that Legal Counsel add any comments to this issue. There were no additional comments provided by Ms. Y. Turner, VP of Legal Affairs, however she suggested that each Resolution be taken separately.

The Committee reviewed the Operational Communications Policy, to determine if a comment section needed to be added to the agenda to provide board members with an opportunity to discuss items that may not have been addressed on the agenda. The committee determined that there was ample opportunity for board members' remarks and comments, and no changes were required at this time. This item has been removed from our agenda. However, it can be brought back to the Policy/Bylaws Committee for further discussion if necessary.

The third item discussed by the committee for recommendation to the Board is a required change to the Board Delegation of Authority Policy Chart. This item is recommended for Full Board approval to update the amounts listed in the Delegation of Authority Policy Chart under the Major Purchases and Minor Purchases to align with the changes made to the Procurement Policy. The current amount and the amount currently listed in the chart is Major Purchases over \$50,000 and Minor Purchases less than \$50,000, both amounts should be changed to the amount that was approved by the Board in the procurement policy which is \$100,000 or less. A motion is required for the Delegation of Authority Policy recommendation. It was requested of Legal Counsel, Ms. Y. Turner, VP of Legal Affairs to comment on the issue. Ms. Y. Turner, noted that the Board could actually vote on this now as the stipends appear later on the agenda. She also noted that it will be changed to say Major Purchases over \$100,000 and then it will be changed to say Minor Purchases of \$100,00 or less as the Procurement Policy indicates this as well.

The Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. Glenn to change the Board Delegation of Authority Chart to read Major Purchases over \$100,000 and Minor Purchases of \$100,000 or less as stated in the Procurement Policy.** There was no further discussion.

Motion carried. It was also stated that there may be further work on this Policy so the committee will have this item on their next meeting agenda.

Lastly the committee reviewed the list of DWIHN policies. It was requested that the committee members review the list and determine the policies that they felt needed further discussion or review. It was also recommended during this time that the Board Governance Policies be reviewed. The Committee will receive the list of those policies along with their creation dates, renewals and updated dates for the purpose of review at the next Policy/Bylaw Committee meeting, which is scheduled for Wednesday, March 11th at 3:10 p.m. which is after the Program Compliance Committee meeting. It was requested by Dr. Taueg that when the list is presented to the Policy Committee that they be grouped according to categories which would facilitate their ability to review them. Mr. McNamara requested a list of the policies as well which will be handled with the request that was made by the Policy/Bylaw Committee.

Fiscal Year 2025-2026 Resolution #1 Resolution Increasing DWIHN Board of Directors Member Per Diem WHEREAS, pursuant to the Michigan Mental Health Code, Public Act 258 of 1974, as amended ("Code"), the Detroit Wayne Integrated Health Network ("Network") was established as a county community mental health Network; and WHEREAS, the Network Board of Directors ("Network Board") members currently receive a daily per diem and mileage expenses as fixed by the Network Board; and WHEREAS, the Network Board wishes to increase the standard daily per diem paid to the Network Board members to the amount of Two Hundred Dollars (\$200.00) effective February 1, 2026. NOW THEREFORE BE IT RESOLVED that the Board of Directors of the Detroit Wayne Integrated Health Network hereby sets the Network Board members' daily per diem at an amount of Two Hundred Dollars (\$200.00) effective February 1, 2026. I HEREBY CERTIFY that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twenty-First (21st) Day January 2026.

Fiscal Year 2025-2026 Resolution #2 Resolution Increasing SUD Oversight Policy Board Member Per Diem WHEREAS, pursuant to the Michigan Mental Health Code, Public Act 258 of 1974, as amended ("Code"), the Detroit Wayne Integrated Health Network ("Network") was established as a county community mental health authority; and WHEREAS, pursuant to the Code the Network established a Substance Use Disorder Oversight Policy Board ("SUD Board") through a contractual agreement between the Network and the County of Wayne (MCL 330.1287); and WHEREAS, the SUD Board members currently receive a daily per diem and mileage expenses as fixed by the Network Board of Directors; and WHEREAS, the Network Board of Directors wishes to increase the standard daily per diem paid to the SUD Board members to the amount of Two Hundred Dollars (\$200.00) effective February 1, 2026. NOW THEREFORE BE IT RESOLVED that the Board of Directors of the Detroit Wayne Integrated Health Network hereby sets the SUD Board members' daily per diem at an amount of Two Hundred Dollars (\$200.00) effective February 1, 2026. I HEREBY CERTIFY that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twenty-First (21st) Day January 2026.

Fiscal Year 2025-2026 Resolution #3 Resolution Increasing Recipient Rights Advisory and Appeals Committee Per Diem WHEREAS, pursuant to the Michigan Mental Health Code, Public Act 258 of 1974, as amended ("Code"), the Detroit Wayne Integrated Health Network ("Network") was established as a county community mental health Network; and WHEREAS, pursuant to the Code the Network established a Recipient Rights Advisory Committee and Recipient Rights Appeals Committee ("Rights Committee") (MCL 330.1757 and MCL 330.1774); and WHEREAS,

the Rights Committee members currently receive a daily per diem and mileage expenses as fixed by the Network Board of Directors (“Network Board”); and WHEREAS, the Network Board wishes to increase the standard daily per diem paid to the Rights Committees’ members to the amount of Two Hundred Dollars (\$200.00) effective February 1, 2026. NOW THEREFORE BE IT RESOLVED that the Board of Directors of the Detroit Wayne Integrated Health Network hereby sets the Rights Committees’ members’ daily per diem at an amount of Two Hundred Dollars (\$200.00) effective February 1, 2026. I HEREBY CERTIFY that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twenty-First (21st) Day of January 2026.

Dr. Tauег, Board Chair called for a motion on the item IX. FY2025/2026 Resolution #1 – Resolution Increasing Board Member Per Diem. **It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of items 9 through 12, Resolution #1; Resolution#2 and Resolution #3 as recommended from the Policy Committee.** Discussion ensued regarding legal counsel’s request that each one of the items be approved individually and it being prudent to follow Ms. Turner’s recommendation. Ms. Y. Turner, VP of Legal Affairs noted that it was a recommendation, but it was up to the board on how they wished to move. Dr. Tauег inquired as to whether it would be a problem to do it that way. Ms. Turner noted that if the record is clear as to who votes in favor, who abstains and anything different there would be no concerns. It was determined a roll call vote would be taken, but there was a motion on the floor. Ms. Ruth noted that an increase has not been done in a long time and suggested that it be done individually, as that was the recommendation. Ms. Dewaelsche, Board Secretary, noted that Commissioner Kinloch’s motion was for items 9 through 12 and she thought he meant items 9 through 11 and the motion needed to be corrected. **For the record and clarity, it was moved by Commissioner Kinloch and supported by Mr. Glenn approval of items IX. FY2025/2026 Resolution #1 – Resolution Increasing Board Member Per Diem; item X. FY2025/2026 Resolution #2 – Resolution Increasing SUD Oversight Policy Board Member Stipend and item XI. FY2025/2026 Resolution #3 – Resolution Increasing Recipient Rights Advisory and Appeals Committees Per Diem as recommended from the Policy/Bylaw Committee.** Discussion ensued regarding a roll call vote. Ms. Y. Turner, noted that it was the prerogative of the board per their bylaws that any member can request a roll call vote. There was a motion on the floor. A roll call vote was requested. There was no further discussion. A roll call vote was taken. **Motion carried with Dr. Tauег, Commissioner Kinloch, Ms. D. Brown; Ms. Garza Dewaelsche; Ms. A. Bullock, Mr. A. Glenn; Mr. K. McNamara voting Yea; Mr. W. Phillips and Ms. K. Ruth voting Nay. Ms. K. Bentounsi and Mr. B. Parker were both unable to vote as they were joining the meeting virtually.**

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Mr. Adams, SUD Oversight Policy Board Chair, reported that the SUD Oversight Policy Board did not meet in the month of December and their next meeting is scheduled for January 26th at 10:00 a.m.

The Chair, Dr. Tauег called for Unfinished Business.

XIII. Unfinished Business-Staff Recommendations:

- A. BA#26-04 (Revised) – Michigan Department of Health and Human Services (MDHHS) Children’s Initiatives Grant – The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Bullock approval of BA#26-04 (Revised).** Ms. Phipps, Director of Children’s Initiatives introduced Ms. Nicole Jones, the new Children’s Administrator to present the board action. This Board action is requesting revision to the board action (26-04) for an

additional \$24,081 allocated to the Infant Toddler Court Grant Program for fiscal year contract 10/1/25 through 9/30/26 due to notice of supplemental funds from MDHHS. The FY26 amended budget totals \$138,479, representing an increase of \$24,081 from the original allocation of \$114,398. These funds will be used to address increased cost-of-living and fringe expenses; travel for additional participants attending the Annual Cross Sites Meeting and Coordinator attendance at the MI-AIMH conference; Coordinator training and meeting costs; provide stipends for parent leaders participating in program activities; allocate resources for reunification supports for families completing the Early Childhood Court (ECC) docket; parent resource kits (educational materials, early childhood development information, self-care items; Program materials and supplies (flyers or outreach materials to improve community awareness. Discussion ensued. Ms. Ruth requested the information that was in the Parent Resource kits as well as the program materials, supplies and flyers that were distributed. There was no further discussion. **Motion carried with Ms. Ruth and Mr. Phillips abstaining.**

- B.** BA#26-12 (Revision 3) – FY26 Substance Use Disorder Treatment: Screening Brief Intervention and Referral to Treatment and Narcan. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Bullock approval of BA#26-12 (Revision 3).** Mr. M. Yascolt, Director of Substance Use Disorder Programs reporting. The SUD Department requests \$75,000 in PA2 funds to support the Screening Brief Intervention and Referral to Treatment (SBIRT) program at Hegira Health in partnership with Garden City Hospital. SBIRT programs are crucial in helping with substance use disorder issues when partnered with hospitals. Hospitals, especially emergency departments, provide an ideal opportunity for early intervention before substance use escalates. SBIRT involves universal screening of all adult patients (regardless of their reason for visit) for risky or unhealthy substance use (including alcohol and illicit drugs) and is peer recovery coach-driven process, supporting a safe space for an individual to consider changing their substance use behavior. This systematic approach identifies patients who might not otherwise disclose or seek help for their substance use, catching issues early before the progress to a severe disorder. In addition, the SUD Department is reallocating \$35,000 in PA2 funds from the Narcan Vendor line item on BA#26-12 to Novaceuticals to support Narcan Fentanyl and Xyalzene test strip procurement. Historically, we have contracted with Novaceuticals for the procurement of overdose prevention supplies. Novaceuticals has products available to us at a discount rate, in line with the market value of overdose prevention kits. Following the 5-month extension and additional funds to support procuring additional Narcan in the short term. We will be bidding out our contract for overdose prevention supplies through the Invitation for Bid process. The revised not to exceed amount of SUD prevention totals \$5,449,114 for the fiscal year ending September 30, 2026. There was no further discussion. **Motion carried.**
- C.** BA#26-14 (Revision 3) DWIHN Provider Network System FY26. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Dewaelsche approval of BA#26-14 (Revision 3).** Ms. R. Brown, Director, Contract Management reporting. This board action is requesting approval for the addition of the following five providers to the DWIHN Provider Network for the fiscal year ending September 30, 2026 as outlined below. Note: Total amount of Board Action remains the same not to exceed amount of \$837,791,038 for FY2026. Residential Provider: FONAG Inc. (Credentialed 12/18/2025 for Personal Care in Licensed Residential Setting; Community Living Support); Outpatient Providers: First Day Homecare LLC: (Credentialed 6/15/2025 for Private Duty Nursing); Reline Consulting dba Q & A Abilities Center (Credentialed 9/2/2025 for Speech; Occupational Therapy); Wynning Foundation Inc.

(Credentialed 12/18/2025 for Behavioral Health Treatment Plan; Telemedicine; Therapy (Mental Health) Child & Adult, Individuals, Family Group; Music/Art Therapy; Recreational Therapy). Board approval will allow for the continued delivery of behavioral health services for individuals with: Adults with Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders. The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated based on prior year activity and are subject to change. There was no further discussion. **Motion carried.**

- D. BA#26-21 (Revision 2) – Autism Services FY25. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA#26-21 (Revision 3).** Ms. C. Phipps, Director Children’s Initiatives reporting. This board action is requesting DWIHN Board to approve revision for Autism Independent Evaluator Provider, Sprout Evaluation Center LLC to receive a contract for FY26 (February 1, 2026 – September 30, 2026) as a result of the Autism Evaluator Request for Proposal (RFP) to complete Autism Evaluations for \$491,237. Sprout was approved for an extension from FY25 contract until 1/31/26 (BA#25-24 Revision 6). The total projected budget for autism services for FY26 is estimated at \$104,955,784. Description of Independent Evaluation Services – Provide comprehensive diagnostic evaluations for children and youth ages 0 to 21st birthday to determine eligibility for autism services. There are no changes to the current Autism Independent Evaluations – Social Care Administrator DBA McCrory Center; the Children’s Center. The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. There was no further discussion. **Motion carried.**
- E. BA#26-36 (Revised) – Children’s Services Healthcare Quality Initiatives Program FY26. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Dewaelsche approval of BA#26-36 (Revised).** C. Phipps, Director of Children’s Initiatives reporting. This board action is requesting board approval for the revision of the Children’s Services Healthcare quality School Success Initiatives (SSI) Program, to add a new provider, Core Caring Group (dba RBC Support Services), as a result of the 2026-020 School Based Health Quality Initiative Request for Proposal (RFP). Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve healthcare quality of services. Core Caring Group (dba RBC Support Services) will be allocated an amount not to exceed \$120,810 for the 9-month period of 01/01/2026 to 9/30/2026. There are no changes to the remaining SSI providers or other programs. The total Children Services Healthcare Quality Initiatives budget remains the same in an amount not to exceed \$3,150,003 for the 10 months ending 9/30/2026. The remaining 2 months of services for the period 10/1/2025 – 11/30/2025 totaling \$629,997 were approved with Board action #25-18(Revised). BA#25-18 (Revised) (\$629,997) and Board action #26-36 (Revised) (3,150,003) together total the FY26 Children’s Services Healthcare Quality Initiatives Programs in an amount not to exceed \$3,780,000. Funds within the total budget not to exceed amount of \$3,780,000 may be allocated amongst providers as needed without Board approval for the fiscal year ending September 30, 2026. Discussion ensued. Ms. Ruth requested information the Core Caring Group scope of work. There was no further discussion. **Motion carried with Ms. Ruth abstaining.**
- F. BA#26-39 (Revised) – Michigan Child Collaborative Care (MC3) Program FY26. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Bullock approval of BA#26-39 (Revised).** Ms. C. Phipps, Director of Children’s Initiatives reporting. This board

action is requesting a revision to the initial board action wherein funds provided by the University of Michigan (U of M) were allocated to Starfish Family Services to provide services under the Michigan Child Collaborative Care Program (MC3). Total funding (\$105,596) provided by U of M included \$84,612 for clinical services and \$20,984 for administrative services; \$95,359 was allocated to Starfish with the remaining amount retained by DWIHN for indirect costs. U of M has requested provision of services be transferred from Starfish to DWIHN as early as possible. DWIHN requests a revision to Starfish's contract term end date from 9/30/2026 to 2/28/2026 and contract amount change to \$36,195 (\$28,593 for clinical services; \$7,603 for administrative). The remaining funds will be allocated to DWIHN as follows: Indirect costs totaling \$13,774; New Behavioral Health Consultant - \$44,982 Clinical; \$10,644 Administrative; This position will report to the DWIHN Outpatient Clinic. The total amount allocated to Starfish is not to exceed \$36,196 for the 5 month period ending 2/28/2026. The remaining funds (\$69,400 will be allocated to DWIHN. Program Description: The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 Child, adolescent and prenatal psychiatrists. Provider provides local oversight in collaboration with MC3 program of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. Behavioral Health Consultant will act as the liaison with the primary care physician staff and the U of M psychiatric staff. Services include: Regional Outreach to eligible providers to ensure utilization of the MC3 program; linkage between Primary Care Providers and MC3 Psychiatrist; Coordination of care for children, adolescents, and perinatal women; Behavioral Health Consultant provides consultation services in designated primary care site; and Collection of required data and local utilization to facilitate the project evaluation. There was no further discussion. **Motion carried.**

XIV. NEW BUSINESS – Staff Recommendations:

- A. BA#26-37 – Credentialing Verification Organization FY26 – Medversant Technologies, LLC. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA#26-37.** Ms. R. Brown, Director of Contract Management reporting. This board action is requesting board approval to enter into a one-year contract, effective November 1, 2025 through October 31, 2026, for an amount not to exceed \$298,600 with Medversant Technologies LLC, A National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization. Medversant primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition, Medvesant conducts continuous monitoring of DEA licenses, Office of Inspector General, and System for Award Management sanctions, and licensure. All Medversant activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition Medversant will send Credentialing/Re-Credentialing letters and certificates to providers or practitioners. Medversant has the capabilities to share all credentialing data with the State of Michigan's Universal Credentialing CRM platform and is being utilized by other PIHP's, creating synergies of a single solution. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulation 422.204, their

executed agreements with MDHHS and the five Integrated Care Organizations. Discussion ensued regarding credentialing continuing under the State's new system. It was noted the State does have a universal credential platform however it is only for provider organizations. It was not built to include practitioners at the provider level so DWIHN continues to credential practitioners to support the provider network and reduce the Administrative burden for them. There was no further discussion. **Motion carried.**

- B. BA#26-42 – Wayne County Jail – Mental Health Services FY26 – The Chair called for a motion. **It was moved by Mr. Glenn and supported by Commissioner Kinloch approval of Board Action #26-42.** Ms. A. Smith, Associate VP of Network Innovation and Community Engagement reporting. This board action is requesting a continuing contract with Wayne County for the provision of mental health services for Wayne County residents who have been detained at the jail. Upon booking into the jail, inmates are screened, assessed, and determined to meet criteria for an intellectual/developmental disability; serious mental illness; co-occurring disorder; substance use disorder; or is at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by credentialed and qualified mental health professionals. Services include evaluation, diagnosis, crisis intervention, individual and group therapy, case management, medication management, referral and discharge planning. Provision of services for this population supports DWIHN's mission to assure that mental health services are accessible for those in need. Treatment and services occur in the jail, and discharge planning provides for post-release aftercare with the community mental health system. The contract amount is not to exceed \$5,000,000 for the fiscal year ending September 30, 2026. There was no further discussion. **Motion carried.**
- C. BA#26-43 – Mobile Crisis Safety Monitoring/Panic Button FY26 – Alert Media, Inc. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA#26-43.** Ms. J. Kellom, Crisis Care Center reporting. This board action is requesting approval for a modification in the amount of \$27,000 to the previously approved Competitive Best Value Purchase for the Mobile Crisis – Panic Button Platform Blanket Order BO22590027, with AlertMedia. This request builds upon the original competitive source justification and vendor selection process previously approved. This is a three-year contract to provide safety monitoring to Mobile Crisis staff. The contract term is from January 27, 2026 through January 26, 2029. The contract amount shall not exceed \$116,592 for the duration of 3 years. Discussion ensued regarding how the panic button works, who is contacted and the procedure. There was no further discussion. **Motion carried.**
- D. BA#26-45 – Workers' Compensation Insurance. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of BA#26-45.** Mr. J. Connally, VP of Human Resources reporting. This board action is requesting approval to modify Workers' Compensation insurance coverage through The Accident Fund for the period of October 1, 2025 through September 30, 2026. The previous cost of the premium was \$60,838. The cost of the premium for the policy is now \$181,485.00 due to the audit.

The premium may be adjusted to commensurate with the yearly Workers' Compensation Audit. DWIHN is required by State Law to maintain Workers' Compensation coverage. The contract if approved will not exceed \$181,485.00 and will have a contract term of October 1, 2025 through September 30, 2026. A summary document was provided for the board. Discussion ensued regarding the audit and the higher amounts and the change of classification codes. It was reported there was a significant increase in staff and there was a change in their classification to a higher risk classification. Discussion ensued regarding an appeal being made to the classification codes. It was recommended that DWIHN appeals the classification codes that were billed that were deemed to be inappropriate. Discussion ensued regarding the mode codes, and it was suggested that we take a look at the increases in the mode codes and that they are consistent with other mod codes of similar organizations that have similar incidents. There was no further discussion. **Motion carried.**

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

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

Dr. Taueg, Board Chairperson, noted there was no Building Committee report as the Committee did not meet in January.

Board Building Committee Updates

Mr. B. Parker, Committee Chair attending virtually noted the committee did not meet in January, however he did anticipate a meeting to be held in February. There were no updates at this time.

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

PRESIDENT AND CEO MONTHLY REPORT

Mr. White, President and CEO, provided a written report for the record. It was reported that on January 9th the much anticipated Judge's decision was received with regard to the rebid. Some information was sent to the Board. We learned that the RFP conflicts with Michigan law by restricting the CMHSP's legally required managed care functions, particularly their authority to investigate complaints and take disciplinary action under Chapter 7 of the Mental Health Code. The RFP prohibits the PIHP's from delegating these investigative functions to CHMSP's via financial contracts which directly clashes with existing Michigan law which makes the RFP as the judge stated legally defective. As a result, the court denied a summary disposition beyond its prior order, but issued a declaratory ruling that the RFP impermissibly conflicts with Michigan law, especially by restricting the CMHSP's ability to enter necessary financial contracts to accomplish what the requirements of the RFP were; the judge has essentially pushed back on the current status of the RFP and has put it back in the hands of the state to come up with a solution or remedy. The process could include any number of things, at this point we do not have any indication as to what the final decision will be from the state, but as the board can imagine that is a number of different opportunities to do, perhaps some type of hybrid decision. They could accommodate the issue or adjust the RFP to accommodate the issue that opposes law or they could walk away from it completely. We have no indication as to which one they will choose, but that is where we stand for now.

Crisis Care Services, in late December 2025, MDHHS released a new Intensive Crisis Stabilization Services certification. This certification encompasses our crisis call line, mobile crisis teams and ICSS follow-up teams. The staff are working hard on the application and will submit to the state in mid-February. The board will be kept updated and statistical data will be brought to the next meeting. There are large numbers coming into the crisis center and it has been a jewel for the community. Great work is coming out of that operation.

Detroit Wayne Integrated Health Network continues to collaborate with health systems and platforms to enhance integrated care by engaging in a coordinated effort with two Medicaid health plans and expanding this model to all 12 partner plans; this is done to identify any gaps. For our members with both physical and behavioral health needs beginning FY25-26 the plans established formal care coordinated agreements and we continue to hold monthly meetings to address issues such as lack of primary care engagement, untreated conditions and psychiatric medications, our high hospitalization rates and medication non-adherence. We are also expanding from a two-plan pilot model to a system-wide requirement under the MDHHS care rules. We will begin reporting on that in the near future.

Long Term Residential Care Trillium is still engaged in the construction of our long term care facility, which is the Overview Hospital located in the city of Detroit on Jefferson, unfortunately weather conditions have not been supportive of construction but they continue to get a number of things done on the inside of the facility, the major trades are nearing completion and 80% of the drywall has been completed. The exterior cosmetics are a little delayed due to the weather, there are some things they want to do with signage but things are moving in the right direction. We knew the date they gave us for a late December opening was a little ambitious and we are not surprised that we are where we are; we know internally that the date is going to be more early spring, or late winter, we will keep the board informed on that as well.

We are still in a holding pattern waiting on our federal declaration with the CCBHC. As the board is aware we have our state certification, we anticipate this very soon, however we do not have a date when we will be receiving our full certification. We have met all the internal requirements and all the requests for documentation that we have been asked for have been provided and we will wait that final determination. The board will be kept updated.

Mr. White noted that he has been selected to the new CIT International Board, this is a 15-member board that represents states across the country that includes key leaders in the community mental health platform. The goal of this board is to guide the organization's work in mental health, advocate for those who need mental health services to incorporate best practices in law enforcement, reduce injuries to both healthcare providers, law enforcement and members that are receiving services. He was happy to be a part of that board and it is a tremendous honor to have been selected out of 140 people from around the country, so he is humbled by the opportunity, and will do his best to represent DWIHN. He is finalizing the transition team for Mayor Mary Sheffield. It was noted this was to be a short assignment, however he was happy and honored to be part of the transition team particularly as it relates to public safety and one of the things that the mayor's has been extremely open to is how to partner with DWIHN and what we can do with the health department and with the community to ensure that they are directed to behavioral health services. We have talked about our DOC, led by Ms. E. Reynolds and she is doing a phenomenal job with making sure she gets the word out and Ms. Ruth's gave comments earlier regarding how she is trying to take the message out to the community. It has been a pleasure being able to talk about behavioral health with the city and what we can do in partnership. He considers this a blessing

because he thinks DWIHN's message will be resounding in the community and we will have an opportunity to do great work together. Discussion ensued regarding creating the forum for local business or Wayne County businesses with DWIHN; Mr. White did not have a date but noted that they had moved on it; there was also discussion regarding how much of our spend right now is with Wayne County-based businesses. Mr. White was charged with sending the report to Mr. Phillips. It was noted that there was an impact on mental health and employment; and people are more likely to employ people from the county and those that are headquartered in the county and that we have an obligation to our county residents that if we find equal performance from Wayne County businesses that we at least give them the opportunity to work with us and that we attempt to work with Wayne County-based businesses as much as possible. Mr. Phillips noted that he was going to continue to bring it up because this is something that is extremely valuable and important. He did not have a problem with the money leaving the county when it was necessary for it to leave the county but if we have the resources here we should use those resources. Mr. White noted that with the confines of the procurement policies we are working to make sure that those who do not know that we are here and want to compete for a proposal will get the opportunity. We are working on this item and will have a report by our next meeting.

Mr. Parker noted that the federal government at one point had cut out all the funding for a lot of the grants that affected the homeless and substance abuse and it was rescinded in a day or two later, how would that impact us and some of our grants we receive right now from SAMHSA or other federal programs. Mr. White noted that they held their collective breaths when they learned those grants had been cut, affecting the country to the sum of approximately \$2 billion dollars, that impact was significant for DWIHN and specifically to our SUD services, but thank goodness the president made the decision to restore that funding, but we are not confident that there will not be an impact felt again or some other adjustment made down the road, so we are not taking the restoration of those grants to mean we are out of the woods, but we are happy to have the dollars back. As it relates to long-term, the team has been asked to look at the programs that we have that we cannot do without; those programs that we may have to look for alternative funding opportunities that are impacting our community to the greatest extent we are going to look at what we need to do to move some dollars around to sustain those, but right now it is status quo operationally with a cautionary flag to have a plan in place should we be faced with this again in the future. Mr. Parker requested a report on how many of our members are receiving additional services at the homeless centers. It was requested the information be provided next week or the following meeting. Mr. White noted that we are in the process of getting that data and it has been quite the learning experience as it relates to that and we have identified that a number of our members are in homeless facilities and that was enlightening so he appreciated Mr. Parker bringing that to our attention, the problem is, in obtaining accurate data to be able to present a report to this board, secondly the services are being connected, what we do not have right now is the appropriate report and Ms. Smith is working on that, there are a number of different barriers to getting clean data on this issue, we have some data, but he did not have the confidence in it to present to the board that is accurate and preferred to delay the presentation rather than present something that is inaccurate. He requested another 30 days to get the report to the board.

Ms. Ruth noted that human trafficking awareness has been recognized on our website, but she wanted to follow up about the press conference that was held with the coalition in January on the 12th with the City of Detroit and wanted to stay on track as to if DWIHN has joined them with our combat against human trafficking as well as the question about the school success initiative and whether we have some type of education as well as parent awareness. Discussion ensued regarding sex traffickers luring children

through social media platforms and what to look for because Detroit is number one and we are on international waters and it is both girls and boys that are targeted.

Ms. C. Phipps, Director of Children's Initiatives noted that regarding human trafficking clinical professionals have this as a part of our licensure requirement to be trained in human trafficking. The School Success Initiative and our risk factor presentation, there is a presentation on dating violence and we are circling back with the group to determine how much of human trafficking is included in that presentation and if not updating the presentation to include that as it is a very valid consideration to spread awareness and the message and are looking forward to providing information. Ms. Ruth noted that in the news lately there has been an issue regarding predatory behavior that is happening with athletes and coaches and if we could look into that as well, there was information about a three day event with the Horatio Williams Foundation "Hoops for the Culture" which gave kids courage on how to advocate for themselves or talk with the parents, because it is a bullying issue which is a part of the grooming process. Discussion ensued regarding how long it would take to forward information on this issue. It was noted that it would take a couple of weeks as the response from the questions asked yesterday were being worked on. It was noted that there has been follow-up with the city and they do list this on their website and all their social media pages include human trafficking. Our access line and our crisis hotline include human trafficking. It is being pushed out on the city's website and also on the county's website. Further discussion took place regarding hotels since that is where we launched, and whether there was any literature or anything posted, could we could do a partnership and how can we help. There was discussion regarding following up with a specific location and how a lot of hotels push back on posting anything at the door, but what you do is train the reception folks to look for certain characteristics of victims as well as perpetrators and also the Sex Crimes Division of the Detroit Police Department being actively engaged. There was also discussion regarding there being a pathway from a behavioral health lens for us to have that level of engagement, we can work with any victims and certainly provides some training for hotel staff as to what to look for but it was thought it would be best for them through a partnership with law enforcement. It was requested that statistical public data be provided for the next meeting.

The Chair noted that the monthly report of the CEO and President be received and filed.

There was no Provider Presentation. The Chair called for the follow-up items

REVIEW OF ACTION ITEMS

1. Dr. Taueg requested a list of all policies to be grouped by category to be provided to the Policy/Bylaw Committee and Full Board for review.
2. Ms. Ruth requested information provided by Children's Initiatives regarding Core Caring Group and their scope of services on the contract.
3. Mr. Phillips requested Mr. White to provide information on how much of our spending is with Wayne County-based businesses.
4. Mr. Phillips requested that HR and Counsel review for possible appeal on the new Workers' Compensation class codes.
5. Mr. Parker requested a report or an update on the number of our clients who are presenting at the homeless centers.
6. Ms. Ruth requested from BA#26-04 (Revised) that more details regarding the materials and resources be provided.

GOOD AND WELFARE/PUBLIC COMMENT

Dr. Taueg, Board Chair called for Good and Welfare/Public Comment. The Good and Welfare/Public Comment Statement was read by Board Secretary, Ms. Garza Dewaelsche. Mr. Arbuckle, attending the meeting virtually addressed the board with note of an opportunity for improvement. He noted that he was pleased and honored to be a provider for the DWIHN network and had received their purchase order number on Thursday of last week which is the entire first quarter of the fiscal year and they were not able to issue an invoice to DWIHN because of this and requested that the process be reviewed. The second item for operational efficiency is that the right hand of DWIHN understands what is going on with the left hand, as just today they received notification from a new DWIHN staff member working with the SUD prevention providers and the first item requested was a copy of their W-9 ; a copy of our certificate and copy of their SUD license, these three items have been sent to DWIHN at least 5 times over the last three months and twice in the last two weeks in an attempt to get our purchase order number and he felt there was an opportunity for operational efficiencies and if one cannot invoice for an entire quarter it does impact your ability to operate efficiently. Dr. Taueg, Board Chair thanked him for the comments and noted that someone from DWIHN would get back to him.

Dr. Andre Johnson submitted a written submission. He noted that he thoroughly enjoyed listening to all the incredible work that DWIHN is doing and good luck with everything. He thanked the Board for all of their hard work. The Board Chair, Dr. Taueg thanked him for his remarks.

Ms. Audrey Smith, Founder, Safety Zone Behavioral Health Urgent Care addressed the board and introduced her organization and noted the opening date was January 22, 2026 and requested a collaboration with Detroit Wayne Integrated Health Network. The Board Chair thanked her for her comments and congratulated her on the organization.

There were no further Good and Welfare/Public Comments.

ADJOURNMENT

There being no further business, Dr. Taueg, Board Chairperson, called for a motion to adjourn. **It was moved by Mr. Glenn and supported by Ms. Brown to adjourn the meeting.** There was no further discussion. **Motion carried.** The meeting was adjourned at 2:40 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

JANUARY 7, 2026

1:00 P.M.

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

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

AGENDA TOPICS

I. Roll Call Ms. Lillian Blackshire, Board Liaison

II. Roll Call

Roll Call was taken by Ms. Lillian Blackshire, Board Liaison, and a quorum was present.

III. Committee Member Remarks

Ms. Brown, Chair, welcomed and wished everyone a Happy New Year. She noted this was our first board meeting of 2026 and was excited about what is to come this year. She called for Committee members' remarks. There were no remarks given by the Committee.

IV. Approval of Agenda

The Chair, Ms. Brown, called for a motion on the agenda. **Motion:** It was moved by Ms. Ruth and supported by Ms. Garza Dewaelsche approval of the agenda. There was no further discussion. **Motion carried.**

V. Follow-up Items

The Chair called for any follow-up items. There were no follow-up items.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown, called for approval of the minutes from the meeting on Wednesday, November 7, 2025. **Motion:** It was moved by Ms. Garza Dewaelsche and supported by Mr. McNamara approval of the Finance Committee minutes from the meeting on Wednesday, November 7, 2025. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

S. Durant, VP of Finance, introduced Mr. Larry Lee as the new Procurement Manager. He is new to the position, but not new to DWIHN and will replace Ms. Jean Mira who has retired. Mr. Lee has been with DWIHN for approximately two years and will be providing the quarterly reports on Cooperative purchasing and percentages.

Ms. Durant presented the Monthly Finance report. A written report for the two months ended November 30, 2025 was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

1. Based on the preliminary FSR, DWIHN will utilize approximately \$20 million of the \$70 million in Medicaid ISF in FY25. A significant amount of the increase in Medicaid is a shift from General Fund costs related to spenddown. DWIHN's General Fund overspend is expected to reduce as compared to prior year. Discussion ensued regarding the history of the shift and the reduction in the general fund. It was noted that a meeting was scheduled with PAA to discuss the specific requests.

2. Molina has expressed interest in credentialing DWIHN (CMHSP) as a network provider. This means DWIHN can serve all behavioral health members, including mild to moderate, and bill Molina as the payor. Discussion ensued regarding the opportunity that this will present for DWIHN and that Molina is one of the largest providers in the region when it comes to the Health Plan membership for mild to moderate, we expect a significant inflow of those specific members for the service array. Our CMHSP division can actually start providing a no wrong door aspect where any member can walk in and receive services and we can provide those services, bill for them and there is no extra cost to us. Discussion ensued regarding staffing requirements.

3. DWIHN SUD department is putting in measures to reduce the uninsured members paid with Block Grant Treatment. PA2 will absorb the approximate \$2 million in overruns related to FY25. Finance presented the information to the SUD Advisory Board in November, and they are aware of the overruns. Discussion ensued regarding the SUD department putting in means to reduce the uninsured or reduce the amount of block grant treatment and try to align more to what the state has provided us via our budget allocation.

4. DWIHN has put controls in place to ensure CCBHC eligible services are not paid, except for Respite. MDHHS requested DWIHN continue payment for respite until such time CCBHC’s can enter into agreements with respective providers. MDHHS will reimburse DWIHN for any services paid. Discussion ensued regarding updates on the CCBHC and if the bid was hindering the process. Mr. White noted that we have submitted everything that was required to be submitted and we are pretty confident that we are on the right track to receive it; however, he could not commit to a time frame, but through conversations he thought it may be early spring.

A. Cash and investments – represent amount of cash held with three (3) investment managers, First Independence Bank, Flagstar and Huntington Bank.

B. Due from other governments and Accounts Receivable – Comprise various local, state and federal amounts due to DWIHN. Approximately \$5.0 million in SUD block grant due from MDHHS. Approximately \$16.7 million for 4th quarter pass-through HRA revenue. The Accounts receivable consist primarily of \$2.8 million in 4th quarter PA2 due from Wayne County.

C. IBNR Payable – represents incurred but not reported. (IBNR) claims from the provider network; historical average claims incurred through November 30, 2025, were approximately \$153.5 million. However, actual payments were approximately \$93.1 million. The difference represents claims incurred but not reported and paid \$60.5 million.

Note: DWIHN’s audit is underway, therefore balances will change.

Discussion ensued regarding the budget, variances and the autism budget. Mr. McNamara requested a listing of those institutions that have DWIHN monies and the amount of money in each institution. It was noted by Ms. Durant that information was shared once a year and that it is in the audit report, however, she will provide the information in the next report. There was no further discussion.

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

IX. New Business – Staff Recommendations: None

X. Good and Welfare/Public Comment

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

XI. Adjournment – There being no further business, the Chair, Ms. Brown, called for a motion to adjourn. **Motion:** It was moved by Ms. Ruth and supported by Mr. McNamara to adjourn. There was no further discussion. **Motion carried.** The meeting was adjourned at 1:40 p.m.

FOLLOW-UP ITEMS	<ul style="list-style-type: none"> a. Provide a 6-month update on WestComm, and this will determine additional commitment. b. Provide a list of the institutions that have DWIHN monies and the amount of money in each institution.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JANUARY 14, 2026

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Committee Chair at 1:11 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Kinloch, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock; Dr. Lynne Carter; Angelo Glenn; Commissioner Jonathan Kinloch, Committee Chair; and William Phillips</p> <p>Committee Member(s) Excused:</p> <p>Board Members: Dr. Cynthia Taueg, Board Chair, and Kenya Ruth</p> <p>SUD Oversight Policy Board Members: Tom Adams, SUD Oversight Policy Board Chair (Virtual)</p> <p>Staff: Brooke Blackwell; Jody Connally; Alison Gabridge; Monifa Gray; Marlena Hampton; Rahiem Hampton; Sheree Jackson; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; Daniel West; James White; Rai Brown; and Matthew Yascolt</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

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

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer’s Report – Provide an assessment of having a first-year resident on board – <i>This follow-up item will be addressed in the Chief Medical Officer’s report.</i></p> <p>B. Customer Service’s Year-End Report – Provide a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction – <i>Deferred to February 11, 2026 Program Compliance Committee Meeting</i></p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the January 14, 2026, meeting minutes. Motion: It was moved by Mr. Glenn and supported by Dr. Tauog to approve the January 14, 2026, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer’s report.</p> <p>1. Follow-up Item: Psychiatry Resident Rotation PGY 1 – To evaluate the readiness of first-year psychiatry residents during their one-month Crisis/Emergency Psychiatry rotation, a structured survey was sent to site supervisors and leadership who directly observed and worked with them. The feedback will guide discussions with the Residency Director on whether the crisis rotation is appropriate for PGY-1 residents, should be moved to PGY-2, or if additional prerequisite training and core competencies are needed before placement. There was a total of eight (8) responses collected from the Crisis Center staff, including Attending Psychiatrist, Medical Director, Advanced Practice Provider, and clinical administrative leadership. Key findings of clinical readiness, supervision and workflow, and rotation placement were reviewed and discussed. There was a strong performance in initial evaluation and risk assessment, no safety concerns were reported, and operational impact was present but manageable. The gaps were agitation management, legal process mastery, and consistency in high-acuity diagnosis. The action steps for the Crisis/Emergency Rotation Enhancement will include discussing prerequisite rotations before start of rotation; request augmentation of agitation management teaching in core didactics and simulation labs; and emphasize verbal de-escalation, medication algorithms, and restraint protocols. The residents and fellows are now required to be trained by DWIHN before they start (requirement went into effect, November 2025); and implement short, high-yield sessions every week during rotation orientation covering topics such as acute agitation management, legal/involuntary commitment criteria, and suicide/homicide risk assessment. Recommendation – We can safely retain crisis rotation in PGY-</p>
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	<p>1 but will be open to opportunities of moving it to PGY-2 after meeting with the Residency Director at the end of January 2026 and will request some core prerequisite rotations, enhance orientation and agitation training.</p> <p>2. News and Updates – Standardized Referrals (FY 26 Launch) – MDHHS will launch a Standardized Mental Health Referrals Policy, which will be phased in during FY 26, aiming to ensure timely and consistent referrals across Medicaid Health Plans (MHPs) and Prepaid Inpatient Health Plans (PIHPs). Utilization Management – The 7-day/72-hour prior authorization timelines take effect for most impacted payers January 1, 2026.</p> <p>3. Quality Updates (Recidivism) – Adults decreased to 14.87% in Q4 FY 25 from 17.4% in Q3. Children decreased to 14.17% in Q4, FY 25 from 14.67% in Q3.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested that a copy of the Standardized Mental Health Referrals Policy be shared with the committee. (Action)</p> <p>B. Corporate Compliance— <i>Deferred to February 11, 2026 Program Compliance Committee Meeting</i></p>
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VIII. Year-End Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. DWIHN Outpatient Clinic (DOC) Services – Ebony Reynolds, Executive Director of DWIHN Outpatient Clinic submitted and gave highlights of the DWIHN Outpatient Clinic’s Year-End report. It was reported that the Clinic provides outpatient mental health services for families, children and adults, ages 0 through older adult. It is a Clinically Responsible Service Provider (CRSP) that provides outpatient services for pregnant families, infants and early childhood, children with severe emotional disturbance (SED) and adults with severe mental illness (SMI). The DOC provides services at two locations: 707 W Milwaukee, Detroit and 15400 W. McNichols, also in Detroit. The DOC provides intake, therapy, case management, peer support, parent support partner, home-based, MichiCANS, psychiatric, treatment planning, School Success Initiatives, and IECMH services. It was also reported that:</p> <p>1. CCBHC Update – DWIHN continues to move forward with CMHSP services while awaiting an outcome regarding CCBHC. The outpatient team is trained in Cognitive Behavioral Therapy, Motivational Interviewing, Zero Suicide, Screening Brief Intervention and Referral to Treatment (SBIRT). Also, the DOC is currently enrolled in the State lead cohort, Trauma Focused Cognitive Behavioral Therapy and scheduled for completion March 2026, with; another cohort expected begin Spring, 2026 Lastly Infant and Early Childhood Mental Health (I-ECMH) is a required evidence-based practice for CCBHC providers in which the DOC has received approval to deliver as a direct services provider.</p> <p>2. Total Number Served Fiscal and Calendar Year – Since opening in July 2024, the total number of people enrolled was 957. The number that was served by the DOC was 720 and provided a total of 6,367 services. For FY 25 (Oct 1, 2024-Sept 30, 2025), the total number of people that were served by the DOC was 500 and provided a total of 3,997 services to members.</p> <p>3. Quarter 4 Performance Indicator Data – As a directly operated service provider, the DWIHN Outpatient Clinic (DOC) 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%) - FY 25, Q4 (Oct-Dec 2025) the DOC exceeded the benchmark at 86.67% for children and</p>
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	<p>73.68% for adults; Indicator #3 (Access/1st Service Timeliness-Benchmark 83.8%) - DOC did not meet the standard for Q4, the clinic came very close with adults at 82.50% and children 80.00% This is a significant increase from Q3 thus showing that the interventions are going in the right direction. Progress on this plan of correction will be reported during the next update; Indicator #4(a)(Follow-Up care within seven (7) days of discharge from inpatient-Benchmark 95%) - DOC did not meet the standard for Q4 due to Case managers and other practitioners included in this indicator are primarily responsible at this time; Indicator 10 (Inpatient Recidivism-Benchmark 15%) - The DOC met this benchmark for Q4 for both children and adults.</p> <p>4. Demographic Data - DOC's 2025 demographic data shows that 82% African American; 11% Caucasian; and 7% other; 72% female; 28% male; and the top three cities were Detroit, Hamtramck and Highland Park were serviced at the DOC.</p> <p>5. Accomplishments over the last year - DOC obtained full three-year Joint Commission Accreditation; received approval to begin Infant and Early Childhood Mental Health (I-ECMH) services; expanded Evidence-Based Practices to align with the State of Michigan recommended practices plus many more accomplishments listed in the report.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee congratulated Ms. Reynolds and her team on a job well-done.</p>
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IX. Quarterly Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Adults Initiatives - On behalf of Marianne Lyons, Director of Adults Initiatives, Alison Gabridge, Clinical Practice Improvement Administrator, submitted and gave highlights of the Adults Initiatives' quarterly report. It was reported that:</p> <p>1. Activity 1: Assisted Outpatient Treatment (AOT) Monitoring and Engagement - Adult Initiatives receives notification of every mental health petitioned for individuals living in Wayne County including those who are not DWIHN members. In Q1, 890 petitions were submitted to WCPC. Of those 890 petitions, 241 (27.08%) were for individuals who were open with DWIHN but not assigned to a provider or never enrolled with DWIHN. Within this group, 69 (28.63%) were new to DWIHN services and 56 (23.24%) were not enrolled with DWIHN. This information demonstrates that a significant number of psychiatric hospitalizations are for people who were likely not receiving mental health services in the community at the time of admission. The information also suggests that there is an increased need for awareness of mental health services in the community that may allow individuals to avoid hospitalization or treatment orders. Adult Initiatives provided AOT Overview Training to a new DWIHN Outpatient Services Supervisor. The AOT Care Manager provided enhanced support to CRSP providers for individuals on combined treatment and AOT orders who were identified as recidivistic or disengaged from services, providing support to 60 members over the quarter period, addressing treatment concerns, clarifying requirements of the order and compliance. During Q1 of FY26, AOT Peer Support Specialists received a total of 114 new referrals; of these 114 new referrals, 35 individuals were members who stated clear interest in receiving Peer Support Services. Through remote channels like virtual meetings and hospital visits, the Peers engaged with 39 members while hospitalized and another 24 members were reached through follow-up calls after discharge from the hospital. Also, significant this quarter were the 3 members seen in their respected</p>
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communities. Seventy-Three (73) members were engaged with overall this quarter, contributing to a 65% successful engagement rate. Adult Initiatives will inform DWIHN outpatient providers of the monthly office hours on January 23, 2026's NGRI/AOT Workgroup meeting. The providers will have the option of two standing dates from which to choose. Adult Initiatives will request discharge documents from each hospital on the first Monday of each month.

2. **Activity 2: Evidenced-Based Supportive Employment (EBSE)** - The total number of unduplicated individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs providing IPS services, and data gathered internally on MHWIN to ensure for the most accurate information. The following data is based on the total number of members receiving IPS services during the 1st quarter of the 25/26 FY from the 9 CRSPs providing IPS: Access (50); Central City (41); The Guidance Center (45); Hegira (170); Lincoln Behavioral Services (110); and Team Wellness (215). Adult Initiatives attended the Benefit to Work conference during the month of October. This provided insight and engagement with various IPS programs throughout the State of Michigan and how their agencies utilize this service differently. This insight has encouraged the idea of having an individual trained in Benefit to Work Counseling which encourages continued engagement with CRSPs. The opportunity exists where the state is interested in sending staff to be trained and explore if it offers a positive experience within our provider network. Adult Initiatives continues to track the impact of IPS engagement on hospitalization rates. Data from January-December 2025 shows a significant reduction in hospitalizations among members engaged in IPS services (defined as attending more than two appointments): 14 total members reviewed for the report; 15 total hospitalizations prior to IPS engagement; and 2 total hospitalizations post IPS engagement. This represents an 87% decrease in hospitalizations, highlighting the positive correlation between IPS participation and improved stability.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Crisis Care Services** – On behalf of Grace Wolf, VP of Crisis Care Services, Rahiem Hampton, Director of Crisis Quality and Compliance Crisis Services submitted and gave highlights of the Crisis Care Services' quarterly report. It was reported that:
 1. **Activity 1: Adult Crisis Stabilization Data** – For reporting period September – November 2025, there was an average of 185 adults present per month with 66% of those presentations being admitted to the Unit. The Behavioral Health Urgent Care opened in October 2025. The Unit primarily serve African American males between the ages of 26 and 64 years of age. Most of our adults are referred out to outpatient treatment at 45%. We continue to maintain a low inpatient referral rate at 22% this quarter and on average, our 30-day recidivism rate was at 8%.
 2. **Activity 2: Building Empowered and Supportive Transitions (BEST) Unit Data** – For this quarter, we averaged 10 admissions from the BEST. The average length of stay was 4.6 days and the majority of those were referred to outpatient services at 47%.
 3. **Activity 3: Child and Family Crisis Unit (CFCU)** – There was an average of 87 child presentations per month with 51% being admitted to the Unit. We primarily serve African American males between the ages of 10 to 14 years of age. The majority of our children are referred to outpatient treatment at 48% and we continue to maintain a low inpatient referral of 14%.

4. **Quarterly Update** – Behavioral Health Urgent Care (BHUC) opened October 1, 2025. This is DWIHN’s 6th 24/7/365 program opened and operating in the last two years. In the first two months, 76 individuals were served at the urgent care located at the 707 Crisis Care Center. The Center continues to engage with MDHHS towards the development of the Youth Crisis Stabilization Administrative Rules. There are no current plans for improvement or corrections at this time.

Commissioner Kinloch opened the floor for discussion. Discussion Ensued.

C. **PIHP Crisis Services** – Daniel West, Director of PIHP Crisis Services submitted and gave highlights of the PIHP Crisis Services’ quarterly report. It was reported that:

1. **Activity 1: CRSP Crisis Screening Notifications** – There was an increase in CRSP’s notifications from FY25, Q4 (46%-adults and 53%children) to FY 26, Q1 (72%-adults and 94%-children). The team has worked to increase the percentage of CRSP notifications across the quarters. Upon discussion of progress with the delegated screening entities, previous entries of “no” for CRSP notification were dependent on a variety of factors including member choice upon discharge, and member preferences. Therefore, the team added N/A for an option and this option was excluded in the data set, leaving a more accurate representation of CRSP notification in the 1st quarter. Upon analysis of the claims data following the PAR, the team found the likelihood of members receiving at least 2 outpatient claims increased with CRSP notification.

2. **Activity 2: CSU Transfers, Recidivistic Requests for Service (RFS)** – Beginning in December 2024, staff developed a targeted intervention for members who repeat a RFS (crisis screening) within 30 days of discharge from an inpatient facility. Members who present to the emergency department for a crisis screening within this parameter will be identified, and efforts will be made to transfer these members to Crisis Stabilization Units (CSU) to avoid unnecessary inpatient hospitalizations and promote service connection where medically appropriate. The team has started tracking diversions to lower levels of care as well for this targeted population. The team has worked to increase the percentage of diversions for the targeted population and have seen a noteworthy increase in CSU referrals.

3. **Discharge Planning, No CRSP at Admission** - Clinical Specialists connected 60% of members to their chosen provider in the 1st quarter. A decreased percentage is directly associated with a decrease in Clinical Specialists performing this function as the team promoted a Clinical Specialist to Manager. Across the quarters, the team has consistently shown an increase in the percentage of members service connected as opposed to the percentage of service connection without their involvement.

4. **Quarterly Update** - The PAR Manager held training for all ACT team staff that will be completing the Pre-Admission Reviews (PARs). This training was comprehensive, including a pre- and post-test, and the training was well attended. The team will gather data to show effectiveness in PAR diversions in the months following that training that took place on 11/13/25. Recidivism for adults and children has decreased in the 4th quarter after an increase in the 3rd quarter.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

D. **Managed Care Operations** – Rai Brown, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations’ quarterly report. It was reported that:

1. **Activity 1: Credentialing** – For FY 26, Q1, there was a total of 187 applications reviewed, and 188 applications approved by the Credentialing Committee. Major accomplishments during the quarter included continued support for the implementation of the new CVO system. The team actively participated in weekly implementation meetings and successfully completed all required training sessions to support the onboarding and operational readiness of the new vendor. In addition, Managed Care Operations submitted all required documentation for the Humana Pre-Delegation Audit in support of the new MICH HIDE SNP contract and received a 100 percent score on the HAP/CareSource Pré-Delegation Audit for the same program. To further strengthen operational consistency and staff readiness, the team conducted multiple training refreshers and developed job aids to reinforce key workflows and support ongoing system adoption. The division will continue advancing the implementation of the new CVO and begin piloting provider and practitioner applications to assess functionality, usability, and workflow alignment. In parallel, the team will implement updated credentialing application standards to support MICHHIDE SNP requirements and incorporate new provider qualification guidance issued by MDHHS ensuring ongoing compliance and operational readiness.
2. **Activity New Provider Changes to the Network/Provider Challenges** – Contracting and provider network activity reflected a maturing and increasingly stable network. The division processed 109 provider-related actions during the quarter, including 30 provider inquiries, 48 contract expansion requests, 27 Access Committee approvals, and the addition of 4 new providers to the DWIHN network. Compared to Quarter 1 of FY2024/2025, inquiry and expansion volumes moderated, signaling reduced reliance on broad recruitment efforts and a shift toward intentional, need-driven growth. Major accomplishments this quarter reflect continued progress in strengthening operational capacity, contract oversight, and system maturity. Managed Care Operations successfully backfilled open Provider Network Manager positions and concluded recruitment for two additional PNM roles, with offers extended to support increased capacity and continuity across the provider network. The division also completed the FY 25 contracting season, resulting in an increase in executed contracts from 367 in the prior fiscal year to 411 this year, demonstrating improved coordination, accountability, and provider responsiveness. Additionally, Substance Use Disorder contract management oversight will be transitioned back to the MCO, enabling stronger alignment between contracting, network adequacy, and compliance monitoring. Several goals established in the prior fiscal year were fully accomplished, including the development of a comprehensive auditing site review tool to support cross-departmental information sharing and the creation of a formal Risk Matrix for ABA and SUD providers to strengthen oversight and risk-based decision-making.
3. **MCO Provider Satisfaction Survey** - For Q1 Fiscal Year 2025/2026, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 18 responses — total survey responses 114 since February 2025. Survey results remain consistently positive, with continued improvement across all four key performance domains. The average ratings for professionalism were 4.86, and courtesy reached 4.93, responsiveness improved to 4.86, and knowledge rose to 4.83. These upward trends indicate that providers view MCO staff as professional, courteous, knowledgeable, and accessible. In addition, 100 percent of respondents reported receiving a

	<p>response within five business days, reflecting a measurable improvement from the 92 percent reported earlier in the fiscal year.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>E. Utilization Management - Marlena Hampton, Director of Utilization Management submitted and gave highlights of the Utilization Management's quarterly report. It was reported that:</p> <ol style="list-style-type: none"> Activity 1: Timeliness of UM Decision-Making - Beginning on January 1, 2026, payers are required to make decisions for all standard, non-urgent requests within seven (7) calendar days. As noted in previous reports, we were previously allotted fourteen (14) days to render dispositions on these requests. Significant tasks during this quarter were consultation with DWIHN's directors to discuss ongoing transitions in CCBHC oversight and sunsetting the MI Health Link Demonstration; and completion of pre-delegation audits for Integrated Care Organizations (ICOs) participating in the Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE SNP) program, which includes monitoring of timeliness standards. The department's prior authorization review teams continue to focus on their overall decision-making timeliness. In Q1, the department's prior authorization review teams manually approved 97% of authorization requests within 14 calendar days. Staff continue to track the percentage of authorizations manually approved within 17 calendar days in anticipation of the January 1, 2026 transition. In Q1, 12,273 authorizations (80.5%) were manually approved. Activity 2: MI Coordinated Health (MICH HIDE SNP) Transition - The department has completed several audits and system updates to ensure the department meets requirements for current delegation responsibilities (MHL), as well as the implementation of MICH HIDE SNP contracts. All activities are aligned with contractual, accreditation, and compliance requirements. Significant tasks during this quarter were completion of pre-delegation audits for participating health plans prior to contract execution; review and update of policies and procedures to align with new plan requirements; and participation in weekly interdepartmental meetings to discuss transition needs and plan updates. The department completed all scheduled pre-delegation (MICH HIDE SNP) and delegation (MHL) audits for the current cycle. <p>Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch noted that the Adults Initiatives, Crisis Care Services, PIHP Crisis Services, Managed Care Operations and Utilization Management quarterly reports have been received and placed on file.</p>
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X. Strategic Plan - None

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan to review this month.</i>
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XI. Quality Review(s) - None

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

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Stacey Sharp, Associate VP of Clinical Operations, submitted and gave highlights of her report. It was reported that:</p> <p>A. Integrated Healthcare (IHC) Services – OBRA processed 613 referrals, with 285 assigned for assessment and 198 completed. Additionally, 313 cases were triaged, and exemption letters were issued, indicating no assessment was needed. This represents an increase of 42 assessments compared to the same month last year. Notably, hospital referrals continue to rise, yet staff consistently meet the four-day turnaround requirement while reducing the 14-day annual review queue by 100 cases—a significant operational improvement. The team’s productivity remains a highlight, with most staff completing more than five (5) assessments weekly and the OBRA Occupational Therapist averaging seven (7). Looking ahead, the focus is on leveraging full staffing resources and cross-training initiatives to accelerate annual review completions. These efforts position OBRA to sustain compliance, manage growing referral volumes, and maintain timely, member-centered care.</p> <p>B. Children’s Initiatives - On December 4, 2025, the Children’s Initiative Department hosted its Annual Report to the Community event, “Our Community, Our Story,” fulfilling a key deliverable for the System of Care Block Grant. This gathering served as an opportunity to reflect on Fiscal Year 2025 achievements in meeting the needs of children, youth, and families across Wayne County. The report highlighted progress toward four (4) core goals: increasing access to services, improving service quality, amplifying youth and parent voice, and strengthening the workforce. The event drew strong engagement, with 89 of 98 registered attendees—including providers, community partners, stakeholders, and representatives from the Michigan Department of Health and Human Services—coming together to celebrate shared accomplishments. Participants received the System of Care Report booklet, now available on the DWIHN Children’s Initiative webpage, which summarizes key milestones from the past year. The program featured keynote speaker Andrew Griffin, who delivered an inspiring message titled “Rewriting the Vision,” and honored five (5) individuals with awards recognizing their contributions to advancing children’s services. Planning is already underway for the next Report to the Community event in December 2026, ensuring that the momentum and collaboration fostered this year carry forward into future efforts.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the Associate VP of Clinical Operations’ Executive Summary has been received and placed on file.</p>
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XIII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>Commissioner Kinloch, Committee Chair, informed the committee that Unfinished Business board actions A-F will be bundled and a motion would be made after discussion.</i></p> <p>A. BA #26-04 (Revised) – Michigan Department of Health and Human Services (MDHHS) Children’s Initiatives Grants FY 26 – Staff requesting board approval for an additional \$24,081 allocated to the Infant Toddler Court Grant Program for</p>
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fiscal year contract 10/1/25 through 9/30/26 due to notice of supplemental funds from MDHHS. The FY 26 amended budget totals \$138,479.00, representing an increase of \$24,081.00 from the original allocation of \$114,398.00. Commissioner Kinloch opened the floor for discussion. There was no discussion.

- B. **BA #26-12 (Revised 3) - Substance Use Disorder Treatment Providers Network FY 26, Screening, Brief Intervention and Referral to Treatment (SBIRT) and Narcan** – Staff requesting board approval for \$75,000.00 in PA2 funds to support the SBIRT program at Hegira Health in partnership with Garden City Hospital. The program is crucial in helping with SUD issues when partnered with hospitals, especially emergency departments, who provide an ideal opportunity for early intervention before substance use escalates. In addition, the SUD Department is reallocating \$35,000.00 in PA2 funds from the Narcan Vendor line item on BA#26-12 to Novaceuticals to support Narcan, Fentanyl and Xyalzene test strip procurement. Historically, we have contracted with Novaceuticals for the procurement of overdose prevention supplies. Novaceuticals has products available to us at a discount rate, in line with the market value of overdose prevention kits. Following the 5-month extension and additional funds to support procuring additional Narcan in the short term. We will be bidding out our contract for overdose prevention supplies through the Invitation for Bid process. The revised not to exceed amount of SUD prevention totals \$5,449,114 for the fiscal year ending September 30, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- C. **BA #26-14 (Revised 3) - DWIHN Provider Network System FY 26** – Staff requesting board approval for the addition of four (4) providers listed in the board action (one residential and three (3) outpatient) to the DWIHN Provider Network for the fiscal year ending September 30, 2026. The total amount of this board action remains the same and not to exceed the amount of \$837,791,038.00 for FY 26. Commissioner Kinloch opened the floor for discussion. Discussion ensued.
- D. **BA #26-21 (Revised 2) - Autism Services FY 26** – Staff requesting board approval to Requesting DWIHN Board to approve revision for the Autism Independent Evaluator Provider, Sprout Evaluation Center LLC, to receive a contract for FY26 (February 1, 2026 - September 30, 2026) as a result of the Autism Evaluator Request for Proposal (RFP) to complete Autism Evaluations for \$491,237.00. Sprout was approved for an extension from FY25 contract until 1/31/26 (BA25-24R6). The total projected budget for autism services for FY26 is estimated at \$104,955,784. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- E. **BA #26-36 (Revised) - Children Services Healthcare Quality Initiatives Program FY 26** – Staff requesting board approval for the revision of the Children's Services Healthcare Quality School Success Initiatives (SSI) Program, to add a new provider, Core Caring Group (dba RBC Support Services), as a result of the 2026-020 School Based Health Quality Initiative Request for Proposal (RFP). Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve healthcare quality of services. Core Caring Group (dba RBC Support Services) will be allocated an amount not to exceed \$120,810 for the 9-month period of 01/01/2026 - 09/30/2026. There are no changes to the remaining SSI providers or other programs. The total Children Services Healthcare Quality Initiatives budget remains the same in an amount not to exceed \$3,150,003 for the 10 months ending 09/30/2026. The remaining 2 months of services for the period 10/1/2025 - 11/30/2025, totaling \$629,997, were approved with BA #25-18R. BA #25-18R (\$629,997) and BA #26-36R (\$3,150,003) together total the FY26 Children's Services Healthcare Quality

	<p>Initiatives Programs in an amount not to exceed \$3,780,000.00. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>F. BA #26-39 (Revised) – Michigan Child Collaborative Care (MC3) Program FY 26 – Staff requesting board approval for a revision to the initial board action wherein funds provided by the University of Michigan (U of M) were allocated to Starfish Family Services to provide services under the Michigan Child Collaborative Care Program (MC3). Total funding (\$105,596) provided by (U of M) included \$84,612 for clinical services and \$20,984 for administrative services; \$95,359 was allocated to Starfish with the remaining amount retained by DWIHN for indirect costs. U of M has requested provision of services be transferred from Starfish to DWIHN as early as possible. DWIHN requests a revision to Starfish's contract term end date from 9/30/2026 to 2/28/2026 and contract amount change to \$36,196 (\$28,593 for clinical services; \$7,603 for administrative). The remaining funds will be allocated to DWIHN as follows: Indirect costs totaling \$13,774, New Behavioral Health Consultant - \$44,982 Clinical; \$10,644 administrative; This position will report to DWIHN Outpatient Clinic. The total amount allocated to Starfish is not to exceed \$36,196 for the 5-month period ending 2/28/2026. The remaining funds (\$69,400) will be allocated to DWIHN. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>Commissioner Kinloch called for a motion on BA #26-04 (Revised), BA #26-12 (Revised 3), BA #26-14 (Revised 3), BA #26-21 (Revised 2), BA #26-36 (Revised), and BA #26-39 (Revised). Motion: It was moved by Mr. Glenn and supported by Mrs. Bullock to move BA #26-04 (Revised), BA #26-12 (Revised 3), BA #26-14 (Revised 3), BA #26-21 (Revised 2), BA #26-36 (Revised), and BA #26-39 (Revised) to Full Board for approval. There was no further discussion. Motion carried with Mr. Phillips abstaining on BA #26-04 (Revised).</p>
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XIV. New Business (Staff Recommendations)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #26-37 – Credentialing Verification Organization FY 26 – Medversant Technologies, LLC - Staff requesting board approval to enter a one-year contract, effective November 1, 2025, through October 31, 2026, for an amount not to exceed \$298,600.00 with Medversant Technologies LLC, a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations. Commissioner Kinloch called for a motion on BA #26-37. Motion: It was moved by Dr. Tauog and supported by Mr. Glenn to move BA #26-37 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #26-42 – Wayne County Jail Mental Health Services FY 26 – Staff requesting board approval for a continuing contract with Wayne County for the provision of mental health services for Wayne County residents who have been detained at the jail. Upon booking into the jail, inmates are screened, assessed, and determined to meet criteria for an intellectual/developmental disability; serious mental illness; co-occurring disorder; substance use disorder; or is at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by credentialed and qualified mental health professionals. Services include evaluation, diagnosis, crisis intervention, individual and group therapy, case management, medication management,</p>
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	<p>referral, and discharge planning. Provision of services for this population supports DWIHN's mission to assure that mental health services are accessible for those in need. Treatment and services occur in the jail and discharge planning provides for post-release aftercare with the community mental health system. The contract amount is not to exceed \$5,000,000.00 for the fiscal year ending September 30, 2026. Commissioner Kinloch called for a motion on BA #26-42. Motion: It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #26-42 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #26-43 – Mobile Crisis Safety Monitoring/Panic Button FY 26 – Alert Media, Inc. – Staff requesting board approval for a Modification in the amount of \$27,000.00 to the previously approved Competitive Best Value Purchase for the Mobile Crisis – Panic Button Platform, B022590027 with Alert Media. This request builds upon the original competitive source justification and vendor selection process previously approved. This is a three-year contract to provide safety monitoring to Mobile Crisis staff. The contract term is from January 27, 2026 through January 26, 2029. The contract amount shall not exceed \$116,592.00 for the duration of three years. Commissioner Kinloch called for a motion on BA #26-43. Motion: It was moved by Mrs. Bullock and supported by Mr. Glenn to move BA #26-43 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to review this month.</i>
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Action Items	Responsible Person	Due Date
1. Chief Medical Officer's Report – Provide a copy of the Standardized Mental Health Referrals Policy be shared with the committee.	Dr. Shama Faheem	2/11/2026

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

ADJOURNED: 2:47 p.m.

NEXT MEETING: Wednesday, February 11, 2026, at 1:00 p.m.

QAPIP Plan Description (FY 2026-2028)

The Quality Assessment Performance Improvement Plan (QAPIP) is a two-year strategy that details our quality assessment and performance initiatives for the fiscal years 2026 through 2028. The plan focuses on the following key areas:

- Data-Driven Decision Making
- Performance Monitoring
- Continuous Improvement
- Accountability and Engagement

The plan serves as our foundation for achieving ongoing excellence, enhancing service delivery, and satisfying all regulatory requirements governing our operations and the expectations of the community we serve.

QAPIP Annual Evaluation (FY2025)

The FY2025 evaluation of the QAPIP demonstrated notable progress toward achieving our organizational quality objectives, while highlighting opportunities for continued improvement. Of the 36 goals established, 32 were successfully assessed, and 4 could not be evaluated due to data limitations, resulting in an overall completion rate of 88.9%.

The evaluation also identified areas for further improvement, particularly regarding the effectiveness of Performance Improvement Projects (PIPs). These projects will remain a priority for FY2026. Plans include applying root-cause analysis, improving monitoring and feedback loops, and ensuring that interventions are measurable and aligned with our organizational priorities. By focusing on these enhancements, we are well-positioned to build on our successes and drive sustainable improvements in quality and member experience.

FY 2026 Work Plan

FY 2026 Work Plan

The FY2026 Work Plan builds on FY2025 progress and focuses on enhancing organizational quality through strategic improvements. It aims to strengthen accountability, improve data-driven decision-making, and meet previously unmet objectives.

A key part of the FY2026 Work Plan is improving outcomes for our identified Performance Improvement Projects (PIPs). To achieve this, we will strengthen accountability, enhance data integrity, and apply root cause analysis to guide targeted interventions. Additionally, we will implement structured monitoring and feedback loops to ensure progress is measurable and sustainable.

The plan also integrates 11 HEDIS measures into its quality improvement strategy, enabling active tracking and sharing of performance data to foster engagement and accountability. This approach will help identify trends, address gaps, and implement evidence-based solutions to enhance member experience and service delivery.

Overall, the FY2026 Work Plan positions the organization for ongoing success in improving quality, compliance, and outcomes in line with regulatory and community expectations.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-67R3 Revised: Y Requisition Number: 14,293

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: TTEC Government Solutions LLC

Contract Title: Modification of TTEC Contract to Include Additional Charges for Phone Services

Address where services are provided: None

Presented to Finance Committee at its meeting on: 2/4/2026

Proposed Contract Term: 7/17/2023 to 11/21/2026

Amount of Contract: \$ 1,150,000.00 Previous Fiscal Year: \$ 932,000.00

Program Type: Modification

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

Date Contract First Initiated: 7/17/2023

Provider Impaneled (Y/N)?

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

This board action is requesting additional funds totaling \$218,000 to cover increased usage, phone lines, and expansion of licensed services. **The contract terms remain unchanged with expiration date of November 21, 2026.**

The revised contract amount is not to exceed \$1,150,000.

A budget adjustment will be forthcoming to certify the additional \$218,000.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
Multiple	\$ 1,150,000.00	\$ 1,150,000.00

Board Action #: 23-67R3

	\$	\$
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, January 30, 2026

Signed: Thursday, January 29, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-23R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: Quest Analytics Inc

Contract Title: Quest Analytics, Inc.

Address where services are provided: 9225 Indian Creek Parkway Suite 200 Overland Park, KS 66210

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 10/1/2023 to 9/30/2026

Amount of Contract: \$ 886,738.42 Previous Fiscal Year: \$ 850,000.00

Program Type: Modification

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)?

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

This board action is requesting to add \$36,738.42 to the existing contract with Quest Analytics to cover the final invoice for services performed in FY 2025. The additional amount is necessary to cover an annual price increase of 10%, which was not accounted for in the contract. Contract terms remain unchanged from **October 1, 2023 through September 30, 2026 for a revised total amount not to exceed \$886,738.42.**

The purpose of the sole source contract is for Quest Analytics MSA is to develop DWIHN provider network access, accuracy, and adequacy analyses based on the DWIHN population providers and practitioners related accreditation organizations such as NCQA, HSAG and other accrediting bodies. Quest Analytics software will supply DWIHN with provider accuracy data of providers in the DWIHN network for access to address cultural competency in the areas of race and ethnicity. The software will provide predictive modeling to network expansion and filling gaps in specialty types to meet criteria. The software will serve as an augmentation to the DWIHN IT Department to provide data, reports and evidence of standard compliance. The Quest Analytics MSA is for unlimited licenses to DWIHN users for the software application.

Quest Enterprise Services solves some of the DWIHN business challenges by establishing best practices for measuring, managing, and monitoring network performance, improving the quality of provider data to ensure a current and accurate provider directory, complying with network adequacy and network accuracy requirements across various markets and different lines of business, pinpointing high-risk data anomalies to reduce your regulatory risk, accelerating speed to market, prioritizing provider data remediation efforts, prioritizing service area expansion opportunity by network build efforts and return on investment, trending network adequacy and

provider directory accuracy to monitor the impact of initiatives over time, identifying gaps in network adequacy by county and specialty and understanding exactly who to contract with to quickly and efficiently fill specialty gaps.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Multiple	\$ 886,738.42	\$ 886,738.42
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 00000.137003.00000

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: Tuesday, January 27, 2026

Signed: Tuesday, January 27, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-30R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: Vital DataTechnology LLC

Contract Title: Community Mental Health Data Platform

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/11/2026 Proposed

Contract Term: 10/1/2024 to 12/31/2025

Amount of Contract: \$ 1,000,000.00 Previous Fiscal Year: \$ 875,000.00

Program Type: Continuation

Projected Number Served- Year 1: 80,000 Persons Served (previous fiscal year): 0

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 Detroit Wayne Integrated Health Network is seeking approval from the board for a three-month extension of the one-year project, which is funded by a \$500,000 grant from the Michigan Health Endowment Fund and a \$500,000 match from DWIHN for a total spend of \$1,000,000. This is a time-only extension and there is no change in the total dollar amount. Michigan Department of Health and Human Services extended the grant award period to allow for completion. The extension is for 3 months through December 31, 2025 to allow time to spend down the entire grant amount.

Note: Through September 30, 2025, \$875,000 was spent. The remaining \$125,000 will be spent in FY2026 by December 31, 2025. A budget adjustment will be forthcoming to certify the revenue and expenses in the FY26 budget.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
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Medicaid	\$ 500,000.00	\$ 500,000.00
Block Grant	\$ 500,000.00	\$ 500,000.00
Total Revenue	\$ 1,000,000.00	\$ 1,000,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.07108

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: Wednesday, January 28, 2026

Signed: Monday, January 26, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-02R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2026 Operating Budget

Address where services are provided: None

Presented to Finance Committee at its meeting on: 2/4/2026

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

Amount of Contract: \$ 1,201,180,709.00 Previous Fiscal Year: \$ 1,254,370,195.00

Program Type: Modification

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

Date Contract First Initiated: 10/1/2025

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 certify additional revenues totaling \$2,004,821 and authorize expenditures of the like to support the following:

1. Public Act 2 funding for substance use disorders treatment - \$355,250; Program expenses approved on Board Actions 26-12R2 and 26-12R3
2. FY 2025 carryover funding from the Healing & Recovery Community Engagement & Infrastructure grant totaling \$597,281 (includes administrative allocation of \$142,501)
3. FY 2025 carry over funding from the CMH Data Platform Pilot grant - \$62,498; DWIHN's required match of \$62,498 will be covered using Medicaid funds; Program expenses approved on Board Action 25-30R
4. Additional Block Grant funding under the Infant & Early Child Mental Health program - \$50,907
5. \$218,887 local funding from Highland Park Police Department (HPDD) to fund two positions for the purposes of implementing a co-response model and delivering crisis intervention team and behavioral health trainings to HPPD; Program expenses approved on Board Action 26-38
6. \$200,000 local funding from Detroit Public Safety Foundation to fund a Mental Health Co-Response Adult Foster Care (AFC) Navigator consultant for two (2) years. The AFC Navigator will

serve as a field-based behavioral health system liaison for high-utilization AFC homes throughout the city of Detroit

7. Medicaid/ ISF reserves totaling \$600,000 to cover the following:
 - a. Salaries and fringes for one part-time legal consultant - \$150,000.
 - b. \$450,000 for DWC Connect (WIT, Inc.) approved with Board Action 26-18

This budget adjustment also serves to reclassify expenses to bring PAR services in house. Effective April 1 and July 1, 2026 Phase I and Phase II includes adult and children PAR services, respectively. At the present time, these services are being performed by multiple service providers for approximating \$4.4 million per year. It is expected to be cost neutral. The following comprise of Phase I annual staff salaries and fringes totalling \$2,419,893:

- Administrative Assistant 3 (1 full-time) - \$62,485
- PAR Administrator (1 full-time) - \$144,085
- PAR Clinicians (7 full-time, 8 part-time) - \$1,259,830
- Dispatch Coordinators (3 full-time, 3 part-time) - \$375,058
- PAR Managers (1 full-time, 2 part-time) - \$274,094
- Dispatch Managers (3 full-time) - \$304,341

The amended FY 2026 Operating Budget of \$1,198,906,765 consists of the following revenue:

- \$913,681,798 - Medicaid, DHS Incentive, Medicaid-Autism, Children's/ SED Waiver, HAB, and HRA;
- \$128,145,664 - Healthy MI Plan and HRA;
- \$3,138,061 - MI Health Link;
- \$21,460,901 - State General Funds;
- \$23,486,447 - Wayne County Local Match Funds and PBIP;
- \$5,668,948 - County PA2 Funds;
- \$55,319,977 - State Grants (MDHHS/ MDHHS SUD, OBRA);
- \$24,136,355 - Federal Grants (MDHHS/ MDHHS SUD, SAMHSA);
- \$1,193,762 - Local Grants;
- \$6,260,000 - Interest Income;
- \$40,000 - Miscellaneous Revenue;
- \$16,374,852 - Medicaid/ Local Reserves.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
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MULTIPLE	\$ 1,201,180,709.00	\$ 1,201,180,709.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, January 30, 2026

Signed: Wednesday, January 28, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-03R2 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Children's Initiatives - Waiver Services

Address where services are provided: None__

Presented to Program Compliance Committee at its meeting on: 2/11/2026

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

Amount of Contract: \$ 4,475,852.00 Previous Fiscal Year: \$ 4,319,610.00

Program Type: Continuation

Projected Number Served- Year 1: 130 Persons Served (previous fiscal year): 120

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)?

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

Requesting DWIHN Board Approval for the revision of SED Waiver and Children's Waiver provider listings for FY26 contract from 10/1/25 - 9/30/26 of the estimated Medicaid funding in the amount **not to exceed \$4,475,852. Refer to the attached Provider Listings for estimated cost breakdown by provider.**

Adding the new Provider Wynning Foundation to deliver Art Therapy, Music Therapy, and Recreational Therapy for children and youth on the SED Waiver and Children Waiver. **No change in estimated funding for FY26.**

Children's Waiver (\$2,389,645): The main goal of the Children Waiver Program is provision of medically necessary services to eligible children and their families which promote integration, optimum

independence, and family resiliency. The Children’s Home and Community Based Waiver Program (CWP) is a federal program authorized under section 1015c of the Social Security Act that provides Medicaid services for eligible children up to age 18 with developmental disabilities, who without such services would require or be at risk of being placed in an inpatient facility.

SED Waiver (\$2,086,207): Providers deliver Wrap Around / SED Waiver (SEDW) services to children, youth, and families ages 0 to 21st birthday. The goal is for children and youth to reside in the community without hospitalization or removal from the home and are offered an array of Community Mental Health services to support both youth and the caregiver. All Wrap Around Providers to also deliver SEDW services.

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

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	\$ 4,475,852.00	\$ 4,475,852.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

Board Action #: 26-03R2

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: Tuesday, January 27, 2026

Signed: Tuesday, January 27, 2026

1/27/2026 2:27:36 PM

1/27/2026 2:21:41 PM

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-12R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Treatment: SUD Acupuncture (Acudetox) Trainings and Opioid Settlement Healing and Recovery Carry Over Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 2/18/2026 to 9/30/2026

Amount of Contract: \$ 5,686,723.00 Previous Fiscal Year: \$ 6,468,023.00

Program Type: Continuation

Projected Number Served- Year 1: 15,500 Persons Served (previous fiscal year): 15,000

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

Acupuncture Training Services:

The SUD Department is requesting approval to contract for the delivery of acupuncture training services with Green Tara Holistics, LLC. The funds totaling in \$45,000 of PA2 were already allocated on BA#26-12 we are requesting the reallocation of \$45,000 from the Yoga Vendor (TBD) line item to be allocated to the vendor. The vendor will certify and credential 30 provider staff members across our network of treatment providers in the standardized, clinically acknowledged, and MDHHS supported service of acupuncture and acudetox protocol, enabling our service provider network to utilize the CPT code and offer their own acudetox program as an ancillary service to substance use disorder treatment programming.

Acudetox is a specialized form of ear acupuncture used specifically as a supportive therapy in SUD treatment. Acudetox has been shown to reduce cravings, ease withdrawal, improve retention in programming, and to enhance talk therapy. The vendor will also deliver trauma-informed yoga classes for participants at each of the partner organizations.

Opioid Settlement Healing & Recovery Initiatives:

The SUD department is requesting approval of MDHHS redistributed unspent carryforward funds from FY2025 totaling \$597,281 bringing the total allocated amount to \$747,281 with \$427,500 to support treatment programming for immediate access to medication for opioid use disorder. The funds are allocated to DRMM, and QBH.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,686,723. The revised not to exceed contract for SUD Treatment totals \$5,686,723 for the fiscal year ending September 30, 2026.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Block Grant	\$ 3,059,773.00	\$ 3,059,773.00
PA2	\$ 2,626,950.00	\$ 2,626,950.00
Total Revenue	\$ 5,686,723.00	\$ 5,686,723.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, February 4, 2026

Signed: Monday, February 2, 2026

Board Action #: 26-12R4

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-13R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Prevention: Opioid Settlement Healing and Recovery Carry Over Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 2/18/2026 to 9/30/2026

Amount of Contract: \$ 6,625,484.00 Previous Fiscal Year: \$ 6,491,183.00

Program Type: Continuation

Projected Number Served- Year 1: 35,000 Persons Served (previous fiscal year): 35000

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

The SUD Department is requesting approval of MDHHS redistributed unspent carryforward funds from FY2025 totaling \$597,281 bringing the total allocated amount to \$747,281 with \$278,071 allocated to support prevention programming for harm reduction supplies, syringe service programs, and children's programming. The funds are allocated to SOOAR, DRP, CHAG, Oakwood Taylor Teen, and DRMM.

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 \$6,625,484. The revised not to exceed contract for SUD prevention totals \$6,625,484 for the fiscal year ending September 30,2026.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Block Grant	\$ 3,583,486.00	\$ 3,583,486.00
PA2	\$ 3,041,998.00	\$ 3,041,998.00
Total Revenue	\$ 6,625,484.00	\$ 6,625,484.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, February 4, 2026

Signed: Monday, February 2, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-14R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY26

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 2/11/2026

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

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

This board action was revised to correct the record from Provider Compliance Committee. Both providers are Residential Providers. Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the addition of the following 2 providers to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. **Note: Total amount of Board Action remains the same not to exceed amount of \$837,791,038 for FY 2026.**

Residential Providers:

1. Prentis Loft LLC: (Credentialed 1/15/2026 for Personal Care in Licensed Residential Setting; Community Living Support)

2. Carevio Health LLC: (Credentialed 1/15/2026 for Respite; Community Living Support)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Multiple	\$ 837,791,038.00	\$ 837,791,038.00
	\$	\$
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: Friday, February 13, 2026

Signed: Friday, February 13, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-44 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: Chompaway Ventures LLC

Contract Title: Emergency Janitorial Services - Crisis Center

Address where services are provided: None

Presented to Executive Committee at its meeting on: 2/16/2026

Proposed Contract Term: 11/21/2025 to 7/31/2026

Amount of Contract: \$ 467,750.70 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 11/21/2025

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 for emergency janitorial services for the Milwaukee Care Center utilizing the vendor Chompaway Venture, LLC d/b/a Jan-Pro, for a period of eight (8) months. DWIHN has repeatedly issued competitive solicitations for janitorial services at the 24/7/365 Crisis Center. Each time, even when vendors met the low-bid requirements, they consistently failed to meet performance standards, including proper staffing, clinical cleaning expectations, and reliable overnight/weekend coverage. To continue to uphold the required health and safety standards of the individuals we serve, an emergency purchase order was issued to provide time for DWIHN to reevaluate and procure a new janitorial services contract.

DWIHN is requesting a not-to-exceed amount of \$467,750.70, for a term beginning November 21, 2025 and ending July 31, 2026

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
---------	----------	------------

Multiple	\$ 467,750.70	\$ 467,750.70
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, February 13, 2026

Signed: Thursday, February 12, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-46 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 MI HIDE-SNP

Address where services are provided: See Attachment (Multiple Providers)

Presented to Program Compliance Committee at its meeting on: 2/11/2026

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

Amount of Contract: \$ 7,810,615.00 Previous Fiscal Year: \$ 8,593,679.00

Program Type: New

Projected Number Served- Year 1: 2,600 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 1/1/2026

Provider Impaneled (Y/N)? Y

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

This board action was revised to include the contract language to enter into agreements with the Provider Network from Provider Compliance Committee. Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for a **one-year contract through December 31, 2026** with Amerihealth, HAP Care Source and Humana, three (3) Integrated Care Organizations (ICO) to receive and **disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$7,810,615.** DWIHN is also requesting a **one-year contract through December 31, 2026** with each provider listed on the Year 2026 DWIHN Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP) Direct Contracted Providers to deliver covered services to eligible beneficiaries. MDHHS ended the MHL Pilot project on 12/31/25 at which time they implemented and launched the Highly Integrated Dual Eligibles Special Needs Plan (HIDE-SNP) model on January 1, 2026. This board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services MDHHS) and its contracts with the three ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. HIDE-SNP is designed to ensure that coordinated behavioral and physical health services are provided to this population.

Medicaid eligible services for the HIDE-SNP members are provided by our provider network, and such costs were included in the board approved Provider Network board action. The same provider network provides Medicare benefits to the members.

Note: The amount of \$7,810,615 noted for Medicare dollars are estimates based on FY25 claims incurred by dual eligible members and may be higher than the estimated amount. Amounts may be reallocated amongst providers based on actual claims adjudication without board approval.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Medicare	\$ 7,810,615.00	\$ 7,810,615.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

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, February 13, 2026

Signed: Friday, February 13, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-47 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: LAZ Karp Associates. LLC

Contract Title: Milwaukee Building Parking

Address where services are provided: None

Presented to Finance Committee at its meeting on: 2/4/2026

Proposed Contract Term: 3/1/2026 to 2/29/2028

Amount of Contract: \$ 492,290.00 Previous Fiscal Year: \$ 354,740.00

Program Type: Continuation

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

Date Contract First Initiated: 3/1/2024

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 Facilities Department is requesting board approval to renew our current lease for up to 130 parking spaces located in the Baltimore Deck (previous BA 24-52) to accommodate staff members working at the Milwaukee Crisis Center and DOC. **DWIHN will only be charged for the actual spaces utilized.** The parking facility is the only gated 24-hour access facility within close proximity that will meet staff parking needs and was approved by the city as part of our parking variance.

We are requesting a two-year renewal of the lease as follows:

Date/Rate/Totals

- March 1, 2026 – January 31, 2027
\$155.00 per space x 11 months = \$221,650
- February 1, 2027 - February 29, 2028
\$160.00 per space x 13 months = \$270,400
- Invoice/Account Maintenance Fee

\$10.00 per month x 24 months = \$240.00

Total: \$492,290.00

Facilities is requesting a not-to-exceed contract amount of \$492,290, for a term beginning March 1, 2026 and ending February 29, 2028.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 26/27	Annualized
Multiple	\$ 492,290.00	\$ 492,290.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.861250.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, January 30, 2026

Signed: Wednesday, January 28, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-48 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: Purposeful Consulting LLC

Contract Title: Professional and Strategy Development Services

Address where services are provided: None

Presented to Executive Committee at its meeting on: 2/16/2026

Proposed Contract Term: 3/1/2026 to 2/28/2027

Amount of Contract: \$ 135,000.00 Previous Fiscal Year: \$ 125,004.00

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 Administration is requesting approval enter into a new Professional Services Agreement with Purposeful Consulting, LLC to provide a series of individual executive coaching sessions for Executive, Associate Vice President, and Director level team leaders. The focus is to support and enrich the team's leadership and alignment with the CEO's focus, organizational goals, and the coachees' professional and personal development goals, as well as other tasks as assigned by the President and CEO.

The total cost of the new agreement is not to exceed \$135,000 for a period of twelve months beginning March 1, 2026 through February 28, 2027.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
Multiple	\$ 135,000.00	\$ 135,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.817000.00000

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: Monday, February 9, 2026

Signed: Monday, February 9, 2026

Board Action Taken

The following Action was taken by the Full Board on the 18th day of February, 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____

Lillian M. Blackshire
Board Liaison Signature

February 18, 2026



President and CEO Report to the Board February 2026 James E. White

GOVERNMENT AFFAIRS/LEGISLATIVE EFFORTS

DWIHN leadership continues to work with our lobbyists at PAA to strengthen our bipartisan relationships with policymakers and key stakeholders. This is an election year that will bring a shorter legislative calendar with every statewide office and legislative seat on the ballot.

DWIHN was honored to join the Wayne County Medical Society along with the Wayne State University School of Medicine at their town hall *Leading Change: Improving Community Health in a Shifting Political Environment* where they hosted U.S. Senator Elissa Slotkin. President and CEO, James White and Dr. Kanzoni Asabigi led a workshop on the health, social status, data and addressed the main challenges in delivering behavioral healthcare in Detroit and Wayne County. The event brought together elected officials, medical professionals, community leaders, and behavioral healthcare experts from around the region to hear how we all can collectively make a difference.

Budget Timeline

- January 16, 2026: Michigan's Consensus Revenue Estimating Conference discussed the economic outlook, state revenue estimates, and revenue trend lines for the next two fiscal years. The revenue projections legislators must address take into consideration approximately \$1.2 billion in required cuts, driven largely by tax changes and federal changes to healthcare, education, food assistance, housing and other basic needs that will impact families across the state.
- February – Governor Whitmer's budget recommendation.
- May – A second Revenue Conference held.
- July – Legislative deadline to present the final budget bills to the Governor.
- October 1, 2026 – Constitutional deadline for the signed budget to take effect.

ADVOCACY AND ENGAGEMENT

- January: DHOT Teams have been out throughout the month regularly handing out sleeping bag coats, blankets, resources, Hygiene kits, snacks to our unsheltered population.
- January 28: DWIHN staff participated in HANDs Annual Point in Time Count as teams of volunteers will spread throughout Detroit, Hamtramck, and Highland Park to count and survey people who are experiencing homelessness and are unsheltered. DWIHN donating sleeping coats for the count, staff were Mariners Inn Anchor location with the Empowerment Plan Sleeping Bag Coats along with DWIHN access resources.
- January 29: DWIHN staff attended the Detroit Policy Conference uniting business leaders, government officials, and community stakeholders. Topics included Expanding Wayne County Transit, The Future of Health with Henry Ford Health and MSU, in depth

conversation with regional County Executives, a conversation with Independent Gubernatorial Candidate Mike Duggan, and much more.

- February: CMHA Winter Conference - The CMHA Metro Region recommended, with support of Mr. James White, Commissioner James Kinloch to run for the vacant seat of CMHA Secretary. Commissioner Kinloch currently serves as board member on the CMHAM Metro Region and is on CMHA Legislative and Policy Committee. Elections will be held after the Association Annual Summer Member Assembly Meeting at the CMHA Summer Conf in June.
- June 8-10: CMHAM Summer Conference, *Rising to the Moment*, scheduled to take place at the Grand Traverse Resort in Traverse City.

Upcoming Events:

March 5, 2026: Wayne County Commission Annual Report Presentation

Board of Directors Appointments

Up for reappointment this March are two seats from the City and two seats from the County:

- Angela Bullock and Bernard Parker (City)
- Karima Bentounsi and Kevin McNamara (County)

SUD Board of Directors Appointments

Up for reappointment this March are two seats by the Wayne County Commission. Appointments from the DWIHN Board of Directors are up in 2027:

- James Perry and Margo Martin

INTEGRATED HEALTH PILOT UPDATE

The Detroit Wayne Integrated Health Network (DWIHN) continues its partnership with different health systems and platforms to provide integrated care.

Hospital Systems (formerly known as Health Plan Partner Three)

This health system has opened an outpatient clinic in the Dearborn area, and DWIHN has been invited to tour the clinic on 2/10/2026.

HEDIS Scorecard

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

The Michigan Department of Health and Human Services (MDHHS) has initiated a three-year quality plan to evaluate all Prepaid Inpatient Health Plans (PIHPs) using 11 specific HEDIS measures. The DWIHN Quality Department is monitoring all HEDIS measures to ensure provider adherence.

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

CLINICAL SERVICES

PIHP Crisis Services

CRSP notifications for crisis screenings continue to rise for both adults and children, reflecting improved reporting accuracy after resolving discrepancies between the listed CRSP at the time of crisis and the CRSP to be notified. This adjustment ensures that data from November to January provides a more reliable representation of engagement trends. The department emphasized the critical role of CRSPs in acting on these notifications by engaging members and updating treatment and crisis plans. The department will monitor CRSP engagement following notifications and analyze its correlation with inpatient admission rates and recidivism, supporting a proactive approach to crisis prevention and member stability.

CRISIS SERVICES

Our Intensive Crisis Stabilization Services department, comprised of the crisis call line, mobile crisis teams and ICSS teams, at the time of this report, have successfully submitted our MDHHS certification application. In July 2025, MDHHS updated the Intensive Crisis Stabilization Services guidelines to include a much more comprehensive service delivery model. All providers across the state who wish to continue providing these services will have to undergo the new certification process. It is our understanding that we are the first region in the state to go through the new certification, and we feel confident in the service delivery package we have submitted. We anticipate the new certification being completed in the upcoming weeks, however there is no change in service delivery in the interim.

The 707 Crisis Care Center received 258 presentations to the facility in the month of January. 192 presentations for adults and 66 presentations for youth. We continue to see strong engagement during the triage process, with no adult or youth leaving against medical advice ("AMA") during the process.

FINANCE

Plante Moran is in the field completing the FY25 audit reports. We anticipate meeting all reporting deadlines.

HUMAN RESOURCES

The ASE Supervisor Institute Group E sessions and the LEAD (Lead, Engage, Advance, Develop) middle management program classes are ongoing. Participants for the new cohort with Harvard Business School Online have begun enrolling in their courses.

INTEGRATED HEALTHCARE SERVICES

DWIHN has fully executed contracts with HAP CareSource, Humana, and AmeriHealth for the new Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNP) and initiated care coordination with all Medicaid Health Plans, except United Health Care HIDE-SNP. During this period, the Integrated Health Care (IHC) team collaborated across departments to update policies, procedures, and member communication letters with Medicare-compliant language and submitted them for HIDE-SNP audits.

DWIHN successfully completed the final Mi Health Link audits and began closing that line of business. The organization is now focused on transitioning to HIDE-SNP, with plans to process

claims and maintain collaboration with Mi Health Link programs over the next 11 months to ensure a smooth transition

UTILIZATION MANAGEMENT

The Habilitation Supports Waiver (HSW) program continues to perform strongly, maintaining an average slot utilization of 97.4% (1,095 slots) for the fiscal year to date, exceeding the state requirement of 95%. The department successfully managed certification renewals, achieving a 94% submission rate in January. The department ensures proactive monitoring of members' service utilization, addressing barriers through collaboration with CRSPs, and provider training on HSW eligibility, benefits, and application processes.

COMMUNICATIONS

In January, DWIHN communications worked to raise awareness during Human Trafficking Prevention Awareness Month, informed the public about access by kicking off a collaborative partnership with Southeast Michigan Regional Transit (SMART), and continued our partnership with Ask the Messengers TV series to highlight Substance Use Disorder Services, and promoted our services through creative advertising inside movie theatres.

Media Outreach

For the 25/26 fiscal year, the Communications team continued to use Critical Mention, an online media analytics, monitoring, and search tool. It is used to measure earned media impact for stories, gather clips of broadcast segments and print articles, and search for media contacts to reach more outlets.

Monthly Highlights

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

Human Trafficking Prevention Awareness

DWHN affiliated Safehouse was featured on [Fox 2 Detroit](#) news on January 23. Samantha, a trafficking survivor, was in-studio for an interview with reporter Jessica Dupnack to tell her harrowing survival story. *Samantha's face was blurred as her traffickers have not yet been found.*

On January 22, [JR' Morning](#) hosts Chris Renwick, Lloyd Jackson, and Jamie Edmonds discussed human trafficking with Nicole Rice, Crisis Services Nurse Administrator at Detroit Wayne Integrated Health Network. The conversation covered local impacts, warning signs, and where individuals can get help.

The [Times Herald](#) also interviewed Nicole Rice for a newspaper article that ran January 29 debunking myths and sharing facts on human trafficking. The story also outlined ways to identify a person who is trafficked.

SMARTCast Podcast



In January, I joined SMART for the first of a three-part conversation on the intersections between Transit and Mental Health. [SMARTCast](#) host's Paul Johnson III, SMART Community Ombudsperson, and Tiffany Gunther, SMART CEO talked about services and how we proactively serve individuals without transportation. Gunther added to the access issue and mentioned how SMART's para-transit services that can also assist members. In addition to the podcast, DWIHN will collaborate with SMART on social media posts, digital ads and a bus wrap will feature our staff and our work.

Ask the Messengers

DWIHN has continued its support for the online TV show series dedicated to the prevention and recovery community. January's episode centered on real voices, lived experiences, and the power of hope through recovery. Each segment highlighted the importance of support, connection, and access to care—reminding us that recovery is possible, and no one has to walk this journey alone.

Media Analytics

DWIHN received 4 mentions picked up on Critical Mention – WJR SMART Podcast, and Ask the Messengers that were not included in metrics:



Social Media

Performance brief: (Based on Instagram analytics; pretty consistent across platforms)

For the month of January, posts highlighted the services DWIHN provides which outperformed other content types. Specifically, the content that informed followers about the daily around-the-clock care was well received, highly engaged with and frequently shared.

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

1	2	3
DWIHN's Behavioral Urgent Care Announcement	707 Crisis Care Center Static Graphic	We Are DWIHN
Jan. 9	Jan. 14	Jan. 28
1.13K Views	804 Views	751Views
		

Social Media Performance Report Summary

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	Previous Period (November 2025)	Current Period (December 2025)
Total Audience Growth (Followers)	+313	+392
Engagements	3,483	5,738
Post Click Links	91	120
Engagement Rate	4.1%	6%
Impressions	85,520	100,513

Cinema Advertising

In January, DWIHN continued their partnership with ScreenVision, a media company that specializes in movie theatre advertising. The commercials ran in Emagine and Bel-Air theatres. "BIG SCREEN" ads ran multiple times before every movie that played at the theater

- The campaign ran for 12 weeks in 10 theaters (we added the year-round Dearborn Drive In) on 103 screens. Guaranteed minimum impressions were almost 900,000.
- Digital Lobby Ads ran on a continuous loop allowing moviegoers to view our ads as soon as they walk into the theater, when they wait in line for concessions or sit in the bar areas, when they walk through the hallways and as they wait to go into their theater
- Mobile cell phone ads upon leaving the theater
- :05 second billboard ads ran that highlighted DWIHN's logo and contact information

Screen Vision Ads:

- [Suicide Prevention](#)
- [Bullying Prevention](#)

Upcoming Events:



DWIHN SOCIAL IDENTITY TRAINING SERIES

DWIHN Social Identity Training Series is offered quarterly
Sessions are on Mondays, Wednesdays and Thursdays
either 9am-12pm or 1pm-4pm
CEUs pending through the NASW of Michigan
To view/register for upcoming sessions right click a session title below or email training@ruthelliscenter.org

SOCIAL IDENTITY 101
Introduces words persons served might use to define their social identities.. Expands understanding of how social identities can impact services and referrals. Facilitates practicing social identity conversations to increase positive health and safety outcomes for persons served

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

INDIVIDUALIZED PLANS OF SERVICE WITH UNIQUE POPULATIONS
Introduces the importance of a comprehensive intake and individualized plan of service. Expands understanding of the implications of individualized plans of service with unique populations. Facilitates practicing of developing service plans and referrals with unique populations

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

PLEASE NOTE:
AN INDIVIDUAL COMPUTER WITH CAMERA AND AUDIO ACTIVATED IS REQUIRED FOR ALL TRAININGS
PARTICIPANTS WILL BE IN BREAKOUT ROOMS AND NEED ACCESS TO TYPE RESPONSES
PARTICIPANTS ARE REQUIRED TO BE ON CAMERA TO RECEIVE CREDIT

PLEASE CONTACT TRAINING@RUTHELLISCENTER.ORG TO REQUEST ACCOMMODATIONS.

For More Information ,Contact Us

 training@ruthelliscenter.org

 www.ruthelliscenter.org

PARENT/CAREGIVER

Pride Alliance

A supportive, judgment-free space for parents and caregivers of LGBTQ+ youth to connect, share experiences, and learn helpful resources.

Who Can Attend:

- Parents, caregivers, guardians, and supportive adults
- All experience levels welcome – whether you're just learning or already an ally

What to Expect:

- A safe, respectful space for parents and caregivers
- Honest conversations and shared experiences
- Resources and education around LGBTQ+ topics
- Support focused on youth mental health and wellbeing

Beginning
March 2026

EVERY THIRD THURSDAY OF THE MONTH

The Guidance Center
Center for Excellence

13111 Allen Rd., Building 2, Southgate, MI

More Information:

Contact Allison Smith
asmith@iamtgc.net
734-308-0768



TEEN PRIDE

LGBTQ+ Youth Alliance Group

CONNECT. CREATE. BELONG.

A welcoming, affirming space for *queer and questioning teens* (ages 14–18) to:

- explore identity
- explore creativity
- share real conversations

With supportive people who get it.

**1ST & 3RD THURSDAY OF
EACH MONTH
6:00–7:30 PM**

Beginning
March 2026

Drop-in:
Come
whenever you
can!

LOCATION

The Guidance Center, Building 2
13111 Allen Rd, Southgate, MI 48195

Drinks and snacks will be provided!



Questions? Contact Allison Smith
Email: asmith@iamtgc.net
Text: 734-308-0768



PARENT NETWORKING GROUP

PRESENTED BY:
ALYSON
LAMONTAGNE
AN INTERN WITH THE
ARC NW



EVERY 2ND AND 4TH WEDNESDAY OF THE
MONTH
6:00PM-8:00PM

EMAIL
ALAMONTAGNE@THEARCNW.ORG
TO REGISTER AND RECIEVE ZOOM
LINK

TOPICS:

DEC 10TH: SYSTEMS AND SERVICES
JAN 14TH: HEALTH AND WELLNESS
JAN 28TH: EMPLOYMENT
FEB 11TH: DAY PROGRAMS
FEB 25TH: FRIENDSHIP
MAR 11TH: FAMILY DYNAMICS
MAR 25TH: CAREGIVER STRESS AND
ADVOCACY

Relationships

The ARC of NW
in collaboration with
Community Work
Opportunities

COURSE



WHAT DOES IT LOOK LIKE TO PARTICIPATE IN SAFE RELATIONSHIPS

Alyson Lamontagne
Intern for The ARC NW
Supervisor for Community Work
Opportunities

COURSE HIGHLIGHTS:

- Communication & Feelings
- Understanding relationships
- Boundaries & consent
- Getting help & self advocacy
- Hands on activities
- Educational conversations
- Peer to peer engagement

FOR REGISTRATION OR QUESTIONS

Alyson@questserv.org
Alamontagne@thearcnw.org
(734) 981 - 3709 ext.102

COURSE SESSION:

January 27th through March 17th
Meeting every Tuesday from 1:00pm-
2:30pm @ 7170 N Haggerty rd, Canton
For adults 16+