



Detroit Wayne Integrated Health Network

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FULL BOARD MEETING
Wednesday, April 15, 2026
Detroit Wayne Integrated Health Network
Administration Building
8726 Woodward, 1st Floor Board Room
12:00 p.m.
REVISED AGENDA

- I. **CALL TO ORDER**
- II. **ROLL CALL**
- III. **APPROVAL OF AGENDA**
- IV. **MOMENT OF SILENCE**
- V. **APPROVAL OF BOARD MINUTES** – March 18, 2026
Closed Session Minutes – March 18, 2026
- VI. **RECEIVE AND FILE** – Approved Finance Committee Minutes – March 4, 2026
Approved Program Compliance Committee Minutes – March 11, 2026
- VII. **ANNOUNCEMENTS**
 - A. Network Announcements
 - B. Board Member Announcements
- VIII. **SWEARING IN CEREMONY – JUDGE FREDDIE BURTON**
- IX. **BOARD COMMITTEE REPORTS**
 - A. Board Chair Report
 1. Board Committee Appointments (April)
 2. Ad Hoc Operational and Clinical Policy Review Committee Appointments
 3. Annual Meeting – Wayne County Community College District – Northwest Campus, Detroit, Michigan (June 17, 2026 – 11:00 a.m.)
 4. Board Study Session (April & July)
 5. Meetings of the Full Board

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
William Phillips

Bernard Parker, Vice Chairperson
Lynne F. Carter, M.D.
Kenya Ruth

Dora Brown, Treasurer
Eva Garza Dewaelsche
Dr. Cynthia Tauег

Angelo Glenn, Secretary
Kevin McNamara

James E. White, President and CEO



6. National Council for Mental Wellbeing NatCon26, Colorado Convention Center, Denver, CO (April 27 – 29, 2026)
7. Regional Chamber of Commerce Mackinac Policy Conference 2026 – Mackinac Island, Michigan (May 26th – 29th 2026)
8. National Council for Mental Wellbeing Hill Day – Washington, DC (June 2nd – 3rd 2026)
9. Community Mental Health Association of Michigan Annual Summer Conference – Grand Traverse, Michigan (June 8 – 10, 2026)

- B. Executive Committee
 1. Update City of Detroit Appointments
- C. Finance Committee
- D. Program Compliance Committee
- E. Recipients Rights Advisory Committee
- F. Policy/Bylaw Committee

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

XI. UTILIZATION MANAGEMENT PROGRAM EVALUATION FY25 EXECUTIVE SUMMARY*(Program Compliance)*

XII. UNFINISHED BUSINESS (Staff Recommendations)

- A. **BA#25-53 (Revised 1)** – AI Models Development and Implementation – Netlink Software Group America, Inc. *(Program Compliance)*
- B. **BA#26-10 (Revision 3)** – Substance Use Disorder Health Homes (SUDHH) FY26 – Sacred Heart *(Program Compliance)*
- C. **BA#26-14 (Revision 5)** – DWIHN Provider Network FY26 *(Program Compliance)*
- D. **BA#26-31 (Revised)** – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House *(Program Compliance)*
- E. **BA #26-46 (Revised)** – MI Coordinated Health Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE-SNP) Program *(Program Compliance)*

XIII. New Business (Staff Recommendations)

- A. **BA#26-49** – Claims Audit and Utilization Review Systems (CAURS) and Information Technology – BizAnalytix, LLC *(Program Compliance)*
- B. **BA#26-51** – New Learning Management System (LMS) Platform – Bizanalytix, LLC *(Executive)*

XIV. AD HOC COMMITTEE REPORTS

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

XV. PRESIDENT AND CEO MONTHLY REPORT

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

XVI. PROVIDER PRESENTATION – None

XVII. REVIEW OF ACTION ITEMS

XVIII. 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).

XIX. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, March 18, 2026
1:00 p.m.**

BOARD MEMBERS PRESENT

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

Angelo Glenn
Kevin McNamara
Bernard Parker
William Phillips

BOARD MEMBERS ATTENDING VIRTUALLY: None

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

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD ATTENDING VIRTUALLY:
None

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 Mr. Glenn 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. Brown and supported by Mr. Glenn approval of the agenda. Mr. Parker amended the agenda to add a Legal Matter to the agenda as item VI. on the agenda. Dr. Taueg noted a separate motion would be required to move into closed session. There was no further discussion. **Motion carried, agenda approved as amended.**

MOMENT OF SILENCE

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

APPROVAL OF BOARD MINUTES

The Board Chairperson, Dr. Taueg, called for a motion to approve the minutes from the February 18, 2026 Full Board meeting. It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes from the meeting held on February 18, 2026. There was no further discussion. **Motion carried.**

The Chair, Dr. Taueg noted the agenda had been amended to add a Legal Matter. It was moved by Ms. Brown and supported by Mr. Glenn to enter into closed session pursuant to Section 8 (h) of the Open Meeting Act to receive advice contained in a written legal opinion which is subject to the attorney-client privilege and exempt from discussion under Section 13 (1) (g) of the Michigan Freedom of Information Act as it pertains to a recommendation in regards to removal of a board member. A roll call vote was called and taken by Mr. Glenn. **The motion carried with Dr. Taueg; Commissioner Kinloch; Mr. McNamara; Ms. Bentounsi; Mr. Parker; Mr. Phillips; Mr. Glenn and Ms. Brown voting Yea.**

Dr. Taueg notified those in attendance that the board would return to the conference room when the closed session meeting had concluded.

The Full Board of the Detroit Wayne Integrated Health Network moved into closed session at 1:14 p.m. Staff members Mr. James White, CEO; Ms. Yolanda Turner, VP of Legal Affairs; Ms. Sheree Jackson, VP of Corporate Compliance; and Ms. Monifa Gray, AVP of Legal Affairs joining the Full Board. The closed session took place in the 2nd floor conference room located in the Administration Building at 8746 Woodward Ave. Detroit, Michigan 48202.

The Full Board and joining staff members returned to the 1st Floor Boardroom at 2:17 p.m.

The Chair, Dr. Taueg called for a motion to come out of closed session. **It was moved by Ms. Brown and supported by Mr. Phillips to come out of closed session.** There was no further discussion. **Motion carried.** The Full Board came out of closed session at 2:23 p.m.

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of February 4, 2026 and the Program Compliance Committee meeting of February 11, 2026 were received and filed.

ANNOUNCEMENTS

Network Announcements

Ms. Dayna Clark, Director of Communications reported. It was noted that Detroit Wayne Integrated Health Network and Youth United are actively seeking passionate high school students in Wayne County, grades 9 through 12 to join our mental health youth council. The Council aims to amplify youth voices and shaping mental health services and policies. Members get to engage in discussion, provide feedback and participate in initiatives that promote mental wellness among young people. Recruitment started on March 2nd and will close on March 30th. Students will receive \$50 for attending meetings and they also have an opportunity to compete for scholarships that will go toward college. The next meeting is held on Monday, April 20th at the DWIHN Administration building.

Ms. Stacy Sharp, Associate Vice President of Clinical Operations introduced new staff member LaTanya Garth, Youth Involvement Specialist and who will be the supervisor of our Youth United Program. She has been with us for two months. The board welcomed Ms. Garth to the team. There was no further discussion.

Board Announcements

Board Chairperson Dr. Taueg called for Board Announcements. There were no board member announcements. There was no further discussion.

BOARD COMMITTEE REPORTS

Board Chair Report

Board Chairperson, Dr. Taueg provided a verbal report. It was reported that the board committee appointments will be coming up in April and all board members should have an updated list in their packets. The incoming board Chair, Commissioner Kinloch has tried to accommodate the request of board members for the committees they would like to serve on. The new committees are effective April 1st. Commissioner Kinloch noted that he would be reaching out to board members over the next several days about possibly moving up the board meeting starting time after consultation with the Director and the change would only be for the Full Board meetings and not the committee meetings. Discussion ensued regarding handling questions pertaining to the committees a board member had been placed on. It was noted that board members could have conversations regarding committees following the conclusion of the Full Board meeting.

The National Council for Mental Wellbeing NATCON 26 will be coming up in April in Denver and there are a number of board members including herself scheduled to attend this national conference. Detroit Wayne will be well represented at the conference.

The Regional Chamber of Commerce Mackinac Policy Conference is coming up in the month of May and there are several board members that are attending and representing and the board.

The National Council for Mental Health Wellbeing Hill Day in Washington DC will be held in Washington, DC on June 2nd there are several board members that have expressed interest in attending.

The Community Mental Health Association of Michigan Summer Conference is coming up in June in Traverse City and there are four board members that have expressed interest in attending. Commissioner Kinloch is running for the officer seat of CMHA Secretary. There was no further discussion.

The Board Chair report was received and filed.

Executive Committee

The Chair, Dr. Taueg provided a verbal report. It was reported that consistent with the Board Bylaws, our board's governance policy and the contract with our CEO an annual performance appraisal has been conducted. A copy of the survey is included in each board member's packet. There were eight board members that responded to the survey, so that is two-thirds of the board that responded. The results of the ranking based on the board survey was "Exceed Expectations" and she was happy to report that the goals that were approved by this body all have been met. The Executive Committee is recommending that consistent with the contract our CEO receives the full performance bonus of 10%. The Chair, Dr. Taueg, noted that she would entertain a motion to ratify that recommendation. **It was moved by Ms. Brown and supported by Mr. Glenn that the CEO receive the full performance bonus of 10%.** There was no further discussion. **Motion carried.**

The Chair, Dr. Taueg reported that both the City of Detroit and Wayne County had some reappointments and requested that Ms. B. Blackwell, VP of Government Affairs provide a report. It was reported that

per the Enabling Resolution there were board members that were up for reappointment as terms were set to expire March 31st. Ms. Karima Bentounsi and Mr. Kevin McNamara terms were to expire on March 31, 2026 and both have been reappointed by the Wayne County Commission, the appointments are set for reappointment tomorrow and will be heard before the Commission. The City of Detroit also has members whose terms are set to expire, which is Mr. Bernard Parker. The Substance Use Disorder Oversight Policy Board has Mr. James Perry and they will have a new board member on the SUD Oversight Policy Board which is Ms. Staci Clayton who will start in April if the appointment is approved by the Commission. Ms. Blackwell noted that Mr. Parker was not on the agenda, however it was confirmed with the Commission that his item will be walked on agenda tomorrow. There was no further discussion.

Dr. Taueg noted that each board member should have a copy of the beautiful annual report and this information was shared with the Commission pursuant to the Enabling Resolution. It was reported that that the Annual Report will be placed on the website for public viewing.

The Annual Meeting is being scheduled pursuant to our bylaws and governance policies and will be scheduled in June or July, the date is still being worked on, more information regarding the location will be announced at a later date.

It was noted that the Executive Committee did have a privileged and confidential matter that was discussed and it has been handled. There was no further report on the matter. There was no further discussion. The report of the Executive Committee was received and filed.

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, March 4, 2026. All Michigan Department Health and Human Services financial report deadlines for fiscal year 2025 were met. Highlights for fiscal year 2025; operating results in 2024, and HMP Medicaid carry-over funds in the amount of \$12.7 million were exhausted. In addition to \$10.1 million in Medicaid ISF of which there is a remaining balance of \$61.2 million of the \$76.6 million allowed. Therefore, Medicaid expenses exceed revenues by \$22.8 million at fiscal year in 25, and \$20 million at FY24 and because of the deficit pattern and the high probability of depletion of current ISF funds within two years, we have asked Mr. White to go through all the expenses in each administrative, operational and clinical department to find ways to close this \$20 million gap and to provide a report to the Finance Committee monthly of the proposed and actual items with financial results to close the gap. We understand that this is a process and it is going to be more difficult than usual because it has to be driven by our operations and clinical business units where we must maintain excellent care more efficiently. However, we believe that this would not only be helpful for DWIHN it will also be beneficial as we present our case to the state of Michigan for funding increases. DWIHN spent approximately \$2 million dollars more on the general fund budget and it appears that it was primarily due to consumer spend downs. PA2 used \$2.8 million in SUD block grant expenses. Our liquidity remains strong and the cash flow is sufficient to support operations. Ms. S. Durant, VP of Finance noted that at the Executive Committee meeting Ms. Brown did speak about the need to make some operational and clinical reductions, it was hoped that this body is supportive because those could be some obviously difficult decisions. The second item that was mentioned for the record is that in the report Ms. Brown reported the fiscal year 2024 deficit was \$20 million and in FY25 is \$22.8

million, that this is not a new deficit in 2025, this is a deficit that carried over from FY2024 and wanted to make certain that everyone know that it is not attributable to our current CEO, it was an inherited deficit at September 30, 2024. Discussion ensued regarding how we make up for that deficit. It was noted that the Medicaid deficit was covered by internal service funds as well as savings. We still have a very hefty ISF. There was no further discussion. The Finance Committee report was received and filed.

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

Program Compliance Committee

Commissioner Jonathan C. Kinloch, Chair of the Program Compliance Committee, provided a verbal report. It was reported that the Program Compliance Committee met on Wednesday, March 11, 2026. The Director of Residential services, Mr. Morgan, provided a breakdown of residential members by zip code to the committee which indicated that Detroit has the largest number of residential placements at 983, followed by Inkster with 382. The follow-up item from Customer Services year-end report will be provided at the May 13, 2026 Program Compliance Committee meeting. There was no report from Corporate Compliance. The Chief Medical Officer, Dr. Fahim, reported that since the Michigan Department of Health and Human Services had shifted to HEDIS metrics, Quality is prioritizing HEDIS-aligned PIPs with quarterly progress monitoring and performance incentives. Under Crisis Services trends, CFCU, youth had 50 admissions, which is up 39%, January had 30 admissions half were self and or family-initiated, indicating community trust. The Detroit Outpatient Clinic has appointed an interim part-time Medical Director: and four part-time psychiatrists completed over 800 psychiatric evaluations and 350 medication reviews last year. Quarterly reports were received from Autism Services, Children's Initiatives, Customer Service, Integrated Healthcare, and Community Engagement.

The DWIHN Outpatient Clinic report was deferred to the April 8th meeting. Autism Services reported that the diagnostic evaluation quarterly trends indicated a decrease in total diagnostic evaluations from FY25 Quarter 4 to FY 26 Quarter 1 declining by approximately 12%, (624 to 549). Recent policy updates contributed to these shifts. Beginning in FY Quarter 3, the department issued guidance allowing the required 3-year re-evaluation to be completed by either an independent Diagnostic Evaluator or an ABA provider.

It was also reported under Timely Access to Eligibility Determination beginning FY25 Quarter 2, the performance measure was modified to allow 15 business days to ASD diagnostic reports, while the 7-day requirement for non-spectrum evaluations remain the same.

Children's Initiatives reported that effective October 1, 2025, Michigan Department of Health and Human Services assumed contractual oversight of Certified Behavioral Health Clinics (CCBHC) in Michigan, this impacts six children providers in addition to the CCBHC Children Providers servicing children and youth with serious emotional disturbances is no longer included in DWIHN member served total count.

On December 4th, 2025, the Childrens Initiative Department hosted the annual report to the community. "Our Community, Our Story", as a deliverable for the System of Care Block Grant. A brief video was shared with the committee of the event.

Community Engagement reported that Quarter one FY2026, the 36th District Mental Health Court served 165 individuals; the 911 Embedded Behavioral Health Specialist served 118 individuals, and the Detroit Homeless Outreach Team had 990 encounters with 127 individuals connected to services.

Information was provided on the Justice Involved Data Migration and Systems Integration. During this period, the team undertook a significant data management initiative by migrating justice-involved data from various spreadsheets into a centralized location within MHWIH.

The Associate Vice President of Clinical Operations, Ms. Sharpe, provided an executive summary. It was reported that the Residential service department processed 1,046 residential authorizations in February with 95% approved within seven days. This significantly improved approval timeliness over the past year from 69% completed within 7 days to over 90% currently.

The committee considered and recommended for full board approval two board actions under unfinished business. There were no board actions 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

It was reported on behalf of Ms. Ruth, Committee Chair that the Recipient Rights Advisory Committee did not meet during the month of March and there was no report.

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

Policy/Bylaw Committee

Mr. Parker, Vice Chairperson reported on behalf of Mr. Phillips, Committee Chair. A verbal report was provided. It was reported that the committee met on March 11, 2026. A number of items were discussed. The first was to determine if there were any policies regarding a person that is separated from DWIHN having restrictions on them being able to be employed or contracted by someone within a certain period of time. Information will be forwarded to the committee and will be reviewed to determine if there needs to be any changes in that. Secondly, as discussed prior, we wanted to do a general overview of all of the procedure policies both operational and the board policies. The Policy/Bylaws committee determined that an Ad hoc committee be created to take up the DWIHN Operational and Clinical policies. There will be a motion at the end of the report to take that action. The board policies will be taken up ten at a time so we can really have an in-depth analysis to determine if in fact there is a recommendation the committee wants to make to the Full Board. Finally, there is a resolution before you, a motion was passed at the meeting to recommend that the full board establish an Ad Hoc committee for the limited purpose of reviewing the DWIHN organization and clinical policies currently delegated to the President and CEO to make recommendations to the Policy committee as to which policies need to be reviewed by the Policy Committee and or remain delegated to the President and CEO. The resolution was read into the record.

FY 2025-26 Resolution #4 – Resolution Authorizing the Creation of an Ad Hoc Committee to Review Detroit Wayne Integrated Health Network’s Operational and Clinical Policies Whereas, the Detroit Wayne Integrated Health Network’s (“DWIHN”) Board Policy/Bylaw Committee met on Wednesday, March 11, 2026; Whereas, a motion was passed at that meeting to recommend to the Full Board that an Ad Hoc Committee be established for the limited purpose of reviewing the DWIHN organizational and

clinical policies currently delegated to the President and CEO to make a recommendation to the Policy Committee as to which policies need to be reviewed by the Policy Committee and/or remain delegated to the President and CEO; Now Therefore, Be It Resolved as Follows: 1. The DWIHN Board of Directors hereby establishes an Ad Hoc Committee for the limited purpose of reviewing DWIHN's organizational and clinical policies presently delegated to the President and CEO, and making a recommendation to the Board Policy/Bylaw Committee on which policies should be reviewed by the Board Policy/Bylaw Committee and/or which policies should remain delegated to the President and CEO. Upon completion of the aforementioned purpose, the committee shall automatically dissolve without further action of the Full Board of Directors. I Hereby Certify that the foregoing Resolution was adopted on this 18th day of March 2026, by the Full Board of the Detroit Wayne Integrated Health Network. Signed by Dr. Cynthia Taueg, Board Chairperson.

It was moved by Mr. Parker and supported by Mr. Phillips that FY 2025-2026 Resolution #4 – Resolution Authorizing the Creation of an AD HOC Committee to Review Detroit Wayne Integrated Health Network's Operational and Clinical Policies be adopted. There was no further discussion. **Motion carried.**

The report of the Policy/Bylaw Committee was received and filed.

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Mr. Angelo Glenn, reported on behalf of Mr. Adams, SUD Oversight Policy Board Chair. A verbal report was provided. It was reported that the SUD Oversight Policy meeting was held on March 16, 2026. Mr. White, CEO provided remarks on new business. The SUD Oversight Policy Board Nominating Chair, Commissioner Kinloch presented a new slate of officers which consisted of Mr. Angelo Glenn, Chair; Mr. Thomas Fielder, Vice Chairperson and Dr. Kanzoni Asabigi, Treasurer and Secretary. A presentation was provided by Ms. A. Fay from Hegira Health regarding Screening and Brief Interventions and referral treatment in hospital settings. Reports were received from the SUD Director, the Treatment Manager, the Prevention Manager and the Complex Case Manager. The SOAR Coordinator's report was presented, and copies were provided for the Board.

Commissioner Kinloch noted that the SUD Oversight Policy Board voted to amend its Bylaws to create the position of Immediate Past Chair. The Full Board needs to ratify that action. Discussion ensued regarding whether the Bylaws needed to go to the Policy Committee before coming to the Full Board for approval. Ms. Y. Turner, VP of Legal Affairs, noted that in the past the SUD Oversight Policy Bylaws have come directly to Full Board and did not require a stop at a committee. Ms. M. Gray, AVP of Legal Affairs noted that per the SUD Bylaws the Board of Directors just has to approve. **It was moved by Mr. Glenn and supported by Commissioner Kinloch to approve the revisions to the bylaws as well as accept the slate that was presented by the Nominations Committee for the SUD Oversight Policy Board.** It was noted by Ms. Turner that the slate was separate and just for SUD; the motion was for the bylaws. **The motion was restated. It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of the revisions to the SUD Oversight Policy Board Bylaws.** Discussion ensued regarding the revisions which were to create the position of Immediate Past Chair and that person would preside in the absence of the Secretary and Treasurer and other officers. Ms. Gray, AVP noted the bylaws added to the officers the Immediate Past Chair position so there are now four officer positions, Chair, Vice Chair, the joint Treasurer/Secretary position and Immediate Past Chair. The bylaws also added a succession so that if the Chair, Vice Chair and Treasurer/Secretary were not

present the Immediate Past Chair would preside. There was no further discussion. **Motion carried.** The report of the SUD Oversight Policy Board was received and filed.

The Chair, Dr. Taueg called for Unfinished Business and noted that the board actions had gone through the committee vetting process.

XIII. Unfinished Business-Staff Recommendations:

- A. BA#26-16 (Revised)** – Children’s Crisis Intervention Services, PAR FY26. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Mr. Parker approval of BA#26-16 (Revised).** Ms. S. Sharpe, reporting. This board action is requesting a 3-month extension of the contracts with New Oakland Family Centers (NOFC) and The Guidance Center (TGC) for \$610,884 to continue with the provision of Crisis Intervention services. The 3 month extension for NOFC and TGC will run from April 1, 2026 through June 30th 2026. Additional estimated amounts total \$344,725 for NOFC and \$266,159 for TGC for a total estimated amount of \$610,884 for the 3 months ended June 30, 2026. The revised total estimated amount of PAR services is as follows: Hegira (10/1/2025 – 3/31/2026 - \$2,109,871; NOFC (10/1/2025 – 6/30/2026) - \$717,758; and TGC (10/1/2025 – 6/30/2026) -\$453,339. As a result of the crisis continuum of care RFP 2023-009, this board action is requesting approval for the provision of Pre-Admission Review (PAR) services for children. NOFC and TGC will provide Pre-Admission Review services to children in crisis with severe emotional disturbance (SED) intellectual and developmental disabilities (I/DD) and co-occurring disorders in need of a crisis screening and authorization for higher levels of care. PAR services include 24-hour availability to provide assessment and screening services for individuals to determine if members meet inpatient criteria or re-direction to lower levels of care. There was no further discussion. **Motion carried.**
- B. BA#26-39 (Revision 2)** – Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Commissioner Kinloch approval of BA#26-39 (Revision 2).** Ms. C. Phipps, Director of Children’s Initiatives reporting. – This board action is requesting a second revision to the Michigan Child Collaborative Care Program (MC3). Total funding (\$105,596) provided by University of Michigan includes \$84,612 for clinical services and \$20,984 for administrative services. U of M has requested provision of services be transferred from Starfish to DWIHN. Requesting to extend Starfish’s contract term end date from 2/28/2026 to 6/30/2026 for additional time to hire staff and finalize business agreement with Corewell Health Clinic. Requesting board approval to alter the transfer date and funding allocation as needed, in the event services are transferred prior to 6/30/2026. Starfish is not to exceed a total of \$71,211 (\$57,834 for Clinical Services and \$13,377 for Administrative Services) for the 9 month period ending 6/30/2026. Effective 7/1/2026, DWIHN Outpatient to receive a total of \$21,373 (\$16,764 for Clinical Services and \$4,609 for Administrative Services for the 3 month period ending 9/30/2026. DWIHN to receive a total of \$13,012 for indirect costs (\$10,014 for Clinical and \$2,998 for Administrative). The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Provider provides local oversight, in collaboration with MC3 program of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. Behavioral Health Consultant will act as the liaison with the primary care physician staff and the University of Michigan psychiatric staff. Services include Regional Outreach to eligible providers to ensure utilization of the Mc3 program; linkage between Primary Care Providers and MC3

Psychiatrist; coordination of care for children, adolescents, and perinatal women; Behavioral Health Consultant provides consultation services in designated primary care site and collection of required data and local utilization to facilitate the project evaluation. There was no further discussion. **Motion carried.**

The Chair Dr. Taueg called for new business and noted there were no board actions listed under New Business.

XIV. NEW BUSINESS – Staff Recommendations: None

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 March. There was no report.

Dr. Taueg, Board Chairperson called for the Board Building Committee updates.

Board Building Committee Updates

Mr. B. Parker, Committee Chair reported that the Building Committee met on Wednesday, March 4, 2026. It was reported that assessments of the various buildings were being performed and updates have been provided at the committee meeting. The Ecorse building was originally planned as a Crisis Center will now be utilized as an Outpatient Center for Services, it was determined that there was not a need at this time for the Downriver facility in Wyandotte, so we are not going to move forward on that building. The 7 Mile building, and 707 Milwaukee are operating without any problems. The presentation by the CEO and Mr. Mike Maskey, Executive Director of Facilities noted that this building is not going to accommodate the number of staff people with DWIHN, and there is a larger building that would accommodate everyone. In addition, people that were working from home have to have a place to come and they are looking at a building over on Jefferson which is the entire UAW Training facility, the building is something that they would like to look at. There was a tour of the building and two board members from the building committee joined other staff and looked at the facility. We anticipate that Administration is going to come in with a recommendation of the building or maybe something else in order to accommodate the large number of staff that we have now, that information should be coming in the next few meetings. Discussion ensued regarding the idea of moving from this building to the building on Jefferson. Mr. White, CEO noted that the idea would be the administrative operations of this building would move to that new building and this building would be converted into another use but still be used DWIHN. There was no further discussion. The Board Building Committee report was received and filed.

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

PRESIDENT AND CEO MONTHLY REPORT

Mr. White, President and CEO, provided a written report for the record. Mr. White, CEO noted a conversation that took place with Mr. Phillips regarding the budget and thanked VP of Finance, Ms. Stacie Durant for bringing the information forward, he stated that regardless of the fact that he had inherited the financial deficit that we are all committed to reducing those number and we are going to work very hard to do so without reducing the quality of service for our members and we are certainly committed to bringing that report forward to Ms. Brown as required monthly with the first report being due at the May meeting. We recognize that this work automatically comes with unfunded obligations as we are not turning anyone away regardless of their ability to pay; there are some opportunities that we

could look at to reduce those costs. The team is working very hard on a number of different things that are underway. It was reported that a conversation was had with the state a couple weeks ago with the PIHPs and CMHSP Directors and CEOs. Because DWIHN is both he had the opportunity to attend the meeting twice and get information regarding what the next steps could possibly be with the rebid. Though they did not specifically talk about a rebid they did talk about improvements to services and improvements to the system. We talked about making some corrections and some of the things that they could do to help us realize some of those unfunded obligations and things of that sort. They did not specifically talk about whether or not there would officially be a rebid. He noted he would report on any changes to the board immediately.

Mr. White introduced a couple of new members that have joined our staff. Ms. Dorian Johnson who has been around for quite awhile was promoted to Director of Customer Services; Dr. Brinjikji was promoted to the Medical Director for the DLC position that had been opened for quite awhile, Dr. Fahim was able to convince her that she was much needed, and we are happy to have her there. He also introduced Mr. Erik Hutchinson, as the new VP of Clinical Operations. Mr. Hutchinson gave a brief introduction and noted that he assisted the Henry Ford Healthcare System with their merger of inpatient psychiatry with Allegiance Health and set the standard of CMS compliance for top 5% for the country; he worked at Beaumont Health, started at the Dearborn Hospital with 635 beds where the Joint Commission came and saw how we were doing the care of our behavioral health patients and we were ranked top 5% of the country for that work with mental health workers, redoing it, using the Columbia Suicide Scale and readjusting our staffing model and was next appointed to Chair of Behavioral Health for all Beaumont's and the east side of Michigan which was eight hospitals. The merger with Corwell Health occurred and he was appointed once again, Chair of Behavioral Health, but also a Regional Director of Care Management for the 11 emergency rooms, 575 beds and also took over the medical floors as well. He heard about this great opportunity and is very excited to be here and to do this work with all of you. He thanked Mr. White and the board for the opportunity. The board welcomed Mr. Hutchinson to the team and thanked VP Grace Wolf; Dr. Fahim and VP, Jody Connally for their diligent work and going through a number of interviews and months of work to arrive at having Mr. Hutchinson as our new VP of Clinical Operations.

Mr. White provided an update on the integrated health pilot and noted that we are engaged in joint care coordination, DWIHN is required to complete joint care coordination with all eight Medicaid health plans. The progress is monitored by MDHHS which tracks the care and joint treatment plans entered into the MDHHS portal. We must ensure that 25% of eligible members for care coordination have active treatment plans in CC360, currently there are 519 individuals eligible and DWIHN has successfully opened treatment plans for 195 of them which represents 37% so we are continuing to move forward. The hospital system formerly known as Health Plan Partner 3 has been intentionally anonymized for this report has opened an outpatient clinic in Dearborn. The Integrated Healthcare Director toured the facility on February 10th to discuss potential opportunities working with DWIHN and our MCO department, future updates will be provided. The Crisis Care Center had February as another busy month with our highest number of presentations ever to the facility. Our highest number since opening in 2024 was 313 individuals; 128 adults were admitted at the CSU and 21 adults were admitted to the BHUC; additionally, 47 youth were admitted to the CFCU and 40 youth were admitted to the BHUC. Mr. White introduced members of the co-response team from DPD, he noted they engage with our crisis unit day in and day out and he thought it would be appropriate for the board to see the work in progress, it was noted that Mr. Marcus Harris, II; Sergeant Roland Frederick and Police Officer Julissa Moyce were in attendance.

They were happy to have them doing the work with the CIT program which was put together long before he got to DWIHN, and with the coordination of DWIHN it is impressive to see where it has gotten to now. Mr. White noted the uniform changes of the green and tan, that they looked at best practices around the country and recognized that the blue uniform often was perceived as intimidating. The softer colors allow the officers to engage at a less aggressive nature and as we look at the data the use of force numbers continue to drop in the City of Detroit and the access to services that we see through our crisis center and what we are doing at 7 Mile will just be incredible. He wanted to bring them in for the board to see them and say thank you for the work that they are doing and to stay safe out there.

An update was provided on the Trillium location, the Long-Term Residential Care facility, it was reported that the progress is on target, they are about 90% complete with a lot of the hard construction work, the aesthetics and the HVAC are all coming together quite well. He thanked Mr. Maskey, even though this project is not under his purview for continuing to keep an eye on how the progress is coming along. He will keep the board updated, the initial date was that of early spring which was a bit too ambitious, however, they are on target with the date that we anticipated which should be about mid-summer to open up the long-term care facility.

It was also reported that each month he wanted to highlight some great work that is going on in the organization. This month MCO under the direction of Rai Brown, Director of MCO DWIHN has reached 90% of credentialing compliance across the network, it was noted that when he started credentialing was a massive problem and he and Manny had many conversations about it before they really knew each other's names. SUD has reached 100% compliance and Ms. H. Woodruff will be providing a breakdown of all compliance rates. He thanked Ms. Brown and her team for the work they are doing with credentialing.

It was noted that the report on government affairs will be deferred and he will provide that report to update the board. There were a number of really important meetings that have taken place, he had the opportunity to go to Lansing and attend the state of the State address. They visited seven lawmakers and spent the entire day there and had great conversations regarding the budgetary shortfall that we have with the new facility on Seven Mile. Ms. Blackwell updated him today that those conversations were well received and hit the right ears and we are looking forward to following up with a number of the lawmakers to ensure that the financial ask is completely understood.

The tour took place last week, there was a walkthrough of the 7 Mile Facility and Director Hertel and her staff along with our staff was there and our team were not only ready to receive guests, but also put on a very informative and professional presentation as led by G. Wolf, VP of Crisis Services, M. Maskey, Executive Director of Facilities and B. Blackwell, VP Government Affairs facilitating the opportunity. There were great conversations around the facility, how it will be welcomed in the community and the existing need in the community.

Lastly, yesterday was St. Patrick's Day, and it was also Dawn Isom's Day, Ms. Isom, former U.S. Attorney who is on our team temporarily helping with some environmental audits and other things was asked to stand and be acknowledged, it was noted that she has her own day in the city of Detroit called

“Dawn Isom Day.” He wanted to point that out in honor of Women’s month and thought it deserved congratulations.

Finally, on behalf of the entire DWIHN family, Dr. Tauег we want to thank you for your two years as Chair of which I served under your leadership for fifteen months; you have been my direct contact, we have had many meetings and many conversations regarding what you were looking for in the organization. He thanked Dr. Tauег, for the support of DWIHN and everything that she has brought to the chair seat. The Chair, Dr. Tauег thanked them for the compliments. There was no further discussion.

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

Dr. Tauег, Board Chairperson called for the Communications Quarterly Media Report.

COMMUNICATIONS QUARTERLY MEDIA REPORT

Ms. Dayna Clark, Director of Communications reporting. A written report was provided for the record. It was reported that this is the quarterly update and for the last few months we have continued to forge strategic relationships with media teams to reach audiences in specific communities for specific initiatives. Our partnership with Community Publishing allows us to share information about our programs and services to out-county communities each quarter. Last month, an article in Van Buren Today featured Dr. Mamo, who gave tips on how to set realistic goals without stressing yourself out as new year goals can be stressful. Additionally, we continued relationships with other community papers, such as the Times Herald, which also provides a quarterly column. In January, we highlighted our human trafficking efforts.

Mr. White has developed a new partnership with Smart Bus System. We are doing three, SmartCasts, which is an informational podcast and for smart bus riders, there are two more episodes. Actually, we recorded an episode last week, and there will be a final episode to do, but we're also in development of a special bus wrap, highlighting our superb staff and services, and that example should be in your packet and on the screen. Our quarterly comparison for first quarter media metrics, total mentions, 416; this is TV, radio, and our online audience. Total audience members, 3.3 million people, and total publicity value, over \$276,000.

Access Call Center calls are related to outreach each quarter. Access Call Center asked callers, how did you hear about us? There were 44,967 calls in the first quarter, 43,967 are the amount of people who answered the question; 73 people noted they saw us on a bus or billboard advertisement, and 563 people saw us, either on a web line, hotline, radio, internet, or a Google search, or even on social media. Our social media metrics for the first quarter, our followers are at 22,800, and that's across all platforms. The audience grew by 650 people; Engagements, 6,913; Link clicks which are clicks to our website, 963 and impressions were at 302,000. There is a big drop from the fourth quarter to the first quarter, and that is because in the fourth quarter, SUD ran an ad campaign, the ICANN Narcan campaign, and they boosted their ads, meaning they paid for advertisements, so the reach was much further. Also, for this quarter, posts highlighting mental and behavioral health statistics and community support outperformed other content types. Additionally, collaborative posts were highly engaged and frequently shared. In October, we did a post on National ADHD Awareness Month, with 2.4 thousand views. In November, our Thanksgiving drive was a collaboration with Team Wellness, covered by Metro Detroit News, there was 220,000 views and in December, PAL, Detroit Police and DWIHN Mentoring Youth Program post garnered over 17,000 views. Our provider profile is our opportunity to showcase the wonderful work of

our dedicated providers. In October, we covered Centers for Family Development with 447 views. Mariners Inn in November saw 840 views and Lincoln Behavioral Services were over 1,000 views.

The report on community events that DWIHN hosts or is requested to attend to provide resources or a presentation makes up our community outreach. In the first quarter, there were 36 events and over 1,200 people were reached. The numbers are down from the fourth quarter as far as individuals reached because in the fourth quarter there were back-to-school rallies, conferences and events and also in the winter months we typically see less large outside community events due to the weather.

This quarter for branding and visual design, we partnered with Screenvision and this is the first time that we have ads played in a movie theatre. It is a media company that specializes in movie theatre advertising. The commercials ran in Imagine and Bel Air Theatres for 12 weeks in 10 theatres. They also ran in the year-round Dearborn-In on 103 screens. A link was provided so folks could view the ads. A request was made by Mr. Parker to view the ad. The ad was shown by Mr. Sanford to those in attendance. The ad was 1 minute in length and mentioned “Depression, Anxiety, Substance Use, Suicide Prevention, Autism – You don’t have to face any of these challenges alone, DWIHN is here to help.” The ad ran multiple times before every movie was shown, it did really well. The projected impressions were 941,000 and the actual impressions were over 2 million. We also did mobile ads, which are after attending the movie theatre, you watched the movie, walk out an ad directly hits your phone and those impressions were 437,000 and actually hit 474,000; additionally we had 5 second kiosk ads that ran in every lobby which people saw when they were in the lobby getting snacks. Commissioner Kinloch noted that it was an extreme pleasure to see the ad when he was at the theatre. There was no further discussion. The Quarterly Communications Report was received and filed.

Dr. Taueg called for any remarks from the Board prior to Good and Welfare. Mr. Parker complimented Dr. Taueg on her leadership, with this being her last meeting she would still be on the Executive Committee and continue to provide the leadership, but he wanted to thank her for her leadership and he knew that it could be very challenging. When she first came into the role they had to secure another CEO which they went through the process and she chaired that and he thought they got an excellent choice and secondly with the state RFP that came out and we did not know what was going to happen and she led them through that process and they also opened up the Crisis Care Center which is something that had been talking about ever since he has been on the board and we were successful to do that through her leadership. He wanted to thank her for all the things that she has done and it is a very important part of her leadership that has allowed us to grow as we have.

Dr. Carter noted that Dr. Taueg has been a wonderful leader in crisis, but what she really appreciated is that she shows up to these committee meetings and so often as chair that is enough to handle, however she goes beyond that and it is not that she is just a person in a seat, she is active, engaged and challenging and she makes the process better whenever she is present. She thanked Dr. Taueg for serving.

Commissioner Kinloch noted that he echoed the comments that have been shared, but added that she has always had a calm voice and these were some tough couple of year in which we have dealt with a lot of change, even into today, she has continued to lead with patience and he is going to have to learn from her.

Mr. Glenn noted that Dr. Taueg has been one to learn from, she was a great teacher and he has learned so much from her and he has grown a lot by listening to her and following her.

They all thanked Dr. Tauieg for their leadership and for serving as Chair over the last two years.

Dr. Tauieg thanked everyone for their kind words and noted that Commissioner Kinloch was the incoming board chair and they had a lot to look forward to and it has been a pleasure to serve these two years , she was looking forward to passing the gavel on to Commissioner Kinloch but still being a part of this organization. It has really grown a lot and she has been delighted at the positive changes especially with the Crisis System that we have. She also noted that she and Mr. Parker have been on the board for awhile and had been pushing for the Crisis System for quite some time along with some of the rest of the board and staff, they will keep forging ahead and taking care of the people in the community. There were no further comments from board members.

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

REVIEW OF ACTION ITEMS

There were no action items reported.

GOOD AND WELFARE/PUBLIC COMMENT

Dr. Tauieg, Board Chair called for Good and Welfare/Public Comment. The Good and Welfare/Public Comment Statement was read by Mr. Glenn. There were three written submissions, and two young men present to address the board.

Mr. Anthony DeSaro and his associate Mr. Horatio Williams introduced themselves to the board and noted they were in the work of creating a vocational program for special needs adults in Detroit and were trying to become a provider within Wayne County. He is a social worker, works for the DMC and has many years of working with families, guardianships as well as skill-building programs. He requested information on contacts and how one can become a provider. It was noted that the PowerPoint presentation on Procurement should be shared with Mr. DeSaro. The Board thanked him for his comments.

The first written comment was from Ms. Mia regarding Substance Use Disorder. There was no response when her name was called. She is concerned about the citizens of Detroit, especially Eastside, John R area that have substance use and mental health disorders and the lack of resources and or concern that leads to homelessness or even death. Contact information was provided.

The second written comment was from Ms. Kelly O'Donnell with Kussan Law. There was no response when her name was called. She requested to speak to someone about the state of the alleyway at the 707 West Milwaukee location.

The third written comment was from Mr. Jeffrey Ediabonya. There was no response when his name was called. He is a newly licensed AFC Provider with Triple J's Excellent Care. He currently has six beds ready for placement and inquired as to whether there were any anticipated timeline for when DWIHN will begin onboarding or contracting with new residential providers again.

The Board Chair, Dr. Tauieg thanked all for submitting their comments during Good and Welfare/Public Comment.

ADJOURNMENT

There being no further business, Dr. Taueg, Board Chairperson, called for a motion to adjourn. **It was moved by Mr. McNamara and supported by Mr. Glenn to adjourn the meeting.** There was no further discussion. **Motion carried.** The meeting was adjourned at 3:27 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

MARCH 4, 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 1:05 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Ms. Nicole Smith, Management Assistant to VP of Finance
ATTENDEES	<p>Finance Committee Members Present: Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Ms. Eva Garza Dewaelsche Mr. Bernard Parker Ms. Kenya Ruth</p> <p>Committee Members attending Virtually: Ms. Karima Bentounsi</p> <p>Committee Members Excused: None</p> <p>Board Members Present: Dr. Cynthia Taueg, Board Chair Commissioner Kinloch</p> <p>SUD Oversight Policy Board Members Attending Virtually: Mr. Thomas Adams, Chair, SUD Oversight Policy Board</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. Yolanda Turner, VP of Legal Affairs; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Sheree Jackson, VP of Corporate Compliance; Mr. Jody Connally, VP of Human Resources; Mr. Mike Maskey, Executive Director of Facilities; Dr. Shama Faheem, Chief Medical Officer; Ms. Grace Wolf, VP of Crisis Care; Ms. Rai Williams, Director of Contract Management; Mr. Keith Frambro, VP of Information Technology; and Ms. Jacqueline Davis, Associate VP of Access</p> <p>Staff Attending Virtually: Mr. Jeff White, Associate Vice President of Operations; Ms. Dhannetta Brown, Associate VP of Finance</p> <p>Guests: None</p>

AGENDA TOPICS

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

II. Roll Call

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

III. Committee Member Remarks

Ms. Brown, Chair, called for the Committee Members' remarks. There were no remarks from 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 Mr. McNamara with approval of the agenda. There was no further discussion. **Motion carried.**

V. Follow-up Items

The Chair called for any follow-up items. Ms. Blackshire noted there was one item. Provide a list of all Emergency Contracts, including how we got here and steps being taken to prevent this from occurring. Ms. Durant, CFO, responded to the Finance Committee's request in her monthly finance report. Finance performed the attached 5-year history of exigent and emergency board actions. It should be noted that the Jan Pro emergency purchase was the first in the past five years. The other board actions were exigent and approved by the board chair in accordance with board bylaws. Further noted, it is the first under the new CEO.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown, called for approval of the minutes from the meeting on Wednesday, February 4, 2026. **Motion:** It was moved by Ms. Ruth and supported by Mr. McNamara for approval of the Finance Committee minutes from the meeting on Wednesday, February 4, 2026. 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, presented the Monthly Finance report. A written report for the 4 months ended January 31, 2026 was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

In accordance with MDHHS contractual deadlines, DWIHN submitted all FY25 final financial reports (i.e. FSR, EQI and LR) by the due date of 2/28/26. Below is a summary of the fiscal year 2025 operating results:

Exhausted HMP Medicaid carryover of \$12.7 million and abated (i.e. spent) \$10.1 million in Medicaid ISF; \$61.2 million remains in Medicaid ISF; \$76.6 million is maximum allowed; Medicaid expenses exceeded revenues totaled \$22.8 million (i.e. structural deficit); prior year amount \$20 million; an increase of \$2.8 million as compared to FY24; \$11.2 million incurred in excess General Fund; budget contemplated \$10.5 million. Current year local revenue was able to absorb the shortfall. DWIHN did not have to use local reserves. Attached is summary of actual costs as compared to budget; PA2 absorbed \$2.8 million in SUD block grant expenses; PA2 balance at 9/30/25 \$8.0 million as compared to \$9.9 million at the beginning of the fiscal year.

DWIHN offers several value-based incentives to the provider network. The following are additional payments received above and beyond the normal FFS revenue:

	Q1	Q2	Q3	Q4	Total
AMI	452,156	588,036	570,959	667,820	2,278,972
SED	219,401	273,276	262,340	214,531	969,547
IDD	182,815	138,680	171,651	263,796	756,942
HSW	37,000	19,000	24,000	23,000	103,000
					<u>4,108,460</u>

HSW incentive paid directly to support coordinators

In response to a follow-up at the full board, Finance performed the attached 5-year history of exigent and emergency board actions. It should be noted that the Jan Pro emergency purchase was the first in the past five years. The other board actions were exigent and approved by the board chair in accordance with board bylaws. Further noted, it is the first under the new CEO. Discussion ensued regarding the board action coming to the committee as an emergency and not as exigent. It was noted that the board action should have probably come as exigent as the Board Chair who has been given that authority for any situation. There was no further discussion.

Discussion ensued regarding the Medicaid ISF Balance and the structural deficit of \$22.8 million dollars and how the adjustments are made by the State at the end of the year. Discussion ensued regarding what we are doing to alleviate the \$20 million deficit; it was noted that the clinical team is taking a very deep look into the utilization guidelines and how we do business. The rates we receive from the state are not making the mark. We are looking at the service model, our utilization, hospitalization, recidivism and everything from a managed care perspective and ensuring that everything we are doing is fiscally responsible, but at the same time there are some things that we are looking to offset as we go forward event buildings that we already have acquired. Mr. White wanted the committee to know we are just not moving with a status quo mindset. Discussion ensued regarding the cost of the Care Center at 707; bringing PAR services in house, the Behavioral Health Urgent Care, the rates; whether we are getting enough money to pay for the services we are providing. There has to be a conversation with the state as to the dollars and the deficit we are running. We are providing the services, meeting the need; the need is great and the need is going to be even greater so we have to bring it into balance. The Committee requested a report at the Finance May meeting that will highlight what we are doing in the entire ecosystem to work towards eliminating the deficit internally, such as an operational report. The report should show the specific operational and clinical changes that we are going to make in order to close the gap, the numbers will be updated as the year progresses and what is projected out to be those savings. The report should start in March of what you have done and how much you have saved and what is in progress. **(Action)** Mr. White noted that the conditions of DWIHN is going to change exponentially in the next 60 days; there will be hiring for a new crisis center which means we will be treating more people and will have more costs. There will also be the opening of the new Crisis Center at 7 Mile.

Discussion ensued regarding the operational budget for the 7 Mile Crisis Center and it was requested that outreach dollars be included in the budget. **(Action)**

Discussion ensued regarding the restrictions of the PA2 funds; the awareness and outreach with youth; the improvement of the visual of our Instagram and that there has been a lot of improvement. There was also discussion regarding the vaping with young people and arming them with the facts and providing NarCan training with our youth. Ms. D. Clark, Director of Communications and Ms. B. Blackwell, VP of Government Affairs, provided updates on the number of impressions on the social media pages; upcoming events; and the work of Youth United.

Mr. Parker inquired as to whether the State was going to do a new bid on the RFP Mr. White noted that there was no mention of a new RFP at this time.

Cash flow is stable and should continue to remain so throughout the year as liquidity ratio = 2.17.

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

Due from other governments and Accounts Receivable – comprise various local, state and federal amounts due to DWIHN. Approximately \$8.2 million in SUD and Mental Health block grants due from MDHHS. In addition, MDHHS issued a FY25 rate adjustment for \$6.7 million that was paid in February 2026. Approximately \$26.6 million for 1st quarter and January 2026 pass-through HRA revenue and \$3.7 million for FY25 PBIP accrual.

The Accounts receivable consist primarily of outstanding amounts associated with the FY25 year-end closing (i.e. self-determination cost settlements @ \$1.5 million), \$2.9 million due from Wayne County for December and January local match, and \$1.75 million to Trillium Health.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through January 31, 2026, were approximately \$314.1 million. However, actual payments were approximately \$247.6 million. The difference represents claims incurred but not reported and paid \$66.5 million.

State grants and contracts - The \$11.8 million variance is due to the timing related to 7 Mile Care Center and Ecorse Care Center grants.

Local grants – variance of \$3.3 million due to timing of PA2 and PBIP.

Autism, adult, children, IDD and SUD expenses - The \$8.3 million variance is consistent with the spending patterns in fiscal year 2025. It should be noted that Autism revenues are sufficient to over the autism costs over budget.

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

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

VIII. Unfinished Business – Staff Recommendations: None

IX. New Business – Staff Recommendations: None

X. Good and Welfare/Public Comment

The Chair read the Good and Welfare/Public Comment statement. No members of the public 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 Ms. Garza Dewaelsche to adjourn. **Motion carried.** The meeting was adjourned at 2:14 p.m.

FOLLOW-UP ITEMS	1. Finance Committee requests an ongoing report from DWIHN staff on the plan of action to eliminate the 22-million-dollar deficit in operational costs. The report will focus on the operational and clinical expected changes and the projected savings. The first report is due at the May 6, 2026 meeting.
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PROGRAM COMPLIANCE COMMITTEE

MINUTES

MARCH 11, 2026

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Committee Chair at 1:12 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Kinloch, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter, Vice Chairperson; Angelo Glenn; and Commissioner Jonathan Kinloch, Committee Chair</p> <p>Committee Member(s) Excused: William Phillips</p> <p>Board Members: Dr. Cynthia Taueg, Board Chair, Dora Brown, Board Treasurer, 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; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Dorian Johnson; Ryan Morgan; Cassandra Phipps; Vicky Politowski; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; and James White</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 Mr. Glenn and supported by Dr. Carter 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. 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 May 13, 2026 Program Compliance Committee Meeting</i></p> <p>B. Residential Services’ Quarterly Report – Provide a breakdown of residential members by zip code – Ryan Morgan, Director of Residential Services, submitted a map of Wayne County and a table to the committee of contracted locations of residential members receiving residential services by zip code. The department onboarded five (5) new locations in Wayne County in February. Staff will monitor this information to assess network adequacy and to understand where the need for residential resource allocation lies, potentially geographically, moving forward.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the February 11, 2026, meeting minutes. Motion: It was moved by Mr. Glenn and supported by Dr. Taueg to approve the February 11, 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. It was reported that:</p> <ol style="list-style-type: none"> 1. Education and Workforce Development – Completed an organization-wide CMO-led training on <i>Behavioral Healthcare Quality, Data Analysis & PIPs</i> for 48 staff on NCQA standards, HEDIS, data analysis, and PIP development. Wayne State Psychiatry residents and Child/Adolescent Fellows continue rotations at the Crisis Center, with strong feedback from both trainees and Program Directors. A standardized one-day crisis orientation for all residents/fellows began in February focusing on topics highlighted from staff survey including general overview, seclusion and restraints, substance use withdrawal management and risk assessment and management. Starting July 2026, a full residency class cohort-wide orientation will be implemented to strengthen readiness, safety, and documentation consistency. 2. Quality Improvement – QAPIP FY2026–2028 program and FY2025 evaluation were approved last month. Strengths include crisis screening timeliness, follow-up after hospitalization, 97% MDHHS compliance review score, and 100% validation review scores. With MDHHS shifting to HEDIS metrics, Quality is prioritizing HEDIS-aligned PIPs with quarterly progress monitoring and performance incentives. Behavior Treatment Plan (BTP) performance remained strong in reporting compliance and safety documentation. Active plans decreased as expected; FY2026 priorities include enhanced fade-planning, technical assistance, and education on Home and Community Based standards. A new Behavior Treatment
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	<p>Satisfaction Survey is launching on March 13th and will provide direct member feedback to support targeted quality improvements.</p> <p>3. Crisis Services Trends – <i>CFCU (Youth)</i> - 50 admissions (up 39% from January with 30); half were self/family initiated, indicating community trust. High prevalence of Oppositional Defiant Disorder consistent with crisis trends, identifying common triggers of disruptive behaviors leading to crisis, and underscores the need for parent/caregiver behavior management support. Referrals primarily to Partial Hospitalization Program (PHP) and outpatient services, with 6-8 % psychiatric admissions over the last two months (2-4 cases). <i>ACSU (Adults)</i> - 156 admissions (+12%), with over 80% of them voluntary. Law enforcement drop-offs decreased to 13.5%, likely reflecting the mobile crisis and law enforcement partnership impact. Discharges primarily to outpatient/CRSP. UDS positivity is mainly due to marijuana and cocaine. <i>BHUC</i> - Adult volume stable (21 → 21). Youth volume increased 78% (18 → 32), likely due to growing awareness and school/provider referrals. Majority discharged to a PHP or outpatient care.</p> <p><i>System Actions</i> -</p> <p>4. DWIHN Outpatient Clinic - Dr. Salma Brinjikji was appointed Interim PT Medical Director. Four part-time psychiatrists completed over 800 psychiatric evaluations and 350 medication reviews last year. Addressing a 20–30% cancellation rate through strengthened reminders, urgent-fill lists, and analysis of reasons for cancellations. Given rising enrollment at the clinic and Psychiatric evaluations starting to shift more than a month out, we are in the process of recruiting an APP while continuing the search for a permanent Medical Director.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested a copy of the staff survey for residents/fellows. (Action)</p> <p>B. Corporate Compliance— <i>There was no Corporate Compliance report to review this month.</i></p> <p>Commissioner Kinloch noted that the Chief Medical Officer’s report has been received and placed on file.</p>
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VIII. Quarterly Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Autism Services – Cassandra Phipps, Director of Autism Services, submitted and gave highlights of the Autism Services’ quarterly report. It was reported that:</p> <p>1. Activity 1: Diagnostic Evaluations – Quarterly trends (Figure 1) indicate a decrease in total diagnostic evaluations from FY25 Q4 to FY26 Q1, declining by approximately 12% (624 to 549). Recent policy updates contributed to these shifts. Beginning in FY25 Q3, the department issued guidance allowing the required 3-year re-evaluation to be completed by either an Independent Diagnostic Evaluator or an ABA provider. Additionally, members with dual insurance are no longer required to complete a 3-year re-evaluation to maintain Medicaid eligibility for Autism Services. These changes, along with modifications to service utilization guidelines and billing procedures communicated through provider memos, contributed to a 26% decline in evaluation volumes, from the highest number of evaluations completed during FY25 Q3 (743) to the lowest during FY26 Q1 (549). To improve timeliness standards across the diagnostic network, a Request for Proposal (RFP) was issued in FY25 Q3 to expand the pool of Independent Diagnostic Evaluators. Increasing evaluator capacity remains essential to reducing wait</p>
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times between Access Screening and diagnostic evaluation. One new Independent Diagnostic Evaluator (Inspired Minds) successfully passed the RFP during Q1 and was approved by the Access Committee. The next step for this provider is for the Credentialing Department to credential the agency's location and staffing. Lastly, a memo issued by the Autism Services Team announced that, beginning January 2026, reevaluations will no longer be required unless medically necessary. Removing routine re-evaluations will allow increased capacity to schedule and complete initial diagnostic evaluations.

2. **Activity 2: Timely Access to Eligibility Determination** – From FY24 Q1 through FY25 Q1, timeliness standards required report completion within 7 calendar days for non-spectrum evaluations and 10 business days for ASD diagnoses, with the goal of completing evaluations at 70% completion rate within the designated timeframe. Beginning FY25 Q2, the performance measure was modified to allow 15 business days for ASD diagnostic reports, while the 7-day requirement for non-spectrum evaluations remained the same. The goal for completing evaluations increased from 70% to 95% completion rate within the designated timeframes. Following this modification, timely access performance improved significantly and has remained consistently strong over the past few fiscal years and achieving the timeliness goals (FY24 = 84.25%, FY25 = 94.25%, and FY26/Q1 = 96%). Timeliness performance for diagnostic evaluation reports continued to be monitored quarterly. These tools track performance before and after the FY25 performance measure modification. After extending the ASD reporting window to 15 business days (while maintaining the 7-day requirement for non-spectrum evaluations), on-time completion improved significantly. The department advanced system alignment by drafting the Comprehensive Diagnostic Evaluation (CDE) Engagement and Re-engagement Procedure and refining Autism Service Policy updates. These improvements strengthen documentation standards, streamline diagnostic workflows, and support consistent, timely submission of diagnostic reports across the network. Finalize and implement the Comprehensive Diagnostic Evaluation (CDE) Engagement and Re-engagement Procedure to standardize reporting expectations and improve timeliness. Strengthen evaluator guidelines by clarifying documentation requirements, timelines, and medical necessity criteria to reduce variability in report submission. Improve tracking and communication between evaluators and the Autism Services Team by refining internal monitoring tools to quickly identify delays. Continue quarterly monitoring of timeliness metrics to ensure sustained compliance with the 7-day and 15-day reporting standards.
3. **Quarterly Update** - Due to performance improvements—specifically, 88% of autism services beginning within 14 days of the authorization date- the Improving Practices Leadership Team (IPLT) approved an increase in the departmental goal from 70% to 95%.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Children's Initiatives** – Cassandra Phipps, Director of Children's Initiatives, submitted and gave highlights of the Children's Initiatives' quarterly report. It was reported that:

1. **Activity 1: Certified Community Behavioral Health Clinics (CCBHC) Transition** – Effective 10/1/2025, Michigan Department of Health and Human Services (MDHHS) assumed contractual oversight of Certified Behavioral Health Clinics (CCBHC) in Michigan. This new contractual oversight impacts six (6) Children Providers (ACCESS, CNS, Hegira Health,

The Guidance Center, Southwest Counseling Solutions (MiSide), and Development Center (MiSide). In addition, the CCBHC Children Providers servicing children and youth with serious emotional disturbances (SED) are no longer included in the DWIHN member served total count. The total number of youths serviced decreased from the previous fiscal years. The highest census was in FY25 (13,162 unduplicated youth), and the lowest was in FY26/Q1 (11,158 unduplicated youth). An increase in the number of youth is classified with the IDD designation compared to FY22 (4,416 IDD unduplicated youth) to FY26/Q1 (6,914 IDD unduplicated youth). The decrease in census was due to the expansion of Certified Behavioral Health Centers (CCBHC) and DWIHN discontinuation of contractual oversight for youth with SED, significantly impacting children and youth. Increase in youth in services with IDD due to an increase in youth requesting autism services and youth with IDD remaining in services until adulthood.

2. **Activity 2: Request for Proposal Update** – The formal Request for Proposal (RFP) procurement opportunity memorandum was issued June 2025 for specific children service programs in accordance with the new Health Quality Initiative through 45 CFR 158.150. Additional Rebids were issued for the School Success Initiative Program. All RFPs were finalized for FY 2026 contracts. The children’s service programs included in the RFP process in preparation for FY26 are as follows: Integrated Youth Juvenile Clinical Services (IYJCS); Juvenile Restorative Program (JRP); School-Based Health Quality Initiative (rebid); and Integrated Pediatric Program. Staff worked with Children Providers and Professional Providers to complete the new FY26 pre-contracting electronic packet to finalize the FY26 contracts.
3. **Activity 3: Annual Report to the Community** – On 12/4/25, the Children Initiative Department hosted the Annual Report to the Community, “Our Community, Our Story,” as a deliverable for the System of Care Block Grant. Out of 98 registered, 89 were in attendance. Attendees received a copy of the System of Care Report to the Community Report program booklet, which summarizes accomplishments in the system of care for FY25. Mr. James White, DWIHN CEO/President, and Patricia Neitman, MDHHS, provided remarks relating to the system of care focus points and progress. In addition, five (5) awards were presented to recognize community members who have been influential in advancing children’s services. The committee received a copy of the Annual Report to the Community.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- C. **Customer Service** – Dorian Johnson, Director of Customer Service, submitted and gave highlights of the Customer Service’s quarterly report. It was reported that:

1. **Activity 1: Welcome Center/Reception/Customer Service Call Center** – The Welcome Center manages the organization’s main phone line (operator) and visitor intake, maintaining high performance in both FY’25 and FY’26. Key metrics include a 1% abandonment rate both years, average speed of answer of 10 seconds in FY’25 and 9 seconds with 95% of calls answered in FY’26. Customer Service Representatives handled growing call volume while maintaining a consistent 3% abandonment rate, answering over 94% of calls in FY’26.
2. **Activity 3: Due Process Unit** - Due Process activities showed increased grievance resolution, shifting appeal outcomes, and ongoing work with IT and the MCO to refine grievance categorization for better analytics.
3. **Activity 3: Member Engagement and Experience** - The unit delivered a successful quarter, highlighted by peer support forums, the Person’s Point of

View newsletter (Winter Edition), and initiation of the National Core Indicators pre-survey. Dreams Come True Awards were presented to ten (10) members, each receiving a \$500 American Express Gift Card for submitting a proposal on how they will utilize the funds to enhance their efforts toward community inclusion.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. Mr. White informed the committee that he realigned the Customer Service department under Dr. Darrin Crawford, Chief of Staff, and that Dorian Johnson has been appointed as the new Director of Customer Service.

D. **DWIHN Outpatient Clinic** – *Deferred to the April 8, 2026 meeting*

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

1. **Activity 1: Omnibus Budget Reconciliation ACT (OBRA)** – In quarter one, 1764 referrals were triaged, and 554 full assessments and 206 partial assessments were completed. Assessments completed in the first quarter of 2026 are in line with FY 2025. Cross-training and restructuring of duties for the intake staff and trainers have helped reduce the 14-day (annual assessment) cue from over 700 to 360. Assessments are completed within the same month that they are due. The OBRA team is collaborating with the Michigan Department of Health and Human Services, licensing (LARA), and ORR regarding individuals who are being sent from another state's hospital to Wayne County nursing homes without their consent, their families' consent, or their guardians' consent. These individuals have not had an OBRA assessment from the state in which they reside and are being sent without proper services in place. The department will develop training videos to support continuous onboarding for nursing home staff. Continue to advocate with MDHHS, ORR for individual rights.
2. **Activity 2: Complex Case Management** - Develop training videos for the continuous onboarding of nursing home staff. Continue to advocate with MDHHS, ORR for individual rights. Complex Case Management passed all NCQA mock audits this quarter, and the Integrated Health Care Manager has completed the Complex Case Management Program Evaluation, along with the necessary documentation for each NCQA element, and sent it for review. An area for improvement identified in the Complex Case Management evaluation is that members tend to leave the program around the 60-day mark. This will become a new focus for the Complex Case Management team to evaluate and determine what new interventions are needed. Data outcomes indicate that when members remain in the program, their PHQ scores, Who-Docs, and engagement in clinical services at the provider level are significantly higher when in the program for the full 90-120 days. Complex Case Management will track and assess why members are leaving the program early.
3. **Activity 3: Population Health** – The NCQA strategic plan and population assessment are almost complete. Integrated Health, Strategic Planning, and the NCQA Consultant are working to finalize the document for the new NCQA standards. The new Population Health NCQA standards were finalized in January; however, DWIHN began working on this project earlier due to its extensive nature. During the last NCQA assessment, the DWIHN Population Assessment was noted as the best the reviewer had encountered. To comply with the new standards, this document has been expanded to address all required sections and areas, including any important populations that may need attention.

4. **Things the Department is Doing Especially Well** - Complex Case Management (CCM): Complex Case Management has increased its caseloads to 10 for each case manager and is now meeting the standard of adding 3 new members each month.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

F. **Community Engagement** - Andrea Smith, Director of Community Engagement, submitted and gave highlights of the Community Engagement's quarterly report. It was reported that Mrs. Smith was appointed to serve as a member of Mayor Sheffield's Rise Higher Transition Committee, specifically on the Health, Human Services, Homelessness & Poverty Solutions Committee. Participation in this committee positions the Community Engagement Department to influence policy development and strategic planning related to health services, human services, homelessness reduction, and poverty solutions across the City of Detroit.

1. **Activity 1: Justice-Involved Data Migration and Systems Integration** - During this reporting period, the team undertook a significant data management initiative by migrating justice-involved data from various disconnected spreadsheets into a centralized location within MHWIN. This consolidation effort improves data accessibility, enhances reporting accuracy, and enables more effective tracking of outcomes across justice-involved initiatives. The Co-Response Teams supported approximately 691 encounters between DWIHN mental health professionals and law enforcement. The Detroit Homeless Outreach Team (DHOT) had 909 encounters with 127 individuals connected to housing and mental health resources. The Outreach Peer Support Specialist encountered 137 individuals, of whom 75 were connected to DWIHN's Access Line. Before the first snow of the winter season, 317 individuals connected with the mobile outreach clinic staff received information on behavioral health services and were supported through coordinated referrals when appropriate. The 36th District Mental Health Court Assessor provided 165 individuals with preventive and supportive services by connecting them to mental health, substance use, and veteran treatment services. Staff in the 911 Call Center referred over 118 individuals to DWIHN for follow-up support. The Mental Health Jail Navigator referred 38 individuals based on jail classification. They were screened to determine eligibility, met criteria, and were referred to treatment providers. During the first quarter, there were 456 jail releases; 15 were on AOT/Deferral order, 10 were released to a treatment facility, 60 were sent to another correctional facility, 38 were not in MHWIN, and 182 had an assigned CRSP. Staff continues to increase the numbers as it relates to the unsheltered population and are attempting to get access to data that can show how many of these individuals are actually DWIHN members. Mrs. Smith has a meeting on Monday, which will be reported on in the next quarter's report. The State will provide DWIHN with access to data specific to our members. A meeting of stakeholders, County, City, and DWIHN staff will convene to look at the unsheltered population and how we can work more collaboratively as it relates to that. DWIHN's Homeless Outreach Team also continues to go into shelters and assist individuals with obtaining IDs so they can help with housing and jobs. Staff is also exploring various funding opportunities to support these efforts. The plan is to seek funding to sustain some of these efforts to increase collaboration with stakeholders and to use our data to guide us toward more strategic pathways. Commissioner Kinloch thanked the Mobile Unit for going out and meeting with some of the residents of the Leland Apartments who were forced to leave their building immediately. Kudos were given to Mrs. Smith and her team for a job well done.

	<p>2. Activity 2: Reach Us Detroit – Staff managed 1,802 calls, tickets, and text messages through the Reach Us Detroit Hope Line this quarter. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>Commissioner Kinloch noted that the Autism Services, Children’s Initiatives, Customer Service, Integrated Health Care, and Community Engagement’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan - None

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

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

DISCUSSION/ CONCLUSIONS	<p>Stacey Sharp, Associate VP of Clinical Operations, submitted the Executive Summary and provided highlights. It was reported that:</p> <p>A. Residential Services – The Residential Services Department continued strengthening the reliability and timeliness of residential authorizations in February. Ongoing monitoring and process improvements have resulted in major gains in both speed and consistency of authorization approvals, demonstrating meaningful progress in operational efficiency and member-centered stewardship. The department has processed 1,046 residential authorizations in February, with 95% approved within seven (7) days; significantly improved approval timeliness over the past year, from 69% completed within seven (7) days to over 90% currently; and reduced the average turnaround time to 2.86 days, ensuring members maintain uninterrupted access to necessary residential support.</p> <p>B. Substance Use Disorder Initiatives - The SAMHSA SUPTRS Block Grant remains an essential safety net resource, ensuring access to prevention and treatment services for individuals who are uninsured, underinsured, or whose benefits have been temporarily exhausted. Required set-asides continue to prioritize services for pregnant women, women with dependent children, and individuals who use drugs intravenously. Ongoing monitoring this period focuses on understanding utilization trends and ensuring members are connected to the most appropriate and sustainable funding sources. Spending trends indicate improved insurance stability. Block grant expenditures are trending down year to date in FY26, even as admissions are projected to rise. This pattern suggests that providers are successfully helping members transition from block-grant support to longer-term insurance coverage options. Continued oversight of utilization. The team is actively monitoring block grant activity to ensure resources remain available for individuals who rely on this funding as a last resort. Strengthened system supports coverage alignment. Over the past period, we issued guidance on insurance enrollment, delivered targeted technical assistance to providers, and collaborated with the Access Center to reinforce accurate funding assignment at</p>
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	<p>intake. These efforts support both appropriate utilization and long-term member stability.</p> <p>C. 1915(i) SPA Utilization, FY26, Q1 – The first quarter of FY26 reflects meaningful activity across our 1915(i) State Plan Amendment (SPA) clinical programming. While total membership grew modestly, rising disenrollment reduced adjusted enrollment. These trends highlight the continued importance of strengthening provider support around reassessments and compliance. At the same time, collaborative system work—including a significant backlog-reduction effort with MDHHS—demonstrates forward momentum and shared responsibility for improving member stability and access. Total 1915(i)SPA membership increased slightly from 7,356 to 7,435. Despite this, disenrollment rose from 3,112 to 3,727, contributing to a decrease in adjusted enrollment from 4,244 to 3,708. MDHHS, DWIHN, and five provider agencies partnered to close 18 cases that were exceptionally overdue (700+ days), signaling important progress in reducing administrative backlogs. Compared to the prior quarter, this period reflects a shift toward higher disenrollment activity, prompting more proactive outreach, notification practices, and targeted cleanup 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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XII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #26-16 (Revised) – Children’s Crisis Intervention Services, PAR FY26 – Staff requesting board approval for a 3-month extension of the contracts with New Oakland Family Centers (NOFC) and The Guidance Center (TGC) for \$610,884 to continue with the provision of Crisis Intervention Services. The 3-month extension for NOFC and TGC will run from April 1, 2026, through June 30, 2026. Additional estimated amounts total \$344,725 for NOFC and \$266,159 for TGC for a total estimated amount of \$610,884 for the 3 months ended June 30, 2026. The revised total estimated amount of PAR services is as follows: Hegira (10/1/2025 - 3/31/3036) - \$2,109,871; NOFC (10/1/2025 - 6/30/2026) - \$717,758; and TGC (10/1/2025 - 6/30/2026) - \$453,339. As a result of the crisis continuum of care RFP 2023-009, this board action requests approval to provide Pre-Admission Review (PAR) services for children. Commissioner Kinloch called for a motion on BA #26-16 (Revised). Motion: It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #26-16 (Revised) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #26-39 (Revised 2) – Michigan Clinical Consultation and Care (MC3) FY26 – Staff requesting board approval for a second revision to the Michigan Child Collaborative Care Program (MC3). Total funding (\$105,596) provided by the U of M includes \$84,612 for clinical services and \$20,984 for administrative services. U of M has requested provision of services be transferred from Starfish to DWIHN. Requesting to extend Starfish's contract term end date from 2/28/2026 to 6/30/2026 for additional time to hire staff and finalize the business agreement with Corewell Health Clinic. Requesting Board approval to alter the transfer date and funding allocation as needed, in the event services are transferred prior to 6/30/2026. Starfish is not to exceed a total of \$71,211 (\$57,834 for Clinical Services and \$13,377 for Administrative Services) for the 9-month period ending 6/30/2026. Effective 7/1/2026, DWIHN Outpatient to receive a total of \$21,373 (\$16,764 for Clinical Services and \$4,609 for Administrative Services) for the 3-month period ending 9/30/2026. DWIHN to</p>
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	receive a total of \$13,012 for indirect costs (\$10,014 for Clinical and \$2,998 for Administrative). Commissioner Kinloch called for a motion on BA #26-39 (Revised 2). Motion: It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #26-39 (Revised 2) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.
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XIII. New Business (Staff Recommendations) - None

DISCUSSION/ CONCLUSIONS	<i>There were no New Business (Staff Recommendations) to review this month.</i>
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XIV. 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 staff survey for the residents/fellows to the committee.	Dr. Shama Faheem	<i>April 8, 2026</i>

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

ADJOURNED: 2:15 p.m.

NEXT MEETING: Wednesday, April 8, 2026, at 1:00 p.m.

EXECUTIVE SUMMARY

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

UTILIZATION MANAGEMENT ANNUAL PROGRAM EVALUATION – FY 2025

As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP). This summary serves as a high-level overview of the department's progress toward goals, highlights, key areas of focus and identified opportunities for FY 2026.

The UM Program Evaluation offers a comprehensive assessment of our goals and outcomes. It analyzes the effectiveness of various initiatives and strategies implemented during the previous year, highlights our successes, and identifies areas for improvement, ensuring transparency and continued accountability to the UM Committee, Quality Improvement Steering Committee (QISC), and members of this esteemed Board.

STRATEGIC REALIGNMENT OF THE UM PROGRAM EVALUATION

Historically, the UM Program Evaluation was structured to directly align with the DWIHN Strategic Plan. While important, this did not adequately capture the UM department's work and progress. The program itself is designed to align with the Plan; this is reflected in the Program Description.

In FY25, the UM Committee, with support from the VP of Clinical Operations and Chief Medical Officer, agreed that future goals would be simplified and directly tied to department needs. This allows for more meaningful and measurable outcomes.

DEPARTMENT GOALS & OUTCOMES

1. Complete 95% of standard (non-urgent) prior authorization requests within 14 days. **(Partially Met)**
 - Manual approvals: 86.1% (FY-End); 94% (Q4)
2. Review utilization reports and finalize a FY25 schedule with at least 3 priority metrics and defined reporting intervals by Q3 FY25. **(Met)**
3. Identify and evaluate 3 tools that could reduce barriers to member access to self-directed services by Q4 FY25. **(Met)**

HIGHLIGHTS – FY 2025

- **Timeliness of Authorization Requests.** The department was placed on an internal performance improvement plan to both meet the current standard and prepare to meet CY 2026 requirement for UM decisions within seven (7) calendar days. The prior authorization teams demonstrated significant improvement over the course of FY25.
 - In October 2024, the team approved 76% of requests within 14 days, with 47% of those requests approved within seven (7) days.
 - In September 2025, the team approved 97% of requests within 14 days, with 85% approved within 7 days.
- **UM Department & UM Committee Priority Metrics.** Establishment of reporting requirements for each line of business with the following primary information:
 - Approvals/Denials

- Over- and Underutilization of Authorized Services
- Enrollments/Discharges
- **Partners Advancing Self-Determination (PAS).** DWIHN invited to participate in Partners Advancing Self-Determination (PAS), a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community. Cohort includes the Self-Directed Services team, participating providers, and supported individuals.

Tasks/Goals include:

- Review and update of the Self-Directed Services Referral Form
- Renewed Self-Determination/Self-Directed Services “roadmap” for use with interested families and coordinating agencies.
- Review the process for developing and monitoring an individual’s spending plan.

PROGRAM GOALS FOR FY 2026

A. Clinical Appropriateness & Evidence-Based Criteria

Goal: Peer clinical review for adverse determinations.

- Measure: Percentage of adverse determinations reviewed by a physician.
- Target: 100%

B. Timeliness of Decisions & Notifications

Goal: Timely UM decision-making.

- Measure: Decision timeliness for standard and expedited requests.
- Targets: Standard: ≥ 95% within 7 calendar days; Expedited/Urgent: ≥ 95% within 72 hours.

C. Over/Under-Utilization & Appropriate Use

Goal: Appropriate level-of-care placement for Specialized Services (ACT, ABA, etc.).

- Measure: Concordance between authorized level and service received.
- Target: ≥ 80% concordance.

D. Appeals

Goal: Appeal timeliness & overturn analysis.

- Measures: Timely resolution (standard/expedited); Overturn rate analysis.
- Targets: ≥ 95% timely; the difference between initial denial and appeal denial rates should be ≤ 20% or corrective action implemented.

E. Delegated UM Oversight

Goal: Ensure full oversight of delegated UM activities.

- Measure: Completion of semi-annual and annual oversight: reports, audits, PIPs.
- Target: 100% compliance with oversight requirements.

Board Action Taken

The following Action was taken by the Full Board on the 15th day of April 15, 2026.

X Approved

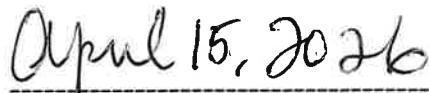
€ Rejected

€ Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____



Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-53R1 Revised: N Requisition Number: 15,390

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Netlink Software Group America Inc

Contract Title: AI Models Development and Implementation - Netlink Contract Modification for Additional Services

Address where services are provided: None

Presented to Program Compliance Committee at its meeting on: 4/8/2026

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

Amount of Contract: \$ 1,597,464.00 Previous Fiscal Year: \$ 1,497,464.00

Program Type: Modification

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

Date Contract First Initiated: 3/1/2025

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).

This board action is requesting to add funds to the Netlink contract to cover the addition of a clinical feature, Data Lab Module as well as a security feature, MFA Module. Netlink is the vendor that provides our AI-powered predictive analytics platform to assist in the reduction of hospital readmission and improving patient outcomes.

We are **requesting an additional amount not to exceed \$100,000 for the period of 2/1/2026 - 2/29/2028**. This amount will cover all the implementation and licenses for both modules through the end of the contract. The cost breakdown for the new modules would be as follows:

- MFA Implementation \$10,000 (capitalized)
- Data Labs Implementations \$35,000 (capitalized)
- Data Labs License Costs \$55,000

A budget adjustment will be forthcoming to certify additional funds to cover \$27,500 for license year 1.

The total contract amount is not to exceed \$1,597,464 for the 36 month period ending 2/29/2028.

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	\$ 1,597,464.00	\$ 1,597,464.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: various

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

Dhannetta Brown on behalf of Stacie Durant

Board Action Taken

The following Action was taken by the Full Board on the 15th day of April 15, 2026.

X Approved

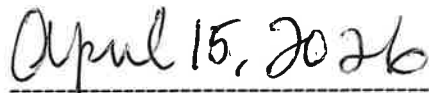
€ Rejected

€ Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____



Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-10R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Health Home FY26

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 4/8/2026

Proposed Contract Term: 5/1/2026 to 9/30/2026

Amount of Contract: \$ 1,924,883.00 Previous Fiscal Year: \$ 1,721,216.00

Program Type: Continuation

Projected Number Served- Year 1: 1,400 Persons Served (previous fiscal year): 1277

Date Contract First Initiated: 5/1/2021

Provider Impaneled (Y/N)?

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

The DWIHN Health Homes team is requesting approval to add Sacred Heart Rehabilitation Center as an SUD Health Home Partner effective May 1, 2026. Sacred Heart has completed the SUDHH onboarding certification process with the DWIHN SUDHH Administrator.

The amounts listed for each provider are estimates based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **This revision will increase the SUDHH program budget amount by an estimated \$203,667, bringing the total FY2026 program budget estimate to \$1,924,883.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Medicaid	\$ 1,924,883.00	\$ 1,924,883.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64938.827040.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Saturday, March 28, 2026

Signed: Tuesday, March 17, 2026

Board Action Taken

The following Action was taken by the Full Board on the 15th day of April 15, 2026.

X Approved

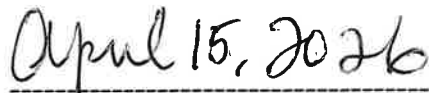
€ Rejected

€ Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____



Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-14R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

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: 4/8/2026

Proposed Contract Term: 3/1/2026 to 9/30/2026

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the addition of the following 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 Provider:

1. Phillips Manor Room and Board: (Credentialed 1/29/2026 for Personal Care in Licensed Residential Setting; Community Living Support)

Outpatient Providers:

1. Life Water Support Services LLC: (Credentialed 1/30/2026 for Outpatient Therapy; Supports Coordination; Supports Brokering; Psychiatric Services; Occupational Therapy; Speech Therapy; Nursing)

2. LAHC - Leaders Advancing and Helping Communities: (Credentialed 12/4/2025 for Skill Building)

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

Dhannetta Brown on behalf of Stacie Durant

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-31R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Southwest Counseling Solutions

Contract Title: Southwest Counseling Solutions Housing Resource Center and CNS Covenant House

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 4/8/2026

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

Amount of Contract: \$ 611,293.50 Previous Fiscal Year: \$ 2,124,637.00

Program Type: Continuation

Projected Number Served- Year 1: 550 Persons Served (previous fiscal year): 550

Date Contract First Initiated: 10/1/2006

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).

[REDACTED]

[REDACTED]

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a six month extension with the following providers in the total amount not to exceed \$611,293.50 for the 12 month period ending 9/30/2026.

Southwest Counseling Solutions – Housing Resource Center in the amount of \$544,857.50, to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities.

CNS Covenant House Program in the amount of \$66,436.00, to address gaps in service through the provision of mental health support for young adults experiencing homelessness.

[REDACTED]

[REDACTED]

[REDACTED]

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Multiple	\$ 611,293.50	\$ 611,293.50
	\$ 0.00	\$ 0.00
Total Revenue	\$ 611,293.50	\$ 611,293.50

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

Dhannetta Brown on behalf of Stacie Durant

Board Action Taken

The following Action was taken by the Full Board on the 15th day of April 15, 2026.

- X Approved
- € Rejected
- € Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____

April 15, 2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-46R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

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: 4/8/2026

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: 4/1/2026

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for a one-year contract through December 31, 2026 with **Lansing Senior Partners LLC DBA Brightwell Behavioral Health** to receive and disburse Medicare dollars 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

Dhannetta Brown on behalf of Stacie Durant

Board Action Taken

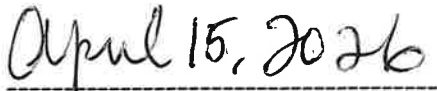
The following Action was taken by the Full Board on the 15th day of April 15, 2026.

- X Approved
- € Rejected
- € Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____



Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-49 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Bizanalytix Technologies LLC

Contract Title: Claims Audit and Utilization Review Systems (CAURS) and Information Technology

Address where services are provided: 6837 Dulles Dr. Powell, OH 43065

Presented to Program Compliance Committee at its meeting on: 4/8/2026

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

Amount of Contract: \$ 180,000.00 Previous Fiscal Year: \$ 245,000.00

Program Type: Continuation

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

Date Contract First Initiated: 3/1/2023

Provider Impaneled (Y/N)? N

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

DWIHN is requesting Board approval to procure services under a comparable source contract with BizAnalytix LLC in an amount not to exceed \$180,000 with contract terms of 3/1/2026 - 2/28/2027.

Included in the total is \$84,000.00 for the Claims Audit Utilization System (CAURS) and \$96,000.00 for professional services around database management as well as restructuring and calibration of the enterprise architecture including reports platform development, Power BI dashboards, Indexing and optimizing database and Datawarehouse for the existing and new systems pertaining to claims audits and development of support structures.

Services with BizAnalytix LLC were originally procured in March 2023 under RFP 2022-005, with a 1-year contract and two 1-year renewal options, expiring February 28, 2026. **Continued services are requested under a comparable source procurement.** Total contracted over the 3 years ended 2/28/2026 = \$597,600, with \$42,600 unspent.

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Sunday, March 15, 2026

Signed: Wednesday, March 11, 2026

Board Action Taken

The following Action was taken by the Full Board on the 15th day of April 15, 2026.

X Approved

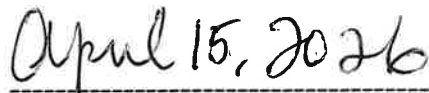
€ Rejected

€ Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____



Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-51 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Bizanalytix Technologies LLC

Contract Title: New Learning Management System (LMS) Platform

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 4/13/2026

Proposed Contract Term: 5/1/2026 to 4/30/2029

Amount of Contract: \$ 471,500.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 50,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 5/1/2026

Provider Impaneled (Y/N)?

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

In response to RFP 2026-001 issued in December 2025, this request is for approval for the procurement and implementation of a new enterprise Learning Management System (LMS) platform from Bizanalytix under a **three-year contract (5/1/2026 - 4/30/2029), in an amount not to exceed \$471,500.00** Bizanalytix was deemed the most responsive bidder.

As part of DWIHN's strategic initiative to strengthen workforce development, provider engagement, compliance readiness, and operational excellence, we have identified the need to modernize our training infrastructure.

DWIHN's current training environment, DWC Connect, is fragmented, lacks scalability, and does not fully support several strategic requirements of DWIHN. Additionally, upcoming audit requirements, provider network expectations, and internal operational goals necessitate a more robust and unified solution.

The contract will be for a term of 3 years, with a two-year renewal option, \$471,500.00

- Licensing and subscription fees
- Implementation and configuration service
- Data migration and onboarding
- Training and support services

Anticipated savings are estimated at \$300,000 per year effective October 1, 2026.

Board Action #: 26-51

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	\$ 471,500.00	\$ 471,500.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Board Action Taken

The following Action was taken by the Full Board on the 15th day of April 15, 2026.

- X Approved
- € Rejected
- € Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____

April 15, 2026

Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-52 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Pending

Contract Title: Building Purchase

Address where services are provided: None

Presented to Full Board Committee at its meeting on: 4/15/2026

Proposed Contract Term: 4/15/2026 to 7/15/2026

Amount of Contract: \$ 4,500,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 4/15/2026

Provider Impaneled (Y/N)?

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

DWIHN Administration is requesting approval to make an offer on and purchase the building discussed in closed session on April 15, 2026, for an amount not to exceed \$4,500,000.00.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 26	Annualized
MULTIPLE	\$ 4,500,000.00	\$ 4,500,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 4,500,000.00	\$ 4,500,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.136000.00000

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

Board Action Taken

The following Action was taken by the Full Board on the 15th day of April 15, 2026.

€ Approved


€ Rejected

X Modified: Language modified on BA#26-52 Building Purchase DWIHN Administration is requesting approval to make an offer on and purchase a building for an amount not to exceed \$4,500,000.00

€ Tabled as follows:

Executive Director -initial here:_____


Board Liaison Signature


Date



President and CEO Report to the Board April 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 Leadership continued our advocacy for the 7 Mile Behavioral Health Campus with leadership in Lansing with Sen Santana, Rep Moss and Rep Linting.

We currently have support from Rep. Laurie Pohutsky who has a Legislative Directed Spending Item (LDSI) request in the amount of \$26.1 million for our 7 Mile Campus that will allow us to leverage operating efficiencies with the existing 707 Crisis Care Center. By securing LDSI funding, DWIHN will be able to proactively ramp up services, staffing and training and ensure the facility will be able to open and serve those in dire need of behavioral health resources as well as integrated health services.

March 17 – Southeast Michigan Psychiatric Hospital, the new state psychiatric hospital in Northville is slated to begin accepting patients this fall, the new hospital will feature 264 beds for adults and youth, increasing the state’s capacity by 54 beds (including 32 for adults and 22 for children). The facility is made possible due to \$383.4 million in budget investments by Governor Whitmer and state legislature. The new psychiatric complex will serve all ages, the hospital features distinct facilities with separate living and programmatic spaces for children and adults. The more than 410,000-square-foot facility will feature amenities including a gymnasium, art rooms and sensory spaces to support holistic care.

March 18 - Governor Gretchen Whitmer announced two redevelopment projects in Detroit receiving support from the bipartisan Revitalization and Placemaking (RAP) program and Build MI Community (BMC) Grant initiative, creating new opportunities for housing and commercial space. In Detroit’s Brush Park, two undeveloped parcels will be converted into a residential community, while a vacant, two-story building in Detroit’s Mexicantown neighborhood will be rehabilitated into a mixed-use development featuring apartments and restaurant space. The projects will generate a total capital investment of over \$17.5 million. In Mexicantown, a vacant, two-story building will be rehabilitated into a mixed-use development featuring four apartments and a restaurant, bringing a total anticipated capital investment of \$1,994,444.

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
- April 15 - budget request deadline
- 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

Upcoming Events:

- NatCon 2026 (April 27 – 29) – Denver, CO: Visit DWIHN’s own VP of Crisis Service Grace Wolf presentation “*From Zero to Crisis Hero: Wayne County’s 12-month Systemwide Transformation*”. The session will share Michigan’s statewide crisis framework, DWIHN’s implementation strategy, and the rapid launch of crisis call centers, mobile crisis teams, and crisis stabilization units.
- NatCon Hill Day (June 2-3) – Washington DC: Hill Day brings together hundreds of advocates from across the country to share their experiences, highlight the urgent needs in their communities, and urge lawmakers to expand access to mental health and substance use services. By elevating these voices, Hill Day helps ensure that policy decisions reflect the realities faced by individuals, families, and providers every day.
- CMHAM Summer Conference, *Rising to the Moment* (June 8-10), Grand Traverse Resort, Traverse City, MI: The CMHAM Metro Region recommended, with support of Mr. James White, Commissioner Kinloch to run for the vacant seat of CMHAM Secretary. Elections will be held during the Member Assembly Meeting.

INTEGRATED HEALTH PILOT UPDATE

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

Joint Care Coordination DWIHN and Medicaid Health Plans:

DWIHN is required to complete Joint Care Coordination with all eight Medicaid Health Plans for adults. The progress of this initiative is monitored by MDHHS, which tracks the joint care treatment plans submitted to the MDHHS portal, CC360. DWIHN must ensure that 25% of eligible members for joint care coordination have active treatment plans in CC360. Currently, there are 487 eligible individuals, and DWIHN has successfully opened treatment plans for 198 of them, which represents 40%.

DWIHN expects that MDHHS will require all PIHPs to achieve a 25% standard for joint care plans for children starting in 2027. To prepare for this, DWIHN Care Coordination is collaborating with all Medicaid Health Plans to enhance care coordination for children. DWIHN is currently at 18% and expects to be at 25% by September 30, 2026.

Hospital Systems (formerly known as Health Plan Partner Three):

This health system has opened an outpatient clinic in Dearborn and is working with our contracting department on how to become a provider.

Shared Platforms:

HEDIS Scorecard

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to evaluate performance in key areas of care. The Detroit Wayne Integrated Health Network (DWIHN) is following the 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 March, the HEDIS scorecard was reviewed during nine monthly meetings of Clinically Responsible Service Providers and eight health plans.

Lumenore

A customized predictive model uses new data to accurately assess the risk of recidivism. Lumenore segments individuals based on their likelihood of experiencing recidivism within 30 days. This model recommends tailored interventions for each person's risk profile. The DWIHN Utilization Management and Integrated Health Care Department will review the recommendations for members and forward them to the appropriate provider. This project was launched in January with a single CRSP, and to date, 485 interventions have been assigned. DWIHN has worked with the CRSP to discuss the process and flow of incorporating the interventions.

On 3/27/2026, IHC met with Lincoln Behavioral Center to discuss the Lumenore project. Lincoln Behavioral Center is excited about the project and will be fully trained on the program on 4/10/2026.

LONG-TERM RESIDENTIAL UPDATE

Drywall installation is substantially complete. Drop ceilings are nearing completion throughout the facility. Door and frame installations are complete. Plumbing is pending final inspections. Electrical light fixtures are currently in process for final installation. HVAC is nearing completion. Fire suppression is pending inspection.

Currently, the planned opening date for the facility is June 1, 2026.

ADULT INITIATIVES

The Oversight Intervention Committee (OIC) continues to serve as a critical mechanism for addressing the needs of high-risk adults with complex behavioral health and medical profiles. Since 2022, the OIC has reviewed 72 referrals and supported 59 members in achieving improved outcomes, including reductions in PHQ-9 scores and decreased utilization of emergency and crisis resources.

- Case example: High utilizer stabilized through co-occurring disorder treatment; PHQ-9 improved from 14 to 3, with sustained outpatient and SIL engagement.

- Case example: Severe, treatment-resistant OCD stabilized through collaboration with the University of Michigan and community providers; rereview requested after new medical issues emerged.

AUTISM SERVICES

The Autism Services Department continued its focused efforts to strengthen access to Applied Behavior Analysis (ABA) services by monitoring network capacity, supporting enrollment growth, and addressing provider staffing and reporting challenges. These activities are essential to ensuring children and youth are connected to an ABA provider quickly and receive medically necessary treatment without avoidable delays.

CHIEF MEDICAL OFFICER

DWIHN continues to serve as a statewide leader in Crisis Stabilization Services, operating as one of Michigan's two certified Crisis Stabilization Unit (CSU) and helping shape best practices in a field where formal literature, standards, and regulations remain limited. We have actively shared our SUD and withdrawal management practices with other Michigan sites, resulting in significant curiosity and ongoing collaboration. These presentations generated significant interest and follow-up discussions, further positioning DWIHN as a statewide leader in CSU clinical operations.

In addition, DWIHN has led statewide efforts to interpret pharmacy regulations for CSUs, identified key gaps, and engaged the Michigan Pharmacy Board to advocate for updates that formally recognize CSU services within substance use-related pharmacy rules. In collaboration with pharmacy partner, DWIHN has engaged the Michigan Pharmacy Board to advocate for updated rules which represent a major step toward modernizing regulatory frameworks to support safer, more effective CSU operations.

In March, DWIHN updated its Clinical Practice Guidelines to align with National Committee for Quality Assurance (NCQA) and other accreditation standards, strengthen evidence-based practice, and ensure consistent quality across the network. The updated process incorporates provider feedback, Improving Practices Leadership Team (IPLT) Committee oversight, and integration into the Quality Plan. DWIHN has formally adopted national guidelines for schizophrenia, major depression, and substance use disorders from organizations including the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, and American Society of Addiction Medicine, along with Healthcare Effectiveness Data and Information Set (HEDIS) monitoring measures, reinforcing our commitment to quality, safety, and accountability across all clinical operations. The compliance with these guidelines will be measured annually through the identified HEDIS measures.

CHILDREN'S INITIATIVES

The Children's Initiatives team advanced its grant-funded efforts to strengthen cross-system coordination and community engagement through the Active Community Team (ACT) initiative. On March 20, 2026, the department facilitated an in-person ACT meeting at The Children's Center in Detroit, focusing on Personal Protection Orders (PPOs) and ways families can be better supported when navigating safety-related court processes. These ACT meetings, funded through the Baby Court Grant, are designed to deepen community partnerships, improve awareness of

available resources, and enhance collaborative problem-solving among agencies serving young children and their caregivers.

CRISIS CARE CENTER UPDATE

During February 2026, the 707 Crisis Care Center received 313 youth and adult presentations to the facility.

The partnership between DPD 911 Communications and the Crisis Call Hub continues to perform strongly. During the first six months, 1,158 calls coded as “mental health non-violent” or “suicide–no threat” by 911 were transferred to the DWIHN Crisis Call Hub. We continue to work closely with DPD to monitor progress and are excited for future expansion of the program.

FINANCE

Detroit Wayne Integrated Health Network (DWIHN) has requested a 30-day extension to file the Financial Statement Audit for the period ended September 30, 2026, pending the auditors’ review of a subsequent event matter.

As the team is working on a cost reduction plan to address the \$20 million deficit, it should be noted that DWIHN is experiencing significant increases in residential costs. We are taking a deep dive; however, a few areas of interest are new member placement and increased assessment for duration (i.e. hours).

The VP of Finance will be bringing forth a request in May 2026 for revisions to the Cash and Investment Policy related to changes to Public Act 20 and a revision in the concentration percentages of “investments” held in a single security type and held at a single financial institution.

HUMAN RESOURCES

The ASE Supervisor Institute Group E class has completed their training. We are currently in the process of identifying the next group of managers/supervisors to participate in Group F of the Supervisor Institute.

The Human Resources Department is thrilled to announce the launch of our new employee wellness program, Wellable. We will be hosting a series of challenges through the app. Within the app, staff will be able to connect their wearable device or smartphone to automatically track fitness activity. They will be able to compete in fun challenges against colleagues, chat with peers, set new goals, and watch their progress over time while earning points!

INTEGRATED HEALTHCARE

The Complex Case Management (CCM) program continued to expand and strengthen its role in supporting individuals with significant medical, behavioral health, and social needs by creating cohesive support teams that include family, primary care, behavioral health professionals, and community partners. The team is currently managing 28 active cases and added seven new members in March—referrals originating from network providers, internal departments, and family members. These additions demonstrate growing awareness of and reliance on CCM as a resource for high-risk individuals who benefit from coordinated care planning. Program focus

remains on intensive, coordinated care planning to improve member outcomes across medical, behavioral, and social domains.

RESIDENTIAL SERVICES

The Residential Services Department advanced its ongoing work to strengthen the quality and consistency of residential assessments completed by Residential Care Specialists (RCS). Using the audit tool developed earlier this year, managers systematically reviewed two assessments per specialist across both the Adults with Mental Illness (AMI) and Individuals with Intellectual and Developmental Disabilities (I/DD) units. Establishing a standardized monitoring process ensures assessments reflect accurate member information, clear recommendations, and alignment with

DWIHN’s expectations for clinically sound documentation:

- 100% of assessments reviewed documented income/Medicaid status; 98% included thorough treatment recommendation summaries
- 61% showed documented communication of recommendations to the CRSP
- 70% clearly recorded member placement preferences
- Residential Department is implementing targeted training—both one-on-one and team-wide to address these trends and reinforce documentation best practices.

SUBSTANCE USE DISORDERS

The Substance Use Disorder (SUD) Initiatives team continued close monitoring of system utilization trends, with admissions steadily increasing while block grant utilization has recently begun to trend downward. This shift highlights the importance of ensuring that members are placed in clinically appropriate levels of care and that funding aligns accurately with actual system demand.

Substance Use Disorder Community-Partnered Pilot

DWIHN has launched a new community-partnered pilot designed to strengthen support for children who reside with their parents in residential substance use disorder (SUD) treatment. This population—children age 0–12 accompanying a mother into treatment—has historically been underserved within residential settings, where environments are often highly clinical and dependent on inconsistent donated supplies. Research and program feedback indicate that unmet comfort and developmental needs can contribute to heightened child stress, increased caregiver strain, and higher rates of women leaving treatment against medical advice (AMA).

To address this gap, DWIHN has partnered with Positive Images and a local church to develop trauma-informed “Comfort Kits” to be provided to children upon admission. Each kit is designed to promote emotional regulation, safety, and a sense of belonging. Importantly, this resource belongs to the child and travels with them after discharge, reducing the sense of disruption that often accompanies residential care. Kit assembly is scheduled for April 25, and distribution to the program will occur no later than May 1, 2026.

Key Highlights:

- Trauma-informed “Comfort Kits” were co-developed with DWIHN and a local church.
- Kits provide consistent, developmentally appropriate comfort items to reduce child distress and support caregiver stability during treatment.
- Evaluation of the “Comfort Kit” intervention includes PHQ-A (as appropriate), treatment retention, and AMA trends among members at Positive Images.

- Pilot strengthens community partnerships and demonstrates a scalable, low-cost model that enhances trauma-informed care in residential SUD settings.
- Initiative supports DWIHN’s broader goal of improving family-centered outcomes and reducing treatment disruptions linked to caregiver stress.

COMMUNICATIONS

In March, DWIHN communications worked to raise awareness during Women’s History Month, informed the public about access by kicking off a collaborative partnership with the Detroit People Mover.

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):



For this month’s [Ask the Messengers](#), DWIHN Partnership Series, Karra Thomas, SUD Regional Prevention Manager, discussed her dedication and commitment for Prevention programming in Wayne County. She leads the Faith-Based Collaborative, bringing various faiths together to tackle addiction before it starts. Find the interview here.

Also, Rachel Barnhart, ASD Programs Manager, was featured in [Plymouth Today](#) on page 38 to share our Autism services and providers.



Media Analytics

DWIHN received 2 earned media mentions picked up on Critical Mention – the publicity value for those mentions is a total of \$330k:

	114k Total TV Audience 114k Local Audience	\$20.8k Total TV Publicity \$20.8k Local Publicity
	14.3M Total Online Audience	\$310k Total Online Publicity

Social Media

Performance brief: (Based on Instagram analytics, which was consistent across platforms). For the month of March, posts highlighting our partnerships outperformed other content types.

Here are the top posts of the month of March:

1	2	3
Provider Profile: Leaders Advancing and Helping Communities (LAHC)	Mr. White Appears on the Smart Bus podcast “SMARTcast.”	Mobility Partnership Campaign Part 1 - Melia Howard, People Mover & DWIHN
March 2	March 20	March 27
<u>2.3K Views</u>	<u>1.1K Views</u>	<u>787 Views</u>
		

Social Media Performance Report Summary

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	Previous Period (February 2026)	Current Period (March 2026)
Total Audience Growth (Followers)	+156	+141
Engagements	3,869	4,828
Post Click Links	1,405	1,324
Impressions	115,419	61,474

Provider Profile

For the month of March, we highlighted Leaders Advancing and Helping Communities (LAHC) based in Dearborn, MI. They guarantee their clients access to care that is welcoming, respectful

and culturally connected. They are trusted community partners providing integrated health services that support the whole person, mind and body.

Advertising and Visual Design

During March, design and outreach efforts focused on improving communication materials across multiple DWIHN programs, supporting department initiatives, and beginning visual development for upcoming major events. These projects strengthened clarity, accessibility, and visual consistency across the organization.



Wellness starts here!
Integrated Health Services for Children, Families & Adults
SERVING WAYNE COUNTY

OUR SERVICES

- Children's Programs
- Behavioral Health Urgent Care
- Crisis Care Center
- Disability Support
- Mental Health Care
- Mobile Crisis Response
- Outpatient Clinic
- Substance Use Treatment
- Veterans Assistance

PROGRAM
Healthcare have fedDrop — a free adults manage their every of an support during ion ide effects guidance for management

For more information:
Call 313-696-0895 or email meddrop@dwhih.org

32 beds across four units:

- **ACSU** (Adult Crisis Stabilization Unit): 12 beds
- 111 avg. monthly admissions
- **B.E.S.T.** (Building Empowered & Supportive Transitions): 6 beds
- 12 avg. monthly admissions
- **CFCU** (Children & Family Crisis Unit): 14 beds
- 21 avg. monthly admissions

First of its kind in Michigan

24/7 | 365
HELPLINE 800-241-4949

OUTPATIENT SERVICES

- Adult & Child Therapy
- Psychiatric Eval & Med Management
- Case Management
- Co-occurring Treatment
- Veteran/Military Support





Wellness starts here!

ADULT OUTPATIENT SERVICES

- Behavioral Health Assessment and Diagnosis
- Person Centered Planning and Treatment
- Targeted Case Management Services
- Outpatient Psychotherapy
- Co-occurring Behavioral Health & Substance Use treatment
- Peer Support & Peer Recovery Services
- Psychiatric Medication Management Treatment
- Behavioral Health Services for active military and veterans

CHILD & ADOLESCENT OUTPATIENT SERVICES

- Behavioral Health Assessment and Diagnosis
- Outpatient Psychotherapy
- Outpatient Psychiatric Medication Management Treatment
- Co-occurring Behavioral Health & Substance Use treatment

707 Milwaukee St
Detroit, MI 48202
(located on the 3rd Floor)
Monday-Friday 8am-8pm

15400 W McNichols Rd.
Detroit, MI 48235
(located inside the Advantage Health Center)
Monday-Friday 8am-6pm

Individuals are welcome to contact DWHIH Access Clinical Call Center for a complete screening and referral
1-800-241-4949

dwhih.org




What is Mobile Crisis?

How the Process Works

Crisis Stabilization Units (CSU): Walk-in alternatives to the emergency room

COMMUNITY BASED MOBILE CRISIS RESPONSE TEAM

Mobile Crisis Care Unit



HOW TO ENCOURAGE GOOD MENTAL HEALTH

HOW TO ACCESS SERVICES

WHAT TO EXPECT

DWHIH OUTPATIENT CLINIC
Infant-Early Mental Health Programs



24/7 CARE THAT COMES TO YOU 365

CALL 844-IN-CRISIS
844-462-7474

MENTAL HEALTH & SUBSTANCE USE CRISIS SERVICES

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