



Detroit Wayne Integrated Health Network

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FULL BOARD MEETING
Wednesday, May 20, 2026
Detroit Wayne Integrated Health Network
Administration Building
8726 Woodward, 1st Floor Board Room
12:00 p.m.
AGENDA

- I. **CALL TO ORDER**
- II. **ROLL CALL**
- III. **APPROVAL OF AGENDA**
- IV. **MOMENT OF SILENCE**
- V. **APPROVAL OF BOARD MINUTES – April 15, 2026**
Closed Session Minutes – April 15, 2026
- VI. **RECEIVE AND FILE – Approved Finance Committee Minutes – April 1, 2026**
Approved Program Compliance Committee Minutes – April 8, 2026
- VII. **ANNOUNCEMENTS**
 - A. Network Announcements
 - B. Board Member Announcements
- VIII. **PRESENTATION OF FY25 FINANCIAL STATEMENT, SINGLE AUDIT, AND COMPLIANCE EXAMINATION REPORT (PLANTE & MORAN, PLLC)**
- IX. **COMMUNITY MENTAL HEALTH ASSOCIATION – LEGISLATIVE UPDATE**
- X. **BOARD COMMITTEE REPORTS**
 - A. Board Chair Report
 1. Annual Meeting (Wayne County Community College District – Northwest Campus, Detroit, Michigan - June 17, 2026- 11:00 a.m.)

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 Taueg

Angelo Glenn, Secretary
Kevin McNamara

James E. White, President and CEO

2. Update National Council for Mental Wellbeing NatCon26, Colorado Convention Center, Denver, CO (April 27 – 29, 2026)
3. Regional Chamber of Commerce Mackinac Policy Conference 2026 – Mackinac Island, Michigan (May 26th – 29th 2026)
4. National Council for Mental Wellbeing Hill Day – Washington, DC (June 2nd & 3rd 2026)
5. Community Mental Health Association of Michigan Annual Summer Conference – Grand Traverse, Michigan (June 8 – 10, 2026)
6. Tri-County Metro Region Meeting – Oakland County Health Network Host- June 23, 2026 6:00 p.m.
7. Community Mental Health Association of Michigan (CMHA) Annual Fall Conference – Grand Traverse, Michigan (October 26th & 27th 2026)
8. National Council for Mental Wellbeing-NatCon27-New Orleans, LA - Convention Center (April 12th-14th 2027)
9. Regional Chamber of Commerce Mackinac Policy Conference 2027 – Mackinac Island, Michigan (June 1st – 4th 2027)

B. Executive Committee

1. Update City of Detroit Appointments
2. Update Board Study Session (May 18, 2026)

C. Finance Committee

D. Program Compliance Committee

E. Recipients Rights Advisory Committee

F. Policy/Bylaw Committee

1. Stipend Policy – Policy #2016-002
2. Issues/Advocacy Resolution Policy – Policy #2016-04
3. Travel Policy – Guidelines & Procedures – Policy #2016-05

XI. REVISION – CASH AND INVESTMENT POLICY

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

XIII. UNFINISHED BUSINESS (Staff Recommendations)

- A. BA#24-58 (Revision 2) – The TM Group, Inc. *(Finance)*
- B. BA#24-69 (Revised) – 123.Net Fiber Internet Services Modification *(Finance)*
- C. BA #26-02 (Revision 3) – FY26 Detroit Wayne Integrated Health Network Operating Budget *(Finance)*

XIV. New Business (Staff Recommendations)

- A. BA#26-50 – Summer Youth Employment Program *(Program Compliance)*
- B. BA#26-53 – Annual Financial Statement FY26 Audits – Plante & Moran, PLLC *(Finance)*

XV. AD HOC COMMITTEE REPORTS

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

XVI. PRESIDENT AND CEO MONTHLY REPORT

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

XVII. DETROIT WAYNE INTEGRATED HEALTH NETWORK – Cybersecurity Presentation

XVIII. PROVIDER PRESENTATION – A Leg Up Program

XIX. REVIEW OF ACTION ITEMS

XX. 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).

XXI. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, April 15, 2026
12:00 p.m.**

BOARD MEMBERS PRESENT

Jonathan C. Kinloch, Board Chairperson
Bernard Parker, Vice Chairperson
Dora Brown, Treasurer
Angelo Glenn, Secretary
Karima Bentounsi
Lynne F. Carter, M.D.

Kevin McNamara
William Phillips
Kenya Ruth
Dr. Cythia Tauieg

BOARD MEMBERS ATTENDING VIRTUALLY: None

BOARD MEMBERS EXCUSED: Ms. Eva Garza Dewaelsche

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD ATTENDING VIRTUALLY:
None

GUEST(S): The Honorable Judge Freddie Burton

CALL TO ORDER

The Board Chairperson, Commissioner Kinloch welcomed and thanked everyone for attending the meeting both in person and virtually. The meeting was called to order at 12:09 p.m. A roll call was requested.

ROLL CALL

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

APPROVAL OF THE AGENDA

The Board Chairperson Commissioner Kinloch called for a motion on the agenda. **It was moved by Ms. Ruth and supported by Mr. Glenn approval of the agenda. Commissioner Kinloch, Board Chair amended the agenda to add two Legal Matters to the agenda as item VIII. and IX. and item X. A Legal item Waiving Privilege on the September 2023 Butzel Long Report to the agenda which would be taken before the Board Committee Reports. The agenda would also be amended to add under item XIII. New Business item C. BA#26-52 Building Purchase.** There was no further discussion. **Motion carried, agenda approved as amended.**

MOMENT OF SILENCE

The Board Chair Commissioner Kinloch called for a Moment of Silence. A Moment of Silence was taken.

PASSING OF THE GAVEL

The Board Chairperson, Commissioner Kinloch called for the next item which was the Swearing in Ceremony and Passing of the Gavel. The Board Liaison requested that Mr. Parker, Vice Chairperson, Dr. Tauzeg outgoing Board Chairperson and Commissioner Kinloch, incoming Board Chairperson come to the podium for the passing of the gavel. Mr. Parker officiated the Passing of the Gavel. He noted that this ceremony has been done consistently since we started, and it symbolically recognizes the election that the board had where the new officers were elected. The new officers are Commissioner Jonathan C. Kinloch, Chairperson, Bernard Parker, Vice Chairperson, and Angelo Glenn, Board Secretary, Ms. Dora Brown was re-elected as Treasurer. The gavel was handed to Dr. Tauzeg, out going Chairperson who provided brief remarks. She noted that “it had been an honor to serve this board as the Past Chairperson. Congratulations was given to the incoming Chair, Commissioner Kinloch as well as the other new board officers and she noted that we are here to support. We are looking forward to this coming year, because we have a lot on our agenda. We have had a lot that has been accomplished over the last two years, and she believed that we have made substantial progress in serving our community and the members and it has been quality service and the team under the leadership of Mr. White has really been doing a great job. She wanted to say thank you to Mr. White, thank you to Commissioner Kinloch for taking on this new role, as well as thank you to all the other new officers and board members for being with us as we keep moving forward serving our community and our neighbors and the members that are enrolled in our programs and services. I am passing this gavel on to you, and I wish you all the best, Commissioner Kinloch as our new board Chair.”

Commissioner Kinloch accepted the gavel and remarked that “he was looking forward to serving over this next year and continuing the great work and legacy that she has put before us as well as all of the great work that the staff here at DWIHN have been doing on behalf of the citizens of Wayne County and he also had to thank my board members for voting and electing me to be the Chair and I will do my best, to serve throughout this year.” Thank you.

The Chair called the next item which was Swearing in Ceremony.

SWEARING – IN CEREMONY

The next item on the agenda was the Swearing in Ceremony of reappointed Board members. Ms. Bentounsi, Mr. McNamara, and Mr. Parker were requested to come to the podium along with the Honorable Judge Freddie Burton, who would be performing the ceremony.

Judge Burton noted that he had retired over the last year or so and “he was loving it” so he was pleased to receive the opportunity to come and meet all of the board members. Judge Burton provided brief remarks and noted that DWIHN was very special to him, and noted that he had been around for about 40 years, that he and Mr. Parker came from the same district back to back, Mr. Parker as a Commissioner and he as a judge and he can tell there have been some rough times in the past. However, DWIHN has raised it to a really great level and he was so pleased to see that the court has been able to work with the Detroit Wayne Integrated Health Network so there is a partnership. We are making things happen for the service and benefit of the people of Wayne County and throughout the state and he is pleased to

stand before you today and swear in these three talented individuals who have put in their time for the benefit of others and that also applies to all the members who are here and you have a great CEO who is sitting over there being modest which is a great thing.

Judge Burton requested the reappointed board members “to individually give their name, Bernard Parker, Kevin McNamara and Karima Bentounsi, and raise their right hands, each of you and repeat after me.” “I do solemnly swear that I will support the Constitution of the United States, and the Michigan Mental Health Code, I will act in the best interest of the public, ensuring ethical conduct, maintaining confidentiality, and will faithfully discharge the duties as a board member for the Wayne County Integrated Health Network, following all applicable policies, rules and regulations according to the best of your abilities.” Congratulations! Commissioner Jonathan Kinloch, Board Chair, thanked the Honorable Judge Burton for administering the oath of the reappointed board members.

The Board Chair, Commissioner Kinloch called for the next item which was a Moment of Silence.

MOMENT OF SILENCE

A Moment of Silence was taken.

APPROVAL OF BOARD MINUTES

The Board Chairperson, Commissioner Kinloch called for a motion to approve the minutes from March 18, 2026 and the Closed Session Minutes from the Full Board meeting held on March 18, 2026. It was moved by Dr. Tauzeg and supported by Mr. Glenn approval of the Full Board minutes and the Closed Session minutes from the meeting held on March 18, 2026. There was no further discussion. **Motion carried with Mr. Phillips voting Nay and Ms. Ruth, who was not present voting Nay on the Closed Session minutes from March 18, 2026.** The closed session minutes were collected by the Board Liaison.

RECEIVE AND FILE

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

ANNOUNCEMENTS

Network Announcements

Ms. Dayna Clark, Director of Communications reported. Board members were reminded to “Save the Date” for our 2026 Annual Meeting. The Board meeting will take place on June 17, 2026 at 11:00 a.m. and will be followed by the Community Reception and luncheon at 12:30 p.m. It will be at the Wayne County Community College District’s Northwest Campus located on Outer Drive, Detroit, Michigan. There were no other announcements.

Board Announcements

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

The Chair called for the next item on the agenda which was a Legal Matter.

The Chair, Commissioner Kinloch noted the agenda had been amended to add a Legal Matter and he would entertain a motion to enter into closed session pursuant to Section 8 (H) of the Open Meetings

Act to receive advice contained in a written legal opinion which is subject to the attorney-client privilege, and is exempt from discussion or disclosure under Section 13 (1)(g) of the Michigan Freedom of Information Act.

It was moved by Mr. Parker and supported by Mr. Glenn to enter into closed session pursuant to Section 8 (h) of the Open Meetings Act to receive advice contained in a written legal opinion which is subject to the attorney-client privilege and is exempt from discussion or disclosure under Section 13 (1) (g) of the Michigan Freedom of Information Act. A roll call vote was called and taken by Mr. Glenn, Board Secretary. There was no further discussion. **The motion carried with Dr. Tauæg; Commissioner Kinloch; Mr. McNamara; Ms. Bentounsi; Mr. Parker; Mr. Phillips; Mr. Glenn, and Ms. Ruth voting Yea.**

Commissioner Kinloch notified those in attendance that the board would return to the Board room when the closed session meeting had concluded.

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 returned to the 1st Floor Boardroom at 1:20 p.m.

The Chair, Commissioner Kinloch called for a motion to come out of closed session. **It was moved by Ms. Brown and supported by Dr. Tauæg to come out of closed session.** There was no further discussion. **Motion carried.** The Full Board came out of closed session at 1:22 p.m.

The Chair, Commissioner Kinloch called for the next item on the agenda. It was reported the next item was a Legal Matter. The Chair noted that he would like to entertain a motion to enter into closed session pursuant to Section 8 (d) of the Open Meetings Act, to consider the purchase or lease of real property. **It was moved by Ms. Ruth and supported by Ms. Brown to move into closed session pursuant to Section 8 (d) of the Open Meetings Act, to consider the purchase or lease of real property.** A roll call vote was called and taken by Mr. Glenn, Board Secretary. There was no further discussion. **The motion carried with Ms. Bentounsi, Ms. Brown, Dr. Carter, Mr. Glenn, Commissioner Kinloch, Mr. McNamara, Mr. Parker, Mr. Phillips, Ms. Ruth, and Dr. Tauæg voting Yea.**

The closed session took place on the 2nd floor conference room located in the Administration Building at 8746 Woodward Ave. Detroit, Michigan 48202.

The Full Board returned to the 1st Floor Boardroom at 2:03 p.m.

The Chair, Commissioner Kinloch called for a motion to come out of closed session. **It was moved by Mr. Phillips and supported by Mr. Glenn to come out of closed session.** There was no further discussion. **Motion carried.** The Full Board came out of closed session at 2:07 p.m.

The Chair, Commission Kinloch called for the next item, which was to waive privilege of the September 2023 Butzel Long Report and noted a motion was in order. A document was passed out by Ms. Sheree Jackson, VP of Corporate Compliance. **It was moved by Mr. Glenn and supported by Dr. Tauæg to waive privilege of the September 2023 Butzel Long Report.** Commissioner Kinloch explained that this was a redacted report that just excluded the names and their action would be to make this public. Ms. Ruth asked if the document had been forwarded to legal counsel for herself because she had

requested this. Commissioner Kinloch noted that the item was relevant to her and did not believe it was appropriate for her to participate. The Chair, Commissioner Kinloch, noted that Ms. Ruth could have a copy of the document that had been passed out and noted that because it was relevant to her she was conflicted out at this time. Ms. Ruth noted that she initially had asked for a copy of this via email and was declined, so now that everyone is allowed to view this, she will get a copy once we waive the privilege. Ms. Ruth requested the document be forwarded to her legal counsel to which the Chair responded absolutely it would be forwarded. Ms. Ruth noted it was appreciated. The Chair called for the vote, Ms. Ruth asked if she was allowed to oppose. The Chair noted that she could oppose. There was no further discussion. **The motion carried with Mr. Phillips, Ms. Brown and Ms. Ruth voting Nay.** It was noted that just the majority of the board was needed for the motion to pass. Ms. Ruth asked if the document is now allowed to go to her legal counsel? The Chair noted the document is now public and will be forwarded to the Wayne County Commission and her counsel as it relates to the relevant underlying issue. Ms. Ruth requested the record to reflect that she requested a copy of this information via email in 2025 and it, not only once, but twice, was declined. Commissioner Kinloch noted it was privileged. Discussion ensued regarding the privilege and that it was waived now because there was a vote to waive it. Ms. Ruth noted she wished she would have been advised to bring her legal counsel, but it would be handled.

The Chair Commissioner Kinloch called for the next item. The Chair noted that he would take the privilege and go to the closed session item. The Chair called for the board action that was previously added to the agenda under New Business under item XIII and noted that they were moving it to this point on the agenda without objection. The Chair called for a motion to authorize the DWIHN administration, or approve the authorization of the DWIHN administration to make an offer on a building for an amount not to exceed, \$4,500,000.00 **It was moved by Board Secretary Glenn and supported by Vice Chair Parker to approve the authorization of the DWIHN administration to make an offer on a building for an amount not to exceed \$4,500,000 which is board action #26-52.** Discussion ensued. The language in the board action was amended by the board to read **DWIHN Administration is requesting approval to make an offer on and purchase a building for an amount not to exceed \$4,500,000.00.** There was no further discussion. **Motion passed as amended.**

BOARD COMMITTEE REPORTS

Board Chair Report

Board Chairperson, Commissioner Kinloch provided a verbal report. It was reported that the board committee appointments have been made. A communication was sent out by Ms. Blackshire as it relates to the appointments based upon your request and services. We have made some changes and there will be another modification that will be sent out today as it relates to the committee appointments.

It was reported the Board authorized the creation of an Ad Hoc committee to review, operational and clinical policies and to then recommend those policies to the board policy committee, individuals were requested to volunteer to serve on this committee. Dr. Tauog will Chair the committee, and it will be made up of three individuals, Dr. Tauog and two other individuals. An email was sent requesting volunteers. It was noted that Ms. Ruth volunteered, the Chair noted that he would be making the additional appointment sometime after this meeting, and before the next meeting.

The Annual Meeting will take place at the Wayne County Community College District Northwest Campus on June 17th.

The Board Study Session will take place in May. However, a motion needed to be made to move the Board Study Session. Ms. Y. Turner, VP of Legal Affairs noted that if the Board did not intend to hold an April Board Study Session this body should vote to cancel or postpone the Board Study Session. **It was moved by Mr. Phillips and supported by Mr. Parker to cancel the April Board Study Session.** Discussion ensued. It was noted that the board study session would be moved to May and the CEO and the Board Chair would coordinate with the body to identify a date in May. The motion was amended to move the board study session to May upon confirmation from the Chair and staff as it relates to the date that will be based on polling the availability of the board members. **The motion was amended by Mr. Phillips and supported by Mr. Parker that the April Board Study Session would be cancelled and moved to the month of May and the CEO and Board Chair would coordinate with the body to identify a date in May. The body would be polled for availability and upon confirmation a May date would be identified.** There was no further discussion. **Motion carried.**

The Board Chair, Commissioner called for a motion to change the meeting of the Full Board to 12:00 p.m. on the third Wednesday of each month. **It was moved by Mr. Parker and supported by Mr. Glenn to change the Full Board meeting time from 1:00 p.m. to 12:00 p.m. on the third Wednesday of the month.** There was no further discussion. **Motion carried.**

The National Council for Mental Wellbeing NatCon 26 will be held in Colorado on April 27th through 29th 2026. We have six board members scheduled to attend and there will be staff in attendance as well.

The Regional Chamber of Commerce Mackinac Policy Conference will be held May 26th through May 29th and there are two board members that we are still trying to identify rooms for as of now.

National Council for Mental Health Wellbeing Hill Day in Washington DC will be held in Washington, DC on June 2nd and June 3rd. There are three 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, June 8th through 10th and there are four board members that have expressed an interest in attending. Commissioner Kinloch noted that he is running for the officer seat of CMHA Secretary. There was no further discussion.

The Board Chair report was received and filed.

The Board Chair, Commissioner Kinloch took the privilege of the Chair and deferred the committee reports to the next meeting. The deferred committee reports were the Executive Committee, the Finance Committee, Program Compliance Committee; Recipient Rights Advisory Committee; and the Policy/Bylaw Committee.

The Substance Use Oversight Policy Board Report was deferred to the May meeting.

The Chair, Commissioner Kinloch called for the next item that would require a vote which was the Utilization Management Program Evaluation FY25 Executive Summary. The Utilization Management Program Evaluation FY25 Executive Summary was presented at the Program Compliance Committee meeting and moved to Full Board for approval. At the Full board meeting each board member received a copy of the Executive Summary that had been updated and sent to the board prior to the meeting. The

Executive Summary noted that under the section for Program Goals for FY2026 Goal D had been updated. There was no discussion. The Chair called for a motion. **It was moved by Secretary Glenn and supported by Member Phillips approval of the Utilization Management Program Evaluation FY25 Executive Summary.** There was no further discussion. **Motion carried.**

The Board Chair, Commissioner Kinloch called for a motion to bundle and approve under item XII items A through E. under Unfinished Business. **It was moved by Mr. Parker and supported by Mr. Glenn to approve BA#25-53 (Revision 1) – AI Models Development and Implementation – Netlink Software Group America, Inc; BA#26-10 (Revision 3) Substance Use Disorder Health Homes (SUDHH)FY26 – Sacred Heart; BA#26-14 (Revision 5) – DWIHN Provider Network FY26; BA#26-31 (Revised) Southwest Counseling Solutions Housing Resource Center and CNS Covenant House and BA#26-46 (Revised) MI Coordinated Health Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE-SNP) Program.** All of the Board actions had been vetted at the Program Compliance Committee meeting. There was no further discussion. **Motion carried.**

XII. Unfinished Business – Staff Recommendations

- A. BA #25-53 (Revised 1) – AI Models Development and Implementation – Netlink Software – Staff** requesting board approval to add funds to the Netlink contract to cover the addition of a clinical feature, Data Lab Module, as well as a security feature. The request is for an additional amount not to exceed \$100,000.00 for the period of 2/1/26 – 2/29/28. This amount will cover all the implementation and licenses for both modules by the end of the contract. A budget adjustment will be forthcoming to certify additional funds to cover \$27,500.00 for the license year. The total contract amount is not to exceed \$1,597,464.00 for the 36-month period ending 2/29/28. There was no further discussion.
- B. BA #26-10 (Revised 3) – Substance Use Disorder Health Homes (SUDHH) FY26 – Staff** requesting board approval to add Sacred Heart Rehabilitation Center as an SUD Health Home Provider, effective May 1, 2026. Sacred Heart has completed the SUDHH onboarding certification process with the DWIHN SUDHH Administrator. This revision will increase the SUDHH program budget amount by an estimated \$203,667.00, bringing the total FY26 program budget estimate to \$1,924,883.00. There was no further discussion.
- C. BA #26-14 (Revised 5) – DWIHN Provider Network System FY26 – Staff** requesting board approval to add three providers (one residential and two outpatient providers) to the DWIHN Provider Network for the fiscal year ending September 30, 2026. The total amount of this board action remains the same and is not to exceed \$837,791,038.00 for FY26. Board approval will allow for the continued delivery of behavioral health services for individuals with serious mental illness, Intellectual/developmental disability, serious emotional disturbance, and Co-Occurring Disorders. There was no further discussion.
- D. BA #26-31 (Revised) – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House – Staff** requesting board approval for a six-month extension with Southwest Counseling Solutions Housing Resource Center in the amount of \$544,857.50 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities and CNS Covenant House Program in the amount of \$66,436.00 to address gaps in service through the provision of mental health support for young adults experiencing homelessness. There was no further discussion.
- E. BA #26-46 (Revised) – MI Coordinated Health Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE-SNP) Program FY26 – Staff** requesting board 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. The \$7,810,615.00 noted for Medicare dollars is an estimate based on FY25 claims incurred by dual-eligible members and may be higher than the estimate. There was no further discussion.

The Chair Commissioner Kinloch, called for new business. **It was moved by Mr. Glenn and supported by Mr. Phillips to bundle and move for approval under item XIII. New Business items A and B which are board action #26-49 Claims Audit and Utilization Review Systems (CAURS) and Information Technology – BizAnalytix, LLC and BA#26-51 – New Learning Management System (LMS) Platform – Bizanalytix, LLC.** Board Action #26-49 has been vetted at the Program Compliance Committee and BA#26-51 has been vetted at the Executive Committee. There was no further discussion. **Motion carried.** Board action #26-52 Building Purchase was approved earlier in the meeting.

XIII. NEW BUSINESS – Staff Recommendations

A. BA #26-49 – Claims Audit and Utilization Review Systems (CAURS) and Information Technology BizAnalytix, LLC – Staff requesting board approval to procure services under a comparable source contract with BizAnalytix, LLC in an amount not to exceed \$180,000.00 with contract terms of 3/1/26 through 2/28/27. 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. Services with BizAnalytix, LLC were originally procured in March 2023 under RFP 2022-005, with a one-year contract and two one-year renewal options, expiring February 28, 2026. Total contracted over the three years ended 2/28/26 (\$597,600.00) with \$42,000.00 unspent. There was no further discussion.

B. BA#26-51 – Bizanalytix Technologies, LLC – 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, and training and support services. Anticipated savings are estimated at \$300,000 per year effective October 1, 2026. There was no further discussion.

C. BA#26-52 – Building Purchase – 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. The language was amended to read DWIHN Administration is requesting approval to make an offer on and purchase a building for an amount not to exceed \$4,500,000.00.

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

The Board Chair Commissioner Kinloch took the privilege of the Chair and deferred the Strategic Plan Committee and the Board Building updates to the May meeting.

Commissioner Kinloch, Board Chairperson called for the President and CEO Monthly Report.

PRESIDENT AND CEO MONTHLY REPORT

Mr. White, President and CEO provided a written report for the record. It was noted that he would be providing updates from the Crisis Center, the Integration Health Pilot, CCBHC and Long-term Residential Care. The Integration Health Pilot continues to advance an integrated care strategy in partnership with the eight Medicaid health plans; for the adult population, MDHHS requires 25% of eligible members to have joint care coordination treatment plans submitted through the CC360 Portal. DWIHN currently has 198 of 487 eligible members enrolled, representing 40%, exceeding that state requirement, so good work by all. Looking ahead, MDHHS is expected to extend this requirement to children beginning in 2027. DWHIN is proactively working with Medicaid health plans to strengthen pediatric care coordination. We are currently at 18% and are on track to meet the 25% target by September 30th, 2026.

The Crisis Center continues to see increased utilization, month after month, March 2026 represents the highest monthly volume to date, with 348 total presentations, 212 were adults, and 136 were youth.

The partnership with DPD 911 Communications remains extremely effective; 1,158 calls classified as mental health, nonviolent, suicide, or no threat have been diverted to the Crisis Center Call hub over the past six months and we continue to see great work come out of the partnership.

It was noted that the Long-Term Residential Facility construction remains on schedule and we are looking at an early summer opening. The drywall, ceilings, door frames, plumbing, electrical HVAC, and fire suppression are all in place and facing inspection and anticipated to pass. Mr. Mike Maskey was thanked for his involvement, this was not in his purview to oversee the project, but he keeps him updated as to where they are in the project.

Monthly highlights included Detroit Wayne Integrated Health Network receiving the Top Workplace 2026 Culture and Excellence in Industry Award again, this year which is a huge achievement. The Crisis Center was recognized at the annual NAMI Awards as Hospital of the Year, which is a huge accomplishment for us and we were very happy to be categorized as a hospital. Applause was given for that as well. Mr. Mike Maskey was nominated for Administrator of the Year, though he did not win he is our Administrator of the Year with the work that he is doing with these buildings and all the other things that he does here, congratulations was given to Mr. Maskey.

We had a meeting with Senators Moss and Santana to discuss crisis stabilization dollars, deficits, and other things. It was a positive meeting. There was also the opportunity to attend the State of the City Address. An online publication was done on April 9th with Detroit is Different and on April 11th Mr. White attended the National Organization of Black Law Enforcement Officers, this was a national meeting to discuss crisis partnerships in law enforcement, DWIHN's work in crisis was lauded as usual and was very complimentary from around the country, people asked questions about how they could replicate what we have here in Wayne Country across the country, it was a very good meeting and good turnout by all. There was no further discussion.

Mr. Bernard Parker, Vice Chairperson, assumed the role of Chairperson and thanked Mr. White for the report and noted that things are moving and progressing in a very positive way. The monthly report of the CEO and President was received and filed.

PROVIDER PRESENTATION

There was no Provider Presentation.

REVIEW OF ACTION ITEMS

There was no action items reported.

GOOD AND WELFARE/PUBLIC COMMENT

Board Vice Chairperson, Mr. Parker called for Good and Welfare/Public Comment. The Good and Welfare/Public Comment Statement was read by Board Secretary Glenn.

Ms. Deborah Freer, Assistant Director at Transportation Riders United, addressed the board. She noted that they advocate, educate and mobilize for more and better public transit and have been doing it for 25 years. They are proud to say that they have been working with the County Executive Warren Evans' office, and they do expect a Wayne Countywide public transit ball measure for voters on August 4th. Their job is to educate as many people as possible on the proposal and help them get involved and she would love to give a presentation to the board or work with this organization. DWIHN is doing God's work and she appreciated them "as public health and public transit go hand in hand." She thanked the Board for the opportunity to address them.

A comment card with was completed and turned in, however the individual was not present during Good and Welfare/Public Comment. The comment card was read into the record, " What type of training is offered for individuals looking to help in the community, those struggling with emotional, mental, and behavioral issues, children, young adults and seniors." The comment card did have an email address and was to be emailed to the Customer Service department for a response.

The Board Vice Chairperson Mr. Parker thanked all for submitting their comments during Good and Welfare/Public Comment.

ADJOURNMENT

There being no further business, Mr. Parker, Vice Chairperson, called for a motion to adjourn. **It was moved by Mr. Glenn and supported by Dr. Carter to adjourn the meeting.** There was no further discussion. **Motion carried.** The meeting was adjourned at 2:30 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

APRIL 1, 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 1:06 p.m.

**TYPE OF
MEETING**

Finance Committee Meeting

FACILITATOR

Ms. Dora Brown, Chair

NOTE TAKER

Ms. Nicole Smith, Management Assistant to VP of Finance

Finance Committee Members Present:

Ms. Dora Brown, Chair
Mr. Kevin McNamara, Vice Chair
Mr. Bernard Parker
Ms. Eva Garza Dewaelsche

Committee Members Excused:

Ms. Kenya Ruth
Mr. William Phillips

Board Members Present:

Commissioner Kinloch, Board Chairperson
Mr. Angelo Glenn, Board Secretary

SUD Oversight Policy Board Members Attending Virtually:

Mr. Thomas Adams

ATTENDEES

Board Members Excused: None

Staff: Mr. James E. White, President and CEO; Mr. Manny Singla, Deputy Chief Executive Officer; Ms. Dhannetta Brown, Associate Vice President of Finance; Ms. Brooke Blackwell, VP of Government 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. Erik Hutchison, VP of Clinical Services; 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 Darrin Crawford, M.D. Chief of Staff

Staff Attending Virtually: Mr. Jeff White, Associate Vice President of Operations

Guests: None

AGENDA TOPICS

I. Roll Call Ms. Lillian Blackshire, Board Liaison

II. Roll Call

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

III. Committee Member Remarks

Ms. Brown, Chair, 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. Garza Dewaelsche and supported by Mr. Parker 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 were no follow-up items.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown, called for approval of the minutes from the meeting on Wednesday, March 4, 2026. **Motion:** It was moved by Ms. Garza Dewaelsche and supported by Mr. Parker approval of the Finance Committee minutes from the meeting on Wednesday, March 4, 2026. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

Dhannetta Brown, Associate VP of Finance, presented the Monthly Finance report on behalf of S. Durant VP of Finance. A written report for the ten months ended February 28, 2026, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

DW IHN has requested a 30-day extension to file the FY25 Financial Statement audit 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). Discussion ensued regarding the approach that will be taken to address the deficit.

Finance will be bringing forth a request in May 2026 for revisions to the Cash and Investment Policy related to changes to the 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. Discussion ensued regarding the change in the policy. **(Action)**

Cash flow is stable and should continue to remain so throughout the year as liquidity ratio = 1.99

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 \$2.9 million in SUD and Mental Health block

grants due from MDHHS. Approximately \$33.2 million for 1st quarter and January and February 2026 pass-through HRA revenue and \$3.7 million for FY25 PBIP accrual.

The Accounts receivable consist of \$1.5 million due from Wayne County for February 2026 local match, \$1.5 million for January and February PA2; 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 February 28, 2026, were approximately \$392.9 million. However, actual payments were approximately \$323.9 million. The difference represents claims incurred but not reported and paid \$68.9 million.

Due to other governments, approximately \$3.9 million is due to MDHHS for the CCBHC FY25 cost settlement, and \$1.9 million is related to the January and February IPA tax payment. The CCBHC program is not funded for the current fiscal year and will be a part of the presentation.

State grants and contracts - The \$16.5 million variance is due to the timing related to 7 Mile Care Center and Ecorse Care Center grants.

MHL/DSNIP – Variance due to uncertainty of DSNIP enrollment and activity; a budget adjustment is forthcoming. It was noted that MI HealthLink has a new name; discussion ensued regarding the number of people that could be impacted. (Action)

Local grants – variance of \$4.2 million due to the timing of PA2 and PBIP.

Autism and IDD expenses - The \$26.2 million variance is primarily due to the increase in residential costs. It should be noted that Autism revenues are sufficient to cover the Autism costs over budget. A budget adjustment is forthcoming. (Action)

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 Mr. McNamara and supported by Ms. Garza Dewaelsche to adjourn.** There was no further discussion. **Motion carried.** The meeting was adjourned at 1:23 p.m.

FOLLOW-UP ITEMS

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.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

APRIL 8, 2026

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Angelo Glenn, Program Compliance Committee Chair at 1:12 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Angelo Glenn, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	Committee Members: Dr. Lynne Carter; Angelo Glenn; Bernard Parker; and William Phillips
	Board Members: Commissioner Jonathan Kinloch, Board Chair, Dr. Cynthia Taueg, and Dora Brown, Board Treasurer
	Staff: Brooke Blackwell; Rai Brown; Jody Connally; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Marlena Hampton; Deabra Hardrick-Crump; Sheree Jackson; Emily Patterson; Melissa Peters; Stacey Sharp; April Siebert; Manny Singla; Yolanda Turner; Daniel West; James White; and Grace Wolf

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Mr. Glenn called for a moment of silence.
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CONCLUSIONS	A moment of silence was taken.
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III. Roll Call

DISCUSSION	Mr. Glenn called for a roll call.
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CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison, and a quorum was present.
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IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Mr. Glenn called for a motion to approve the agenda. Motion: It was moved by Mr. Phillips and supported by Dr. Carter to approve the agenda. Mr. Glenn 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

There were no follow-up items from the previous meeting to review.

VI. Approval of the Minutes

DISCUSSION/
CONCLUSIONS

Mr. Glenn called for a motion to approve the March 13, 2026, meeting minutes. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Phillips to approve the March 13, 2026, meeting minutes. Mr. Glenn asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

DISCUSSION/
CONCLUSIONS

- A. **Chief Medical Officer – Deferred to May 13, 2026, Program Compliance Committee Meeting.**
- B. **Corporate Compliance**— Sheree Jackson, VP of Compliance, submitted and gave highlights of the Corporate Compliance report. It was reported that:
 - 1. **Internal Investigation (December 1, 2025 – February 28, 2026)** - An internal review was conducted to evaluate concerns related to the continuation of employer-paid healthcare benefits for separated employees, which may have resulted in unnecessary financial expenditure. The review focused on Human Resources employee separation approvals, benefits administration processes, and internal controls over a three-year period. The investigation found that while employee discharge letters were reviewed and approved by Human Resources leadership, internal controls related to benefits termination oversight were insufficiently defined and documented. The Human Resources department was placed on a plan of correction to include formally designating a single accountable role within the HR department for employee benefits terminations and carrier notifications, developing, approving, and implementing written standard operating procedures. Implementation of a standardized post-termination verification checklist to confirm benefits termination in ADP and with other insurance carriers. Mrs. Jackson amended her report to state that the maximum estimated financial exposure associated with continued employer-paid premiums is \$18,940 for 15 employees over a three-year period, instead of \$15,200. One employee received COBRA coverage that extended beyond their remittance period. In total, the excess billing results from Blue Cross Blue Shield not being notified within 30 days of membership changes. Mr. Glenn opened the floor for discussion. Discussion ensued. James White, President/CEO informed the committee that once it was brought to his attention, he had a conversation with Jody Connally, VP of Human Resources and they were able to identify the oversight, how it occurred, and the conditions necessary to ensure that it doesn't occur again, and the redundancies that were built. Jody Connally, VP of Human Resources, informed the committee that DWIHN is currently in the process of recruiting for a position that will be the primary point of contact and responsibility related to ensuring that this type of mishap does not occur in the future. The

department has also formally developed and standardized a standard operating procedure, which they have already begun to implement. Mr. Connally also informed the committee that he will provide an update on the amount that has been recouped from Blue Cross Blue Shield at next month's Program Compliance Committee meeting. **(Action)**

Mr. Glenn noted that the Corporate Compliance report has been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

- A. **Adults Initiatives – Deferred to May 13, 2026 Program Compliance Committee meeting**
- B. **DWIHN Outpatient Clinics** – Melissa Peters, Director of Outpatient Services submitted and gave highlights of the DWIHN Outpatient Clinics quarterly report. It was reported that:
1. **Activity 1: Total Enrollment** – For FY26, Q1, there were about 512 members that the clinic was able to provide services to, and for Q2, there were 561 members served. The continued increase is due to efforts made to ensure engagement with members is consistent and processes to adhere to engagement and/or closing meet the requirements.
 2. **Activity 2: Demographic Data** – Member demographics remain consistent from FY2025 thus far, except for male enrollees. In FY205, males represented about 28% of the member population and that number has increased to 38%. Note: Approximately 11 members identify as something other than their gender identified at birth. The DOC team is continuously assessing member demographics and clinical needs. With this information, specific initiatives are developed. For example, the DOC has completed 2 Women's Trauma groups, has an ongoing Women's Trauma group facilitated by peers and is planning to begin a Men's Empowerment Group next quarter. In addition, the children's team has three clinicians that are participating in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) evidence-based practice cohort this year. The zip codes that are the most prevalent for our population served are in Detroit and are 48235, 48219, and 48202. These three zip codes represent the catchment areas of the locations of our two DOC sites – 707 W Milwaukee and 15400 W McNichols.
 3. **Activity 3: Services Provided** - The two most significant changes are around the case management and home-based service areas, made a concentrated effort in those particular areas and have supervisors specifically assigned to that staff team to provide support, coaching, and monitoring. The clinic has an internal process improvement plan around that area that included setting expectations around productivity, training, supporting and assessing, but also having the strong monitoring component from an oversight perspective that they look at weekly to make sure that the targets are being addressed or matched, and if they are not, they are quick to address and shift as needed.
 4. **Activity 4: Performance Indicator #2a** – As a directly operated service provider, the DWIHN Outpatient Clinic (DOC) is required to meet State Performance Indicators (PI) #2a (Access/1st Request Timeliness-Benchmark 57%). This benchmark measures if the provider completes the initial intake assessment within 14 days of a non-emergent request for service. For FY26, Q1, the DOC fell below the benchmark at 57% for children and 56% for adults. This can be attributed to staff time off and # of workdays available for this quarter. For Q2, DOC is trending upwards for the adult population and is at

75%. Efforts to ensure members have access to services in a timely manner is a top priority. The DOC has internally been monitoring this and has created improvement plans to address this in the future, including a contingency staff coverage plan and weekly calendar monitoring.

5. **Activity 5: Updates** - Services initiated for Infant and Early Childhood Mental Health (I-ECMH); Participation in a new Trauma Focused Cognitive Behavioral Therapy (TF-CBT) cohort for certification; Growing Group Therapy Services; and Michigan Collaborative Care Program (MC3), expected to begin in April 2026.

Mr. Glenn opened the floor for discussion. Discussion ensued. Ms. Peters informed the committee that for Q1, 556 members received services at 707 and 371 members at the Six Mile location.

- C. **707 Crisis Care Center (December 2025-February 2026)** – Grace Wolf, VP of Crisis Care Services submitted and gave highlights of the 707 Crisis Care Center's quarterly report. It was reported that:

1. **Activity 1: Adult Crisis Stabilization Data** – This unit is for individuals 18 years and older, 12 occupancy with both mental health and substance use. On an average, the unit received 198 presentations a month; 130 of those presentations were admitted; 17 individuals sent out for medical stability during the triage process; 30 individuals were linked with community resources; no members left against medical advice during triage; and 21 individuals were referred to our behavioral health urgent care. On an average, typically African American males between the ages of 26 and 64 are seen. Staff are able to divert to outpatient level of care; 49% of individuals discharge disposition were outpatient, with only 18% of individuals going to inpatient level of care. Mrs. Wolf noted that starting this reporting period, MDHHS has changed the way DWIHN is required to report recidivism. They now want us to look on a 30-day rolling period instead of the calendar month. With that change, they still have 17% individuals that recidivistic within a rolling period.

2. **Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data** – This unit is 100% peer support led. On an average, the unit sees 14 admissions a month; approximately 4 ½ days on average they stay on the CSU, which is additional days post-CSU; 52% of individuals referred to outpatient and 29% of individuals referred to housing were the top two dispositions for the BEST Unit during this reporting period.

3. **Activity 3: Child and Family Crisis Unit (CFCU)** – On average, the unit seen 80 presentations a month; 36 admissions (six were referred to community resources); 10 were sent out for medical stability; and 30 were sent to our Behavioral Health Urgent Care. On average, African American females between the ages of 10 and 14 were seen. Forty-seven percent of individuals were diverted to outpatient and 33% diverted to PHP.

4. **Quarterly Update** – In mid-February of this year, our Intensive Crisis Stabilization services were submitted for the new MDHHS certification.

Mr. Glenn opened the floor for discussion. Discussion Ensued.

- D. **PAR Services** – Daniel West, Director of PAR Services, submitted and gave highlights of the PAR Services' quarterly report. It was reported that:

1. **Activity 1: CRSP Crisis Screening Notifications** – The team has worked to increase the percentage of CRSP notifications across the quarters. As the percentage of CRSP notifications increases, more members receive 2+ outpatient claims than those whose CRSP was not notified. The team will work with Integrated Healthcare Initiatives to utilize AI software to identify services provided after a CRSP notification and analyze trends. Operationally,

we will work with Adult and Children Initiatives to reinforce warm handoffs, pre-schedule the second visit at the first, expand access windows, and deploy reminders/transport supports to yield higher engagement rates.

2. **Activity 2: CSU Transfers, Recidivistic Requests for Service (RFS)** - The team has worked to increase the percentage of diversions for the targeted population and has seen a noteworthy increase in CSU referrals. The team found that, in a sample of 25 members of the targeted population, those diverted to CSU had fewer inpatient hospitalizations than those diverted to another lower level of care. The team will strengthen diversion pathways by providing refresher training to screening agencies on CSU eligibility and diversion criteria, and by improving real-time communication with CSU regarding bed availability in crisis workflows. A monthly review of diversion data will identify barriers and collaborate with screening agencies to address operational issues that limit appropriate CSU placement.
3. **Activity 3: Crisis Plan Completion** - The team worked with Children's Initiatives to gain feedback from the providers as to what modifications are necessary in MHWIN to ensure all DWIHN members have a crisis plan. The team analyzed the effectiveness of crisis plan completion on services received. The team presented at the outpatient provider meetings about the policy change and expectations. During the review of admissions for 1st Q 2025, the team identified that only 34% of members admitted during that period had a crisis plan documented in the year prior to admission. This contrasts with the systemwide rate of crisis-plan completion, which has remained consistent (approximately 71-75% since 2024). This suggests that members who ultimately experience a crisis requiring admission may be less likely to have an active crisis plan in place, highlighting an opportunity to strengthen crisis-prevention planning for high-risk individuals. The team will coordinate with Adult and Children Initiatives to strengthen crisis-planning workflows by requiring CRSPs to complete or update crisis plans during key points of care, including post-crisis follow-up, post-hospital discharge, and when significant clinical changes occur. Increase provider education on risk indicators associated with crisis admissions and the importance of early crisis plan development. Monitor crisis-plan completion among at-risk populations and address barriers identified in the data.
4. **Quarterly Update** - The team has recognized the need to centralize and create efficiencies within the Pre-Admission Review (PAR) process. Previously, this function was delegated to Hegira Health, Inc COPE for adults, and New Oakland Family Centers/The Guidance Center for children. PIHP Crisis Services has the opportunity to bring this functionality in-house at DWIHN. The team is in the process of planning and hiring for a phased approach to rollout. For phase 1 (adult PAR functionality), the live date will be April 1, 2026. For phase 2 (children PAR functionality), the live date will be July 1, 2026. This will require the recruitment and onboarding of 34 positions for phase 1, and an additional 17 for phase 2, totaling 67 positions for the department.

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested a data analysis on Medicaid versus the uninsured. **(Action)**

- E. **Managed Care Operations** - Rai Brown, Director of Managed Care Operations, submitted and gave highlights of the Managed Care Operations' quarterly report. It was reported that:

1. **Activity 1: Credentialing** - For FY26, Q2, there were 251 applications reviewed and 228 were approved by the Credentialing Committee. The credentialing team managed an intensive audit schedule across Q2,

successfully completing submissions for four major health plan delegated credentialing audits – AmeriHealth Annual Delegation Audit (Completed; received a 100% score); Molina Annual Delegation Audit (Completed; received a 99.08% score); Aetna Delegation Audit (Completed in February; awaiting results); HAP/CareSource Pre-Delegation Audit – MICH HIDE SNP (Completed; received a 100% score); HAP/CareSource Annual Audit (Completed in March, awaiting results); and NCQA File Review (In progress; files due April 2, 2026). A significant operational change was implemented this quarter: the credentialing team transitioned from a 10% delegation sample audit of CVO files (Medversant) to reviewing 100% of all files. This change was driven by identified gaps in the CVO's verification of continuing education units (CEUs) and admitting privileges. A quality checklist was implemented for all files beginning in February, and the new standard was fully operational by March. To address the gaps, the Credentialing Administrator conducted structured team development throughout Q2. As of February 2026, the credentialing team officially surpassed the total number of providers credentialed in all of FY 2024, with 208 providers credentialed within this fiscal year alone. This marks the third consecutive fiscal year of record-breaking credentialing performance — a sustained trend that reflects both the team's operational capacity and the growing scope of DWIHN's contracted network. As of March 2026, 100% of Substance Use Disorder (SUD) providers in the DWIHN network are fully credentialed. This achievement reflects direct outreach and coordination with SUD providers to ensure credential currency and represents full compliance with contractual and regulatory requirements for this critical provider category. The entire network is now at 91% compliance with Credentialing Standards. That is the highest compliance rate since FY 2024. The division will continue advancing the implementation of the new CVO and begin piloting provider and practitioner applications to assess functionality, usability, and workflow alignment. In parallel, NCQA file preparation is the top operational priority for Q3.

2. **Activity 2: New Provider Changes to the Network/Provider Challenges** – Total providers processed fell from 192 in Q2 FY 2024/2025 to 108 in Q2 FY 2025/2026. Consistent with trends seen in the credentialing function, this overall volume reduction reflects a more deliberate, need-driven approach to network growth rather than broad pipeline activity. DWIHN continues to monitor network gaps and is actively adding providers based on identified access needs, with Request for Proposals (RFPs) deployed as a targeted recruitment tool in shortage areas, including Autism services, Substance Use Disorder, and Behavioral Treatment Planning. DWIHN continues to balance access, quality, and cost-effectiveness while strengthening long-term network sustainability. Provider inquiries from potential new providers dropped significantly from 82 to 7 — a 91.5% reduction. This decline is the most pronounced metric shift in the contracting data and should be interpreted in the context of DWIHN's deliberate move away from open, inbound inquiry-driven network growth toward targeted, RFP-driven recruitment in areas of identified shortage. Contract expansion requests rose from 63 to 80 — a 27.0% increase year-over-year. The contracting team routed 311 Residential and Outpatient Amendments to ensure DWIHN remains compliant with its executed agreements with Health Plan partners. This is a significant operational accomplishment representing a high volume of contract maintenance activity completed accurately and within compliance timelines. Ensuring executed agreement alignment with Health Plan partners

is essential to DWIHN's delegated credentialing and contracting standing. The contracting team achieved a 99.65% score on the 2025 Molina Annual Delegation Audit, reflecting excellence in documentation, process compliance, and contract management standards. This result complements the credentialing team's audit performance and demonstrates organization-wide readiness across both contracting and credentialing functions. The team conducted a two-day in-person training refresher for Provider Network Management (PNM) staff in February 2026. Topics covered included MCO Contracting and Credentialing processes, policies, and procedures. This investment in staff competency supports consistent, compliant contract administration and positions the team for increased capacity as network development activities scale in Q3.

3. **Activity 3: MCO Provider Satisfaction Survey** – For Q2 Fiscal Year 2025/2026, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 41 responses — total survey responses 156 since February 2025. There was a comparison between domain scores from the survey's launch period (February 1 – March 31, 2025) against Q2 FY 2025/2026 (January 1 – March 31, 2026). All four domains show meaningful improvement year-over-year, with overall average scores rising from 4.56 to 4.90.

Mr. Glenn opened the floor for discussion. Discussion ensued.

- F. **Utilization Management** – Marlena Hampton, Director of Utilization Management, submitted and gave highlights of the Utilization Management's quarterly report. It was reported that:

1. **Timeliness of UM Decision-Making** – As of January 1, 2026, payers are required to make decisions for all standard, non-urgent requests within seven (7) calendar days. While MDHHS has received a waiver extending this mandate to October 1, 2026, DWIHN standards align with the health plan contractual requirements for consistency and benchmarking. With support from the IT Department, reviewed Centers for Medicare and Medicaid Services (CMS) and NCQA authorization metrics, including definitions and data sources, to satisfy regulatory requirements. Collaborated with Integrated Care Organizations (ICOs) to support their oversight role, providing requested data, clarifying expectations, and establishing consistent processes for their monitoring of DWIHN UM's performance. The department has successfully aggregated CY25 prior authorization metrics for publication on the DWIHN website, in accordance with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (CMS-0057-F). In Q2, we manually approved 85.1% of standard prior authorization requests within seven (7) days. The department is planning the integration of Residential Services authorization data into the Utilization Management approvals dashboard; and exploring the use of technology, along with the intensive review of authorization procedures and service utilization guidelines, to assist with improved efficiency and further improve disposition time and service delivery.
2. **NCQA UM Standards Readiness** - The Behavioral Health Accreditation 2026 standards, applicable to surveys effective July 1, 2026, through June 30, 2027, include new standards and updated requirements for Utilization Management, along with additional updates for clarification. DWIHN's survey will take place in February 2027. The department conducted a comprehensive review of the annual UM Program Evaluation and accompanying policies to identify alignment gaps with the new standards and implemented preliminary monitoring activities, including review of

timeliness, denials, and delegation oversight to support future NCQA measurement and reporting. The department will utilize I.T. feedback from collaboration on prior authorization metrics to request and develop public dashboard, encompassing both NCQA and CMS required data; and with support from the Vice President of Clinical Operations, review existing workflows and develop a centralized Utilization Management dashboard.

3. **Quarterly Update** - The department continued interdepartmental collaboration to assist with improving UM program efficiencies with particular emphasis on Integrated Care, Substance Use Disorders, Strategic Operations, and Customer Service. The Director presents a draft charter to the Utilization Management Committee for review and feedback. The final product will be included in the UM Program Description and NCQA survey documents, as applicable.

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested an update on the AI Analytics Tool and how it is impacting operations. Manny Singla, Deputy CEO stated that he would provide a presentation on what DWIHN is doing with the AI Analytics Tool. **(Action)**

Mr. Glenn noted that the DWIHN Outpatient Clinics, 707 Crisis Care Center, PAR Services, Managed Care Operations, and the Utilization Management's quarterly reports have been received and placed on file.

IX. Strategic Plan - None

**DISCUSSION/
CONCLUSIONS**

There was no Strategic Plan to review this month.

X. Quality Review(s)

**DISCUSSION/
CONCLUSIONS**

- A. **QAPIP Work Plan FY26 Update** - April Siebert, Director of Quality Improvement, submitted and gave an update on the QAPIP Work Plan FY26. It was reported that the Performance Indicator 2a remains a required reporting measure. Quarter 1 data was finalized and submitted to MDHHS on March 31, 2026. A review of the data across reporting periods shows consistent, solid performance, with several notable upward trends, particularly in the preliminary Quarter 2 results. **DD/Adult** continues to be the strongest-performing area, with performance consistently meeting or exceeding the 57% standard. Quarter 4 reached an impressive 74.60%, and Quarter 1 maintained strong results at 61.36%; **DD/Children** showed meaningful progress, increasing steadily from 34.79% in Quarter 4 to 39.51% in Quarter 1 and reaching 47.18% in the preliminary Quarter 2 data—indicating a positive trajectory; **MI/Adult** performance remains stable in the mid-50% range, with preliminary Quarter 2 data (58.76%) approaching the state benchmark from Quarter 1; and the overall performance demonstrates stability, with the total percentage increasing from 51.48% in Quarter 1 to 54.53% in preliminary Quarter 2 data. MDHHS has initiated its Annual Waiver Review of DWIHN, which began on March 11 and will continue through May 22, 2026. This comprehensive review encompasses multiple waiver programs, including the Children's Waiver Program (CWP), the Habilitation Supports Waiver (HSW), the Serious Emotional Disturbance

Waiver (SEDW), and the iSPA program. Results will be shared with the board once they are received. On March 30, 2026, the Senior Psychologist launched its first session of the BTPRC Training Network Series, focused on the MDHHS 1:1 Staffing Requirements. This informative session attracted an impressive audience of 308 participants, eager to enhance their understanding of vital staffing protocols. On March 31, 682 Behavior Treatment Satisfaction Surveys were distributed to gather valuable feedback from members. The deadline for submitting these surveys is set for April 10, and we are actively encouraging responses from all attendees. Once the survey collection period concludes, we will carefully analyze the feedback and compile the results for distribution, ensuring that all insights are shared with the community. Responses will be shared with the board once they are received. Mr. Glenn noted that the QAPIP Work Plan FY26 update has been received and placed on file.

XI. Utilization Management Program Evaluation FY25 Executive Summary

A. Utilization Management Program Evaluation FY25 Executive Summary – Marlena Hampton, Director of Utilization Management, submitted and gave highlights of the Utilization Management Program Evaluation FY25. It was reported that 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. 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 is designed to align with the Plan, as 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. The department completed 95% of standard (non-urgent) prior authorization requests within 14 days, manual approvals 86.1% (FY-End); 94% (Q4), **(Partially Met)**; reviewed utilization reports and finalized a FY25 schedule with at least three priority metrics and defined reporting intervals by Q3, FY25 **(Met)**; Identified and evaluated three tools that could reduce barriers to member access to self-directed services by Q4, FY25 **(Met)**. The department was placed on an internal performance improvement plan to both meet the current standard and prepare for the CY 2026 requirement to make UM decisions within seven (7) calendar days. The prior authorization teams demonstrated significant improvement throughout 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. DWIHN was 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. Program goals for FY26 – Clinical appropriateness and Evidence-based Criteria; Timeliness of Decisions and

Notifications; Over/Under-Utilization and Appropriate Use; Appeals and Delegated UM Oversight.

Mr. Glenn called for a motion on the Utilization Management Program Evaluation FY25. **Motion:** It was moved by Mr. Phillips and supported by Dr. Carter to move the Utilization Management Program Evaluation FY25 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried.**

XII. Associate VP of Clinical Operations Executive Summary

DISCUSSION/ CONCLUSIONS

Stacey Sharp, Associate VP of Clinical Operations, submitted the Executive Summary and provided highlights. It was reported that:

- A. **Adults 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. New accountability tools implemented, including a revised agenda/minutes format and a 90-day follow-up survey launching in May 2026. More data and information will be provided to the committee after the launch in May. **(Action)**
- B. **Children’s Initiatives** – 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. Attendance increased significantly to 44 participants, up from the typical 15-20 participants.
- A. **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 aged 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.

Mr. Glenn opened the floor for discussion. The committee requested an update on the Med Drop program in the next report. **(Action)** Mr. Glenn noted that the Associate VP of Clinical Operations’ Executive Summary has been received and placed on file.

XIII. Unfinished Business

**DISCUSSION/
CONCLUSIONS**

- A. **BA #25-53 (Revised 1) – AI Models Development and Implementation – Netlink Software** – Staff requesting board approval to add funds to the Netlink contract to cover the addition of a clinical feature, Data Lab Module, as well as a security feature. The request is for an additional amount not to exceed \$100,000.00 for the period of 2/1/26 – 2/29/28. This amount will cover all the implementation and licenses for both modules by the end of the contract. A budget adjustment will be forthcoming to certify additional funds to cover \$27,500.00 for the license year. The total contract amount is not to exceed \$1,597,464.00 for the 36-month period ending 2/29/28. Mr. Glenn called for a motion on BA #25-53 (Revised 1). **Motion:** It was moved by Dr. Tauog and supported by Commissioner Kinloch to move BA #25-53 (Revised 1) to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. Mr. White informed the committee that the whole package will be presented to the committee in the next 30 days (AI Module and identified savings) **(Action)** **Motion carried.**
- B. **BA #26-10 (Revised 3) – Substance Use Disorder Health Homes (SUDHH) FY26** – Staff requesting board approval to add Sacred Heart Rehabilitation Center as an SUD Health Home Provider, effective May 1, 2026. Sacred Heart has completed the SUDHH onboarding certification process with the DWIHN SUDHH Administrator. This revision will increase the SUDHH program budget amount by an estimated \$203,667.00, bringing the total FY26 program budget estimate to \$1,924,883.00. Mr. Glenn called for a motion on BA #26-10 (Revised 3). **Motion:** It was moved by Dr. Tauog and supported by Commissioner Kinloch to move BA #26-10 (Revised 3) to the Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**
- C. **BA #26-14 (Revised 5) – DWIHN Provider Network System FY26** – Staff requesting board approval to add three providers (one residential and two outpatient providers) to the DWIHN Provider Network for the fiscal year ending September 30, 2026. The total amount of this board action remains the same and is not to exceed \$837,791,038.00 for FY26. Board approval will allow for the continued delivery of behavioral health services for individuals with serious mental illness, Intellectual/developmental disability, serious emotional disturbance, and Co-Occurring Disorders. Mr. Glenn called for a motion on BA #26-14 (Revised 5). **Motion:** It was moved by Mr. Phillips and supported by Commissioner Kinloch to move BA #26-14 (Revised 5) to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**
- D. **BA #26-31 (Revised) – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House** – Staff requesting board approval for a six-month extension with Southwest Counseling Solutions Housing Resource Center in the amount of \$544,857.50 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities and CNS Covenant House Program in the amount of \$66,436.00 to address gaps in service through the provision of mental health support for young adults experiencing homelessness. Mr. Glenn called for a motion on BA #26-31 (Revised). **Motion:** It was moved by Dr. Tauog and supported by Commissioner Kinloch to move BA #26-31 (Revised) to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**
- E. **BA #26-46 (Revised) – MI Coordinated Health Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE-SNP) Program FY26** – Staff requesting board 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. The \$7,810,615.00 noted for Medicare dollars is an estimate based on FY25 claims incurred by dual-eligible members and may be higher than the estimate. Mr. Glenn called for a motion on BA #26-46 (Revised). **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #26-46 (Revised) to Full Board for approval. Mr. Phillips abstained. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried.**

XIV. New Business (Staff Recommendations)

**DISCUSSION/
CONCLUSIONS**

A. **BA #26-49 - Claims Audit and Utilization Review Systems (CAURS) and Information Technology - BizAnalytix, LLC** – Staff requesting board approval to procure services under a comparable source contract with BizAnalytix, LLC in an amount not to exceed \$180,000.00 with contract terms of 3/1/26 through 2/28/27. 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. Services with BizAnalytix, LLC were originally procured in March 2023 under RFP 2022-005, with a one-year contract and two one-year renewal options, expiring February 28, 2026. Total contracted over the three years ended 2/28/26 (\$597,600.00) with \$42,000.00 unspent. Mr. Glenn called for a motion on BA #26-49. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #26-49 to Full Board for approval. Mr. Phillips opposed. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**

XV. Good and Welfare/Public Comment

**DISCUSSION/
CONCLUSIONS**

Anthony Desaro, Autism Service Works (ASW) Family Services, informed the committee that he is interested in becoming a DWIHN Autism service provider. The company provides support, resources, residential and community-based services to individuals with developmental disabilities and their families.

Action Items	Responsible Person	Due Date
1. Corporate Compliance Report – Provide an update on the amount that has been recouped from Blue Cross Blue Shield at next month’s Program Compliance Committee meeting.	Jody Connally	May 13, 2026
2. PAR Services Quarterly Report – Provide a data analysis on Medicaid versus the uninsured.	Daniel West	July 8, 2026

<p>3. Associate VP of Clinical Operations Executive Summary (Adults Initiatives) -</p> <p>A. Provide data and information on the new accountability tool and 90-day follow-up survey</p> <p>B. Provide an update on the Med Drop program</p>	<p>Stacey Sharp</p> <p>Marianne Lyons</p>	<p><i>TBA</i></p> <p><i>May 13, 2026</i></p>
<p>C. Provide a presentation on the AI Analytics Tool to the committee</p>	<p>James White/ Manny Singla</p>	<p><i>May 20, 2026</i> <i>Full Board Meeting</i></p>

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

ADJOURNED: 3:00 p.m.

NEXT MEETING: Wednesday, May 13, 2026, at 1:00 p.m.



Detroit Wayne Integrated Health Network

Report to the Finance Committee and Board of Directors

Fiscal year ending September 30, 2025



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Agenda

- Audit Scope and Auditor Communications
- Schedule of Findings and Questioned Costs
- Financial Results



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Audit Scope & Auditor Communications



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Audit Scope

Scope of work

Audit of the financial statements as of and for the year ended September 30, 2025

Federal awards audit as of and for the year ended September 30, 2025

Compliance examination in conformity with the Michigan Department of Health and Human Services ("MDHHS") guidelines as of and for the year ended September 30, 2025

Financial reporting framework

U.S. Generally Accepted Accounting Principles (GAAP)

We perform our audits in accordance with:

- Auditing standards generally accepted in the United States of America as issued by the Auditing Standards Board of the American Institute of Certified Public Accountants (U.S. GAAS)
- Government Auditing Standards issued by the Comptroller of the United States
- Attestation standards established by the American Institute of Certified Public Accountants (for compliance examination).

Auditing standards

Additional reports issued:

- AU 260 Communication Letter
- Report on Internal Control Over Financial Reporting and Compliance and other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards as of September 30, 2025
- Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance
- Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance
- Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Other reports issued by PM in relation to attest services



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Required Communications

- Express an opinion on whether the financial statements and schedule of expenditures of federal awards are fairly presented in conformity with U.S. GAAP.
- Express an opinion on the organization's compliance with the applicable guidelines of the Community Mental Health Services Program (CMHSP) and Prepaid Inpatient Health Plan (PIHP) program.
- Plan and perform the audit to obtain reasonable, not absolute, assurance that the financial statements are free of material misstatement.
- Planning our audit includes obtaining an understanding of internal controls over financial reporting.
- The extent, timing, and nature of our procedures is determined based on risk assessments and our understanding of control and inherent risks to enable us to express an opinion on the financial statements.
- Communicate significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process.
- Preparation of financial statements, schedule of federal expenditures and compliance examination reports
- Selection and use of appropriate accounting policies
- Adopting and maintaining sound internal controls
- Evaluation of whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern within one year after the date that the financial statements are issued

Our responsibility under General Accepted Auditing Standards

Management's responsibilities

Independence

We are independent of the organization based on the requirements of the AICPA Code of Professional Conduct and Generally Accepted Government Auditing Standards (GAGAS).

Opinion

- Unmodified – Financial statement audit
- Unmodified – Compliance with major federal programs
- Unmodified – Compliance examination



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Required Communications

- **Significant accounting policies**
 - Financial statements – see Note 2 to the financial statements
 - No significant or unusual transactions noted (for all audits completed)
- **Significant accounting estimates and balances**
 - Sensitive accounting estimates and significant balances included in the consolidated financial statements:
 - Net unearned revenue derived from the Financial Status Report filed with the State of Michigan
 - No significant changes in methodology
 - We evaluated key factors and assumptions used
 - Estimates are reasonable
 - No significant accounting estimates or balances were noted within the federal awards audit or compliance examination
- **Difficulties encountered in performing the Audit**
 - During subsequent event audit inquiries, we became aware of concerns related to a recent DWHN Medicaid audit, including an allegation of falsification of documents associated with reporting and documentation of these audits.
 - We recommended an audit extension to obtain a thorough understanding and further evaluation of the concerns identified.
 - On April 10, we received a report on management's investigation, showing a lack of adherence to protocols, rather than intentional misconduct.
 - The matters were limited to back-end Medicaid claims audits, affecting a relatively small portion of activity, and were driven by inadequate controls and oversight; they are unrelated to Medicaid eligibility, service delivery, or broader financial reporting processes.
 - Audit was dated April 20, 2026 and filed April 24, 2026

- **Significant disclosures**
 - None



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Required Communications

Disagreements or difficulties with management

- None

Significant Audit Adjustments

- None

Corrected and uncorrected misstatements

Passed adjustments and disclosures

- A proposed adjustment was identified to increase current assets and revenue by \$2,682,514 to record the full amount awarded during fiscal year 2025 as part of the National Opioid Settlement
(Note: This is a recurring passed adjustment that will appear until the funds are fully received)

Other matters

General Ledger System User Access

- Multiple users have "Power User" access in Microsoft Dynamics GP, and certain administrative functions are performed using a shared ID. While access to the shared ID is restricted and activity is traceable for ~90 days, this setup involves broad permissions and limited audit trail retention.
- The combination of elevated access and shared credentials increases the risk of unauthorized system changes (e.g., vendors, accounts, journal entries) that may not be detected timely, despite compensating controls such as dual approvals and cash handling procedures.
- Periodically review and document user access, align roles with job responsibilities, limit shared IDs where feasible, extend audit trail retention, and apply the principle of least privilege to strengthen accountability and reduce risk.

Management provided a signed management representation letter



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Audit Findings



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Schedule of Findings and Questioned Costs – Federal Awards Audit

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Internal control over financial reporting:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? Yes None reported

Noncompliance material to financial statements noted? Yes None reported

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? Yes None reported

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)? Yes No

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster	Opinion
93.778	Medicaid Cluster	Unmodified
14.267	Continuum of Care	Unmodified
93.982	Mental Health Disaster Assistance and Emergency Mental Health	Unmodified
Dollar threshold used to distinguish between type A and type B programs: \$1,000,000		
Auditee qualified as low-risk auditee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		



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Financial Statement Audit Finding

Reference Number	Finding
2025-001	<p data-bbox="602 1108 630 1486">Finding Type - Significant deficiency</p> <p data-bbox="646 543 722 1486">Criteria - Management's controls should ensure the accuracy and validity of vendor and payee information and reasonably prevent, detect, and timely correct errors that could result in disbursements to unapproved parties or for unallowable purposes.</p> <p data-bbox="738 543 815 1486">Condition - DWIHN's internal controls were not adequately designed and/or operating effectively to prevent the disbursement of funds for unauthorized purposes or to nonpermitted parties.</p> <p data-bbox="831 543 963 1486">Context - A transposition error in the setup of a vendor number within the DWIHN system resulted in disbursements to a nonapproved third party rather than the approved Medicaid provider. Approximately \$213,000 was disbursed between August 2024 and April 2025 to a nonapproved third-party vendor that has not been recouped at this time. Once the error was identified, DWIHN appropriately recorded the unallowable amounts using local funds.</p> <p data-bbox="979 543 1055 1486">Cause - Although DWIHN has established controls over Medicaid disbursements and believes this is an isolated case, those controls did not operate effectively to prevent or timely detect a vendor payee assignment error.</p> <p data-bbox="1071 543 1118 1486">Effect - As a result, Medicaid funds were temporarily disbursed to a nonpermitted party prior to the error being identified, corrected, and remediated.</p> <p data-bbox="1136 543 1218 1486">Recommendation - We recommend DWIHN strengthen the design and operation of internal controls over vendor and payee setup, maintenance, and validation within the DWIHN system to ensure Medicaid funds are disbursed only to approved providers.</p>





Federal Program Audit Finding

Reference Number	Finding	Questioned Costs	Reference Number	Finding	Questioned Costs
2025-002	<p>Assistance Listing Number, Federal Agency, and Program Name - ALN 93.982, U.S. Department of Health and Human Services, Mental Health Disaster Assistance and Emergency Mental Health - Regular Services Program Wayne County Strong</p> <p>Federal Award Identification Number and Year - 20255313-00, 2025</p> <p>Pass-through Entity - Michigan Department of Health and Human Services</p> <p>Finding Type - Significant deficiency</p> <p>Repeat Finding - No</p> <p>Criteria - Per 2 CFR 200.303, the recipient must establish, document, and maintain effective internal control over the federal award that provides reasonable assurance that the recipient is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the federal award. These internal controls should align with the guidance in Standards for Internal Control in the Federal Government, issued by the Comptroller General of the United States, or the <i>Internal Control - Integrated Framework</i>, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).</p> <p>Condition - DWIHN's internal controls were not sufficiently designed and/or operating effectively to prevent the submission of unallowable costs for reimbursement under the federal award.</p> <p>Questioned Costs - None</p> <p>If Questioned Costs Are Not Determinable, Description of Why Known Questioned Costs Were Undetermined or Otherwise Could Not Be Reported - Not applicable</p> <p>Identification of How Questioned Costs Were Computed - Not applicable</p>	None	2025-002 (continued)		
					<p>Context - DWIHN submitted unallowable costs for reimbursement to the funding agency, including unallowable indirect costs and a duplicate invoice from one vendor. While DWIHN had a detective control in place to review expenditures included in reimbursement requests, the control was performed after the expenditures had been paid and included in reimbursement submissions.</p> <p>Due to the timing of this review, the detective control did not prevent DWIHN from paying the unallowable costs and subsequently requesting reimbursement for those costs. Upon identification of the unallowable expenditures, DWIHN took prompt corrective action, including recoupment of the funds from the applicable sources and repayment to the funding agency for the disallowed amounts. Ultimately, the grant was properly accounted for at the end of the grant period.</p> <p>Cause and Effect - Although DWIHN had preventive and detective controls in place related to reimbursement requests, those controls did not operate effectively as designed for this grant program.</p> <p>As a result, unallowable costs were reimbursed to DWIHN by the granting agency prior to being identified and remediated.</p> <p>Recommendation - We recommend that DWIHN strengthen and timely execute its review procedures over reimbursement requests and supporting documentation to ensure that all expenditures submitted for reimbursement comply with the terms and conditions of the grant award. This may include enhancing preventive controls or adjusting the timing of existing reviews to ensure unallowable or duplicate costs are identified and excluded prior to submission to the funding agency.</p>



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Schedule of Findings and Questioned Costs – Compliance Audit

Section I - Summary of Accountant's Results

Schedules

Type of accountant's report issued: Fairly stated in relation to Detroit Wayne Integrated Health Network's basic financial statements taken as a whole

Type of accountants' report issued on compliance: Unmodified

Internal control:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified not considered to be material weaknesses? Yes None reported

Material noncompliance with provisions of laws, regulations, or contracts identified? Yes No

Known fraud Yes No

Section III - Examination Adjustments

As a result of our procedures, we noted no examination adjustments to the amended financial status report submitted to MDHHS.

Section IV - Comments and Recommendations

We have no additional comments or recommendations.

Note: This finding is the same as finding 2025-1 in the financial statement audit since it involved disbursements related to Medicaid claims



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Financial Results



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Statement of Net Position - Assets

	2025	2024
Assets		
Current assets:		
Cash and cash equivalents (Note 3)	\$ 184,129,044	\$ 141,529,647
Investments (Note 3)	39,815,908	25,331,939
Receivables: (Note 5)		
Accounts receivable	7,027,989	7,788,449
Due from other governmental units	45,774,898	55,349,617
Prepaid expenses and other assets	3,286,540	2,716,530
Restricted cash (Note 2)	2,119,445	22,674,428
Total current assets	282,153,824	255,390,610
Noncurrent assets:		
Investments (Note 3)	47,401,470	58,691,342
Other	2,360,000	1,870,000
Capital assets: (Note 6)		
Assets not subject to depreciation	16,263,672	10,126,493
Assets subject to depreciation - Net	49,046,955	51,261,670
Total noncurrent assets	115,072,097	121,949,505
Total assets	397,225,921	377,340,115



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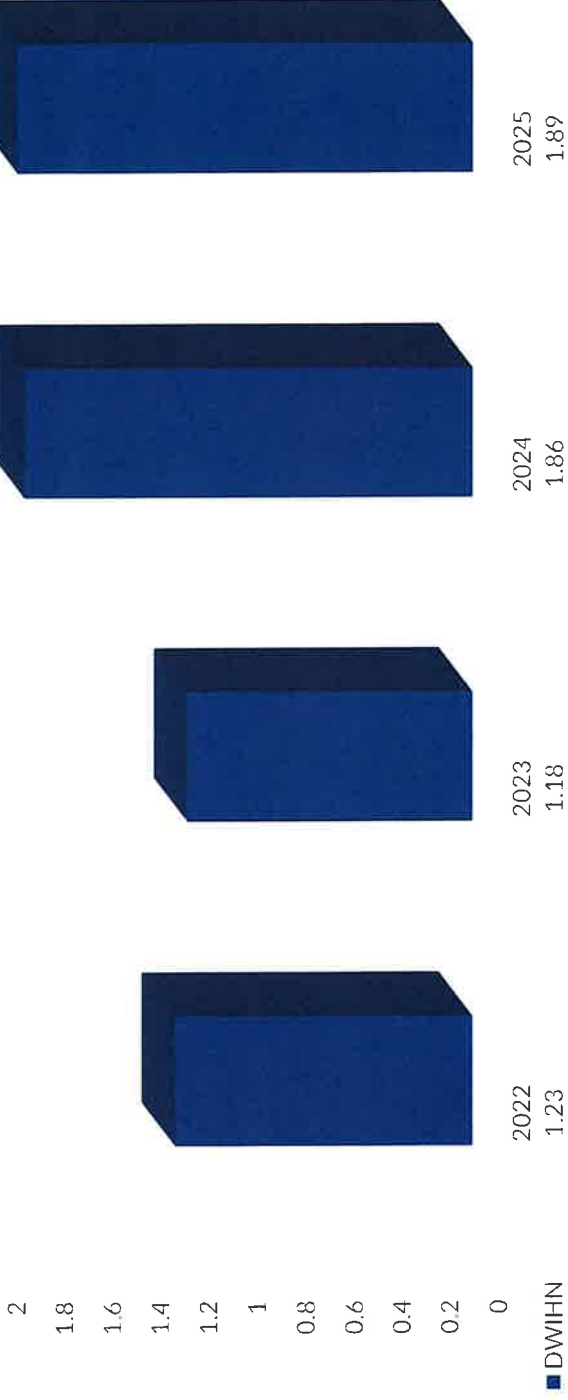
Statement of Net Position – Liabilities and Net Position

	2025	2024
Liabilities		
Current liabilities:		
Accounts payable	131,827,041	115,278,018
Due to other governmental units	6,846,977	2,904,141
Accrued wages and benefits	4,089,607	3,759,460
Unearned revenue	2,573,977	13,555,812
Compensated absences (Note 7)	2,966,524	2,119,980
Current portion of long-term debt (Note 7)	619,339	-
Noncurrent liabilities - Long-term debt (Note 7)	19,827,211	19,219,200
¹⁰ Total liabilities	168,750,676	156,836,611
Net Position		
Net investment in capital assets	44,864,077	42,168,963
Restricted:		
Restricted for substance abuse disorder PA2	8,170,832	9,883,957
Restricted for risk financing - Medicaid ISF	63,980,478	68,944,031
Restricted cash collateral	2,119,445	22,674,428
Restricted for opioid settlement	2,109,622	1,917,349
Unrestricted	107,230,791	74,914,776
Total net position	\$ 228,475,245	\$ 220,503,504





Liquidity Ratio



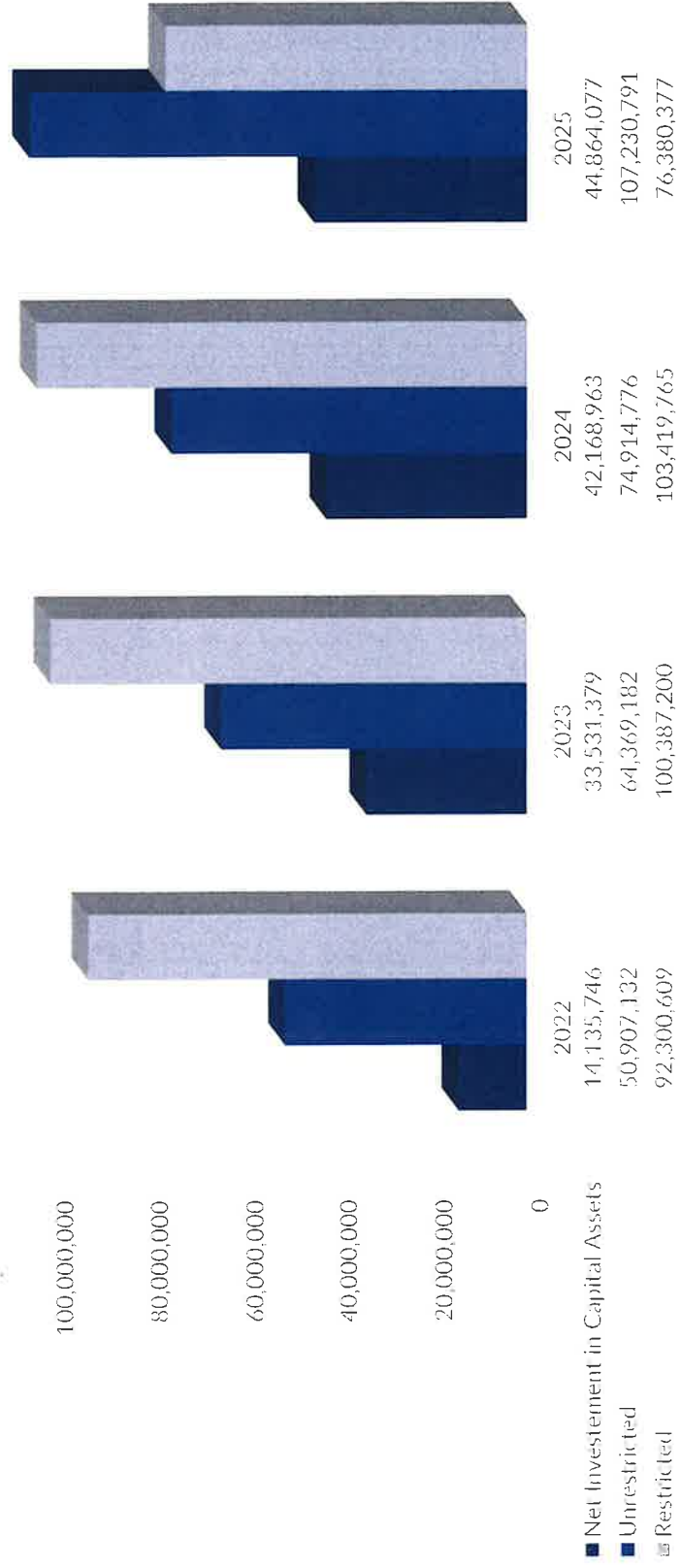
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Net Position



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Statement of Revenues, Expenses, and Changes in Net Position

	2025	2024
Operating Revenue		
State grants and contracts	\$ 1,212,611,788	\$ 1,077,027,186
Charges for services	8,714,885	11,894,682
Local grants and contracts	27,723,999	31,232,419
Federal grants and contracts	24,761,550	32,042,517
Other revenue	3,795,947	78,068
Total operating revenue	1,277,608,169	1,152,274,872
Operating Expenses		
Managed care personnel	29,594,204	27,070,682
Managed care fringe benefits	11,507,372	11,002,154
Substance use disorder services	71,413,112	64,335,917
Autism services	120,012,148	98,134,048
Mi Health Link	8,593,679	11,634,253
Adult services	459,167,190	401,947,400
Children services	58,588,313	61,705,408
Intellectually disabled	444,193,250	410,647,197
Grant programs	10,663,497	8,907,667
State of Michigan	17,605,065	17,497,640
Operating costs	9,922,048	9,117,469
Direct services	31,495,953	16,945,650
Depreciation	3,705,443	2,138,236
Total operating expenses	1,276,461,274	1,141,083,721
Operating Income	1,146,895	11,191,151
Nonoperating Revenue (Expense)		
Investment income - Net	8,353,317	12,247,370
Interest paid on debt	(1,528,471)	(1,222,778)
Total nonoperating revenue	6,824,846	11,024,592
Change in Net Position	7,971,741	22,215,743
Net Position - Beginning of year	220,503,504	198,287,761
Net Position - End of year	\$ 228,475,245	\$ 220,503,504



Questions?



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April 20, 2026

To the Board of Directors
Detroit Wayne Integrated Health Network

We have audited the financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2025 and have issued our report thereon dated April 20, 2026. Professional standards require that we provide you with the following information related to our audit, which is divided into the following sections:

Section I - Required Communications with Those Charged with Governance

Section II - Information Items

Section I includes information that we are required to communicate to those individuals charged with governance of DWIHN.

Section II contains informational items that we believe will be of interest to you.

We would like to take this opportunity to thank DWIHN's staff for the cooperation and courtesy extended to us during our audit. Their assistance and professionalism are invaluable.

This report is intended solely for the use of the board of directors and management of DWIHN and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Plante & Moran, PLLC

Alisha M. Watkins, CPA
Partner

Section I - Required Communications with Those Charged with Governance

Our Responsibility Under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated December 15, 2025, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities. Our responsibility is to plan and perform the audit to obtain reasonable, but not absolute, assurance that the financial statements are free of material misstatement.

As part of our audit, we considered the internal control of DWIHN. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.

Our audit of DWIHN's financial statements has also been conducted in accordance with *Government Auditing Standards*, issued by the Comptroller General of the United States. Under *Government Auditing Standards*, we are obligated to communicate certain matters that come to our attention related to our audit to those responsible for the governance of DWIHN, including compliance with certain provisions of laws, regulations, contracts, and grant agreements; certain instances of error or fraud; illegal acts applicable to government agencies; and significant deficiencies in internal control that we identify during our audit. Toward this end, we issued a separate letter dated April 20, 2026 regarding our consideration of DWIHN's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our letter regarding planning matters dated January 20, 2026 and as discussed in our meeting with the board chair, Dr. Taueg, on January 16, 2026.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by DWIHN are described in Note 2 to the financial statements.

No new accounting policies were adopted, and the application of existing policies was not changed during the fiscal year ended September 30, 2025 other than adoption of GASB Statement No. 101, *Compensated Absences*, and GASB Statement No. 102, *Certain Risk Disclosures*, which did not have a significant impact on the financial statements.

We noted no transactions entered into by DWIHN during the year for which there is a lack of authoritative guidance or consensus.

We noted no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

Section I - Required Communications with Those Charged with Governance (Continued)

The most sensitive estimate affecting the financial statements was unearned revenue. The amount of unearned revenue is derived from the Financial Status Report filed with the State of Michigan on an annual basis. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

During subsequent audit inquiries conducted on March 25, 2026, we became aware of concerns related to a recent DWIHN Medicaid audit, including an allegation of falsification of documents associated with the reporting and documentation of these audits. Following our discussion with management regarding these matters, we recommended that DWIHN request an audit extension with the Michigan Department of Treasury to allow sufficient time for both the DWIHN and Plante & Moran, PLLC to obtain a thorough understanding of, and further evaluate, the issues identified.

On April 10, 2026, we received a report summarizing management's investigation into these allegations. Management concluded that the matters arose from a lapse in adherence to established Medicaid audit protocols rather than intentional misconduct. These matters pertain specifically to back-end Medicaid audits of claims filed, impacting a relatively small portion of Medicaid activity and are unrelated to processes and controls in place over other aspects of the Medicaid program involving eligibility determinations, the administration of services, or financial reporting outside of a Medicaid audit environment. Inadequate controls and lack of oversight contributed to these deficiencies in Medicaid audit documentation and reporting.

These matters did not have any direct impact on DWIHN's financial statement audit for the fiscal year ended September 30, 2025; however, they were relevant to the subsequent period through the report issuance date of April 20, 2026.

We encountered no other significant difficulties in performing and completing our financial statement audit

Disagreements with Management

For the purpose of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report.

We are pleased to report that no such disagreements arose during the course of our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management.

Consistent with prior years and as noted in the prior year's AU260 letter, opioid settlement awards were not recorded as revenue and receivable in the current year, as management prefers to record the revenue as the cash is received. This understated current assets and revenue by \$2,682,514. Management has determined that the effect is immaterial, both individually and in the aggregate, to the financial statements taken as a whole. However, uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future period financial statements to be materially misstated.

Significant Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting DWIHN, and business plans and strategies that may affect the risks of material misstatement, with management each year prior to our retention as DWIHN's auditors. However, these discussions occurred in the normal course of our professional relationship, and our responses were not a condition of our retention.

**Section I - Required Communications with Those Charged with Governance
(Continued)**

Management Representations

We have requested certain representations from management that are included in the management representation letter dated April 20, 2026.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a second opinion on certain situations. If a consultation involves application of an accounting principle to DWIHN's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Recommendations

General Ledger System User Access

During our review of information technology controls over financial reporting, we noted that multiple users are assigned "Power User" roles within Microsoft Dynamics GP and that certain administrative access is maintained through a shared user ID. Management indicated that access to this shared ID is restricted to two IT personnel who do not have cash handling or vendor transacting responsibilities. Each individual must first authenticate using unique credentials, and activity performed under the shared ID can be traced back to the originating user; however, this audit trail is retained for approximately 90 days.

While these controls mitigate certain segregation of duties risks, the combination of broad system access and shared credentials could allow for unauthorized creation or modification of accounts, vendors, or journal entries without timely detection, particularly if review does not occur within the audit trail retention period. Furthermore, although compensating controls are in place, including dual approvals over disbursements and established cash handling procedures, this access structure increases the risk of unauthorized system changes and limits long-term accountability for system activity.

We recommend that management periodically review and document user access within Microsoft Dynamics GP, including shared IDs, and align role assignments with job responsibilities. Management should also consider limiting shared access where feasible, extending audit trail retention, and applying the principle of least privilege.

Other Information Included in Annual Reports

Our responsibility for other information included in annual reports does not extend beyond the financial statements, and we do not express an opinion or any form of assurance on the other information. However, we read the letter of transmittal, and nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially misstated or materially inconsistent with the information or manner of its presentation appearing in the financial statements.

Section II - Information Items

Upcoming Accounting Standards

GASB Statement No. 103 - Financial Reporting Model Improvements

This new accounting pronouncement will be effective for DWIHN's September 30, 2026 year end. This statement establishes new accounting and financial reporting requirements, or modifies existing requirements, related to the following: management's discussion and analysis (MD&A); unusual or infrequent items; presentation of the proprietary fund statement of revenue, expenses, and changes in fund net position; information about major component units in basic financial statements; budgetary comparison information; and financial trends information in the statistical section. This statement requires that the MD&A be limited to the five topics noted in the standard and provides further guidance on how the MD&A should be written. For proprietary fund financial reporting, the statement defines nonoperating revenue and expense and introduces the concept of subsidiaries. It also requires new subtotals to present total noncapital subsidies and income or loss, including both operating activities and noncapital subsidies. The statement prescribes that the required budgetary comparison schedules be reported only in the required supplementary information section of the statements and dictates what variance information should be included. Next, the statement removes the option to present discretely presented component unit information as condensed information in the notes rather than in the statements. Lastly, the statement outlines how unusual or infrequent items should be presented separately on the financial statements.

GASB Statement No. 104 - Disclosure of Certain Capital Assets

This new accounting pronouncement requires certain types of capital assets, such as lease assets, intangible right-of-use assets, subscription assets, and other intangible assets, to be disclosed separately by major class of underlying asset in the capital assets note. The statement also requires additional disclosures for capital assets held for sale and will also be effective for DWIHN's September 30, 2026 year end.

GASB Statement No. 105 - Subsequent Events

This new accounting pronouncement will be effective for DWIHN's fiscal year ending September 30, 2027. This statement defines subsequent events as transactions or other events that occur after the date of the financial statements but before the date the financial statements are available to be issued. This statement clarifies the subsequent events that constitute recognized and nonrecognized events and establishes specific note disclosure requirements for nonrecognized events.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-58R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/20/2026

Name of Provider: The TM Group Inc

Contract Title: Accounting System Maintenance and Support

Address where services are provided: None

Presented to Finance Committee at its meeting on: 5/6/2026

Proposed Contract Term: 4/1/2026 to 3/31/2027

Amount of Contract: \$ 178,829.00 Previous Fiscal Year: \$ 156,829.00

Program Type: Continuation

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

Date Contract First Initiated: 4/1/2023

Provider Impaneled (Y/N)?

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

The board action is requesting the approval for a one (1) year extension of our contract with the TM Group to provide system support services for our Microsoft Dynamics GP enterprise resource planning system, handling our accounting, purchasing and payment responsibilities among other things, which expired on March 31, 2026. We are currently looking to replace Dynamics GP with a newer cloud based enterprise resource planning (ERP) system, Microsoft Dynamics 365 Business Central, with an January 1, 2027 go live date. In the meantime, we will need the TM Group's assistance to continue supporting our Dynamics GP application until Business Central is up and running.

Based on the implementation time required to have the new application in place, we are seeking to extend the TM Group's Dynamics GP support contract through March 31, 2027 for an additional \$22,000 for an amount not to exceed \$178,829. The original contract amount totaled \$156,829 for a 3 year period, which included Microsoft annual licencing costs.

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

Source of Funds: Multiple

Board Action #: 24-58R2

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
MULTIPLE	\$ 178,829.00	\$ 178,829.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 178,829.00	\$ 178,829.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64923.815000.00000

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 20th day of May 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____

5/20/2026
Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-69R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/20/2026

Name of Provider: 123.Net

Contract Title: 123.Net Fiber Internet Services Modification

Address where services are provided: None

Presented to Finance Committee at its meeting on: 5/6/2026

Proposed Contract Term: 5/1/2026 to 7/31/2027

Amount of Contract: \$ 103,332.00 Previous Fiscal Year: \$ 77,364.00

Program Type: Continuation

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

Date Contract First Initiated: 6/1/2021

Provider Impaneled (Y/N)?

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

This board action requests a modification to the contract with 123NET, previously approved under Board Action 24-69, to expand internet services to include the upcoming 7-Mile Crisis center.

123NET has issued a consolidated quote that combines the new 7-Mile location with our two existing circuits into a single contract with a co-terminus end date. This request does not extend the terms of the current contract.

Billing for the new services will begin upon DWIHN's acceptance and issuance of the Certificate of Acceptance. Billing will continue through the end of the current contract (7/31/2027). The modification will not exceed \$25,968.00, bringing the new total amount not to exceed \$103,332.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
MULTIPLE	\$ 103,332.00	\$ 103,332.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 103,332.00	\$ 103,332.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Board Action Taken

The following Action was taken by the Full Board on the 20th day of May 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____

5/20/2026
Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-02R3 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 5/20/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2026 Operating Budget

Address where services are provided: None

Presented to Finance Committee at its meeting on: 5/6/2026

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

Amount of Contract: \$ 1,223,691,922.00 Previous Fiscal Year: \$ 1,254,370,195.00

Program Type: Modification

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)?

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

DWIHN is requesting Board approval to certify additional revenue sources totaling \$24,785,157 and authorize expenditures of a like amount as noted below:

1. Certify Autism Medicaid (\$18,800,000) and DSNIP (\$4,700,000) and \$203,667 in Health Home revenue totaling \$23,703,667 and authorize the following expenditures based on mid-year projections:

Autism services:\$18,800,000

HIDE-SNP Program (formerly Dual Eligibles):\$4,700,000

SUD Health Homes services:\$203,667

2. Certify additional grant revenue totaling \$529,273 and authorize the following expenditures:

Additional federal Block Grant revenue of \$43,217 for the Infant Toddler Court program

State grant revenue of \$486,056 to fund expansion of the Mobile Crisis Unit. The Mobile Crisis Intervention Services grant (MCCRC) is termed for 6 months expiring September 30, 2026. The grant monies will be used to fund 6 months of salaries and fringes for seven (7) new positions (5 full-time, 2 part-time) in the Mobile Crisis Unit (\$282,160), with the remaining \$203,896 used for staff training and operational expenses.

3. Certify the use of additional Medicaid/ ISF reserves totaling \$552,217 to fund the following expenditures:

NCQA re-accreditation - \$45,000

AI Netlink data lab model - \$27,500 approved on Board Action 25-53R1

BizAnalytix Claims Audit and Utilization Review System (CAURS) licensing and support renewal - \$49,000 approved on Board Action 26-49

3% rate increases for part-time and contingent employees - \$198,981 (salaries and fringes)

Rate increases for DWIHN Board, SUD Advisory Board and Committees Members - \$54,179

New positions approved by the HR Committee totaling \$177,557 (salaries and fringes)

HR Associate - \$77,924

Residential Services Administrative Assistant 3 - \$63,221

MC3 Behavioral Health Clinician - \$36,412

Note: Total salary and fringes = \$124,971 of which \$88,559 is funded by MC3 grant revenue certified with the original FY26 budget. The remaining portion of \$36,412 is funded with Medicaid/ ISF reserves. Next year, the grant will cover 100% of salary and fringes.

The amended FY 2026 Operating Budget of \$1,223,691,922 consists of the following revenue sources:

\$930,385,465 - Medicaid, DHS Incentive, Medicaid-Autism, Children's/ SED Waiver, HAB, and HRA;

\$130,445,664 - Healthy MI Plan and HRA;

\$7,838,061 - MI Health Link/DSNIP;

\$21,460,901 - State General Funds;

\$23,486,447 - Wayne County Local Match Funds and PBIP;

\$5,668,948 - County PA2 Funds;

\$55,806,033 - State Grants (MDHHS/ MDHHS SUD, OBRA);

\$24,179,572 - Federal Grants (MDHHS/ MDHHS SUD, SAMHSA);

\$1,193,762 - Local Grants;

\$6,260,000 - Interest Income;

\$40,000 - Miscellaneous Revenue;

\$16,927,069 - Medicaid/ Local Reserves.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
MULTIPLE	\$ 1,223,691,922.00	\$ 1,223,691,922.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action Taken

The following Action was taken by the Full Board on the 20th day of May 2026.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____

5/20/2026

Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-50 Revised: N Requisition Number: 0

Presented to Full Board at its Meeting on: 5/20/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 26 SYEP

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/13/2026

Proposed Contract Term: 6/1/2026 to 9/30/2026

Amount of Contract: \$ 1,900,000.00 Previous Fiscal Year: \$ 1,900,000.00

Program Type: Continuation

Projected Number Served- Year 1: 800 Persons Served (previous fiscal year): 800

Date Contract First Initiated: 6/1/2020

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).

Board approval is requested for \$1.9 million to fund the continuation of the DWIHN Summer Youth Employment Program ("SYEP") from June 1-September 30, 2026.

The SYEP Program has been funded for the last six (6) fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents -- focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14-24 living in Wayne County. In addition to work experience, this funding will ensure that the employed youth receive educational information on prevention, treatment, and access to care. These programs are expected to be both beneficial and preventative for youth otherwise unoccupied during the summer months, who may be at a greater risk for developing behavioral health issues.

The proposed partner cities and organizations include Alkebulan Village, the City of Belleville, Van Buren Township, the City of Dearborn Police Department, Connect Detroit, Downriver Community Conference, the City of Hamtramck, the City of Highland Park, Redford Township, Eastside Community Network, the City of Westland, Wayne State University, and LifeBUILDERS Detroit).

The engagement is beneficial to DWIHN as it promotes workforce development and continued growth in Detroit and Wayne County. Research has shown that healthy youth foster into healthy adults when given appropriate coping mechanisms and protective factors.

The total allocation is not to exceed \$1,900,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
General Fund	\$ 1,900,000.00	\$ 1,900,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

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 20th day of May 2026.

X Approved - Board Action #26-50 approved as to the Providers that were not separated from the contract. The Board separated and will come as a separate board action the Charter Township of Van Buren; City Connect Detroit (Grow Young Detroit Talent) and Eastside Community Network (Warren Conner Development).

€ Rejected

€ Modified

€ Tabled as follows:


Board Liaison Signature

Executive Director -initial here: _____

5/20/2026

Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-53 Revised: N Requisition Number: 0

Presented to Full Board at its Meeting on: 5/20/2026

Name of Provider: Plante & Moran, PLLC

Contract Title: Annual Financial Statement Audits

Address where services are provided: None

Presented to Finance Committee at its meeting on: 5/6/2026

Proposed Contract Term: 9/1/2021 to 6/30/2027

Amount of Contract: \$ 195,435.00 Previous Fiscal Year: \$ 174,200.00

Program Type: New

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

Date Contract First Initiated: 8/1/2021

Provider Impaneled (Y/N)?

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

This board action is requesting approval to enter into a one (1) year comparable source contract, with a one (1) year option, with Plante Moran PLLC., for an amount not to exceed \$195,435 for the fiscal year ended September 30, 2026 financial statement audit, single Audit and Compliance Examination reports. The amount is comprised of \$183,435 for the base cost for the audit reports (compared to \$174,200 for current year audit) and \$12,000 for an additional major program tested under the single audit, if necessary. The \$9,235 increase in the contract as compared to current year audit is due to a technology fee required to be added to all audit contracts.

Due to ongoing discussions and evaluations at the State level regarding potential restructuring of PIHP entities and related policy changes by MDHHS, maintaining the current vendor ensures uninterrupted service delivery in the event of any restructuring. In addition, in the event of restructuring at the PIHP or CMHSP level, the scope of the audit would require a significant change and a RFP would likely be necessary at that time.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 26/27	Annualized
Multiple	\$ 195,435.00	\$ 195,435.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 195,435.00	\$ 195,435.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64923.813000.00000

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 20th day of May 2026.

X Approved

€ Rejected

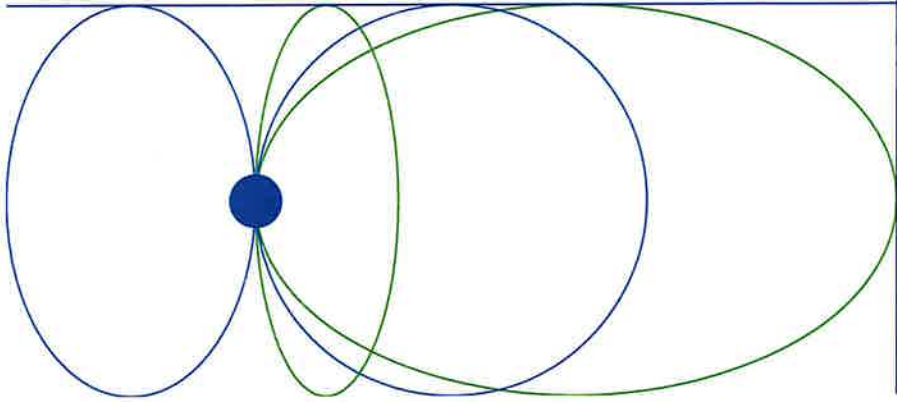
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€ Tabled as follows:


Board Liaison Signature

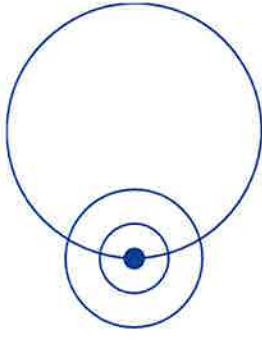
Executive Director -initial here: _____

5/20/2026
Date:



CMHA Spring 2026 Updates

What's in Store for 2026



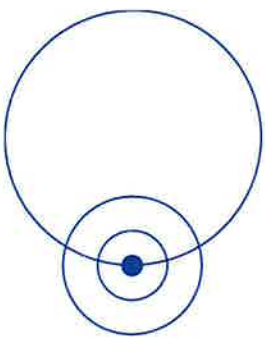
2026 Election in Michigan will be historic

What is at stake?

- First time since direct US Senate elections began in 1916 that both an open U.S. Senate seat and an open Governor's race (with no incumbent) will appear on the same ballot.
 - Governor & Lt Governor (open)
 - U.S. Senate (open)
 - U.S. House
 - Secretary of State (open)
 - Attorney General (open)
 - Michigan Senate (all 38 seats)
 - Michigan House (all 110 seats)
- Constitutional Convention question, which appears every 16 years will be on the ballot
- The entire state legislature (Senate and House) is up for re-election
 - Dems hold a 20-18 majority in Senate
 - **Special election for 35th district – held on May 5 (Dems won 60%-40%)**
 - Republicans hold a 58-52 majority in House



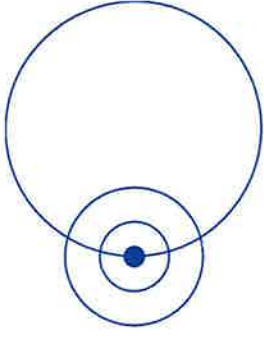
What's in Store for 2026



- More inaction and gridlock in Lansing – Divided Legislature
 - Only 7 PAs in 2026
- 2025 Lowlights
- FY26 Budget Misses BOTH Deadlines
 - PA 160 of 2019, effective July 2021) mandates the Legislature must pass and present appropriation/budget bills to the governor **by July 1** each year.
 - Budget finally completed after a continuation budget was passed on October 1 (funding the state through 10/8) – FY26 budget was finalized on October 3rd.
- Record Low Public Acts in 2025
 - At the very end of December, Governor Gretchen Whitmer signed 36 bills into law, bringing the total number of public acts enacted in 2025 to 74.
 - Governor Whitmer has signed 1502 bills into law during her first 6 years as governor = 250.3 bills/per
 - The average number of new laws signed per year over the two prior decades was 383. The 74 tally from this year is an 81% drop from that average.



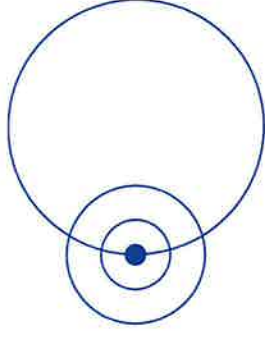
FY27 Budget Forecast



- January Consensus Revenue Estimating Conference (CREC) took place on Friday, January 16
- **FY26 Revenue Revisions (current year) from May 2025**
 - Combined GF/GP + School Aid Fund revenues revised down \$779 million
 - GF/GP revenues: ↓ \$980 million
 - School Aid Fund: ↑ \$201 million
- **FY27 Revenue Revisions from May 2025**
 - Combined revenues revised down \$1.1 billion
 - GF/GP revenues: ↓ nearly \$1.3 billion
 - School Aid Fund: ↑ \$169 million
- January CREC marks the unofficial start of budget development – Executive budget release scheduled for February 12, 2026
- As much as 80 percent of the fallen revenues are coming from last year's gas tax switch and the tax cuts on tips, overtime and Social Security. The fiscal agencies are projecting a slowing economy, but that only accounts for a drop of between \$200 million.
- Other budget pressures – House list of \$5 billion in cuts



FY27 Budget Forecast



H.R. 1



As health care costs are rising across the country, the federal government is passing the tab to states:

- Last July, Congress passed H.R. 1, which cut federal funding and shifted significant costs to states across the country
- When H.R. 1 passed, it immediately blew a \$1B hole in our budget
- While Michiganders continue to pay federal taxes, we all get less back in federal support, and the state pays more

We took steps to mitigate some of the impacts in FY26:

- Decoupled from federal tax provisions
- Protected \$2.7B in annual Medicaid funding
- Invested \$30M for SNAP error rate reduction
- Accomplished this while maintaining investments in priorities and passing a \$2B roads plan

Total Estimated GF Cost of H.R. 1

(Billions)

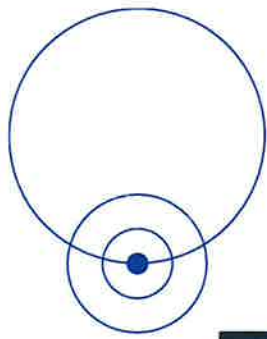
- \$0.0
- \$2.0
- \$4.0
- \$6.0
- \$8.0
- \$10.0
- \$12.0



■ Pre-FY26 State Budget
■ Current Law



FY27 Budget Forecast



National State Budget Outlooks

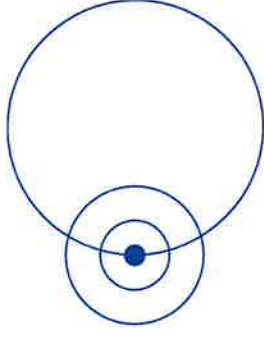


States around the country are facing similar pressures from rising health care costs and H.R. 1 implementation:

Kentucky	Proposing nearly \$1B withdrawal from rainy day fund
Washington	Proposing to end corporate tax exemptions and use \$1B in reserves
Alaska	Proposing new sales tax up to 4% and \$1.5B withdrawal from reserves
Delaware	Proposing an increase in tobacco taxes and business formation fees
South Dakota	Proposing no funding increase for K-12 students
Idaho	Exploring up to a 2% cut for K-12 students

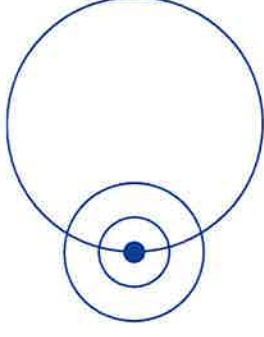


FY27 Exec Budget Recommendation



- The proposed FY27 spending plan is \$88.1 billion, including a general fund total of \$13.6 billion and a school aid budget totaling \$21.4 billion. **The budget is based on roughly \$800 million in tax increases, \$630 million in cuts and \$400 million from the rainy day fund.**
- **Biggest Spending Areas**
 - **Education (Higher Ed & K-12):** Expanded funding, especially literacy and per-pupil increases.
 - **Health & Human Services:** State increases to offset federal changes and strengthen Medicaid administration.
 - **Tax Relief Programs:** New/expanded credits that effectively increase net budgetary commitments (senior property tax credit & working families tax credit)
 - **Infrastructure/Transportation:** Continued and substantial road funding commitments.
 - **Other Department Growth:** Small but numerous increases in other state functions and initiatives.
 - **General Growth/Inflation:** Baseline increases due to inflation, caseload adjustments, and service expansions.

FY27 Budget Recommendations

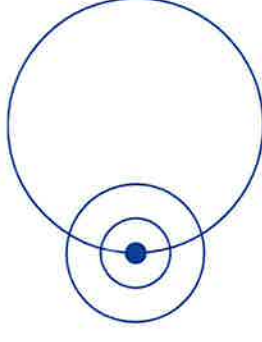


Specific Mental Health/Substance Abuse Services Line items

	<u>FY'26 (Final)</u>	<u>FY'27 (Exec Rec)</u>	<u>FY'27 (House)</u>	<u>FY'27 (Senate)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$3,188,847,900	\$3,667,513,800	\$3,329,969,700	\$3,663,869,500
-Medicaid Substance Abuse services	\$96,323,300	\$84,902,600	\$84,902,600	\$84,902,600
-State disability assistance program	\$2,018,800	\$2,018,800	\$1,922,000	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$79,207,900	\$79,221,100	\$79,207,900	\$78,186,700
-Health Homes Program	\$50,239,800	\$50,239,800	\$50,239,800	\$50,239,800
-Autism services	\$467,644,200	\$560,716,600	\$560,716,600	\$560,716,600
-Healthy MI Plan (Behavioral health)	\$438,267,500	\$525,256,200	\$375,780,500	\$518,153,900
-CCBHC	\$916,062,700	\$916,062,700	\$916,062,700	\$916,062,700
-Total Local Dollars	\$9,943,600	\$9,943,600	\$9,943,600	\$9,943,600



FY27 Budget Recommendations

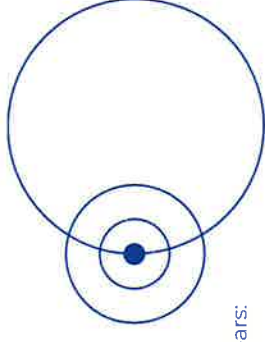


H.R. 1 Implementation

- Senate reduces executive budget on HR 1 staffing costs to **\$51.5 million for 485 FTEs**. Governor's budget proposed \$80.3 million for additional full-time employees (\$54.2 million general fund) to meet workload increases resulting from new requirements within H.R. 1. This investment includes an additional 589.0 FTEs for assistance payment workers, Office of Inspector General agents, departmental analysts, supervisors, and administrative assistants. **House does not specifically address.**
- Senate reduces executive budget on HR 1 **beneficiary support to \$7.4 million**. Governor's budget proposed \$16.7 million to expand beneficiary support (\$6.1 million general fund) by increasing access to beneficiary help-line services and providing educational support on H.R. 1 changes. This includes a \$5 million federal grant from the Centers for Medicare and Medicaid Services (CMS), included in the FY26 supplemental proposal, to support costs related to Medicaid community engagement requirements. **House does not specifically address.**
- Senate concurs with Governor's budget and includes \$94.3 million (general fund), offset with a like reduction in federal revenue (net zero total) for SNAP administrative costs due to the state's required cost share increasing from 50% to 75% beginning in fiscal year 2027. **House does not specifically address.**



FY27 Budget Recommendations



Medicaid Sustainability

The Governor's budget seeks to use the following funding streams and strategies to support the Michigan Medicaid program in the coming years:

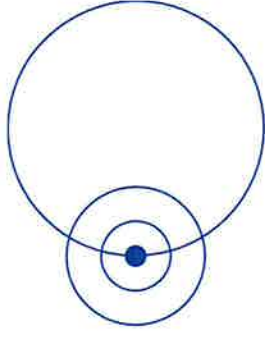
- Tobacco Tax: forecast to generate \$232 million in FY27.
- Vape Tax: forecast to generate \$95 million in FY27 to be used for cancer prevention, smoking prevention, children's coordinated health care, and for the Medicaid Benefits Trust Fund.
- New internet tax rate on largest casinos: forecast to generate \$135.5 million in new tax revenue in FY27, with the majority going directly to the Medicaid Benefits Trust Fund.
- Per-Wager Sports Betting Tax: forecast to generate \$38.8 million for the Medicaid Benefits Trust Fund in FY27.
- Elimination of Free Play Deduction: eliminating this deduction is forecast to generate \$21.1 million for the Medicaid Benefits Trust Fund in FY27.
- 4.7% Digital Advertising tax: the tax is forecast to generate \$282 million in FY27.

Governor's budget calls for \$150 million in efficiency savings identified in collaboration with stakeholders to address costs, accountability and resource effectiveness while maintaining sustainability of services.

- **House and Senate budget recommendations do NOT include the \$800 in revenue increases**
- House budget calls for \$300 million in efficiency savings identified in collaboration with stakeholders to address costs, accountability and resource effectiveness
- Senate budget will include \$350 million withdrawal from the state's emergency savings account will be used exclusively to address the Medicaid caseload and the impacts of H.R. 1.



FY27 Budget Recommendations



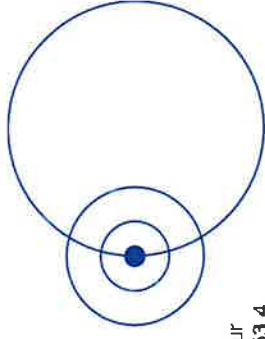
Health Care Workforce

House and Senate concur with the Executive adds \$258.4 million to support 2025 and 2026 direct care worker minimum wage increases (\$87.3 million general fund), which preserves \$3.40 per hour in increased wages received by workers over the past two years. Currently, federal American Rescue Plan (ARP) funds that expire at the end of FY26 support these increases. This investment backfills the lost ARP funds with general fund to continue drawing down federal Medicaid match dollars.

- Senate concurs with the Executive and includes \$69.5 million to support the 2027 direct care worker minimum wage increase of \$1.27 per hour (\$23.5 million general fund). **House budget does NOT include funding.**
- Senate concurs with the Executive and includes \$24 million to provide sick leave for direct care workers consistent with Public Acts 338 and 369 of 2018 (\$8.1 million general fund). Nearly all employers, such as those employing members of the direct care workforce, are required to provide paid sick leave to eligible employees. This investment transitions the cost to general fund and Medicaid matching dollars, as time limited ARP funds currently support this requirement. **House budget does NOT include funding.**



The Direct Care Worker Wage Math Problem



Our Ask

- **Reflect the true cost of the \$3.40/hour passthrough.** The FY27 budget should account for the full \$563.4 million gross ongoing cost of cumulative wage commitments, not just the \$258.4 million partial backfill of expired ARP funds. The gap of \$305.0 million gross must be addressed
- **Fund the FY26 shortfall.** The Legislature should direct a sufficient appropriation to cover the \$179.4 million gross cost of the \$1.25/hour FY26 wage increase for behavioral health and aging services that providers are currently absorbing without compensation
- **Fund the FY27 wage increase.** Provide \$182.2 million gross to cover the anticipated \$1.27/hour wage increase effective January 1, 2027, so the mandate does not arrive without the means to meet it
- **Require the passthrough to actually pass through.** Include explicit boilerplate language requiring MDHHS, PIHPs and CMHSPs to distribute DCW wage funding to providers and families within a defined timeframe, with accountability and reporting requirements for compliance. Right now, most CMHSPs haven't provided any funding to providers during the current fiscal year, despite the fact we are more than six months into it.



The Governor's FY27 budget proposes \$258.4 million to preserve a mandatory \$3.40/hour wage passthrough for DCWs. Based upon previous appropriations, the actual cost is \$563.4 million. **That means the Michigan providers and families who employ DCWs will be shouldering 54% of the cost in FY27.**

The gap is real, and providers/families are already at a breaking point.

Here's how we got here.

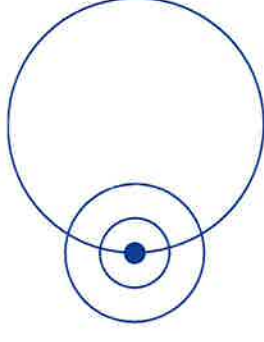
The \$3.40/hour direct care worker wage passthrough is not a single line item. It is the cumulative result of three separate, bipartisan legislative appropriations made over four fiscal years. Each appropriation carries an ongoing annual cost that does not disappear when the original funding source expires.

Fiscal Year	Wage Increase	Total Gross Cost	General Fund / GP
FY22	+\$2.35 / hour	\$414.5 million	\$146.1 million
FY24	+\$0.85 / hour	\$120.2 million	\$42.7 million
FY25	+\$0.20 / hour	\$28.7 million	\$10.0 million
TOTAL COMMITTED	\$3.40 / hour	\$563.4 million	\$198.8 million
FY27 Gov. Rec.	Claims to preserve \$3.40/Hr	\$258.4 million	\$87.3 million GF
THE GAP	Unaccounted for in the Gov. Rec.	\$305.0 million	\$111.5 million GF

The Governor's budget describes the \$258.4 million as backfilling expiring American Rescue Plan (ARP) funds. That framing is technically accurate but materially misleading. The ARP funds supported a portion of these wages; they did not represent the full cost. The full ongoing cost of the wages the state has committed to paying is \$563.4 million gross. The proposed budget funds less than half of that.

FY26 Funding Situation	Behavioral Health Sector*	Total Amount
Gross funding needed to cover \$1.25/Hr FY26 increase	\$89.7 million	\$179.4 million
Gross funding MDHHS has sent to PIHPs to cover it	\$51.9 million	
Additional funding passed through by most CMHSPs to providers	\$0	
CURRENT UNFUNDED	\$27.8 million	

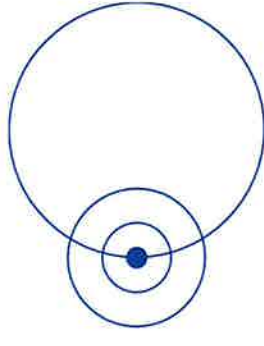
FY27 Budget Recommendations



Major Boilerplate Additions (House Budget)

- **NEW: Sec. 226.** U.S. Citizenship Requirement – House prohibits DHHS from using state or federal funds to provide services to non-US citizens, except for qualified aliens under federal law. Excludes actions for the purpose of detaining non-U.S. citizens from this prohibition.
- **NEW: Sec. 227.** Prohibition on DEI Programs – NEW House prohibits DHHS from using state funds on diversity, equity, and inclusion initiatives as defined in various federal Executive Orders.
- **REVISED: Sec. 231, 264.** Direct Care Worker Wage Increase and Report – Revises by removing the specific direct care wage increase amount and replaces with the requirement to comply with expressly defined network adequacy standards for direct care workers and revises the report to include compliance with network adequacy standers and aggregated rates paid.
- **REVISED: Sec. 924.** Autism Services Fee Schedule – Requires DHHS to maintain a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also sets behavioral technician fee schedule at not less than \$66.00 per hour. **House revises so that behavioral technicians receive not more than \$66.00 per hour.**
- **NEW: Sec. 925.** Autism Services Quality Control – House requires DHHS to dedicate up to \$1.0% from the autism line to contract with an independent agency to identify fraud, institute quality control measures, and provide technical assistance to improve outcomes and accountability.
- **RETAINTED: Sec. 994.** National Accreditation Review Criteria for Behavioral Health Services (House and Senate KEEP)
- **NEW: Sec. 1020.** PIHP Request for Proposal – House prohibits DHHS from issuing, implementing, or proceeding with any request for proposal fully complies with the Mental Health Code, has received process related to the administration of public behavioral health services unless the request for proposal fully complies with the Mental Health Code, has received legislative enactment, and DHHS has returned to the legislature an implementation plan for approval.
- **NEW: Sec. 1021.** “Mental Health Framework” Prohibition – House prohibits DHHS expending funds to advance the “Mental Health Framework”, or similar, proposal that alters the current responsibilities for behavioral health services between PIHPs, CMHSPs, or Medicaid health plans; prohibits DHHS from modifying psychiatric inpatient admissions management and responsibilities; prohibits DHHS from implementing policies that shift psychiatric inpatient benefits or related services to Medicaid health plans; and requires DHHS to maintain the current structure of responsibility for behavioral health services unless otherwise directed by law.
- **NEW: Sec. 1022.** Waskul Cost Reimbursements – House requires DHHS to reimburse CMHSPs that are a member of a PIHP that was a defendant in the Waskul settlement agreement and requires a report.

CMHA FY27 Budget Priorities



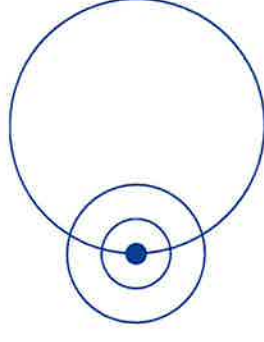
- FY26 MEDICAID RATES MUST BE ADJUSTED
 - CMHA members face over a \$100 million Medicaid shortfall for FY26 due to a drop in Medicaid enrollment
- SUPPORT REVENUE INCREASES TO MAINTAIN MEDICAID FUNDING LEVELS
- REDUCE ADMINISTRATIVE BURDENS
 - Require MDHHS to comply with section 994 from the FY26 budget
- CMHA OPPOSES ANY NEW LEGISLATIVE MANDATED RATE INCREASE FOR A SPECIFIC SERVICE THAT INTERFERES WITH PIHPS AND CMHSPS REQUIREMENT TO ESTABLISH FAIR MARKET RATES

BOILERPLATE SUGGESTIONS

- PROHIBIT MDHHS FOR SPENDING ADDITIONAL DOLLARS ON PIHP RFP PROCESS
- PROHIBIT MDHHS FOR MOVING FORWARD WITH MENTAL HEALTH FRAMEWORK
- STRIKE CCBHC LANGUAGE PROHIBITING EXPANSION – REPLACE WITH CONTUNUED FUNDING
- CREATE STANDARD DEFINITION OF RURAL



Rural Health Transformation Program (RHTP)



The **Rural Health Transformation Program** (RHTP) is part of the federal budget bill, H.R. 1. RHTP is a \$50 billion grant program runs from Fiscal Year (FY) 2026 through FY 2030, with \$10 billion allocated per year across 50 states. The goal is to increase access to rural health providers while improving outcomes for individuals living in rural communities.

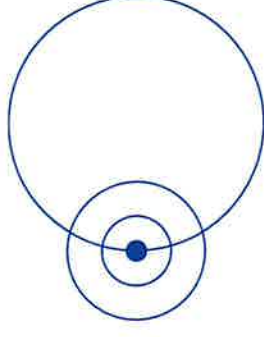
RHTP Funding Details



- \$50 billion dollars nationwide over five years.
- Cannot supplant any federal, state or local funding.
- New, innovative projects aimed at five policy priorities.
- Must transform rural healthcare in sustainable ways.
- Can expand or enhance services but not duplicate current programs.
- Initiatives may be directly implemented by state government or may be implemented by subcontracted funding with strong state oversight.
- Funding over the five years will change each year based on the state's progress and rate of expenditures.



Rural Health Transformation Program (RHTP)



RHTP CMS Five Policy Priorities



Make Rural America Healthy Again

Support health innovations and new access points to promote preventive health and address root causes of diseases



Sustainable Access

Help rural providers become long-term access points for care by improving efficiency and sustainability

Workforce Development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities

Innovative Care

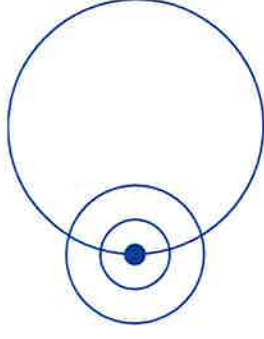
Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements

Tech Innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients



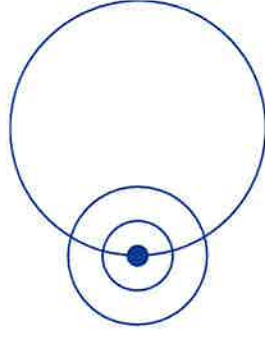
Rural Health Transformation Program (RHTP)



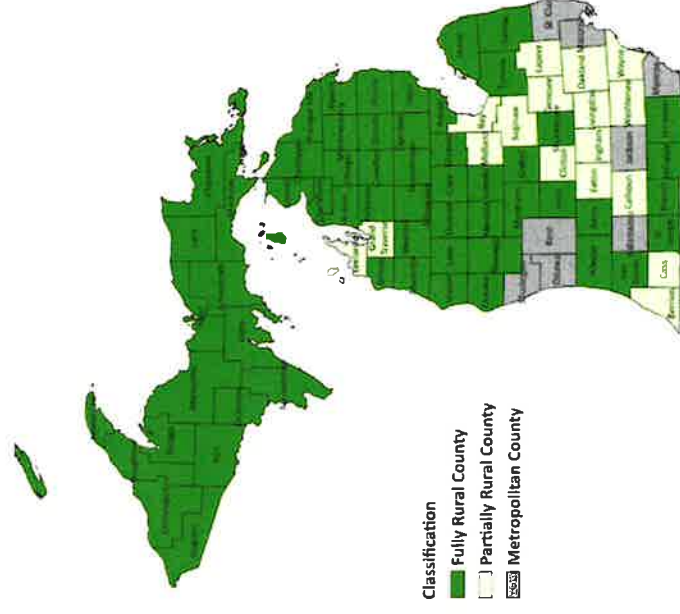
Rank	State	Award Amount (FY 26)	Population (2024 est.)
1	Kansas	\$221,898,008	~2,970,606
2	Nebraska	\$218,529,075	~2,005,465
3	Missouri	\$216,276,818	~6,245,466
4	Iowa	\$209,040,064	~3,241,488
5	Indiana	\$206,927,897	~6,924,275
6	Wisconsin	\$203,670,005	~5,960,975
7	Ohio	\$202,030,262	~11,883,304
8	North Dakota	\$198,936,970	~796,568
9	Minnesota	\$193,090,618	~5,793,151
10	Illinois	\$193,418,216	~12,710,158
11	South Dakota	\$189,477,607	~924,669
12	Michigan	\$173,128,201	~10,140,459



Rural Health Transformation Program (RHTP)

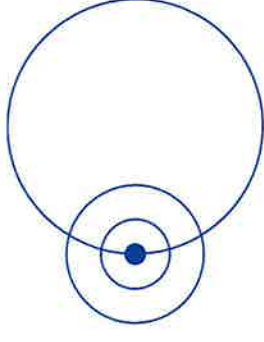


Michigan's RHT
Program proposal includes 75
counties that are either fully
rural or partially rural
counties as identified by the
Federal Office of the Rural
Health Policy within Health
Resources and Services
Administration (HRSA).



Source: Federal Office of Rural Health Policy (FDRHP), Health Resources and Services Administration (HRSA), as of September 2025. Map prepared by MDHHS Policy, Planning & Operational Support. Notes: *July FDRHP Rural means that all census tracts within the county are defined as rural areas and non

Rural Health Transformation Program (RHTP)



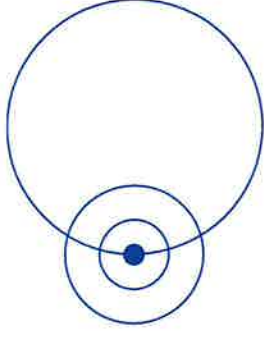
Workforce Development and Retention is a Key Priority

Rural communities face distinct challenges—including geographic isolation, lower compensation, limited training and career pathways, and elevated burnout—that make recruiting and retaining mental health professionals difficult at every level of care, from direct support staff and clinicians to crisis and specialty providers. These workforce gaps increase pressure on remaining staff, disrupt continuity of care, and leave individuals and families without essential services.

- The **Bachelor of Social Work (BSW) to Clinical Master of Social Work (MSW) Stipend Program** is designed to help bridge the mental health provider gap in rural communities by offering educational stipends to social work students. In exchange, stipend recipients would commit to working in a rural Michigan community for five years following graduation.
- The **University-Led MSW Scholarship Program** seeks to expand the pipeline of mental health professionals by providing scholarships to MSW students. Through partnerships with at least two universities, this program would offer scholarship opportunities to students who commit to serving rural communities for five years after graduation, strengthening long-term workforce capacity where it is most needed.



Rural Health Transformation Program (RHTP)

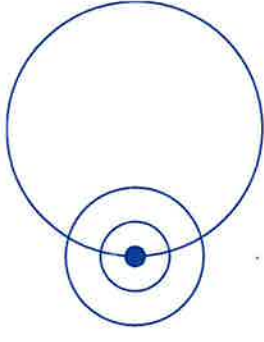


Other Key Priorities for CMHA Members

- **Recognize CMHSPs as Core Rural Healthcare Providers**
In every rural county in Michigan, CMHSPs are the largest and most comprehensive behavioral healthcare providers—and in many counties, the only behavioral health provider. Michigan’s RHTP must fully recognize CMHSPs as essential components of the rural healthcare safety net.
- **Treat Mental Health Conditions as Chronic Health Conditions**
A wide range of mental health and substance use disorders—including schizophrenia, bipolar disorder, clinical depression, ADHD, attachment disorders, and substance use disorders—should be recognized as chronic health conditions. These conditions require the same long-term supports and attention to health-related social needs, such as housing, income stability, and transportation, as chronic physical health conditions.
- **Preserve and Expand Behavioral Telehealth**
Rural Michiganders benefit greatly from telehealth services delivered directly into their homes, including audio-only services. These modalities proved essential during and after the pandemic and remain critical for individuals who otherwise cannot access behavioral healthcare due to geography, transportation barriers, or workforce shortages.



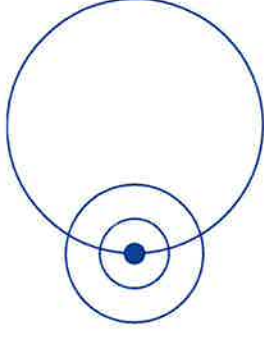
Rural Health Transformation Program (RHTP)



- **Invest in Smart Home Technologies**
Smart home technologies can enable individuals with mental health disabilities to live independently, even amid a severe and prolonged direct care workforce shortage. Providers such as MOKA demonstrate the real-world value of these technologies within Michigan's public mental health system.
- **AI Tool Purchase and Training for Clinical Use**
Over the past year, a number of advanced AI tools have entered the market that enable behavioral health clinicians to significantly reduce the time spent on clinical documentation while also helping to identify potential risks, concerns, and treatment needs expressed during clinical interviews. Investing in the adoption of these AI tools—along with appropriate training for clinicians—would reduce administrative burden, improve clinical efficiency, and increase the amount of time clinicians can devote to direct patient care.
- **Expand the Definition of Lived Experience Providers**
CMHA urges Michigan to expand its recognition of lived-experience providers beyond community health workers to include the full range of mental health peer providers. Michigan currently has more than 4,000 Medicaid-funded peer providers across the state, with a clear need for many more. These individuals are core members of the healthcare workforce.
- **Include Behavioral Health in Emergency Department Diversion Efforts**
A significant share of inappropriate emergency department utilization is driven by unmet mental health and substance use needs. RHTP initiatives aimed at reducing unnecessary ED use must include behavioral health interventions such as rural CSUs, mobile crisis teams, co-responder models, and technology-supported mobile services.



Rural Health Transformation Program (RHTP)



Next Steps for the RHTP

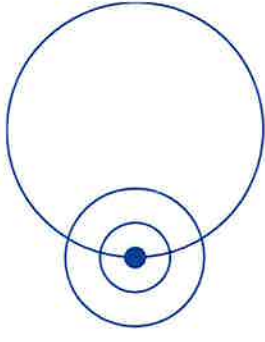
- The RHTP is supported by a multilayered governance structure that brings together leadership from the Michigan Department of Health and Human Services (MDHHS), cross-department collaboration and community input to guide implementation and ensure investments respond to the needs of rural Michigan communities.
- **RHTP Advisory Council:** A group of external partners and community representatives who provide insight on rural health priorities, review program progress and offer recommendations to MDHHS leadership.
- **Annual Summit and Broader Engagement:** Creates opportunities for partners across Michigan to share feedback, highlight best practices and identify emerging needs. The Annual Summit will serve as a statewide convening to discuss progress and inform future RHTP priorities.
- **Cross-Departmental Coordination Team (CDCT):** Aligns work across MDHHS divisions to coordinate implementation activities, share information and ensure program efforts are integrated across departments.
- **MDHHS Executive Team:** Provides overall strategic direction and final decision-making for the program, including approvals related to policy, funding and major program initiatives.

Funds directed through Grant Funded Opportunities (GFO) or Letters of Intent (directed payments LOI)

- \$95 million will be distributed through LOIs and \$66.6 million through GFO



Rural Health Transformation Program (RHTP)



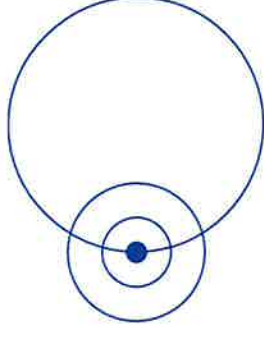
RHTP Advisory Council Members

- **Alan Bolter**
Community Mental Health Association
- **Andrea Wendling, M.D.**
Michigan State University College of Human Medicine
- **Andrew Chosa**
Upper Peninsula Health Care Solutions
- **Angela Madden**
Michigan Association of Ambulance Services
- **April Kay Osburn**
Central & Western Area Health Education Center / Central Michigan University
- **Catherine A. Macomber**
Saginaw Valley State University
- **Crystal Barter**
Michigan Center for Rural Health
- **Elise Marie Bur**
Northern Michigan University
- **Heidi Britton**
Northwest Michigan Health Services, Inc.
- **Jeremy Cannon**
Kalkaska Memorial Health Center

- **Julie Kay Yaroch, D.O.**
ProMedica
- **Kim Bachelder**
Michigan Health Information Network (MiHIN)
- **Lauren LaPine**
Michigan Hospital Association
- **Megan Murphy**
Superior Health Foundation
- **Nicholas Cushman**
Indian Health Service / University of Michigan College of Pharmacy
- **Phillip Berquest**
Michigan Primary Care Association
- **Robert Walter Mach**
Schoolcraft Memorial Hospital
- **Sarah Oleniczak**
Northern Michigan Community Health Innovation Region / District Health Department #10
- **Stephanie Winslow**
PACE Association of Michigan
- **Wilbert Morris**
Sanilac County Community Mental Health Authority



Mental Health Framework



What is the Michigan Medicaid “Mental Health Framework”?

The Michigan Department of Health and Human Services (MDHHS) is shifting to a **more person-centered approach to serving Michiganders with mental health needs**. As part of [MIHealthyLifeExternal Link](#), an initiative that began in 2022 to strengthen the Comprehensive Health Care Program (CHCP), MDHHS is partnering with Medicaid Health Plans (MHPs), [Prepaid Inpatient Health Plans \(PIHPs\)External Link](#) and providers to improve access to and coordination of mental health care across the Medicaid program.

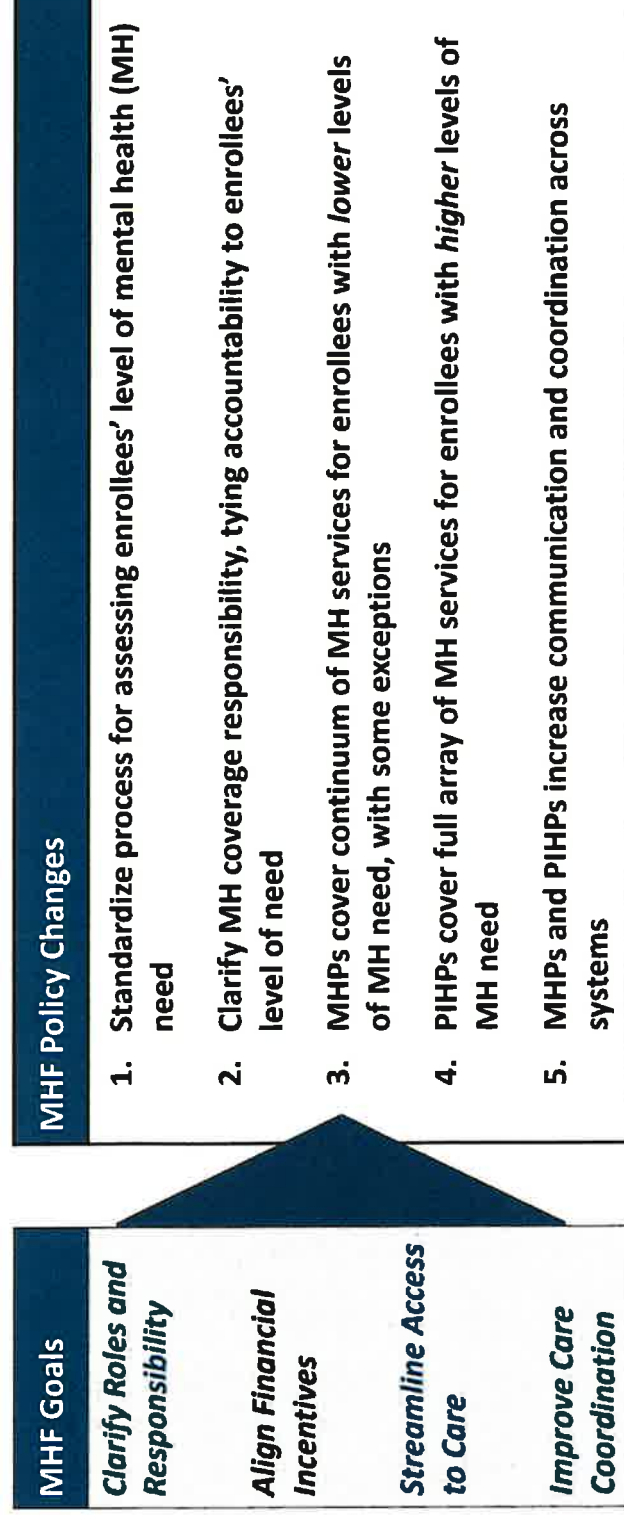
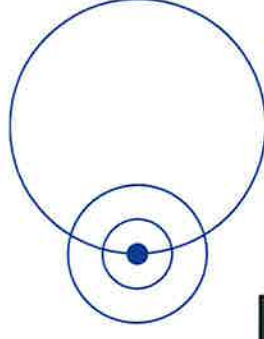
Under the Mental Health Framework, an enrollee’s level of mental health need, as determined through a State-identified standardized assessment tool, will more clearly determine which payer—the enrollee’s MHP or PIHP—is responsible for their mental health coverage and care. Also, MHPs will begin covering some additional mental health services for enrollees with lower levels of mental health need, so MHPs are accountable for more of these enrollees’ continuum of care. Beginning in October 2026:

- MHPs will cover most mental health services for CHCP enrollees with lower levels of mental health need, and
- PIHPs will cover all mental health services for CHCP enrollees with higher levels of mental health need.

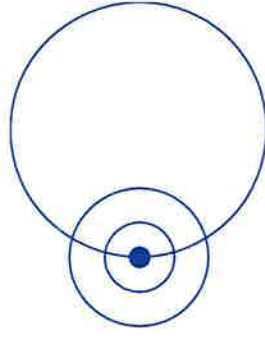
Referrals for mental health care, including those across MHP and PIHP systems, will be standardized to facilitate enrollee access to needed care.



Mental Health Framework



Mental Health Framework



What the MHF Is:

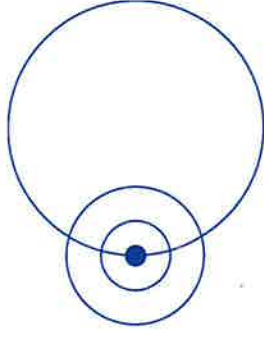
- ✓ Standardized and transparent process for determining an enrollee's level of MH need and MH coverage responsibility
- ✓ Greater alignment of a Medicaid managed care enrollee's MH care under one plan*
 - PIHP responsible for MH care for enrollees with higher level of MH needs
 - MHP responsible for MH care for enrollees with more mild-to-moderate MH needs
- ✓ More robust information sharing and care coordination between PIHP and MHP delivery systems

What the MHF is Not:

- ✗ An end to the behavioral health carve-out
- ✗ Changes to who is providing MH services
- ✗ Changes to coverage or delivery of waiver services or specialty services for enrollees with intellectual and developmental disabilities (I/DD)

* Note that the payer may change over time should the enrollee's MH needs change

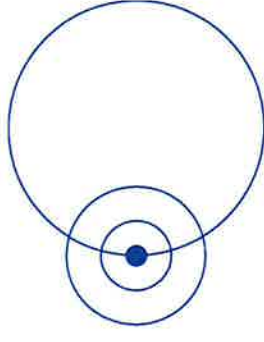
Mental Health Framework



Policy Changes

- **Effective October 2026, MHPs cover new mental health services for enrollees with lower mental health needs, in addition to routine outpatient mental health care (which they currently cover):**
 - Inpatient psychiatric care
 - Crisis residential services
 - Partial hospitalization services
 - Targeted case management
- **PIHPs cover *all* mental health services for enrollees with higher levels of mental health need, regardless of setting**
- **MHPs and PIHPs cover ongoing mental health care, even if out-of-network, for extended period following transition to or from “PIHP-COVER”**

Mental Health Framework

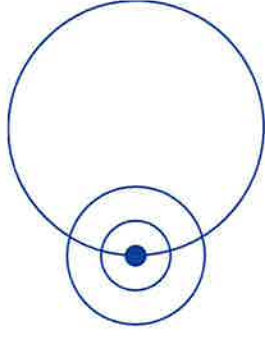


Concerns w/ MHF

- Purpose and how its components align with that **purpose are unclear, and the rationale or triggering trends behind the proposal are not explained.**
- The proposal shifts management of services for **people with complex mental health needs—into private Medicaid Health Plans.** provider networks have decades of expertise delivering—
- **The design expands private Medicaid Health Plan control despite their long-standing poor performance in ensuring access to basic mental health services for people with mild to moderate needs.**
- Splitting responsibility for inpatient and community-based behavioral health services further fragments an already complex system and undermines the current, highly coordinated public mental health model.
- Moving management of psychiatric inpatient, crisis residential, partial hospitalization, and targeted case management services to private plans breaks continuity with the **CMHSP-led system that is legally responsible for these services under the Michigan Mental Health Code.**
- Effective clinical decision-making for these services requires full knowledge of and access to the entire CMHSP service array, including alternatives to higher levels of care, which private plans lack.
- The framework would **significantly increase administrative burden for public mental health agencies, hospitals, emergency departments, providers,** and—most critically—people receiving services.
- **Key stakeholders,** including PIHPs, CMHSPs, providers, people served, and advocates, **were excluded from the framework's development.**



Mental Health Framework



Michigan Hospital Association Concerns:

- Hospitals question the rationale and validation of the modified MichiCANS and LOCUS tools. Assessments reportedly take **40+ minutes**, increasing visit length and reducing patient throughput without demonstrated benefit.
- Hospitals are concerned about conflicting coverage responsibility between MHPs and PIHPs and increased prior authorization requirements that could delay or deny care.
- Hospitals believe the framework will further fragment Michigan's behavioral health system, increase administrative burden, and push providers to reduce or eliminate Medicaid participation—ultimately harming patient access during an already strained period. The MHA urges MDHHS to reconsider the policy and engage hospitals in redesigning it.

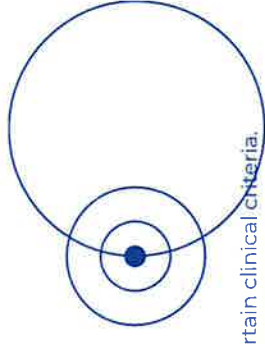
IMPACT OF Judge Yates Decision – preadmission screening & authorization of inpatient psychiatric hospitalization

Health Plans are actively lobbying legislators:

Allow MHP (Medicaid Health Plans) to perform preadmission screenings for their enrollees when they are financially responsible and required to do so under the MHF -Permit MHPs to use nationally recognized medical necessity criteria for preadmission screenings in meeting the requirements of the MHF - Apply the same voluntary, emergency, and court-appointed standards to MHPs when conducting preadmission screenings, as well as good-faith immunity protections that are afforded to PIHP's



Mental Health Framework



April 13 email from MDHHS issued confidential drafts:

MDHHS is developing a new Medicaid mental health benefit plan called BH-COVER for beneficiaries in Medicaid Health Plans who meet certain clinical criteria. Those enrolled in BH-COVER will receive all medically necessary mental health services through their PHP, including services outside the CMHSP network. The plan also shifts responsibility to MHPs for covering certain services—like inpatient psychiatric care, partial hospitalization, and crisis residential services—for beneficiaries not in BH-COVER. The proposed start date is October 1, 2026.

The Mental Health Framework DOES

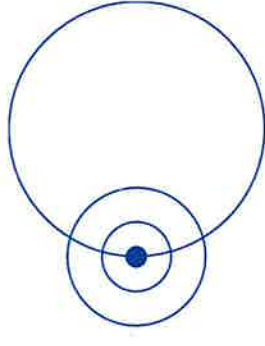
- MHF DOES create fragmentation in care, instead of one coordinated public system, responsibility is split between CMH, Medicaid Health Plans (MHPs), and PHPs depending on a person's classification. That means more handoffs, more confusion about who pays, and more time spent navigating the system rather than receiving care – this will slow down admissions, approvals, and treatment initiation
- MHF DOES add additional barriers to care by requiring providers to become certified in new lengthy assessment tools for Medicaid recipients and creating complex billing structures that will make it harder for individuals to access services.
- MHF DOES increase the cost of providing Medicaid services by turning over control of large portions of Michigan's Medicaid behavioral health system to private health plans that have higher administrative costs and profit. Hospitals, CMHs, and providers have raised serious concerns about the operational strain this framework would create—requiring new contracts, duplicative processes, and shifting payment responsibilities.
- MHF DOES circumvent the Michigan legislature by making significant policy changes through administrative rules as the proposal appears to conflict with Michigan's Mental Health Code and recent Court of Claims rulings.

The Mental Health Framework DOES NOT

- MHF DOES NOT offer better access to care
- MHF DOES NOT identify a clear problem that is attempting to be solved
- MHF DOES NOT better clarify roles and responsibilities
- MHF DOES NOT speak for thousands of persons served across Michigan as MDHHS has stated – they do NOT want this change



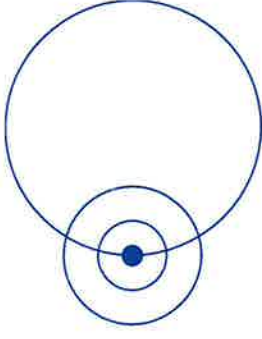
PIHP Procurement



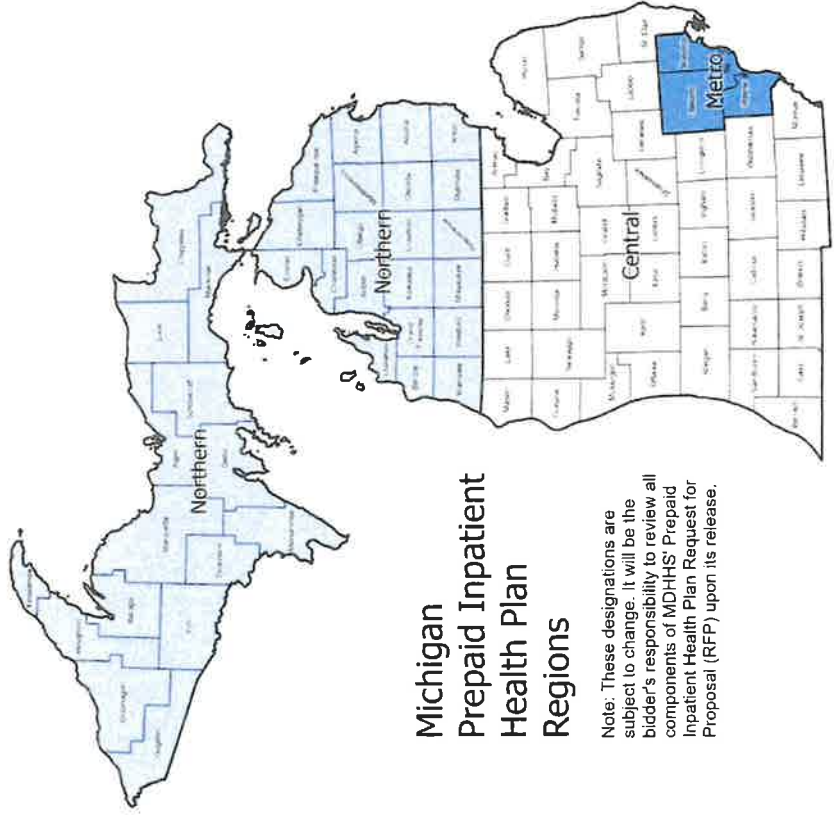
Timeline of procurement process

- **Feb 28, 2025 — MDHHS announces initiative & opens public survey.**
MDHHS launches an initiative to "strengthen behavioral health care access, quality, and choice" and opens an **online survey** to inform a competitive procurement for PIHP contracts.
- **Mar 31, 2025 — Survey window closes.**
- **May 23, 2025 — Survey results released; procurement pillars & pre-RFP info posted.**
MDHHS publishes survey findings (noting **2,600+ responses**) and outlines four strategic pillars to shape the procurement. It also posts **anticipated contract requirements** and a **recorded webinar** with additional details; the release states the RFP is targeted for **summer 2025** with a **service start date of Oct 1, 2026**.
- **Aug 4, 2025 — RFP released; press release seeks proposals.**
 - **Aug 11:** Optional Rate Setting Meeting and Bidder's Conference
 - **Aug 20 (noon ET): Vendor questions due**
 - **Aug 29 (5:00 p.m. ET): State posts Q&A on SIGMA VSS – DELAYED TWICE NOW 9/12**
 - **Sept 29 (11:50 a.m. ET): Proposals due – PUSHED BACK TO 10/6 – PUSHED BACK TO 10/13**
 - **Bids to be awarded mid-December**
- **Feb 24, 2026 — Anticipated contract signature & transition start.**
The Proposal Instructions identify this as the **anticipated** date to sign contracts and begin transition.
- **Oct 1, 2026 — Contract effective date (services begin).**
Target **go-live** for the new PIHP contracts.





PIHP Procurement

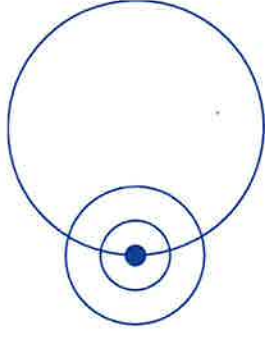


Michigan Prepaid Inpatient Health Plan Regions

Note: These designations are subject to change. It will be the bidder's responsibility to review all components of MDHHS' Prepaid Inpatient Health Plan Request for Proposal (RFP) upon its release.



PIHP Procurement



OCTOBER Court of Claims Opinion

Tuesday, October 14 Judge Christopher Yates issued a decision relating to the RFP. The Court determined that:

- (1) MDHHS has the unilateral authority to shift to a competitive procurement model for Medicaid behavioral health services; and
- (2) MDHHS can reduce the number of regions.

"The court concludes that a competitive procurement system is not only compatible with state law but also regarded as the preferred nationwide model. The federal preference for competitive procurement is so strong that, for years, the MDHHS has had to obtain federal authorization in the form of a waiver of governing provisions in the Social Security Act," he wrote. "The MDHHS is simply taking proactive steps to bring Michigan into compliance with the federal mandate of competitive procurement."

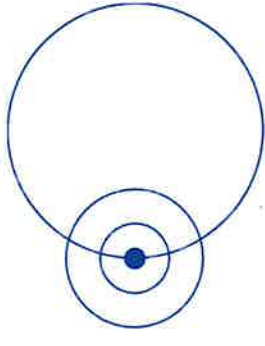
The Court also said that it could not issue a final decision in the case because the RFP may violate Michigan law:

- in assigning functions to PIHPs that belong to local CMHs
- in not funding CMHs so that they can fulfill their statutory obligations. The lawsuit will continue and will likely focus on these areas.

Michigan law does not empower DHHS to change the Mental Health Code by permitting a PIHP to directly provide or contract out services that a mental health agency is legally required to provide. The RFP states PIHPs are expected to provide managed care functions to beneficiaries and those functions cannot be delegated.

- Yates wrote that declaring functions non-delegable appears to conflict with the Mental Health Code, which assigns those functions to the mental health agencies, not the PIHPs. Further the RFP does not require a PIHP to provide Medicaid funds to a mental health agency.





PIHP Procurement

January Court of Claims Opinion

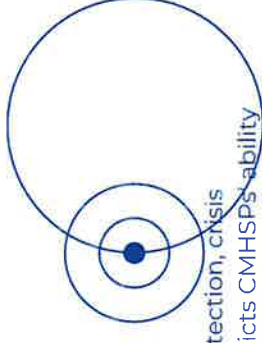
Thursday, January 8 the Michigan Court of Claims, Judge Christopher Yates issued an opinion that the request for proposals issued by the Department of Health and Human Services in 2025 to rebid public coverage of behavioral and mental health services conflicts with the law by violating the Michigan Mental Health Code and the statutory framework governing Michigan's public behavioral health system.

The judge's conclusion, at the end of the document, provides the most succinct summation of his analysis and opinion. The key excerpts of that opinion are provided below:

"... the Court hereby issues a declaratory pronouncement that the RFP, **as drafted, impermissibly conflicts with Michigan law in numerous respects**, especially insofar as the RFP restricts CMHSPs from entering into financial contracts for the purpose of funding CMHSPs' managed-care functions. However, **the Court will not yet issue injunctive relief that directs defendants to amend or pull back the RFP. Defendants must decide, in the first instance, how to address the conflicts between Michigan law and the RFP that the Court has identified.**"



PIHP Procurement



The opinion makes clear that CMHSPs are **legally mandated system stewards**, responsible for access, coordination, rights protection, crisis response, and service delivery across Michigan's public mental health system. Any framework or procurement model that restricts CMHSPs' ability to carry out these duties conflicts with Michigan law, according to the court.

CMHSPs are governmental entities created by counties, governed by local boards, and accountable for fulfilling Mental Health Code mandates. The court underscores that **their duties cannot be overridden by procurement mechanisms or transferred wholesale to managed care entities**

COURT OUTLINES KEY ROLES AND RESPONSIBILITIES

Primary system manager for public mental health services

CMHSPs are responsible for **planning, managing, coordinating, and delivering** a comprehensive array of mental health services within their geographic regions, for both Medicaid and non-Medicaid recipients. They are more than service providers; they function as **system managers**.

Universal access, regardless of ability to pay

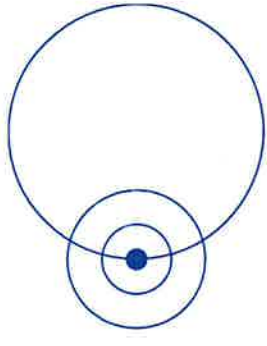
CMHSPs must provide services **regardless of an individual's financial status** and may not deny care due to inability to pay. They are statutorily authorized to bill Medicaid or other payers after services are delivered.

Comprehensive service array

CMHSPs are required to ensure availability of a full continuum of services, including:

- Crisis stabilization and 24/7 emergency response
- Screening, assessment, and diagnosis
- Care planning, coordination, and case management
- Psychiatric treatment, rehabilitation, and supports
- Mental health advocacy and prevention services
- Any additional services approved by MDHHS





PIHP Procurement

Pre-admission screening authority

CMHSPs hold exclusive statutory responsibility for **pre-admission screening** for psychiatric hospitalization. This includes:
Determining clinical appropriateness for inpatient admission
Authorizing voluntary admissions
Ensuring follow-up, referral, and alternatives when hospitalization is not indicated
This duty applies **24/7** and cannot be shifted away from CMHSPs under state law .

Network development and provider contracting

CMHSPs must **build, maintain, and oversee provider networks**, contracting with hospitals and other providers as necessary to meet statutory obligations. These contracts enable crisis response, inpatient coordination, discharge planning, and community placement .

Care coordination across systems

CMHSPs are responsible for coordinating care across hospitals, CMHs, courts, corrections, and other systems, including:

Recipient rights protection and enforcement

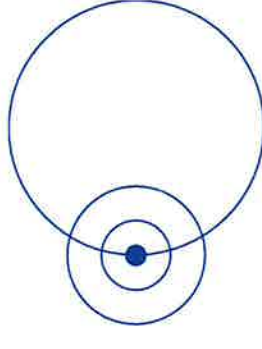
Discharge and community placement planning

SUD Services

SUD services are governed by the Michigan Mental Health Code, not optional or ancillary programs. The court notes that SUD treatment must be provided by CMHSPs or regional entities created under the Code (CMHE), and cannot be freely reassigned to unrelated managed care contractors



PIHP Procurement



Status of 5 PIHP contracts

- April 9 – Hearing on Patel lawsuit (no ruling from bench)
- April 29 – Patel Opinion

● **FY25 claims dismissed:**

The court ruled the plaintiffs can't challenge the 2025 contract or demand future contracts, because no valid FY25 contract ever existed.

- Dismissed with prejudice:** Those FY25-related claims are permanently thrown out—they cannot be brought back later.
- **FY24 claims survive:** Disputes tied to the existing FY24 contract (still operating during transition) are allowed to continue.
- Key issues still alive:** Arguments about ISF funding limits, Waskul settlement rules, due process, and funding obligations will be decided later (after more evidence).

● **Discovery resumes:** Both sides can now collect documents, take depositions, and build evidence.

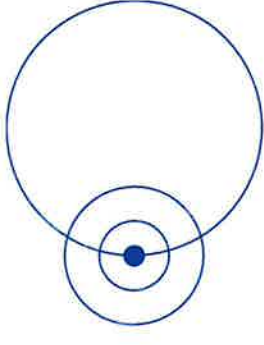
● **Injunction + case status:** The court keeps the temporary order requiring SUDHH funding in place, and the case is not finished yet.

Timing of next hearing? Judge Patel is sensitive to the tight timeframe and did reference that several times during the April 9 hearing.

- How does the state solve this problem? Can they change before a final ruling by Judge Patel? Those contracts expire on September 30, 2026.



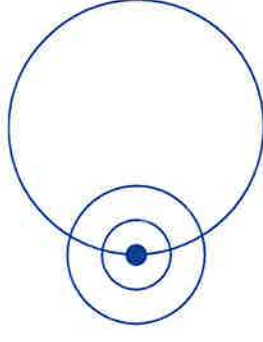
PIHP Procurement



What's Next?

- January 29 – state pulled the RFP
- April 8 – Yates denied the plaintiffs motion to reconsider the state's ability to reduce the number of regions from 10-3
 - We may appeal this decision
- April 13 – Yates heard arguments to dismiss the Region 10 PIHP vs State lawsuit
 - April 13 – Assistant AGs mention that the state is developing a new RFP (but no details yet)
 - April 23 – Yates issues a dismissal of Region 10 PIHP vs State lawsuit **without prejudice**
- May 1 – Judge Yates retired
- Reached out to MDHHS numerous times – offered to work together on reforms
- Outside of MDHHS involvement MUST look to reforms – status quo is not politically viable
 - Work with allies on reforms
 - CMHA with its members developed a core concepts document regarding the future of the system

Contact Information



Community Mental Health Association of Michigan

Alan Bolter
Chief Executive Officer
abolter@cmham.org



Board of Directors



- POLICY NO.: 2016-002
- ISSUE DATE: April 20, 2016
- REVISED ON: November 16, 2016
June 16, 2021
~~May 15, 2026~~
- ORIGINATOR: Board of Directors
- BA NO. : 15-67

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SUBJECT: STIPEND POLICY

1. **Policy** – The Mental Health Code (MCL 330.1224, Sec. 224) provides for board members to receive a ~~stipend per diem (hereinafter "stipend")~~ for attendance at Board meetings, events, and related functions. Consistent with the above, DWIHN supports the payment of a stipend to all board members.
2. **Purpose** - To describe and outline the process for Board Member receipt of the allowed stipend.
3. **Standard**
 - 3.1 The Mental Health Code allows for one stipend per day regardless of the number of meetings attended on a single day.
 - 3.2 The amount of the stipend cannot exceed the highest stipend of any Wayne County boards. In ~~2016-2026~~ that amount is ~~\$95250.00~~.
 - 3.3 Any board member has the option to decline the stipend without explanation.
4. **Application**
 - 4.1 A Board Member may receive an allotment of up to 7 meeting stipends per month for the following purposes. Meetings attended over and above this amount are not eligible for a stipend unless approved by the Board Chair:
 - 4.1.1 Full board meetings 1
 - 4.1.2 Committee Meetings 2
 - 4.1.3 Other Meetings /events 4

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

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**Detroit Wayne
Integrated Health Network**

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

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

**FISCAL YEAR 2022-2023 RESOLUTION NUMBER # 4
RESOLUTION INCREASING
BOARD MEMBER PER DIEM**

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

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

WHEREAS, the Network Board wishes to increase the standard daily per diem paid to the Network Board members to the amount of One Hundred Dollars (\$100.00) effective September 1, 2023.

NOW THEREFORE BE IT RESOLVED that the Board of Directors of the Detroit Wayne Integrated Health Network are setting Network Board members' daily per diem at an amount of One Hundred Dollars (\$100.00) effective September 1, 2023.

I HEREBY CERTIFY that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Sixteenth (16th) Day of August, 2023.


Ms. Kenya Ruth, *Chairperson*

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Angelo Glenn

Dr. Cynthia Tauog, Vice Chairperson
Angela Bullock
Jonathan C. Kinloch

Dora Brown, Treasurer
Lynne F. Carter, MD
Kevin McNamara

William Phillips, Secretary
Eva Garza Dewaelsche
Bernard Parker

Eric W. Doeh, President and CEO



Board of Directors



- POLICY NO.: 2016-004
- ISSUE DATE: April 20, 2016
- REVISED ON:
- ORIGINATOR: Board of Directors
- BA NO. : 15-67

SUBJECT: ISSUES/ADVOCACY RESOLUTION POLICY

The Detroit Wayne Integrated Health Network Board of Directors and/or the CEO may find it necessary to bring forth to the full Board of Directors an Issue Resolution which may take a position on a matter of public or social policy. (Resolution, as described in Webster's International Dictionary, is a formal expression of opinion or intention, passed after a vote.)

It shall be the policy of the Detroit Wayne Integrated Health Network Board of Directors to vet all Issue Resolutions through the Executive Committee for recommendation of consideration to the full Board of Directors. The Issue Resolution shall be submitted in a specific format (see attached example).

If a matter of such urgency does not allow the opportunity to bring before the Executive Committee for review, the CEO or individual Board members may request the Chair of the Board to bring forth an Issue Resolution directly to the Board. All Issue Resolutions from the floor must be in writing and require 2/3's vote of the Board members present at the Board meeting for approval. An Issue Resolution recommended from the Executive Committee only requires a simple majority. This process is set forth only for exigent circumstances and should be utilized ~~in infrequently instances.~~

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Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
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www.dwihn.org

FAX: (313) 833-2156
TTY: 711

FY 2024-2025 RESOLUTION NUMBER #3

RESOLUTION SUPPORTING MICHIGAN LEGISLATIVE “SPEND DOWN” PROPOSAL FOR MEDICAID

WHEREAS, the Detroit Wayne Integrated Health Network (“DWIHN”) is a community mental health authority formed under Section 204 of the Michigan Mental Health Code (P.A. 258 of 1974, as amended) (the “Code”) to manage the provision of mental health, intellectual/developmental disability and substance use disorder (“SUD”) programs and services for persons with Medicaid in Detroit and Wayne County; and

WHEREAS, it is established that affordable healthcare leads to better health outcomes, reduces hospitalizations, and lowers overall healthcare costs; and

WHEREAS, more than 2.6 million people in Michigan rely on Medicaid for essential healthcare services; and

WHEREAS, Public Law 119-21, also known as the “Big Beautiful Bill” was signed into law on July 4, 2025 by President Donald J. Trump; and

WHEREAS, as a result of the passage of the Big Beautiful Bill, approximately \$1.1 trillion in healthcare spending is expected to be eliminated over the next decade, with more than \$1 trillion of the expected cuts are to come from Medicaid funding; and

WHEREAS, it is anticipated that the state of Michigan could sustain a loss of \$2.2 billion in federal funding in 2026; and

WHEREAS, cuts to Medicaid funding will significantly reduce the available services for people with severe mental health challenges, intellectual/developmental disabilities and those diagnosed with substance use disorder; and

WHEREAS, in addition to the forthcoming cuts to federal funding, the current income threshold amount to qualify for assistance in Michigan also presents an obstacle to services to many. Currently, Michiganders with an income above the Federal Poverty Level (“FPL”) of

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



\$1,325 per month must allocate a portion of their income for living expenses, with the remainder going toward healthcare before qualifying for Medicaid assistance in Michigan; and

WHEREAS, Michigan legislators are considering a “spend-down” proposal that would allow those seeking assistance to retain 100% of the FPL amount; and

WHEREAS, the Detroit Wayne Integrated Health Network, is committed to providing access to affordable, quality healthcare for the people of Detroit and Wayne County; and

WHEREAS, at a meeting on July 16, 2025, the Detroit Wayne Integrated Health Network Board of Directors voted to approve a resolution supporting the state proposal to increase the Michigan Medicaid spending threshold to 100% of the Federal Poverty Level.

NOW, THEREFORE, BE IT RESOLVED THAT:

The Detroit Wayne Integrated Health Network Board of Directors hereby supports Michigan legislative proposal to increase the Michigan Medicaid spending threshold to 100% of the Federal Poverty Level.

I HEREBY CERTIFY that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this ____ Day of August, 2025.

Dr. Cynthia Tauег, *Chair*

Policy/Procedure Statement



Policy No.:	2016-005
Issue Date:	April 20, 2016
Revised on:	November 16, 2016 June 16, 2021
Originator:	Board of Directors
BA #:	15-67

SUBJECT: BOARD MEMBER TRAVEL POLICY – GUIDELINES & PROCEDURES

Purpose

It is the purpose of this travel policy is to provide guidelines and procedures for incurring expenses and seeking reimbursement for work-related travel by Detroit Wayne Integrated Health Network ("Network") members of the Board of Directors. It is not the intent of this policy to describe all possible terms and conditions under which funds may be expended and reimbursed for travel purposes.

General Policy

The Board of Directors shall ensure that travel, which is generally associated with conventions, conferences, and training sessions, is deemed essential to promoting the efficiencies of the operation (e.g., enhancing the revenue generating opportunities or the cost reduction efforts of the Network) and/or is necessary for compliance with mandated training and/or licensure requirements. Board members traveling on official Network business are expected to exercise care in incurring expenses. Compliance with these regulations is the responsibility of the Board members. Intentional abuse of the travel and reimbursement policy shall immediately be reported to the Executive Committee of the Board.

The Division of Management and Budget (M&B) will review and approve all travel related documents and question any items that appear to violate the terms of these regulations. Under such circumstances, the questioned travel documents may be revised to conform to the travel policy rules and regulations or returned to the generating division for clarification or correction. The Chief Financial Officer (CFO) may propose changes to this policy which the Board may approve by resolution.

The Network will not be responsible for any credit card interest incurred by Board Members. Original detailed receipts must be submitted as supporting documentation; credit card summary statements will not be accepted (no exceptions).

Board members are encouraged to attend at least 2 of 4 quarterly meetings of the Community Mental Health Association of Michigan (CMHAM).

Board members are encouraged to attend at least two of the quarterly Tri-County meetings annually.

Board members are encouraged to attend National Behavioral Health Conferences subject to review and approval by the Board Chair.

Board members attending State or National conferences are encouraged to provide a summary report of the information received and/or share any relevant material with Board members and/or CEO.

TRAVEL AUTHORIZATION FOR OUT-OF-STATE TRAVEL

Submitting the Travel Request Form by Board Liaison or Designee

Forms will be completed and submitted to the Budget Unit by the Board Liaison or designee. The properly completed and authorized Travel Request Form must be submitted to the Budget unit for processing no less than thirty (30) days before the Board member's beginning date of travel. Board members shall adequately plan travel requests and allow sufficient time for the travel authorization process. All out of state travel must have a justification memorandum specifying how the travel relates to their current duties. In emergency situations, the approval of the CFO is necessary to expedite processing of the Travel Request Form.

The Travel Request Form completed by the Board Liaison must describe the purpose of the travel and include documentation supporting all aspects of the travel, such as the name of the Board member traveling, the date(s) of the travel, the travel destination and method of travel, the estimated cost of the travel (including any registration fees, hotel, and airfare costs), and the purpose of the travel (i.e., the description of the conference/seminar, the agenda, brochures, etc.). This documentation process shall be followed for all travel, including travel that is mandated and/or funded by grant dollars to ensure that there is adequate documentation to support adherence to the Network's internal controls and for audit purposes.

The approval required and the routing sequence of the Travel Request Form is as follows:

- The Travel Request Form is completed by the Board Liaison and approved by the Chief of Staff or Chief Operating Officer.
- The Travel Request Form and all supporting documentation are forwarded to Budget to determine whether the requests are in compliance with the rules and regulations of this Policy and whether funding is available.
- The Travel Request form is reviewed and approved by the CEO or his designee.

Once all approvals are obtained, the Administration unit will forward the approved travel request documentation to the Board Liaison and a copy to M&B.

The Board member and CEO shall obtain approval by the Chairperson of the Board or his/her designee for all overnight travel outside of the State of Michigan. Board members may travel within the State of Michigan without completion of the Travel request form.

Attendance at Conventions, Conferences and Meetings

A completed online voucher form, payable to the organization (including a complete address) and an agenda for the conference/seminar must be attached to the Travel Request Form. The Accounts Payable unit will mail all checks for registration directly to the sponsoring organization.

Registration fees are not payable to the Board member unless there are extenuating circumstances with approval of the Board Chair.

DOMESTIC AIR TRAVEL

Airline Reservations

Airline reservations made far in advance generally provide substantial discounts and thus considerable savings for the Network. The Board Liaison shall make the airline reservation using the Network credit card.

Board members are encouraged to make travel arrangements at the most economical rate possible. However, air travel expenses incurred as a result of scheduling flight that arrive prior to the day before the first day of the conference and/or departs later than the day after the conference ends are not eligible for reimbursement. In the event the conference begins mid-day and/or ends mid-day and a flight is available, the Board member shall arrive and depart on the same day. For example, if the conference begins on Monday morning and/or ends on Friday late afternoon, the Board member may arrive on Sunday and depart on Saturday morning. If the conference begins mid-day Monday and/or ends mid-afternoon Friday, and a flight is available, the Board member must arrive on Monday and depart on Friday. If leaving the same day and the costs of the flight exceeds a hotel night and per diem, the Board member may arrive and/or leave the following day.

All domestic air travel must be reserved in coach class. No in-state air travel will be authorized without prior approval of the Board Chair. In the event a spouse, and/or other family member will be accompanying the Board member, all travel costs associated with the spouse or family member shall be borne exclusively by the Board member and are not reimbursable. Special companion travel fares will be divided equally between the travelers. For example, certain airlines offer fares whereby a traveler may purchase one ticket (\$300) and get the second ticket at half price (\$150). The total costs of the tickets (\$450) will be equally divided between the two travelers and the Board of Director member may seek reimbursement for half the total costs (\$225).

In the event travel plans are changed after a ticket has been reserved or issued, the traveler should obtain a reissue of the ticket (rather than a new ticket), in order to retain the benefit of any promotional fare. Tickets providing maximum discounts may be non-refundable, so reasonable care is needed to assure that tickets will be used. If a non-refundable ticket cannot be used as planned, the ticket must be submitted to Accounts Payable with a Travel Expense Report and an explanation of the extenuating circumstances otherwise the Board member will not be reimbursed.

Airline credits issued for canceled flights will be the property of the Network and **may be** applied to future business travel of the Board member in accordance with the rules of the airline. In the event the airline credit is within 30 days of expiration, the Board member may use it for personal travel however they must reimburse the Network for the costs of the credit.

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LODGING

Hotel Reservations

The request for hotel reservations must be included on the Travel Request Form. The Board Liaison or designee shall use the Network credit card to make the hotel reservations. The Board Liaison will submit the hotel bill to Finance. Finance will review the hotel bill to ensure charges are reimbursable and retain it for supporting documentation of the credit card.

When making reservations for hotel rooms earmarked for the conference, Board members shall seek the most economic lodging rate available (i.e. AAA, military). Any cost above this rate shall be the responsibility of the Board member. Lodging expenses incurred as a result of checking in prior to the day before the first day of the conference and/or checking out later than the day after the conference ends are not eligible for reimbursement. See examples in Domestic Air Travel.

Reimbursement for hotel stays when conducting business within the five county areas of Wayne, Macomb, Oakland, Washtenaw, and Monroe counties will not be allowed. Officials hosting Network sponsored events are exempt from this five-county rule and will be allowed to stay on site.

TRANSPORTATION

Rental Cars

Rental cars are allowable only in extenuating circumstances and must be authorized by the Board Chair or CEO. The reason for the car rental and cost savings expected to be realized must be explained in a communication to the Chairperson. Once approved, the Board Liaison must reserve the rental car using the Network credit card. All liability for the rental car shall be the Board member's responsibility. Actual gas expenses incurred, with the original receipt, will be reimbursed. Mileage incurred in a rental car is not reimbursable.

Personal Car Usage for Network-related trips

Board members may elect to use a privately-owned or leased vehicle in lieu of a common carrier. If out-of-state travel expenses (mileage, lodging, meals and toll charges) amount to more than a coach airfare, expenses up to the amount of the airfare will be reimbursed. Board members will be reimbursed for use of privately-owned vehicles used on work-related trips on a per-mile basis.

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Mileage reimbursement shall be at the current Internal Revenue Service (IRS) rate. Any mileage amount paid in excess of the IRS maximum allowance is taxable income. Mileage reimbursements will be processed by the Payroll Unit (Payroll). The mileage reimbursement procedures are discussed in the Expense Reporting section below.

Charges for gasoline, lubrication, repairs, antifreeze, towage, and other similar expenditures will not be allowed as reimbursable items when privately-owned vehicles are used.

Parking Charges

Reimbursement for parking charges, including valet is allowable with the submission of original receipts. Reimbursement for meter parking will be paid without receipts, if such amounts are reasonable. Parking costs incurred in connection with out-of-state and overnight travel are reimbursable.

EXPENSE REPORTING

Timing of Expense Report Completion and Submission

All travel expenses and claims for reimbursement shall be submitted on the standard Detroit Wayne Integrated Health Network Travel Expense Report (Expense Report) form, accompanied by an online voucher, and the approved Travel Request Form (with supporting documentation). The Accounts Payable unit reviews the Expense Report to ensure compliance with the approved travel documentation.

Board members must file a properly completed Expense Report with the Accounts Payable unit for each trip no later than ten (10) business days after their return, attaching all original receipts. ~~The receipts shall be submitted taped on letter size paper.~~ Recommendation to suspend travel privileges for Board members who are consistently delinquent in filing their Expense Reports must be submitted and approved by the Board Chair.

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An Expense Report must be filed to document all of the expenses incurred for the travel, including any amounts paid by voucher, such as registration fees, or any direct payments for transportation and lodging expenses. Any charges paid by the Network shall be deducted from the total travel expenses (using the "Paid by Network" line on the Expense Report) to arrive at the amount due back to the Board member.

If a Board member's travel has exceeded the approved amounts by more than 10%, the Board Liaison must submit a revised Travel Request form to include the additional expenses. The Board

member also must submit the Expense Report to Budget with an explanation as to why the trip exceeded the prior approved amount to receive authorization for the additional expense.

When the Expense Report is received and reviewed by the Accounts Payable unit, a check is issued in the Board member's name and mailed within seven (7) business days. Expense Reports that are incorrect or incomplete must be changed to conform to the travel policy rules and regulations or returned to the Board member for corrections, which may result in a delay in reimbursement.

All Expense Reports are subject to Finance review, which includes examination of supporting documents and data, comparison with other Expense Reports, or any other procedure deemed appropriate. Expense Reports are subject to audit each year as part of the Network's external/internal audits and may be subject to audit by the IRS or other governmental agencies.

Acceptable Receipts

The following receipts are acceptable:

- Original receipt completed by the vendor (Note: Some taxi services provide original receipts for completion by the traveler when requested. These completed receipts are acceptable.)
- Original detailed hotel invoice listing the days and applicable rate per day; taxes etc.
- Original detailed meal receipt including meals and beverages

Unacceptable Receipts

The following receipts are NOT acceptable:

- Restaurant tear tabs
- Photocopies of receipts
- Board member's copy of credit card summary statements

Lodging Reimbursement

Original receipts for lodging expenses are required. The receipt must be in the name of the traveling Board member and must itemize all expenses incurred during the Board member's lodging stay. Any change in hotel charges during continuous occupancy by a Board member must be explained by the Board member. Personal expenses, such as room service (unless it is breakfast, lunch or dinner and properly included on the meals section of the Expense Report), honor bar, movies, laundry service and personal phone calls will not be reimbursed. The additional cost for rooms with added amenities such as a special view, hot tubs, deluxe rooms or suites will be paid by the Board members and are not reimbursable.

Meal Reimbursement

The per diem meal rate shall be based on the U.S. General Services Administration rates (GSA) as published by the GSA for travel within the continental United States (www.gsa.gov/perdiem). Meal reimbursement rates shall also be in compliance with IRS Publication 1542, "Per Diem Rates (for Travel within the Continental United States)".

For travel outside the continental states, if the per diem rate exceeds the highest established rate, the per diem rate shall be limited to the highest rate established by the GSA for travel within the continental states.

Receipts are not necessary when the per diem method is used. Additionally, the per diem rate includes gratuity. Alternatively, Board members may opt to be reimbursed for their actual expense for meals, in which case original receipts supporting each meal will be required. Board members must use the per diem or actual receipts for the entire travel period; there can be no mix and match. Alcoholic beverages are not reimbursable under either meal option.

Board members attending conferences with meals included in the cost of registration will not be reimbursed for the meal per diem. Exceptions may be granted by the CFO; however, a justification letter must accompany the Expense Report with the original meal receipt. Board members traveling within the five County areas of Wayne, Oakland, Macomb, Washtenaw, and Monroe counties are not entitled to meal reimbursement as this is considered local travel.

MILEAGE REIMBURSEMENT FOR TRAVEL ON NETWORK BUSINESS

In State and Out of State Travel

General

Board members will be reimbursed for use of privately-owned vehicles for mileage driven on Network business. The mileage rate shall be the rate in accordance with the IRS. In state mileage shall be reimbursed on the Mileage Reimbursement Form. All parking and toll charges shall be submitted for reimbursement, with original receipts, on the Travel Expense Report. Mileage incurred shall be input into the timekeeping system by the Board Liaison or his or her designee.

All mileage must be shown from point to point, and will be allowed on the basis of the current Michigan Department of Transportation map or other widely recognized mapping service. The Mileage Reimbursement Form must include the beginning and ending odometer readings and destination locations. Original receipts are required for all toll charges and bridge fees.

Pursuant to and in compliance with the Board Mileage Policy, trips from home to the Network Headquarters and back home shall not constitute reimbursable mileage in compliance with IRS Publication 463. Trips made on behalf of the Network and not to the Network Headquarters will be eligible for reimbursement at the rate established by the Internal Revenue Service.

Additional Reimbursable Expenses

Board members may be reimbursed for the following miscellaneous travel expenses:

- o air freight for business purposes
- o business office expenses (fax, copy services, etc.)
- o internet usage charges
- o business phone calls
- o standard baggage fees
- o ground transportation
- o overnight delivery/postage
- o parking and tolls
- o seminar fees
- o tips

Non-Reimbursable Expenses

Board members will NOT be reimbursed for the following miscellaneous expenses. This list is not all inclusive.

- o airline club membership dues exceeding limit
- o alcoholic beverages
- o baby-sitting
- o barbers and hairdressers
- o car washes
- o clothing (i.e., socks, pantyhose)
- o expenses for travel companions/family members/spouses
- o expenses related to vacation or personal days while on a business trip
- o golf fees
- o gum, candy or tobacco products
- o health club facilities, saunas, massages
- o in-flight telephone charges
- o laundry/valet services
- o loss/theft of personal funds or property
- o lost baggage
- o luggage and briefcases
- o magazines, books, newspapers, subscriptions
- o medical bills incurred during domestic travel
- o mini-bar refreshments
- o movies (including in-flight and hotel in-house movies)
- o "no show" charges for hotel or car service
- o parking or traffic tickets
- o personal accident insurance
- o personal entertainment, including sports events
- o personal toiletries
- o personal postage costs, postcards, souvenirs/personal gifts
- o routine automobile maintenance/tune-ups
- o passports

Forms

All forms below may also be found on the Network website.

- Appendix A - Travel Request Form
- Appendix B - Travel Expense Report Form
- Appendix C - Mileage Reimbursement Form

Distribution: All Members of the Board of Directors

**DETROIT-WAYNE MENTAL HEALTH AUTHORITY
TRAVEL EXPENSE REPORT**

Employee Name _____ Title: _____

Mailing Address _____ City, State, Zip: _____

Account Number: _____

Mode of Transportation: 0 Air 0 Rail D Private Car

Trip location, dates and organization: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Transportation								
Airfare or Rail								
Parking & Tolls								
Taxi or Shuttle								
Auto Mileage								
Total								
Lodging								
Hotels								
Meals								
Breakfast								
Lunch								
Dinner								
Total								
Other								
Registration								
Business Meals								
Total								
Summary								
								Total
								Paid by Authority
								Due Employee

I certify that the foregoing expenses were incurred in the conduct of Authority business:

Employee Signature _____ Date _____

**DETROIT-WAYNE MENTAL HEALTH AUTHORITY
TRAVEL REQUEST FORM**

Employee Name: _____

Title: _____ Division: _____

Conference/Meeting Title: _____

Destination: _____ Trip Dates: _____
(CITY AND STATE)

Account Number: _____

Explanation of Travel:

- The employee is a presenter
- Travel required to maintain licensure and/or meet required State professional standards
- Travel generates revenue. Explain: _____

- Travel is grant funded. Explain: _____

Registration Fee: _____
Airfare: _____
Lodging: _____
Meals: _____
Mileage _____
Other (Please specify): _____

TOTAL ESTIMATED COSTS: \$ _____

Authorizing Signatures and Date:

Division Director: _____ Date _____

Personnel: _____ Date _____

Chief Financial Officer: _____ Date _____

Budget Approval: _____ Approve/Deny (circle one) Date _____

Chief Executive Officer: _____ Date _____

Please send Authorized Travel Request to:

DW Mental Health Authority Contact Person: _____

Phone Number: L_J _____

Email Address: _____

Please attach the justification memo (if applicable), a copy of the conference agenda and other pertinent materials to this travel request.

POLICY

In conformance with Michigan Public Act 20 of Public Acts of 1943, as amended, it is the policy of the Detroit Wayne Integrated Health Network (DWIHN) to invest public funds in a manner which will ensure the preservation of principal while providing the highest investment return with maximum security, meeting the daily cash flow requirements of DWIHN and conforming to all state statutes governing the investment of public funds.

This investment policy applies to ~~marketable security investments made by all financial assets of DWIHN~~. It does not apply to ~~checking account balances or~~ retirement and pension funds under the control of DWIHN's designated retirement fund administrator. The funds covered by this policy are accounted for in DWIHN's annual and monthly financial reports.

PURPOSE

The purpose of this policy is to establish investment objectives, guidelines and eligible securities related to all liquid assets held by DWIHN.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism
3. This policy impacts the following contracts/service lines: MI Coordinated Health Highly Integrated Dual-Eligible Special Needs Plan (MICH HIDE SNP), Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

- ~~1. London Interbank Offered Rate (LIBOR) – A benchmark rate that some of the world's leading banks charge each other for short-term loans. It serves as the first step to calculating interest rates on various loans throughout the world.~~

STANDARDS

SECTION I: STANDARDS OF CARE

1. Prudence
The degree of judgment and care to be used by investment officials (as defined in subsection 2) shall be the "prudent expert" standard and shall be applied in the context of managing an overall portfolio. An investment official acting in accordance with this investment policy, and exercising due diligence, shall be relieved of personal responsibility for an individual security's credit risk or market price change, provided that deviations from expectations are reported in a timely fashion to DWIHN's Executive Director (CEO) or his/her designee and other prompt appropriate action is taken by the investment official.

2. Ethics and Conflicts of Interest

Officers, employees, board members, and all other persons (natural and otherwise) retained by DWIHN that are involved in the investment process (herein called "investment officials" or the singular thereof) shall abstain from personal business activity including financial transactions that could conflict with proper execution and management of the investment program or impair their ability to make impartial investment decisions. Investment officials shall disclose any material financial interest in financial institutions that conduct business with DWIHN and any personal financial or investment positions that could be related to the performance of DWIHN's investment portfolio to the DWIHN Board of Directors.

SECTION II: OBJECTIVES

1. Safety: Safety of principal is the foremost objective in the investment of DWIHN funds. Investments shall be undertaken in a manner that seeks to ensure the preservation of principal in the overall portfolio. To attain this objective, diversification is required in order that potential losses on individual securities do not exceed the income generated from the remainder of the portfolio.
2. Liquidity: The investment portfolio shall remain sufficiently liquid to enable DWIHN to meet all operating requirements that might be reasonably anticipated.
3. Return on investments: The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, commensurate with the investment risk constraints and the cash flow characteristics of the portfolio. Return on investment shall be of secondary importance compared to the safety and liquidity objectives above.

SECTION III: DELEGATION OF DWIHN

Management responsibility for the investment program is delegated to the DWIHN CEO, as required by Michigan law. The CEO shall be responsible for all transactions undertaken and shall establish a system of controls to regulate the activities of subordinate investment officials.

Investment Procedures: The CEO shall establish written investment procedures for the operation of the investment program consistent with this policy. Procedures shall include references to: safekeeping, delivery vs. payment, depository agreements, wire transfer agreements, and banking service agreements. Said procedures shall include explicit delegation of DWIHN by the CEO to those DWIHN employees engaged in the investment transactions. No person shall engage in an investment transaction except as provided under the terms of this policy and the procedures established by the CEO.

SECTION IV: AUTHORIZED FINANCIAL DEALERS AND INSTITUTIONS

A list will be maintained of financial institutions authorized to provide investment services. In addition, a list shall be maintained of approved broker/dealers who have been selected based on credit worthiness and authorization to conduct business in the State of Michigan.

Each financial institution with which DWIHN conducts business and each of its relevant employees shall acknowledge that it/he/she:

1. Has received DWIHN's investment policy;

2. Has read the policy; and
3. Will comply with the terms of the policy.

A current audited financial statement and a Statement on Standards for Attestation Engagement (SSAE No. 16), Reporting on Controls at a Service Organization are required to be on file for each financial institution through which DWIHN invests.

SECTION V: AUTHORIZED INVESTMENTS

DWIHN is authorized to invest in securities as authorized by section 129.91 of the Investment of Surplus Funds of Political Subdivisions Act, Michigan Public Act 20 of 1943, as amended, including but not limited to, the following:

- 1) Bonds, securities and other obligations of the United States or an agency or instrumentality of the United States.
- 2) Certificates of deposit, savings accounts, deposit accounts or depository receipts of a financial institution, but only if the financial institution complies with subsection 129.91 (2), (5), or (6) of Public Act 20 of 1943, as amended.
- 3) Commercial paper rated at the time of purchase at the highest classification established by not less than two standard rating services and that matures not more than 270 days after the date of purchase.
- 4) Repurchase agreements consisting of instruments listed in Section 6.1 of this investment policy and a Master Repurchase Agreement must be signed with the bank or dealer.

The Master Repurchase Agreement must include the following provisions:

- a) The underlying collateral shall be limited to the United States Government, agency and instrumentalities.
 - b) Collateral shall be marked to market daily by the custodian and shall be maintained at a value equal to or greater than the cash investment.
 - c) At the time of purchase, the market value of the collateral shall represent 102% of the cash investment.
 - d) An authorized third-party custodian or safekeeping agent shall hold all securities purchased under a repurchase agreement.
 - e) A seller of repurchase securities shall not be entitled or authorized to substitute collateral, except as authorized by the County Treasurer.
 - f) Retail repurchase agreements and reverse agreements shall not be authorized for purchase.
- 5) Banker's acceptances of the United States banks.
 - 6) Obligations of the State of Michigan or any of its political subdivisions that at the time of purchase are rated as investment grade by not less than one standard rating

service.

- 7) Mutual funds registered under the Investment Company Act of 1940, 15 USC 80a-1 to 80a-64, with authority to purchase only investment vehicles that are legal for direct investment by a Michigan public corporation. Any such investment is limited to mutual funds that maintain a net asset value of \$1.00 per share. No more than forty percent (40%) of the overall portfolio may be invested in mutual funds.
- 8) Obligations described in subdivisions 6.1 through 6.7 if purchased through an inter-local agreement under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.
- 9) Investment pools organized under Surplus Funds Investment Pool Act, 1982, PA 367, MCL 129.11 to MCL 129.118.
- 10) Investment pools organized under Local Government Pool Act, 1985, PA 121, MCL 129.141 to MCL 129.150.

SECTION VI: INVESTMENT POOLS AND MUTUAL FUNDS

Prior to investing in any investment pool or mutual fund, DWIHN shall complete and document a due-diligence review addressing the fund's investment objectives, permitted investments, liquidity, valuation practices, audit and reporting practices, fees, eligibility of participants, and safekeeping arrangements.

SECTION VI: SAFEKEEPING AND CUSTODY

All securities transactions, except certificates of deposits as described below, shall be conducted on a delivery-versus-payment basis. Securities will be held by a third party custodian, as designated by DWIHN, and shall be evidenced by a safekeeping receipt.

Non-collateral, non-negotiable certificates of deposits, as allowed under Michigan law, shall be evidenced by a safekeeping receipt from the issuing bank.

SECTION VII: DIVERSIFICATION

The Vice-President of Finance (CFO) shall diversify investments by security type and institution. With the exception of United States Treasury or Agency securities, and FDIC Issued Certificate of Deposit products nNo more than ~~fifty~~ percent (540%) of the total investment portfolio will be invested in a single security type (see Section V, ~~1-6~~) and no more than forty percent (40%) of the total cash and investment portfolio shall be invested in assets issued or managed by a single financial institution.

SECTION ~~IX~~VIII: MAXIMUM MATURITIES

To the extent possible, DWIHN shall attempt to match its investments with anticipated cash flow requirements. Unless matched to a particular cash flow need, DWIHN will not directly invest in securities that mature more than five (5) years from the date of purchase. As outlined in Section V.

Certificate of Deposits shall not have a maturity date greater than two (2) years from the date of purchase.

Funds with longer-term horizons may be invested in securities exceeding the five (5) year limitation provided that maturity dates coincide, as near as possible, with the expected use of the funds.

SECTION IX: INTERNAL CONTROL

The CFO shall establish a system of internal control that will ensure that the investment assets of DWIHN are protected from loss, theft, or misuse. The internal control structure shall be designed in such a way as to provide reasonable assurance that these objectives are being met. The internal control system shall be reviewed annually by an external audit group to ensure compliance with policies and procedures.

SECTION XI: PERFORMANCE STANDARD

The investment portfolio will be managed in accordance with the standards established within this policy and should obtain a market rate of return during an economic and budgetary environment of stable rates. Accordingly, the benchmark used to measure portfolio performance shall be the one (1) year LIBORthe Bloomberg U.S. Treasury Bellwethers: 1 Year Index. Performance measurement shall occur at least every quarter.

SECTION XII: REPORTING

The CFO shall provide at least a quarterlyannual report to the DWIHN Board of Directorsboard setting forth a clear picture of the status and types of investments of the current investment portfolio. This report shall be prepared in a way that will allow the board to ascertain whether investment activities during the reporting period have conformed to the investment policy.

SECTION XIII: CASH FLOW CRISIS

DWIHN's CEO may determine that a cash flow crisis exists at DWIHN. The CEO will inform the Board's Executive Committee of an existence of and magnitude of a cash flow crisis, the reasons that created the crisis and provide a crisis management plan. Agreement upon a crisis management strategy by the Board's Executive Committee, CEO and CFO is required before any temporary change in investment type or portfolio percentages (as outlined in this policy) can be executed to effectively manage the crisis.

The CEO, at the next board meeting, will notify the full board of the crisis, results of the deliberations that lead to the temporary change in this policy, action taken, and impact and seek full board approval for any policy change as needed. It is the CEO's responsibility to manage the crisis effectively (service delivery) while protecting the assets of DWIHN.

SECTION XIV: ADOPTION

DWIHN's investment policy shall be adopted by a resolution of its board. Any proposed revision to the policy shall be brought to the board for adoption. The policy shall be reviewed annually by the CEO.

SECTION XV: GLOSSARY

ACCRUED INTEREST: The accumulated interest payable on a security since the last interest payment made by the issuer.

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accepted, FNMA assumes and guarantees that all security holders will receive timely payment of principal and interest.

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GOVERNMENT NATIONAL MORTGAGE ASSOCIATION (GNMA OR GINNIE MAE): Securities influencing the volume of bank credit guaranteed by GNMA and issued by mortgage bankers, commercial banks, savings and loan associations, and other institutions. Security holder is protected by full faith and credit of the U. S. Government. Ginnie Mae securities are backed by the FHA, VA or FMHA mortgages. The term "pass-through" is often used to describe Ginnie Maes.

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INVESTMENT POLICY: A concise and clear statement of the objectives and parameters formulated by an investor or investment manager for a portfolio of investment securities.

LIQUIDITY: A liquid asset is one that can be converted easily and rapidly into cash without a substantial loss of value. In the money market, a security is said to be liquid if the spread between bid and asked prices is narrow and reasonable size can be done at those quotes.

LOCAL GOVERNMENT INVESTMENT POOL (LGIP): The aggregate of all funds from political subdivisions that are placed in the custody of the State Treasurer for investment and reinvestment.

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MARKET VALUE: The price at which a security is trading and could presumably be purchased or sold.

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MASTER REPURCHASE AGREEMENT: A written contract covering all future transactions between the parties to repurchase—reverse repurchase agreements that establishes each party's rights in the transactions. A master agreement will often specify, among other things, the right of the buyer-lender to liquidate the underlying securities in the event of default by the seller-borrower.

MATURITY: The date upon which the principal or stated value of an investment becomes due and payable.

MONEY MARKET: The market in which short-term debt instruments (bills, commercial paper, bankers' acceptances, etc.) are issued and traded.

PORTFOLIO: Collection of securities held by an investor.

RATE OF RETURN: The yield obtainable on a security based on its purchase price or its current market price. This may be the amortized yield to maturity.

REPURCHASE AGREEMENT (RP OR REPO): A holder of securities sells these securities to an investor with an agreement to repurchase them at a fixed price on a fixed date. The security "buyer" in effect lends the "seller" money for the period of the agreement, and the terms of the agreement are structured to compensate him for this. Dealers use RP extensively to finance their positions. Exception: When the Fed is said to be doing RP, it is lending money that is increasing bank reserves.

SAFEKEEPING: A service to customers rendered by banks for a fee whereby securities and valuables of all types and descriptions are held in the bank's vaults for protection.

SPECULATION: Assumption of risk in anticipation of gain but recognizing a higher than average possibility of loss.

TREASURY BONDS: Long-term coupon-bearing U. S. Treasury securities issued as direct obligations of the U. S. Government and having initial maturities of more than ten years.

TREASURY NOTES: Medium-term coupon-bearing U. S. Treasury securities issued as direct obligations of the U. S. Government and having initial maturities from two to ten years.

VOLATILITY: A degree of fluctuation in the price and valuation of securities.

YIELD: The rate of annual income return on an investment, expressed as a percentage. (a) **INCOME YIELD** is obtained by dividing the current dollar income by the current market price for the security. (b) **NET YIELD** or

YIELD TO MATURITY is the current income yield minus any premium above par or plus any discount from par in purchase price, with the adjustment spread over the period from the date of purchase to the date of maturity of the

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall engage an independent auditor to provide reasonable assurance that the financial reporting controls of the DWIHN are reliable and prepared in accordance with Generally Accepted Accounting Principles and the DWIHN's adherence to this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY [COPY LINK](#)

1. Generally Accepted Accounting Principles (GAAP)
2. Governmental Accounting Standards Board (GASB)
3. Michigan Public Act 20 of Public Acts of 1943, as amended

RELATED POLICIES

1. Fiscal Control & Accountability Procedure

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

INTERNAL



President and CEO Report to the Board May 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.

The Michigan Senate advanced several major budget measures this week, approving an overall spending framework of \$88.1 billion and setting the stage for negotiations with the House. The Michigan House approved a \$76 billion budget that also proposed cuts and a reduction in funding to state departments.

The Senate's recommendations include budget for State departments and agencies, with targeted investments in childcare, workforce development, school meals and Medicaid protections. As budget discussions move forward, concerns remain about the reliance on reserve funding sources. Many stakeholders are advocating for long-term structural investments to ensure Medicaid sustainability and maintain access to care, particularly amid federal uncertainty and increasing administrative demands. Next steps include continued negotiations among the House, Senate and Governor. A key upcoming milestone is the Consensus Revenue Estimating Conference scheduled for May 15, which will help inform final budget decisions.

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, and housing.
- February – Governor Whitmer's budget recommendation
- April 15 - Budget request deadline
- May 15 – Second Revenue Conference held
- *May 26 – May 29 (Mackinac Policy Conference)*
- 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

- Regional Chamber Mackinac Policy Conference (May 26–May 29): The conference has a growing list of influential leaders confirmed to attend including top elected officials, corporate executives, and civic leaders who will lead discussions on talent development, infrastructure, innovation, and economic competitiveness. Working with PAA to schedule many meetings while on the island for our leadership team.

- 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), at the Grand Traverse Resort in Traverse City, MI: Featured at the conference will be our very own Stacey Sharp Associate VP of Clinical Operations, who will be offering a workshop “*Donations to Dignity: A Community-Partnered Pilot to Support Children in Residential Substance Use Treatment*”.

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, 489 eligible individuals are enrolled, and DWIHN has successfully opened treatment plans for 157 of them, representing 32%.

Hospital Systems (formerly known as Health Plan Partner Three)

This health system has opened an outpatient clinic in Dearborn and is presently to working to become a DWIHN provider.

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.

LONG-TERM RESIDENTIAL UPDATE

State inspections are all completed. The City’s final inspections are in process. Furniture and final finishes are nearing completion. The planned opening date for the facility is June 1, 2026.

AUTISM SERVICES

The department saw measurable improvements in April 2026, with system capacity strengthening as provider openings increased to 6–10 per week compared to 2–6 in March, and weekly reporting compliance improved. The ABA provider network, now consisting of 29 providers, remains in a transitional phase, with four high-performing A-tier providers and ten new providers with future expansion potential. A major structural advancement this month was the creation of a new

Cross-Department Provider Review System, a multidisciplinary scoring framework that standardizes quality assurance across six oversight domains and will inform remediation, contracting, and network growth decisions. System coordination efforts also advanced through development of the Family Pathway Preference Form and the ABA Centralized Access & Placement Protocol, both designed to enhance referral accuracy, real-time capacity visibility, and equitable service alignment. Operational engagement remained high across the network, with 229 members enrolled or transferred into ABA services in April and extensive provider interaction—including site visits, trainings, and meetings—focused on resolving credentialing challenges, staffing shortages, capacity planning needs, and referral barriers.

CHIEF MEDICAL OFFICER

During May, clinical functions continued to show strong momentum across education, crisis services, and quality improvement.

Our academic partnerships remain robust, with ongoing collaboration across multiple Wayne State University training programs. Trainee satisfaction remains consistently high, and we are now designing standardized exit surveys to guide future enhancements. Caregiver-facing educational tools for youth crisis programs are nearing completion and will support improved family engagement and care continuity.

Crisis service volumes remained elevated, particularly within the Adult Crisis Stabilization Unit (184 adults) and the Children & Family Crisis Unit (52 youth). Clinical trends continue to reflect high prevalence of schizophrenia spectrum disorders, depressive disorders, and substance use disorders among adults, with youth presentations driven largely by behavioral disorders, mood disorders, and neurodevelopmental conditions. Program enhancements across all crisis units are underway, including SMART Recovery implementation, schizophrenia-specific treatment groups, and new diagnosis-based groups for youth. The Behavioral Health Urgent Care continued to demonstrate strong system impact, with the majority of individuals diverted successfully to outpatient services.

This month represents the strongest quality performance since the start of the MDHHS overhaul. For the first time, the system **exceeded** the 14-day intake (PI #2a) benchmark (**60% vs. 57% target**), and access for IDD/children rose markedly from 39.45% to 55% quarter-over-quarter. HEDIS outcomes show mixed but improving performance across key measures, with upward trends in FUH (Follow Up after Hospitalization), FUM (Follow Up After ED visit for Mental Health), APM Metabolic Monitoring for Children and Adolescent on Antipsychotic), and SSD (Diabetic Screening for Adults with Schizophrenia (and Bipolar D/O who are on Antipsychotics). Notably, FUM Adult exceeded State targets, and PI #2a surpassed the benchmark for the first time. Downward trending areas have active new interventions underway.

Operationally, the system continues to advance with improved Quality oversight corrective action plan (CAP) closure timeliness (72% → 86%), steady progress on the extensive MDHHS waiver audit (50% completion), and strong network engagement in behavior treatment training (281 staff this month; 673 YTD). Barriers persist in scheduling capacity, documentation consistency, and claims lag; targeted PIPs and workflow redesign efforts remain active to address these gaps.

Overall, May reflects meaningful progress in crisis service delivery, clinical quality, and system accountability, positioning us well for the next phase of performance improvement.

CHILDREN'S INITIATIVES

In April 2026, the Children's Initiative Department advanced several system-level priorities across grants, youth engagement, juvenile justice, and cross-department coordination. Five of seven major grants submitted Q2 progress reports, while MC3 was fully integrated into the DWIHN Outpatient Clinic, enhancing behavioral health support to primary care and expanding clinical reach; pipeline growth continued with an RFI identifying 10 early childhood providers for July postpartum depression training. Youth United achieved strong engagement impact, reaching 157 youth through a Job Corps stigma-busting presentation, successfully expanding the Youth Mental Health Council, and preparing for the May 13 Wellness Summit with an anticipated 180 youth participants. Juvenile Justice Services strengthened diversion and early-intervention pathways as the Juvenile Restorative Program began accepting pre-adjudicated youth, and partners reviewed draft Juvenile Justice and Restorative Program policies. System coordination efforts remained robust, with child-mental-health and human-trafficking trainings delivered, ICCW three-year certifications submitted, ongoing MichiCANS dashboard enhancements underway with MDHHS, and draft policy updates completed for Juvenile Justice Services, Restorative Program procedures, and PHQ-A guidelines for youth with IDD.

CRISIS CARE CENTER UPDATE

In April, the 707 Crisis Care Center received a total of 341 presentations. Of these, 114 adults were admitted to the ACSU and 55 youth were admitted to the CFCU. The Behavioral Health Urgent Care continued to strengthen its diversion efforts, serving 68 individuals in the least restrictive setting available at the Crisis Care Center.

FINANCE

DWIHN issued the fiscal year ended September 30, 2025, financial statement and Single Audit reports on April 20, 2026. DWIHN received an unmodified (clean) opinion in the financial statement audit; there were two (2) findings noted in the single audit report, and one (1) finding in the Compliance Examination.

DWIHN is requesting revisions to the Cash and Investment Policy to ensure compliance with our current investment strategy. In the past, policy revisions came to the Finance Committee for review and were referred to Policy Committee for further review and recommendation to the Full Board.

DWIHN's Finance and Operations teams are meeting biweekly to develop a cost savings plan. Many of the savings will require system reconfigurations, therefore we are actively meeting with PCE to determine the scope and timing of such changes. We will present a plan at the study session.

HUMAN RESOURCES

The ASE Supervisor Institute Group F has begun their training. The first class was April 23, 2026 and the training will continue through April 1, 2027.

The Human Resources Department recently launched 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 department continues to advance key operational priorities across multiple program areas. Complex Case Management (CCM) maintained steady progress, with 25 active members and improved primary care engagement, increasing PCP connections from 6 to 14 members, while initiating a 2026 quality focus on AIC testing and developing new educational materials to enhance resource awareness. OBRA Assessments processed a high April volume of 788 referrals, with staff exceeding productivity benchmarks and achieving a 70 percent success rate in transitioning individuals found not nursing-home-eligible into community settings. Care coordination across HIDE SNP and Medicaid Health Plans remains strong, supported by fully executed contracts, steady audit collaboration, and progress toward MDHHS benchmarks, despite credentialing and claims processing challenges. HEDIS quality initiatives also advanced, with leadership presenting scores and interventions to IPLT, Adult Initiatives expanding Med Drop participation, and Children’s Initiatives improving follow-up tracking to strengthen overall compliance.

PAR SERVICES

In April 2026, the PAR Services Department strengthened its crisis response system following the launch of in-house Adult Pre-Admission Review screenings. The team delivered high-quality clinical evaluations, consistently meeting state standards for face-to-face crisis assessments and maintaining strong collaboration with emergency departments. Operational restructuring significantly improved efficiency, with redesigned dispatch workflows reducing delays and shifting call-handling to Dispatch Coordinators—resulting in a marked increase in responsiveness. Clinicians also achieved impactful diversion outcomes by prioritizing the safest, least restrictive alternatives to inpatient care, preventing 587 inpatient admissions and supporting numerous diversions to Crisis Stabilization Units, outpatient services, PHP, and SUD programs.

Despite these gains, performance gaps remain. Only 80% of members received dispositions within the required two-hour timeframe, falling short of the 95% benchmark and identifying a critical area for improvement. Additionally, further optimization of dispatch processes, particularly the transition to a single dispatcher model is expected to enhance clinician deployment and eliminate remaining bottlenecks. Overall, April’s results showcase meaningful progress in crisis stabilization, operational performance and system alignment, while highlighting targeted opportunities to meet and exceed State expectations.

COMMUNICATIONS

In April, DWIHN communications worked to promote Autism Acceptance Month, with articles in community papers and community outreach.

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):

DETROIT IS DIFFERENT

CAPTURING THE CULTURE THAT MAKES DETROIT WHAT IT IS.







In April, I opened up with the [Detroit is Different](#) Podcast. He shared with host Khary Frazier a very personal story on his journey through life raised by his grandparents to dealing with loss and using those moments to mold him into a leader who serves.

On April 17, I was quoted by Michigan Radio on how mental health, specifically trauma, contributes to crime, in reference to Detroit Mayor Mary Sheffield's Community Safety strategy and its focus to address root causes of incidents.

In April, DWIHN was featured on page 38 of [Plymouth Today](#), with an interview with Rachel Barnhart on programs and services and their accessibility. The article educated readers on Applied Behavior Analysis and helps families understand the system as it can be overwhelming. Barnhart explained how the condition has a wide range of symptomology but tells families that there is no wrong door to getting care for children.

Media Analytics



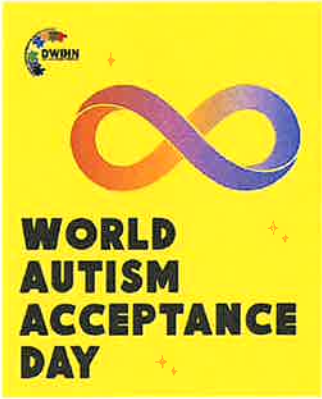
DWIHN received 8 earned media mentions picked up on Critical Mention:

 713k Total Radio Audience	\$1.574k Total Radio Publicity	
 269k Total Online Audience	\$2.064k Total Online Publicity	

Social Media

Performance brief: (Based on Instagram analytics; pretty consistent across platforms). Posts highlighted our partnerships and featured DWIHN's big win at NAMI Honors.

Here are the top posts of the month of April:

1	2	3
Mobility Partnership Campaign Part 2 - Melia Howard and People Mover - Video	DWIHN Crisis Care Services Honored as Hospital/Managed Healthcare Organization of the Year by NAMI Michigan	World Autism Acceptance Day - Graphic
April 3	April 13	April 2
<u>1.5K Views</u>	<u>1.3K Views</u>	<u>1.3K Views</u>
		

Social Media Performance Report Summary

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	Previous Period (March 2026)	Current Period (April 2026)
Total Audience Growth (Followers)	+141	+294
Engagements	4,828	6,228
Post Click Links	1,324	1,353
Impressions	61,474	210,231


Provider Profile

For the month of April, we highlighted [Centria Autism](#), one of DWIHN’s Autism providers. The video details their offerings, their unique approach to the work and ways families can access the services they provide. It also features one of their newly renovated locations.

A **LinkedIn** post highlighting DWIHN Crisis Care Services was also our top performing post of the month.

Detroit Wayne Integrated Health N...
 5,832 followers
 7w · Edited · 🌐

We are proud to share that DWIHN Crisis Care Services was honored as the Hospital/Managed Healthcare Organization of the Year at the 2026 **NAMI** ...more



146 12 comments · 4 reposts

Like Comment Repost

Organic impressions: 3,482 · Show results →

Organic discovery
 3,482
 1,918

Organic page activity
 Page followers from this post: 15
 Followers gained from this post: 11

Organic engagement

Engagements	1,452	41.7%
Clicks	1,290	
Click-through rate	37.0%	
Reactions	146	→
Comments	12	→
Reposts	4	→

Support Saturdays

This series highlights the services and unique offerings DWIHN provides directly to the community. This month, Children’s Initiative, DWIHN Outpatient Clinic (2 Parts) and Crisis Care Services were featured.



Advertising and Visual Design

Over the past month, our visual materials have been refreshed and expanded to support several upcoming initiatives. Multiple brochures were designed, including pieces on autism and ABA therapy, as well as new marketing materials for Child and Family Crisis Care. In addition, a series of postpartum-focused ads were created that will be part of our ad campaign launching in May. The Smart Bus artwork for a DWIHN wrap has been finalized and is in production, projected to be complete in May.



Upcoming Events:



**WALK
FOR
MENTAL
HEALTH**

**SATURDAY, MAY 30
9:00AM TO 2:00PM**

The walk will begin and end at O'Hair Park (20427 Stahelin), with the route passing the DWIHN 7 Mile Behavioral Health Wellness Campus (18510 W. Seven Mile Rd).

DJ • FAMILY FUN • FOOD • MENTAL HEALTH RESOURCES



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](mailto: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



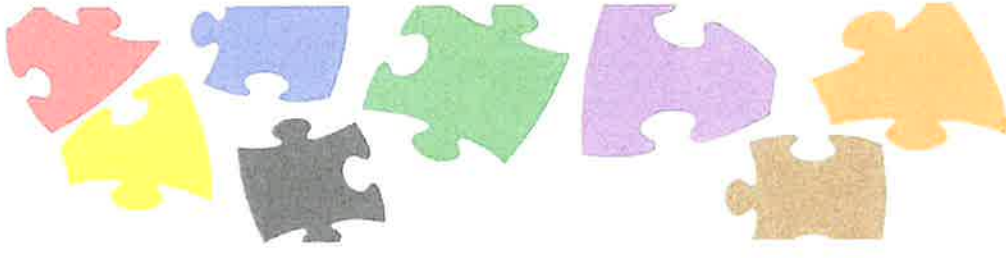
Cybersecurity Status Report

Presented to

DWIHN

Board of Directors

Presented on 5/20/2026



Security Program Oversight



Keith Frambro, CISSP, CHPS

VP of IT Services
40 years of experience in IT
20 years of experience in healthcare security/privacy



Michael Kinnell, MCP, CISSP

HIPAA Security Officer
23 years experience in IT and healthcare security / Privacy



Kumar Setty, HCISPP, CISSP, CCSP, CISA, CCSK, QSA, PCIP, ITIL

vCISO
20 years experience in applying information security and fraud risk assessment solutions in various industries.



Rafael Weiss-Brandt, CISSP, CySA+, CASP, CISM, Pentest+, Security+

Cybersecurity Analyst
10 years experience in security operations, incident response, audit, and compliance.



Introduction

This presentation provides an overview of the current state of cybersecurity within our DWIHN, including recent incidents, threat landscape, and ongoing initiatives to strengthen our security posture.



Current Threat Landscape

Specific cyber risks to healthcare providers:

1. **Ransomware and care disruption:** EHR, scheduling, billing, telehealth, and call-center outages can halt operations, delay care, and create patient-safety risk.
2. **Data extortion of sensitive behavioral health records:** Mental health records are highly sensitive, making providers attractive targets for threats to leak diagnoses, therapy notes, medications, or substance-use information.
3. **AI-enabled phishing and social engineering:** Attackers can use AI to create convincing emails, voice impersonations, fake vendor messages, and targeted scams against clinicians, executives, and finance teams.
4. **Third-party/vendor compromise:** EHR, billing, telehealth, cloud, clearinghouse, and revenue-cycle vendors can become single points of failure or breach pathways.
5. **Credential and access compromise:** Stolen credentials, weak MFA, shared accounts, and excessive user privileges can give attackers access to PHI, financial systems, and administrative tools.



2025 Healthcare Breach Statistics

Large HIPAA breaches affecting 500+ individuals reported to HHS OCR

Total breaches reported
710

Total individuals affected
61,556,256

Board takeaway: cyber-driven hacking / IT incidents represented 80%+ of reported healthcare breaches in 2025.

Breakdown by Breach Type

Type of breach	#	Share
Hacking / IT incident	570	80.3%
Unauthorized access / disclosure	128	18.0%
Loss / theft	11	1.5%
Improper disposal	1	0.1%
Total	710	100.0%

Top 5 Breached Entities

Covered entity	Type	Individuals affected	Submission date
Aflac Incorporated (“Aflac”)	Health plan	13,924,906	Aug. 8, 2025
Yale New Haven Health System	Provider	5,556,702	Apr. 11, 2025
Episource, LLC	Business associate	5,418,866	Jun. 6, 2025
Blue Shield of California	Business associate	4,700,000	Apr. 9, 2025
DaVita Inc.	Provider	2,689,826	Aug. 1, 2025

Notes for formatting

- Figures reflect U.S. HHS OCR large breach reporting for 2025, as summarized by HHS’s Journal and related OCR derived reporting.
- Breach records can shift as late reporting, entity classifications, and placeholder counts are updated.
- “Type” refers to the OCR reporting category / entity classification used in public breach reporting.



Source: HHS’s Journal 2025 Healthcare Data Breach Report, HHS’s OCR derived reporting, portal.hhs.gov/ocr/foia

2026 Healthcare Breach Statistics

Large HIPAA breaches affecting 500+ individuals reported to HHS OCR | YTD as of Apr. 17, 2026

Total breaches reported
173

Total individuals affected
10,922,809

Board takeaway: 2026 YTD remains dominated by cyber-driven Hacking / IT incidents, including several large vendor and provider events.

Breakdown by Breach Type

Type of breach	#	Share
Hacking / IT incident	145	83.8%
Unauthorized access / disclosure	27	15.6%
Theft	1	0.6%
Total	173	100.0%

- Notes for Breach Type:
- Category: Breach type
 - Data: Total number of individuals affected, including individuals affected by multiple breaches.
 - Type: Breach type

Top 5 Breached Entities

Covered entity	Type	Individuals affected	Submission date
TriZetto Provider Solutions	Business associate	3,433,965	Feb. 6, 2026
QualDerm Partners, LLC	Provider	3,117,874	Feb. 22, 2026
Illinois Dept. of Human Services	Health plan	705,017	Jan. 9, 2026
ApolloMD Business Services, LLC	Business associate	626,540	Feb. 10, 2026
Minnesota Dept. of Human Services	Health plan	303,965	Jan. 16, 2026



Source: HHS OCR Breach Report | HHS Breach Report | 2026 | Aggregate the Data for each Report | Report Date: 04/17/2026 | Report Date: 04/17/2026

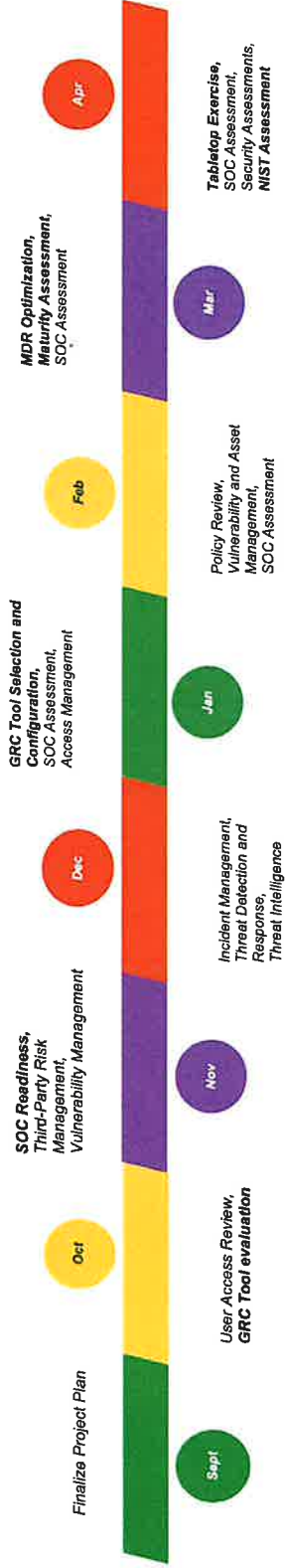
DWIHN Cybersecurity Challenges and Threats

- Rapidly evolving threat landscape, especially AI-amplified attacks
- Highly trained staff which requires ongoing continuing education
- Integration of new technologies and legacy systems
- Ongoing third-party risks from outside systems and services

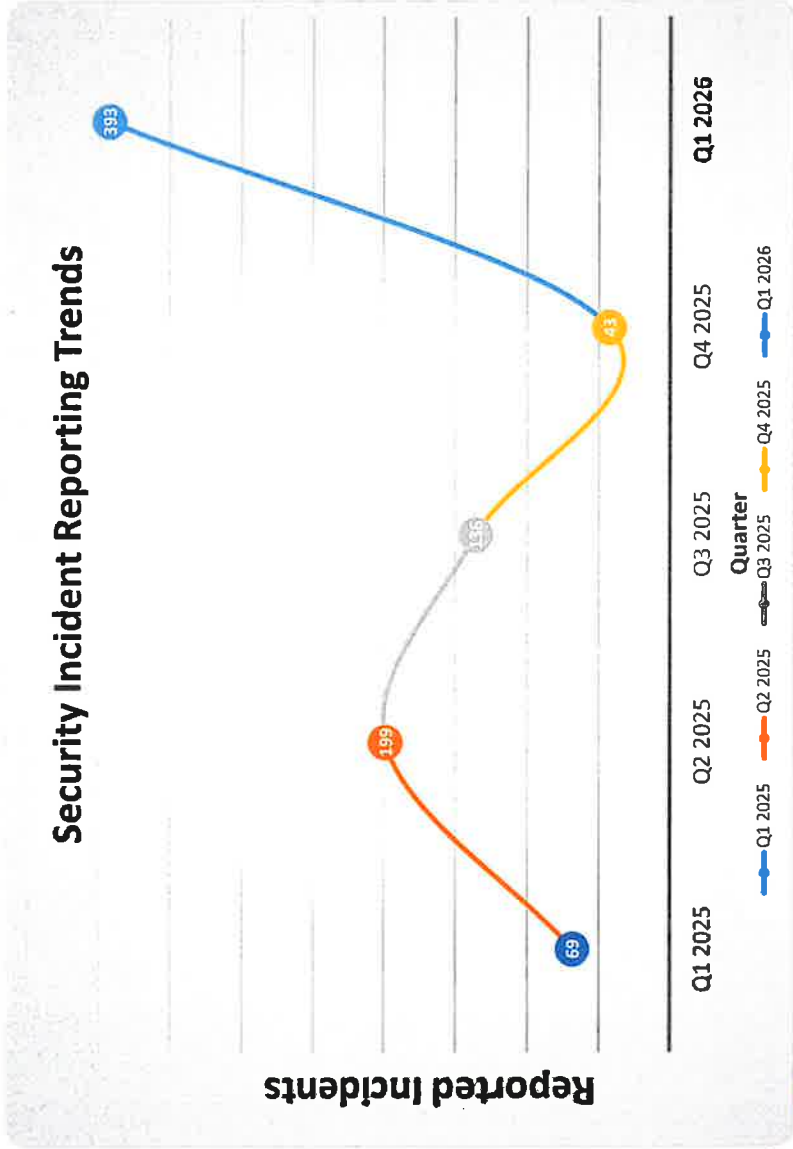
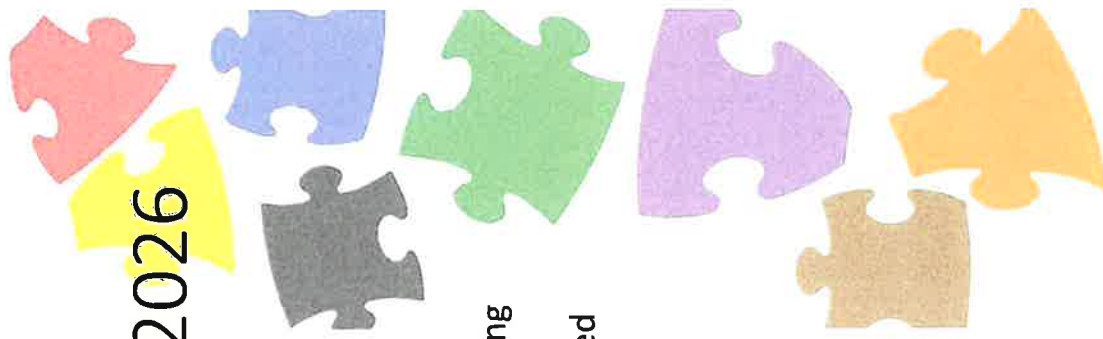


Cybersecurity Program Timeline

2026



Incident Summaries – January 2025 – March 2026

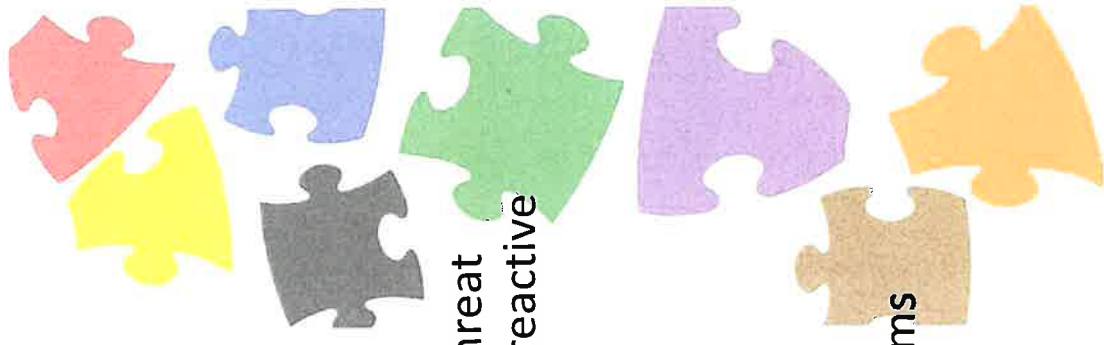


Higher incident reporting volumes are primarily attributable to improved monitoring coverage, enhanced detection tooling, and increased operational visibility.



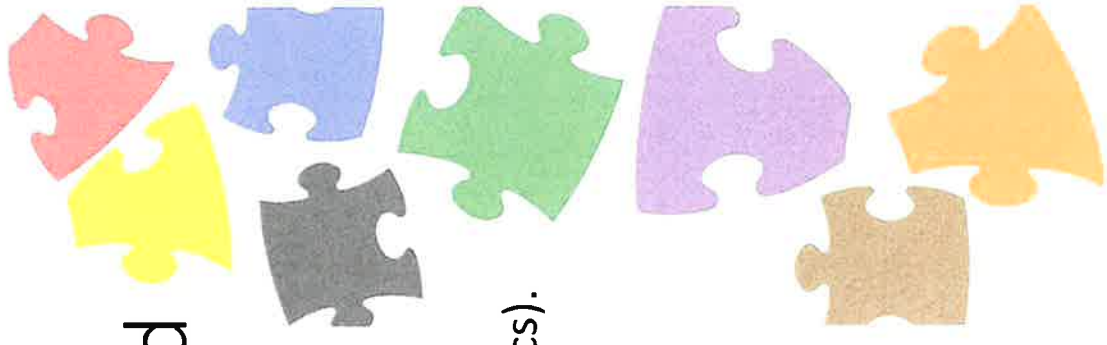
Preventive Measures Implemented

- Comprehensive preventive measures for attack prevention
 - End point security on all DWIHN Devices
 - SOC (Security Operations Center) for both proactive measures (like threat intelligence, security information, event management, or SIEM) and reactive measures (like incident response and forensics).
 - Intrusion Detection/Prevention systems
 - Ongoing staff security awareness training
 - Annual Penetration Tests and Scans
 - Ongoing Third-Party Risk Assessments
 - Up to Date Threat Intelligence via alerts, newsletters / training / forums



Threat Mitigation Measures Implemented

- Actual mitigation of events as a result of exploited threats
 - Security-related policies, procedures, and practices for:
 - – Incident Response and Management
 - SOC for online reactive measures (e.g. incident response and forensics).
 - Annual Penetration Tests and Scans
 - Advanced Backup and Recovery system
- Disaster Recovery and Business Continuity Plan



Security and Compliance Operations

Program Highlights

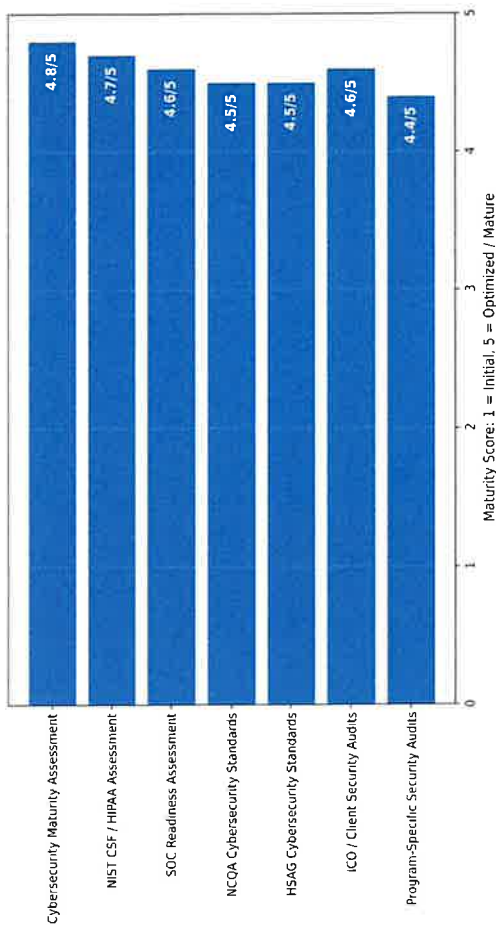
- Multiple internal and external cybersecurity assessments completed across healthcare, privacy, operational, and regulatory domains
- Most recent audits and assessments completed with **no comments, exceptions, or significant findings**
- Security program demonstrates strong alignment with NIST CSF, HIPAA, healthcare cybersecurity expectations, and client assurance requirements
- Independent validation activities continue to demonstrate a mature and operationally effective cybersecurity posture
- Ongoing focus on resilience, governance maturity, operational effectiveness, and continuous improvement



Security and Compliance Operations

Compliance / Assurance Area	Validation Method	Most Recent Outcome	Overall Rating
Cybersecurity Maturity Assessment	Internal Assessment	Passed with No Comments	Mature
NIST CSF / HIPAA Security Controls Assessment	Internal Assessment	Passed with No Comments	Mature
SOC Readiness Assessment	Independent Readiness Review	Passed with No Comments	Strong
NCQA Cybersecurity Standards	External Audit	Passed	Mature
HSAG Cybersecurity Standards	External Audit	Passed	Mature
ICO / Client Security Audits	Independent Client Assessments	Passed	Mature
Program-Specific Security Audits	Regulatory & Operational Reviews	Passed	Mature

Compliance & Assurance Maturity



Maturity Score: 1 = Initial, 5 = Optimized / Mature

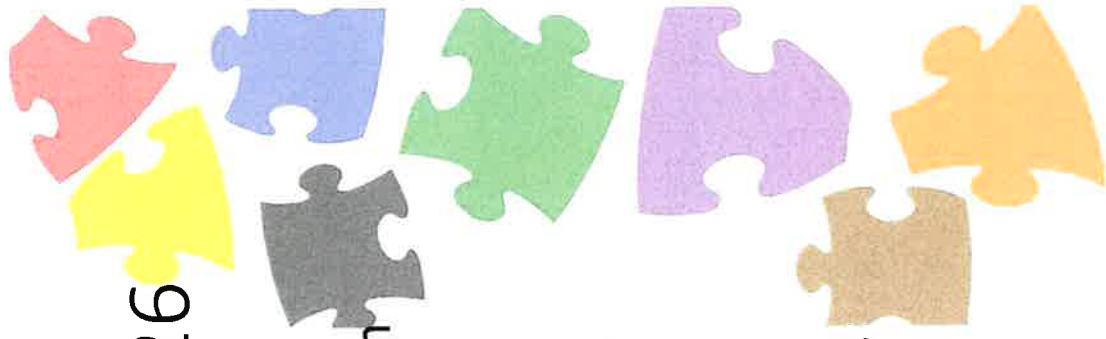
Most recent assessments completed with no comments, exceptions, or significant findings



Internal NIST Assessment Summary – 2026

Immediate priorities include:

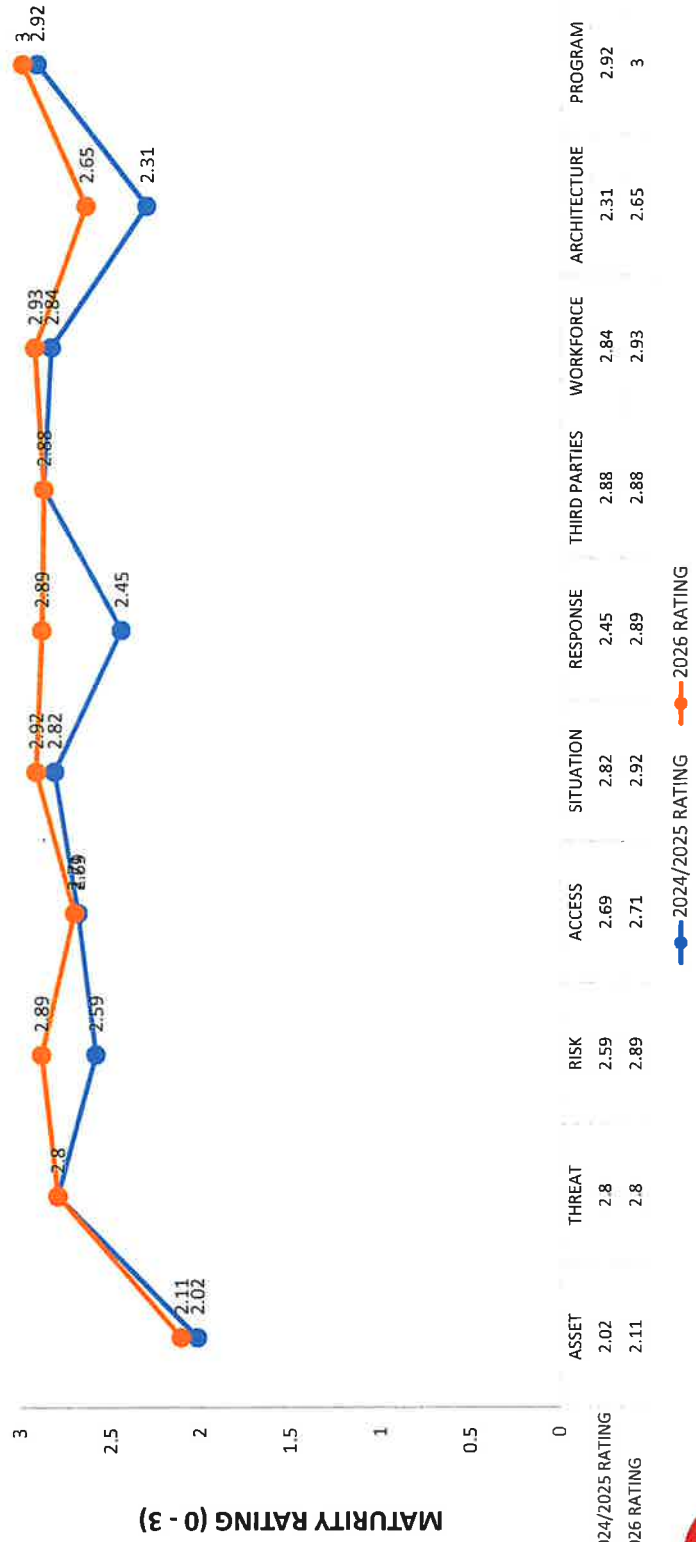
- Establishing a formal Enterprise Risk Management (ERM) program supported by the new GRC system.
- Completing enterprise DLP deployment following data classification activities.
- Formalizing information security roles and responsibilities in policy and procedure documentation.
- Conducting a refreshed comprehensive Business Impact Analysis across all business units and application teams.
- Developing and publishing missing standard operating procedures across identified operational domains.



Maturity Improvement – 2025-2026



Cybersecurity Maturity Rating Change from 2024/2025 - 2026



Metrics and Key Performance Indicators (KPIs)



Cyber Threat Prevention Effectiveness

Arctic Wolf MDR

- Over **126 million** malicious events **automatically identified and blocked** within the last **10 days**
- Represents internet-scale malicious traffic, reconnaissance, scanning, and known threat activity continuously mitigated by layered security controls

SentinelOne Endpoint Security

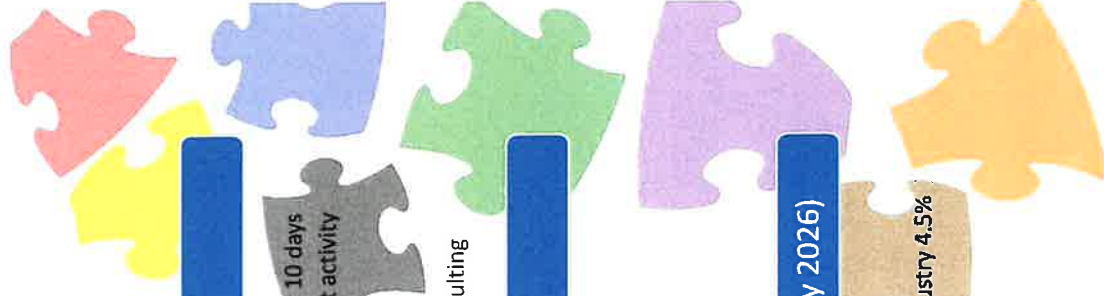
- **74 endpoint detections identified and contained** over the last 90 days
- Includes automated prevention of suspicious or malicious endpoint activity with no resulting material security incident

Penetration Test Results

- Pen test:
 - Internal: 7 Critical (6 mitigated), 8 High (8 mitigated), 5 medium (2 mitigated)
 - External: 1 Medium; 5 Low
 - The final Critical issue was mitigated on 5/16/26.
 - All remaining Medium and Low issues will be mitigated by 5/29/26.
- CISA Scan (February 2026): 12 vulnerabilities identified and remediated

Security Awareness Training / Phish testing (1 January 2025 – 12 May 2026)

- Training completion rates 70%
- Security Awareness Proficiency Assessment (Higher is better) 70%, Industry 64.1%
- Phish testing scores (lower is better): 8.4% (Average), 12% (most recent campaign), Industry 4.5%



Key Ongoing Initiatives



Strengthening supply chain security and third-party risk management.

Adoption of AI and machine learning for threat intelligence.

Reviewing and requiring security practices for provider network



Roadmap



Security Program Refinement

- SOC for Cybersecurity
- GRC Automation and Workflow

Improve on Common Areas of Cyber Risk

- DLP (Data Loss Prevention)
- Log Aggregation, Event Management, Monitoring, and Alerting
- Disaster Recovery and Business Continuity
- Users – Social Engineering
- Governance - Policies and Procedures

Refinement of KPIs with Advanced Tools



Conclusion



We are continuously improving our cybersecurity posture to protect DWIHN's assets and data. Ongoing efforts and investments are critical to staying ahead of emerging threats and ensuring a secure environment for our operations.



Continuation of ongoing analysis of external threats and refining our internal policies and procedures and preventive measures to respond to internal / external threats.



Expanding cybersecurity awareness, assessment, and compliance within our provider network will strengthen the privacy and security of our member data.

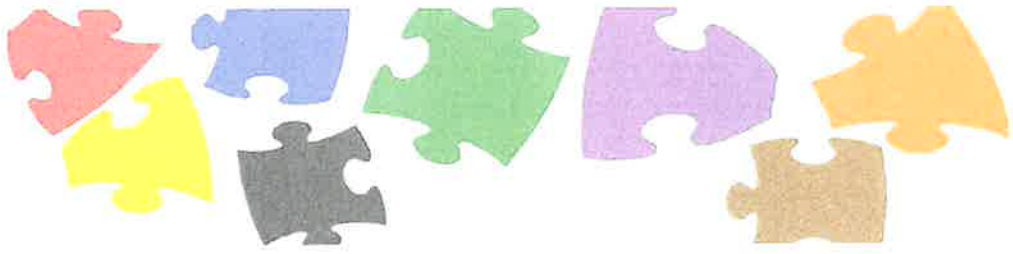


Questions & Answers

Thank you for your attention.

We are now open to any questions you may have regarding our cybersecurity status and initiatives.



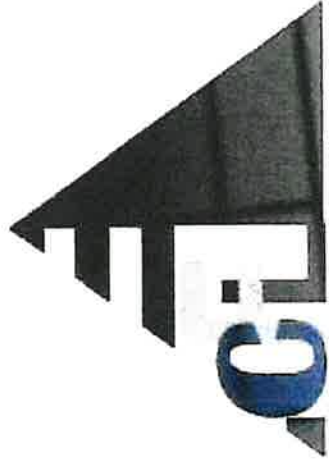


THANK YOU





Chance for Life Leg Up Program



Changing Hearts Changing Lives

313.784.9209



chanceforlifeonline.org

Presenters:

Mr. Thomas Adams, President

Ms. Jessica Taylor, Executive Director

Ms. Cameron Siebert Pennymon, Case



Leg Up Program

We want to give you the opportunity, support and resources to succeed in your career. We believe you can “be transformed by the renewing of your mind. CFI





Program Overview

- Eligibility Criteria
- Program Requirements.
- Services Provided
- Education and Training
- Employment Status
- Legal Assistance Services
- Collaborative Partners
- Success Stories





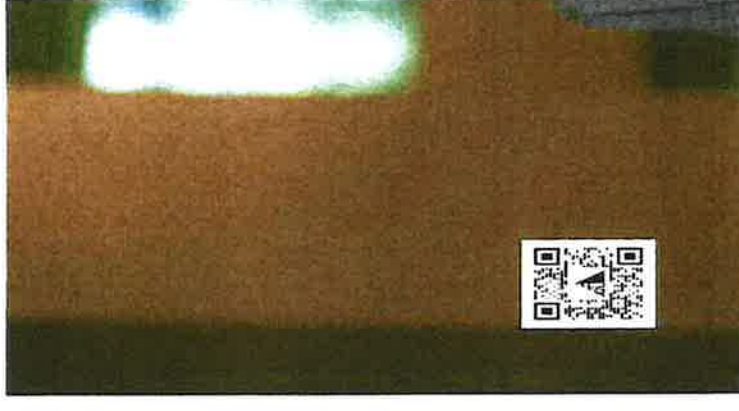
Program Overview

eligibility Criteria:

- Served a minimum of two consecutive years in prison or a combined 10 years under the jurisdiction of any State OR Federal Bureau of Prisons.
- History of Opioid Use Disorder of the same and any Co-occurring SUDs, or Mental Health conditions.
- Apon release individual must be a Wayne County resident 30 days.

rogramming Requirements (Must participate in the following):

- Group or Individual Mental Health Therapy and a SUD Prevention, Outpatient, or Residential program.
- Complete 30-Hour CFL Transformational Thinking and Employment Training.
- Mentorship program.

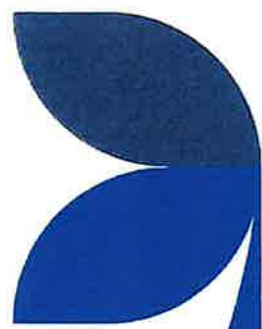


30-Hour Transformational Thinking and Employment Training

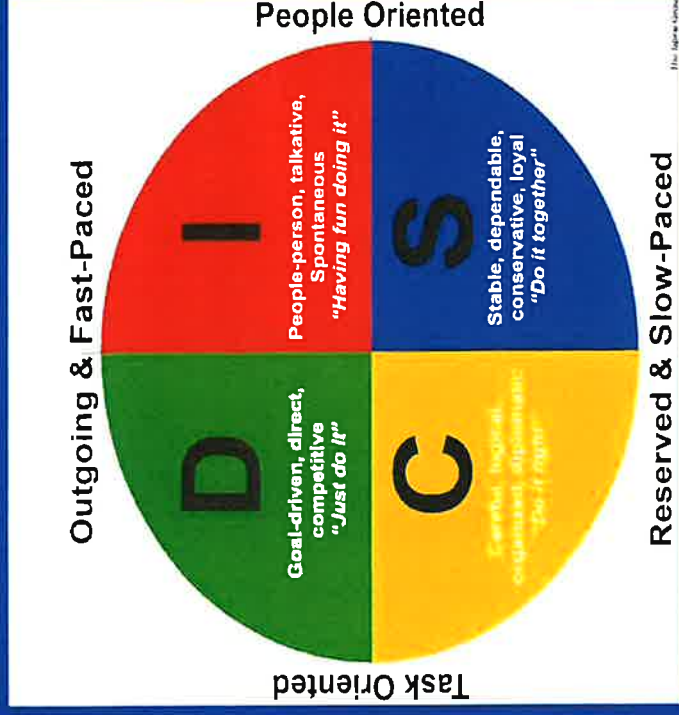
- Community Service Hours
- Fulfill Probation/Parole obligations
- Professional Interview
- Transformational Thinking class



Suited and Booted



DiSC Profile Assessment



Leg Up clients must successfully complete the DiSC Profile Assessment

Partnership with Parole and Probation Officers



Clients we Proudly



The Leg Up program provides support to the families of our clients through our “Family Reintegration Program”.

Services Provided



All Leg Up Clients have received one or more of the following Treatment Assistance

- Mental Health
- Substance Treatment Housing Assistance
- Security Deposit
- Emergency Housing Clothing Assistance
- Personal
- Work/ Professional Vital Documentation
- Driver's License Reinstatement Transportation Assistance
- Car Purchasing Transportation





Education and Training through Scholarships

- Artificial Intelligence and Information Technology Skilled Trade Scholarships available to 20 clients
- Construction Skilled Trade Scholarships available to 20 clients

BECOM
AISPFI

GET HELP NOW!

Scholarship Updates

Many participants are successfully enrolled in both Construction Trade and Artificial Intelligence Specialist programs.

A significant number of participants have obtained full time employment.

Participants are enrolled in college pursuing of Associate's and Bachelor's Degrees.



Legal Representation Partnership & Collaboration

To aid with:

- Traffic related offenses (Wayne, Oakland, and Macomb).
- Legal assistance for out of state traffic referrals.
- Michigan Driver's and Out of State License reinstatement.



Bridging The Gap with our Partners

- Catholic Charities(Works of Mercy)
- Crossroads
- Detroit Wayne Integrated Health Network
- Detroit Area Agency on Aging
- Detroit Justice Center
- Detroit At Work
- Detroit Recovery Project
- Detroit Rescue Mission Ministries
- Eternal Light
- Flip the Script
- Focus Hope
- Goodwill Industries
- Human IT
- Matrix Human Services
- NCADD
- St. Vincent DePaul

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Chance for Life - Social Media Presence

Instagram: @Chanceforlifeorganization

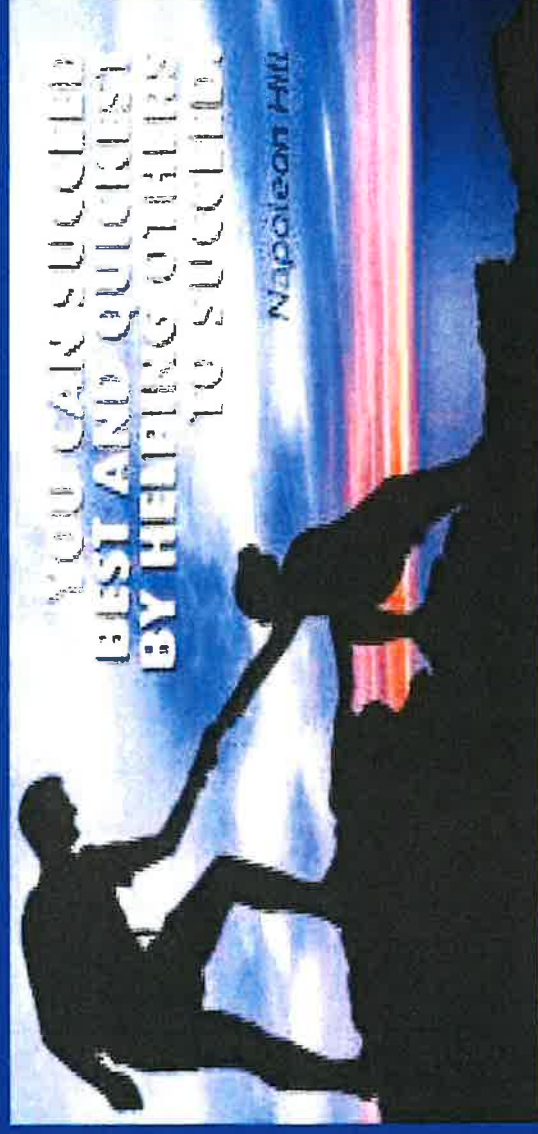
Twitter known as X: @CFLOrganization

Facebook: @ChanceForLifeOfficial

Tik Tok: TheChanceforlife



“We Build People, Not Programs” Jessica Taylor

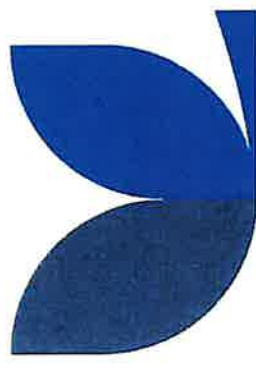


Success Story: Ronnie H.



Chance for Life helped Ronnie to obtain:

- Clothing Assistance
- Digital Literacy
- Driver's License
- Financial Literacy
- Permanent Housing
- Permanent Transportation



Success Story: Adam T.

Through Chance for Life Adam participated in the following Programs:

- Clothing Assistance
- DDOT Training Program
- Employment Assistance
- Family Reintegration Program
- Food Assistance
- Permanent Transportation



Thank you





