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FULL BOARD MEETING
Wednesday, August 19, 2026
Detroit Wayne Integrated Health Network
Administration Building
8726 Woodward Ave.
Detroit, MI. 48202
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 –** July 15, 2026

VI. **RECEIVE AND FILE** – Approved Finance Committee Minutes – July 1, 2026
Approved Program Compliance Committee Minutes – July 8, 2026

VII. **ANNOUNCEMENTS**
A. Network Announcements
B. Board Member Announcements

VIII. **BOARD COMMITTEE REPORTS**
A. Board Chair Report
1. FY 2025-2026 Resolution #5 In Memoriam Board Resolution – Dr. Iris Taylor *(Finance)*
2. BA#26-44 (Revised) Chompaway Ventures, LLC d/b/a Jan-Pro Janitorial Services – 707 Milwaukee – Contract Extension *(Exigent)*
3. Community Mental Health Association of Michigan (CMHA) Annual Fall Conference – Grand Traverse, Michigan (October 26th & 27th 2026)

4. National Council for Mental Wellbeing-NatCon27-New Orleans, LA - Convention Center (April 12th-14th 2027)
5. Regional Chamber of Commerce Mackinac Policy Conference 2027 – Mackinac Island, Michigan (June 1st – 4th 2027)

B. Executive Committee
   1. Board Self-Assessment
   2. CEO Objectives FY2026
   3. Budget Hearing -Joint Finance and Program Compliance Committee Meeting – (Tentative September 2026)
   4. Update Board Recognition and Leadership Award Policy
C. Finance Committee
D. Program Compliance Committee
E. Recipients Rights Advisory Committee
F. Policy/Bylaw Committee

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

X. UNFINISHED BUSINESS (Staff Recommendations)

A. BA#22-50 (Revision 2) Standard Cost Allocation Consulting Services (Rehmann Robson) *(Finance)*
B. BA#26-03 (Revision 3) Children's Initiatives FY26 Waiver Services *(Program Compliance)*
C. BA#26-13 (Revision 3) Substance Use Disorder Prevention Provider Network FY26-LAHC PA2 *(Program Compliance)*
D. BA#26-46 (Revision 3) – MI Coordinated Health Highly Integrated Dual Eligible-Special Needs Plan (MI HIDE-SNP) FY26 *(Program Compliance)*

XI. New Business (Staff Recommendations)

A. BA#26-55 Milwaukee Janitorial Services *(Executive)*
B. BA#27-07 PIHP Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network FY27 – Michigan Department of Community Health *(Executive)*
C. BA#27-17 – Grant Agreement between Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network for Community Mental Health Services Program FY2027 *(Executive)*

XII. AD HOC COMMITTEE REPORTS

A. Strategic Plan Committee
B. Board Building Committee

XIII. PRESIDENT AND CEO MONTHLY REPORT

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

XIV. REVIEW OF ACTION ITEMS

XV. 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).

XVI. ADJOURNMENT

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

BOARD MEMBERS PRESENT

Jonathan C. Kinloch, Board Chairperson
Bernard Parker, Vice Chairperson
Dora Brown, Treasurer
Angelo Glenn, Secretary
Barry Blackwell
Lynne F. Carter, M.D.
Eva Garza Dewaelsche
Kevin McNamara
William Phillips
Kenya Ruth

BOARD MEMBERS ATTENDING VIRTUALLY: Dr. Cynthia Taueg, Immediate Past Chair

BOARD MEMBERS EXCUSED: Karima Bentounsi

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD ATTENDING VIRTUALLY: None

GUEST(S): None

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 12:18 a.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 and noted that the agenda needed to be amended to include the recommendation of the appointment of Ms. Brown to the SUD Oversight Policy Board. **It was moved by Mr. Glenn and supported by Ms. Garza Dewaelsche approval of the agenda as amended to add the recommendation of the appointment of Ms. Dora Brown to the Substance Use Disorder Oversight Policy Board to be forwarded to the Wayne County Commission for its consideration as item 8b number 5 under the Executive Committee report.** 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.

APPROVAL OF BOARD MINUTES

The Board Chairperson, Commissioner Kinloch, called for a motion to approve the minutes from the Full Board Annual meeting held on June 17, 2026. **It was moved by Mr. Glenn and supported by Ms. Brown approval of the Full Board Annual minutes from the meeting held on June 17, 2026 with any necessary corrections.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of June 3, 2026; the Program Compliance Committee meeting of June 10, 2026 and the approved minutes from the Policy/Bylaw meeting of May 13, 2026 were received and filed.

ANNOUNCEMENTS

Network Announcements

Ms. Dayna Clark, Director of Communications reported. It was reported there is an upcoming legislative candidate forum in Detroit that will be put on by the Arc Detroit. It is focused on the future care of Michigan and will be held on Saturday, July 18th from 2:00 p.m. to 6 p.m. at Scared Heart Church Hall. The participants will hear from legislative candidates, people with disabilities, direct care workers, caregivers and advocates as they discuss care wages protecting Medicaid in our local communities.

An event will be hosted by the Guidance Center is coming up called Love & Logic, it is a parenting boot camp. It is a virtual parenting education series scheduled for Wednesday, July 29th, August 5th, and 12th from 6:30 p.m. to 8:00 p.m. Workshop sessions include raising responsible kids and turning mistakes into learning experiences.

There will be an event hosted by DWIHN with Youth United, City of Detroit and is a free community back to school bash. The event is scheduled for Friday, August 14th from 12:00 p.m. to 4:00 p.m. at Kemeny Recreation Center, resources will be given out along with backpacks, school supplies, crafts, face painting, bounce houses and lunch, information will follow as logistics are finalized.

Discussion ensued regarding the Return on Engagement (ROE) and how do we measure our return on engagement of these events. It was noted that Communications measures from an attendance standpoint and how we publicize the events, however it was thought that Community Engagement tracks those numbers.

Mr. White, CEO noted that this is done from a number of different standpoints, one is that we know that we have some communities that do not have exposure to behavioral health particularly in southwest Detroit, the south side of the city our Arab American community and in southwest Detroit. There are some concerns around ICE and exposure so we try to concentrate in those areas that are typically marginalized and expose them to the services that we offer; from an investment standpoint we are not truly making an investment but if they have a behavioral health event or event that has a behavioral health nexus we support and Ms. Clark and her team are encouraged to support from a budgetary standpoint to purchasing a table and being there with key members of our organization and bringing materials about behavioral health services that we offer. We just did one recently where there was a lack of understanding on Narcan training; we were able to not only participate in the event but bring those services. We will be doing that Narcan training. Mr. Singla and IT were given credit for identifying and

mapping out where we have exposure and where we do not have exposure. There will be a survey on community needs in those areas, and we will be concentrating on our outreach efforts in these areas. Ms. Young, Interim Lead has already started a couple of weekends ago in those areas and have started having these small pop-up events; we are there with tables set up, providing literature and giving out information; so we measure it, put it in our database and we are actually preparing a report for this board to show from a map standpoint where we are throughout the county.

Discussion ensued regarding showing people how to download our App which will allow the different events to pop up as they are in the community and whether we are vetting the area and are we partnering with the Southwest Detroit Business Association and asking them who we should solicit when we are partnering with certain pop-up events.

Ms. Phipps, Director of Children's Initiatives, noted that this was great information for us to be able to put in place, and we look forward to putting the back-to-school event on every year, each year it gets bigger and better. It was reported that last year there were 900 folks that attended the event, this event brings out families which need to come together, they are also engaging in positive activities as a family unit. This year, in addition to supplies, we will give out educational information in the backpack, there will be information on vaping and marijuana prevention and back to school tips which will be available for parents as well. We are also providing information on our crisis services, children's services and the Youth United events which will help build awareness and there will be Narcan Training. It was asked if we can do breakout sessions to where parents that are meeting us for the first time can do a Narcan training and get approved right there because in middle schools there is huge vaping issue; children are vaping as early as the sixth and seventh grades. It was reported that we are collecting data on the people we are touching at the community engagement events; folks that attend the events sign in, for the back to school event we identify if they are a parent or youth, we do not ask for any additional information, we can ask however we are mindful that if we start asking for too much information it is a deterrent from people actually attending; there is a trust issue in the community when it comes to filling out forms and paperwork. Discussion ensued regarding having a survey that we can put together to track individuals and make sure that we are following up with him as well as tracking what people are asking for when they come in, and what their needs are and being able to share out after the event concludes.

Ms. Young, Interim Community Engagement Officer, noted that our leadership is big on getting the data to measure what we are doing and where to go. Discussion ensued regarding a gentleman who attended one of events and noted that he has a youth home for boys and requested our services, he noted that all of the young men are having some issues, so we are meeting them where they are, it is just a matter of figuring how to set it up so that it can be interesting and exciting for them to take part in; so that is one of the ways we know that we are benefiting from being out in the community. It was also reported that there is a form that can be seen in a dashboard, where we can see real-time information from a community engagement standpoint; one of the fields is homelessness and if they are a member of DWIHN this will ask questions such as when was the last time DWIHN has seen this member which should be a measurable data point as well. Discussion ensued regarding others who may have similar homes and whether there was an existing process. It was noted that there is an existing internal process and we are working on dates at this time and we have not partnered with them yet.

Mr. White, CEO noted that when we started looking at community engagement from a revised lens, we did ask how we are measuring this because the same question was internal to us as well. Mr. White provided examples of different outreach activities that had a different avenue in terms of closure. He

mentioned that we started looking at commonalities and started capturing the data to determine what is effective from a communication as well as community engagement standpoint and that way we could strategically move our investments in those directions which have the highest yield. The second item is that we saw a lot of the same people going across the various continuums of seeking help, the next idea was to see if these people are connected to services or when was the last time they received services; what is the gap that is preventing them from engaging in services; that is an initiative that is being actively worked on and we plan on rolling that out over the next quarter to all the stakeholders from a DWIHN standpoint, from a sheriff's office standpoint and City of Detroit, which is our biggest stakeholder on that data source. We have included DPD; and SEMCA from an EMS standpoint because we are seeing multiple EMS runs.

We're seeing those people in some cases, it did not require hospitalization, but they ended up in the ER because the call came from an AFC home, so that means we now need to go and target better education at the AFC homes level and the residential homes to say these are additional touch points from a service delivery or resources that are available to you whether it is a mobile crisis, a clinical call into our 24/7 access or crisis stabilization unit, so the idea is to create that source awareness. The data is the power, and we only have this many resources, how do we effectively use those resources to make the most difference, and this is where accessing that data, even if it is in a raw state, there were a lot of disconnects as part of this last exercise of the city of Detroit, which creates so much opportunity for improvement; this is where we can be better custodians of those specific resources to be used for what is needed most, if the better engagement of behavioral services will reduce 911 calls or EMS call that is the place we want to position ourselves to make sure that piece is addressed; these are some of the things that I really think are going to shore up or effective engagement and is going to show what are investments are bearing in terms of the returns.

Discussion ensued regarding the reports of the Crisis Center and that the majority population are black men, and if we had caught them when they were younger and needed help could we have prevented the crisis center intervention, or redirected them, so that needs to be a spoke of the wheel too.

Discussion ensued regarding the need for the survey and if there is a digital way that could be done on the phone, that information can be collected on a very short, pointed survey, it was also suggested that at the large community events where there is a sign-in sheet that there be a space for the zip code which will help us to pinpoint and track where we are making inroads in terms of that community and where we are not. It was also noted that the needs assessment is an outstanding idea, and it was thought that kind of data could be captured at the large events and this could help us to know where we need to focus our efforts in the future toward prevention. Discussion ensued regarding prevention and the youth facilities, and if there could be a section of the data that requests the high school the participants are attending and whether that could be a part of our school success initiative, as this will help direct us to our providers and they can track that piece and we can identify what level of care of services that they need. There was no further discussion.

Board Announcements

Commissioner Kinloch, Board Chair called for Board Announcements. Birthday greetings were extended to Board member Garza Dewaelsche who celebrated her birthday in July. Mr. Glenn extended a warm hand of thanks and gratitude to everyone that extended their condolences to him and his family on the passing of his sister from the staff and from the board members. He noted that his family really did appreciate it and extended a heartfelt thank you too all.

BOARD COMMITTEE REPORTS

Board Chair Report

Board Chairperson, Commissioner Kinloch provided a verbal report. It was reported that all board members have a copy of the CEO's FY2026 Objectives. This item is being deferred to the August Executive Committee meeting. Board members were directed to review it prior to the August meeting.

The Tri-County Metro Regional Meeting was hosted by the Oakland County Health Network on June 23rd, 2026 at 6:00 p.m. Staff and board members were in attendance both in person and virtually. He attended in person, staff gave an update to the metro region as it relates to all of the great activities and programs that we are administering here at DWIHN.

The fall conference for the Community Mental Health Association of Michigan will take place in Grand Traverse, Michigan, October 26th & 27th 2026. Board members that are interested in attending the conference should notify the board liaison and noted there were some board members that had expressed interest in attending.

The National Council for Mental Wellbeing – NATCON27 will be held in New Orleans April 12-14th 2027. The Board Chair requested that board members that were interested in attending notify the Board Liaison at least 60 days prior to the event to assist with securing rooms and make appropriate travel arrangements.

The Regional Chamber of Commerce Policy Conference will take place June 1st - 4th 2027 on Mackinac Island. He noted that we have received confirmation as it relates to individuals who attended this year that their hotel arrangements for the 2027 conference have been secured and they have been registered. Hotel accommodations have been more difficult to secure. Discussion ensued regarding the registration and booking process for 2027 and it was noted that there are no rooms available for lodging at this time. However, board members have been waitlisted at hotels that have a list. There was no further discussion. The Board Chair report was received and filed.

Executive Committee

The Chair, Commissioner Kinloch, provided a verbal report. It was reported that the Budget Hearing which is a joint meeting of the Finance and Program Compliance Committees, is tentatively set for September and tentatively is based upon us getting all the necessary financial information from the state. Further information will be provided under the Finance Committee report. As it relates to the new member board orientation that was held on June 29th it was a long day for our new board member, Mr. Blackwell. The Chair Commissioner Kinloch recognized Mr. Blackwell for the purpose of giving some feedback as it related to his experience. Mr. Blackwell noted that it was a great time, he learned a lot and knew that there would be additional opportunities for him to learn and get additional information. He thanked the entire board and staff for their time and being present that day.

The Chair, Commissioner Kinloch, reported that the board self-assessment would be deferred to August, and that there was a policy recommendation that will also impact the self-assessment. It was reported that the board voted to create a recognition or a leadership award policy to be presented at our annual

meeting. The policy is still being worked on and we hope to have that policy brought forward within the coming months, but absolutely before the next annual conference.

It was reported that an item had been added to the agenda and a motion was being requested to recommend Ms. Dora Brown to the Wayne County Commission for an appointment Substance Use Disorder Oversight Policy Board. **It was moved by Mr. Glenn and supported by Mr. Phillips to move the recommendation of Ms. Dora Brown for appointment to the Full Board for approval.** There was no further discussion. **Motion carried.** It was noted that Ms. Brown if appointed, would be filling the vacancy created by Ms. Stacie Clayton, who had resigned. The Executive Committee was received and filed.

The Chair, Commissioner Kinloch called for the Finance Committee report.

The Finance Committee

Ms. Brown, Committee Chair provided a verbal report. It was reported that the Finance Committee met on Wednesday, July 1, 2026. DWIHN was not able to complete fiscal year 2027 budget due to pending MDHHS rate amendment and analysis of the impact of our recently implement cost efficiencies. The budget hearing has been tentatively rescheduled for September 2nd. We are recommending that all board actions for FY27 continue processing to not disrupt payment processing and contracting specifically, SUD and MH grant funded programs which are not affected by Medicaid rate amendments. We know that there has been a lot of discussion concerning the DWIHN rate reductions in the community. However, with DWIHN being a PIHP and CMHSP and because of residential services falling under the PIHP which had a $63 million ISF reserve as of September 25th that was fully exhausted as of June 26th without the MDHHS expressed rate amendments. The committee forwarded two board actions to Full Board for approval. The liquidity and cash flow are sufficient to support operations. There was no further discussion. The Finance Committee report was received and filed.

The Chair, Commissioner Kinloch called for the report of the Program Compliance Committee meeting.

Program Compliance Committee

Mr. Glenn, Committee Chair provided a verbal report. The Program Compliance Meeting Committee met Wednesday, July 8, 2026. The Committee received a follow-up item from Ms. April Sebert, Director of Quality Improvement on the oversight of inpatient psychiatric hospitals. It was reported that oversight is conducted using standardized tools developed through the statewide reciprocity work group that was established in response to the PIHP contract requirements. The tools ensured consistency, transparency, and compliance across all PIHPs in Michigan. A list of hospitals being monitored by DWIN was provided, as well as the scope of review, the methods used, and the purpose of the oversight process.
The Chief Medical Officer provided a monthly report, and the Interim Corporate Compliance VP report was deferred.

Quality reports were received from Adult Initiatives, DWIHN's Outpatient Clinic, 707 Crisis Care Center, PAR Services and Utilization Management.

Some departmental highlights include Adult Initiatives, which reported that assisted outpatient treatment orders increased in FY26 Quarter 3, averaging 874 orders compared to 780 orders in FY25 Quarter 3.

Hospitalization days increased slightly from the average of 20 days in FY25 Quarter 3 to 21 days in FY26 Quarter 3. Assertive community treatment, which is the ACT team, which is our most intensive community-based intervention, shows the most impact on stabilization of the 170 members on the ACT team; only 15 were hospitalized. Information was also provided on the evidence-based supportive employment. It was reported that there was growth of obtained employment of 43.3%. There was discussion regarding those individuals that obtained employment and did not keep their jobs and what type of strategies could be developed to address the issue.

DWIHN's outpatient clinic for 2FY6 quarter 2, the outpatient clinic had 228 intakes completed, which contributed to increased enrollment. Demographic data and information on the services provided was shared with the committee. It was also reported that the DOC is on a process performance plan from HEDIS and is on target for completion.

For pre-admission review, they went live on April 1, 2026, which brings the screening in-house in the first 90 days, the team has increased the percentage of members who were provided a disposition within three hours increase the percentage of members seen face-to-face, and then increase the crisp notification percentage. The team is working to increase diversion percentages, which a goal of 30% diversion by end of the fiscal year.

Utilization Management reported that they have participated in the Humana Initial and Annual UM Delegation Audit on June 17, 2026, the exit interview is tentatively scheduled for July 9, 2026. In quarter 3 they manually approved 90.3% of standard prior authorization requests within seven (7) days.

The Managed Care Operations report was deferred to the August 12th, 2026 meeting.

Mr. Eric Hutchinson provided a clinical operations executive summary. It reported that the autism services department completed the RFQ 2023-005 rebid process and is working towards launching RFQ 2026-007 to streamline providers procurement and communications. Network oversight efforts advanced through provider evaluations and corrective action planning include focus quality interventions with the two ABA providers with DWIN behavioral health homes, they were awarded, two-thirds of the fiscal year 25 pay for performance measures for the total award of $111,580.92 pay for performance initiative dollars. There were three board actions under unfinished business and one action under new business. There were two board actions under unfinished business, and there were no board actions under new business. There was no further discussion. The Program Compliance Committee report was received and filed.

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

Recipient Rights Advisory Committee

Dr. Taueg, Committee Chair provided a verbal report. It was reported the Recipient Rights Advisory Committee met on Friday, July 10, 2026. It was an informational meeting because we did not have a quorum. The Recipient Rights Office did submit, as required, their semi-annual report. This was submitted on June 16th, so they met the deadline, and the contents of the report are available for anyone who would like to see those. The report showed a lot of activity that our staff has undertaken and some positive outcomes as a result. We had two presentations, one on the semi-annual review and also on site review monitoring, what that looks like, and what our responsibilities are. We also talked about the Annual Recipient Rights Advisory Council conference that is taking place September 16th through 18th

at Crystal Mountain. There are 14 staff and three committee members and board members that will be attending that event. The committee thanked and applauded the recipient rights staff, Dr. McAllister and others regarding their follow-through on our request to be sure that recipient rights members have information on getting out to vote. They did obtain and share that information with the providers so that recipients knew where to go to vote. They even gave them information about transportation to go voting. We just wanted to make sure that they had the opportunity to act in their full citizen capacity by voting. It was also reported that the committee and board did celebrate that there were some investigators who had completed all, not just some but all of their case investigations under 30 days. Ms. T. Burgess, Mr. D. Snodgrass, Mr. F. Lewis, Ms. C. Bournes and Ms. M. Livolz were all congratulated and applauded during the meeting. There was no further discussion. The Recipient Rights Advisory Committee report was received and filed.

The Chair, Commissioner Kinloch called for the report of the Policy/Bylaw Committee.

Policy/Bylaw Committee

Ms. Brown, Committee Chair, provided a verbal report. It was reported that the Policy/Bylaw Committee met on Wednesday, July 8th immediately following the Program Compliance Committee meeting. Board Policies #2016-10 through #2016-18 were reviewed and discussed as well as DWIHN's Unrestricted and Restricted Net Position Policy. After discussion it was determined that the following policies would be brought back to the committee with revised language by legal counsel and compliance. These policies are Policy #2016-12 Conflict of Interest; Policy #2016-14 Good and Welfare/Public Comment; Policy #2016-17 Standards of Conduct and Policy #2016-18 Compensation Policy. The DWIHN Unrestricted and Restricted Net Position Policy will be brought back to the committee for additional review.

There were no changes recommended by the committee to the following policies; Policy #2016-10 Board Portal, however the DWHIN Acceptable Use Policy was referred to the Policy Ad Hoc Committee for review; Policy #2016-13 Delegation of Authority; and Policy #2016-16 Meeting Guidelines Parliamentary Procedure.

The committee has two recommendations for Full Board consideration, which will need a motion. It was recommended by the Policy/By-law Committee that Policy #2016-11 Board Self-Assessment and Policy #2016-15, the New Board Member Orientation be moved to the board for approval. Policy #2016-11 Board Self-Assessment, has language to be added as item 6, which states that "if a board member fails to complete the self-assessment prior to the established due date, and the board member has not obtained an extension from the Chair of the Board, the board member's stipend may be withheld until the board member completes the assessment." The other changes are minor grammatical corrections. Policy # 2016-15, the New Board Member Orientation is adding Compliance Training to the list of information that new board members will receive for review and consideration.

The next Policy/Bylaw Committee meeting is tentatively scheduled for Wednesday, September 9th at 3:10 pm, which is after the Program Compliance Committee meeting.

Commissioner Kinloch, Board Chair noted that there is a recommendation to approve the amendments to Policy #2016-11, and Policy #2016-15 and called for a motion. **It was moved by Mr. McNamara and supported by Mr. Phillips approval of the changes to Policy #2016-11 Board Self-Assessment and Policy #2016-15, the New Board Member Orientation with Policy #2016-11 Board Self-Assessment, having language added as item 6, which states that "if a board member fails to**

complete the self-assessment prior to the established due date, and the board member has not obtained an extension from the Chair of the board, the board member's stipend may be withheld until the board member completes the assessment." The other changes are minor grammatical corrections. Policy # 2016-15, the New Board Member Orientation is adding Compliance Training to the list of information that new board members will receive for review and consideration. There was no further discussion. **Motion carried.** The report of the Policy/Bylaw Committee was received and filed.

The Chair, Commissioner Kinloch called for the report of the Substance Use Disorder, Policy Board Report.

The Substance Use Oversight Policy Board Report
Mr. A. Glenn, Chair, Substance Use Oversight Policy Board gave a verbal report. It was reported that the SUD Oversight Policy Board meeting is scheduled for Monday, July 20, 2026. There was no report.

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

Commissioner Kinloch, Board Chair called for the next item on the agenda which is Unfinished Business-Staff Recommendations.

X. Unfinished Business – Staff Recommendations

A. **BA#23-47 (Revision 2) – Architectural and Engineering Services for 7 Mile Care Center** Mr. M. Maskey, Executive Director Facilities reporting. DWIHN is requesting board approval to modify Tetra Tech of Michigan's existing contract to include additional budgeted design escalation funds and extend contract end date to January 31, 2027. The escalation funds will be distributed on as-needed time and material basis at the discretion of DWIHN to cover any applicable project delays, additional material testing costs, design changes and/or modifications and additional equipment commissioning. The requested funds (10% of original contract value) are within the allotted project budget under the design budgeted portion of the project. Facilities is recommending the contract be increased in the amount of $320,000.00 bringing the not to exceed contract value to $3,714,400.00 with a term ending January 31, 2027. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Garza Dewaelsche approval of BA#23-47 (Revision 2) Architectural and Engineering Services for 7 Mile Care Center** There was no further discussion. **Motion carried.**

B. **BA#24-67 (Revision 2) Substance Use Disorder (SUD) Opioid Settlement – Leg Up Carry Forward Extension** Mr. M. Yascolt, Director, Substance Use Disorder reporting. Commissioner Kinloch, Board Chair recused himself and turned the gavel over to Mr. Parker, Vice Chairperson. The Acting Chair, Mr. Parker, called for a motion. **It was moved by Mr. Phillips and supported by Mr. Glenn approval of Board Action #24-67 (Revision 2) Substance Use Disorder (SUD) Opioid Settlement – Leg Up Carry Forward Extension.** Staff requesting board approval for the extension of contract and addition of funds to the Opioid Settlement Leg Up program for Chance for Life. The initial contract amount for the two-year period, July 1, 2024, through June 30, 2026, totaled $1,080,000; an estimated $400,000 remains unspent. This board action is requesting to carry over the unspent funds and increase the contract for an additional $200,000 for a two-year period, July 1, 2026 through June 30, 2028, which brings the total amount not to exceed $1,280,000. Chance for Life will continue to provide oversight and fiduciary responsibility for the Leg Up program developed by Detroit Wayne Integrated Health Network (DWIHN) that utilizes Opioid settlement funds.

Discussion ensued regarding the funding and where it came from; it was reported that we have received to date about 3 million in opioid settlement dollars. We are projected to receive a total of seven through 2031 and the $200,000 is going to continue being opioid settlement dollars. The funds are being utilized for a multitude of things, scholarships, staff, and supplies and materials. It was a new program that was started in July, 2024 so just getting the program up and running took some time, we believe that they would be able to easily spend the money going forward. We are requesting a continuation of the program. Chance for Life, the Leg Up program, came before the board and presented its relations to returning citizens who've had drug convictions and first and foremost, a history of opioid use, but it's geared specifically toward returning citizens. Discussion ensued regarding funding when the money runs out and DWIHN absorbing the program. It was reported that we get funding through 3031; and the decision regarding the program will be made at that time. Discussion ensued regarding Grow Detroit Young Talent and their process with having an internal manager that assists returning citizens in employment positions on how to manage workplace situations and if there could be an expansion of maybe a peer support to work with returning citizens. Discussion ensued regarding the Detroit Water and Sewage Department and other employers that are very favorable of hiring re-entry citizens, and even providing Uber service. There was no further discussion. **The motion carried with Commissioner Kinloch recusing himself as he is a member of Chance for Life Board of Directors.**

C. **BA #26-14 (Revised 6) – DWIHN Providers Network System FY26** – Ms. R. Brown, Director, Managed Care Operations reporting. The Chair called for a motion. **It was moved by Mr. Phillips and supported by Mr. Glenn approval of BA#26-14 (Revision 6) DWIHN Providers Network System FY26.** Staff requesting board approval for the addition of the following provider to the DWIHN provider network for the fiscal year ending September 30, 2026. Total amount of board action remains the same not to exceed amount of $837,791,038 for FY2026. Lunexa Health LLC, an outpatient provider, (credentialed 5/11/26 for Supports Coordination and Case Management). The services include the full array of behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated based on prior year's activity and are subject to change. There was no further discussion. **Motion carried.**

D. **BA #26-21 (Revised 3) – Autism Providers FY26 –** Ms. C. Phipps, Director, Children Initiatives reporting. The Chair called for a motion. **It was moved by Ms. Ruth and supported by Mr. Glenn approval of Board Action #26-21 (Revision 3) Autism Providers FY26.** Staff requesting board to approve revision for the Autism Providers to receive a (1) one-year contract for FY26 (October 1, 2025 - September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for autism services for FY26 is $104,955,784. Staff is also requesting to add Early Autism Services, LLC , as an additional provider to the network to provide autism services, which passed the autism Request for Qualifications (RFQ). In addition, Strident Healthcare's contract ended in April 2026 due to nonrenewal and to allow for transition planning. There was no further discussion. **Motion carried.**

XI. New Business – Staff Recommendations

A. BA #26-54 – HUD Permanent Supportive Housing (PSH) – Ms. R. Brown, Director of Contract Management reporting. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Mr. Phillips approval of BA#26-54 HUD Permanent Supportive Housing (PSH).** Staff requesting board approval of the renewal, acceptance, and disbursement of the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) grant funds in the amount of

$2,733,549.00, along with the required general fund/ local match of $113,390.50 for a total amount not to exceed $2,846,939.50. The providers listed in the board action submitted renewal applications and have been awarded funding for the HUD 2025 grant cycle. Program dates and details are listed in the board action. a. Central City Integrated Health (6/1/2026 – 5/31/2027) Rental Assistance Program -RAP - $513,415.00 b. (5/1/2026 – 4/30/2027) Permanent Supportive Housing - $627,476.75; Southwest Counseling Solutions (1/1/2027-12/31-2028) Rental Assistance Program -RAP - $450,897.00; Development Centers Inc. (11/1/2026-10/31/2027) OMEGA $215,969.00; Coalition on Temporary Shelter (11/1/2026 – 10/31/2027) OMEGA $487,725.25; Wayne Metro Community Action Agency (8/1/2026-7/31/2027) Permanent Supportive Housing $516,364.00; DWIHN Administrative Costs $35,092.50 Funds may be redistributed amongst providers up to the approved not to exceed amount without Board approval. There was no further discussion. **Motion carried, with Mr. Blackwell recusing himself as he is in a partnership with Central City.**

B. **Board action #26-55 Milwaukee Janitorial Services** – Mr. M. Maskey, Executive Director, Facilities reporting. DWIHN Facilities is requesting board approval to enter into a Janitorial Services contract with the vendor RNA Michigan Holding for our 707 W. Milwaukee facility. RNA was vetted and recommended for a two-year contract with five (5) one-year optional renewals as part of a solicitated Request for Proposal (RFP) process. An RFP was issued for these services. This is the first step in a, multi-phase, hybrid service model that we were implementing at the facility. The solicitation received six proposal, with a total distribution time of 14 days. The proposal will be inclusive of janitorial cleaning and maintenance services on a continual 24hr/7 day a week basis for the Milwaukee facility. Facilities is recommending that a contract be issued to RNA in the amount not to exceed $1,016,002.00 for the two-years ending July 31, 20228. The previous contract with RNA totaled $250,000 for 12 month period. The Chair called for a motion. **It was moved by Mr. Blackwell and supported by Mr. McNamara approval of BA#26-55 Milwaukee Janitorial Services.** Mr. Glenn recused himself from the vote as his company has done business with RNA. Discussion ensued regarding RNA giving back to the community and were we hiring mental health candidates. It was reported that a plan would be presented next month regarding the phases and we are looking at that as part of the model. Discussion ensued regarding the amount of the contract and that RNA only did the first two floors, STEP was still at the facility and they did the upper floor, this contract will give RNA the entire building which has five floors as well as parts of the exterior of the building. RNA was introduced because STEP was unable at the time to handle the crisis center, they continued to handle the administrative portion of the building and RNA was brought in to supplement that contract. It was noted that there is continuous coverage on floors one and two, the cost is little higher because we have dedicated individuals on each floor to be able to keep up with the demand. The administrative area is cleaned less frequently, and is not on a continual rotation as the first two floors. Discussion ensued regarding the specialized cleaning and what it entails. It was reported that a scope had been put together that not only requires some credentials in terms of experience, but we look for somebody that was in a behavioral health setting before that has a significant amount of hospital experience. We are also looking at some different accreditations as well and for verified references that these services were performed properly. It was noted that we adhere to the FGI guidelines. Ms. Ruth noted that she used to be employed by them and they outsource and what title do they have clearance to actually provide the service at 707. Mr. Maskey noted that he can provide a list of their accreditations. It was also noted that the presentation would be given next month, but they were being asked to approve the contract his month, and if they are going to outsource it she would like to know what company they are outsourcing it to in order to provide the services. It was reported that as a part of RNA's RFP submission they did not indicate any subcontractors as a part of their proposal. Discussion ensued

regarding the scoring that was in the provided chart and the areas had not been identified. It was noted that the information could be provided, and that this did go out to bid, and was a competitive procurement process. Discussion ensued regarding what had taken place between the initial contract with RNA and now. It was reported that in between we had GDI which came on board as part of the RFP process and they did not fulfill their contract and were removed. Jan-Pro was brough in temporarily because they were one of the parties that actually bid on the RFP and were the party that was able to fulfill the contract in the short term. Discussion ensued regarding that since this was a Michigan Holding Company was there a requirement of 51% ownership. **Ms. Ruth noted that she was going to recuse herself from this contract.** Ms. D. Ison, Interim VP of Compliance, noted that Ms. Ruth should not have participated or even discussed or engaged in this item that she recused herself from. Ms. Ruth asked the Chair, that if she recused herself could she not ask questions. Ms. Ison noted that she was not supposed to. Ms. Ruth noted that this was a learner's lesson for her. Discussion ensued regarding the number of issues that are outstanding on this item which included the questions regarding the hybrid and they knew that Mr. Maskey would be getting back to the board from the Executive Committee; the number of floors that they currently have and the accreditation and the 51% ownership and when does the contract end and how will this interfere with janitorial operation at the facility if the contract is not approved. Discussion ensued regarding JANPRO, the current vendor and if their contract provides for any termination provision. It was reported that with RNA there was a broad termination provision in the contract, which was the standard terms and conditions through our professional services agreement. Ms. Ruth noted that she had just learned from the Interim Compliance Officer that she should have recused herself beforehand, and she should have not asked question and she did not know that. **Ms. Ruth recused herself because she used to be employed with RNA and that it has been over two years.** Discussion ensued regarding clarification on the provision of the termination of the agreement, what are the reasons, and is there a reason or no reason at all as they were being told that this contract is needed because the existing contract ends at the end of the month, they did not want to interfere with being able to provide cleaning services for the facility. We're being told that this contract is needed because the existing contract ends at the end of this month. We do not want to interfere with, you know, being able to clean, provide cleaning services for this facility. Ms. Y. Turner, VP of Legal Affairs noted that typically our professional services agreement would have a 30-day notice provision for termination without cause which is our standard. The Chair called for the vote. It was reported there were two recusals and one Nay vote. It was requested that a roll call vote be taken to clarify everything. Discussion ensued regarding the cleaning of bodily fluids and to make sure that whoever is responsible for cleaning the area has the awareness of how to handle it properly; that is the number one thing and there is a protocol to do that safely and if it is not done safely it endangers everyone there. It was reported that this was part of the RFP, we have a policy that speaks to that and they do acknowledge that prior to coming on-site performing any work and it is strictly enforced which would apply to whomever they would vendor out to. Ms. Turner, VP of Legal noted that someone had mentioned a roll call vote, **however the vote would indicate that with two recusals Mr. Glenn and Ms. Ruth and one Nay vote – Mr. Phillips, there would only be seven Yeas and that motion would have failed.**

Discussion ensued regarding the building still needing to be cleaned and could there be an extension of the current vendor on site for another month. The Chair, Commissioner Kinloch asked Counsel if We could extend the contract for an additional 30 days and authorize the CEO to extend that contract and if the existing contractor JANPRO would be agreeable. The Chair requested the CEO to keep him informed, and because we are taking this action they could call an emergency meeting for the purpose of addressing this issue.

The Chair, Commissioner Kinloch called for a motion to authorize the President and CEO to extend the JANPRO contract for 30 days or until such time that a permanent long-term contract is approved by this board and authorize him not to exceed $100,000 above the current contract. **It was moved by Ms. Brown and supported by Mr. McNamara to authorize the President and CEO to extend the JANPRO contract for 30 days or until such time that a permanent long-term contract is approved by this board and authorize him not to exceed $100,000 above the current contract.** There was no further discussion. **Motion carried.** Commissioner Kinloch, Board Chair requested Mr. White, CEO to keep him updated as it relates to whether JANPRO agrees to the extension.

C. **Board action #26-57 – Implementation and Support Services from Brightpoint Info Tech-** Mr. Keith Frambro reporting. The Chair, Commission Kinloch called for a motion. **It was moved by Ms. Ruth and supported by Ms. Brown approval of BA#26-57 Implementation and Support Services from Brightpoint Info Tech.** This request is for approval to procure consulting and support for a new enterprise financial platform (Microsoft Dynamics Business Central) from Brightpoint InfoTech under a three-year contract, in an amount not to exceed $216,775.00. Following an RFP evaluation of available solutions Brightpoint Infotech has been identified as the preferred vendor to provide implementation services for the new platform and to continue support once the platform is fully implemented. Services include: Implementation and configuration services; data migration and onboarding; and training and support services. Costs implementation services$149,500; Support – ($13,000 per year) - $39,000 and Change Order Contingency* $28,275.00. *The contingency amount covers any required change orders for the scope of work that was not identified during the RFP process. The current system DWIHN is using to manage its financial options, Microsoft Dynamics Great Plains, is an older system that lacks several functions. Additionally, Microsoft has announced that the system has reached End of Life, and will no longer provide system upgrades or additional licenses. The value of this contract is not to exceed $216,775.00 for the period of August 1, 2026 to July 31, 2029. There was no further discussion. **Motion carried.**

D. **Board action #27-02 – WSU ECHO Survey – Adults & Children** The Chair, Commissioner Kinloch called for a motion. **It was moved by Ms. Brown and supported by Ms. Ruth approval of BA#27-02 WSU ECHO Survey – Adults & Children.** Ms. E. Thomas, Customer Service Engagement Manager reporting. This board action is requesting to contract with Wayne State University (WSU) Center for Urban Studies to administer two ECHO® Surveys, one for adults and one for children, at a total cost not to exceed $174,644 for the term October 1, 2026 through September 30, 2027. The Customer Service unit is responsible for measuring various satisfaction and member experience, particularly related to NCQA requirements. It has been established and accepted by NCQA that the EXHO ® Survey (developed with support from the Agency for Healthcare Research and Quality (AHRQ) is fully recognized as an acceptable tool for measuring the experience of care and outcomes for Managed Behavioral Healthcare Organizations. In an effort to reduce cost in the future DWIHN is investigating the ability to work with WSU to further assist us in developing a tool that will combine both the adult and children's survey, through guidelines acceptable by NCQA and the ECHO® requirements. Since we have previously worked with WSU Center for Urban Studies and because they are a not-for-profit organization we are asking for a Comparable Source contract for the continued purchase of services for FY27. Discussion ensued regarding the length of time that the survey has been done, which has been since 2020; the members are surveyed to get their input in terms of the services received for behavioral health. It is for children, in which the parents or guardians are interviewed as well as adults and it is part of our NCQA accreditation. There was no further discussion. **Motion carried.**

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

The Board Chair Commissioner Kinloch called for the report of the Strategic Plan Committee. It was reported that the Strategic Plan Committee did not meet for the month of July. There was no report.

The Board Chair, Commissioner Kinloch called for the report of the Board Building Committee.

Board Building Committee

Mr. Parker, Committee Chair reported that the committee met on Wednesday, July 1, 2026 after the Finance Committee to get updates on all the buildings. The 7 Mile Care Center is moving ahead and is expected to open in the late fall. The board approved the revision to the architect plan that was discussed and agreed on at the meeting.

The Woodward and the 707 Milwaukee Crisis Center are operating as expected even during this extreme heat situation and we were able to maintain comfort for the staff and clients that are there.

The committee approved the architect and design for the Catholic Services building. Currently the Ecorse building has been completely gutted, and we can now see if there are any barriers that prevent us from renovating the building. The Riverside building is almost complete, and we anticipate in early fall to start to receive clients in the building. Staff is continuing to look for an administrative building that will accommodate our increased staff, and the Jefferson building did not go through, however they are a few other buildings that are being looked at currently. There was no further discussion. The Building Committee report was received and filed.

Mr. Parker, Vice Chairperson assumed the role of Chairperson as Commissioner Kinloch, Board Chairperson had to leave the meeting at 1:45 p.m. The Vice Chair and Acting Chair 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. The CEO greeted the board and noted that he had a very brief report. It was reported that he wanted to start with an acknowledgement to staff and that they continue to work very hard, the reports that you have is a direct reflection of the work and commitment, professionalism and persistence of our team who continue to manage complex responsibilities and keep the needs of our members at the forefront of everything that they do. He gave highlights from the Crisis Center, 707 Milwaukee Crisis saw 373 presentations in May, those presentations resulted in an average occupancy of 113%, whereas the Child and Family Crisis Unit had an average occupancy of 51%. Engagement of the behavioral health urgent care continues to grow with a total of 87 requests for services in May. DWIHN continues to partner with different health systems and platforms to provide integrated care. Our joint care coordination with the medical plans have resulted in the following data, the progress of this initiative is monitored by MDHHS which tracks the joint care treatment plan submitted through the MDHHS portal which is referred to as CC360 which tracks all of the data and requires that we make sure that 25% of eligible members for joint care coordination have a active treatment plans in the system. Currently, 389 eligible individuals are enrolled, and DWIHN has successfully opened treatment plans for 286 of them, representing a 73% success rate. He commended the good work that is happening there.

It was reported that with the CCBHC we continue to await our full accreditation. As we continue to advance our strategic plan, our full accreditation will be essential as we move forward. We did learn recently that SAMHSA has released multiple grant opportunities for CCBHC at a million dollars each so we are hopeful that we will be able to ultimately receive that full accreditation. The demonstration end is rapidly approaching which is September 27 so we are moving to apply for that grant and looking forward to finally having a disposition on where we are with the CCBHC.

On our long-term facility, Trillium it continues to move in the right direction, we are looking at about a 60 day window to cut a ribbon and open up the facility. The board is well aware, however as a reminder this is a public-private partnership. Trillium is the former Riverview Hospital on Jefferson and we are excited to finalize that project and bring to fruition in the next 60 days. Mr. White, CEO thanked Mr. M. Maskey and the facilities team for taking on lead just as a representative of DWIHN to ensure that the progress remains on target and the project meets the standards of all of our other buildings; this program does not fall under his portfolio, however he has embraced it and helped get it to closure. It was noted that he would keep the board updated as to where we are.

It was reported that our annual Board meeting was held on Wednesday, June 17th, he thanked the board for staying and spending time at the reception that followed, there was a great turnout, as there were about 400 people that attended. The program kicked off with a welcome by Mr. Warren Evans, Wayne County Executive, and we honored a number of board members and several leaders with special awards starting with City Council President James Tate, who received the Mental Health Trailblazer Award for his extensive work in mental health advocacy with the Protect the Crown Initiative. We also acknowledged and honored Chancellor Curtis Ivery, Wayne County Community College District, he was a recipient of our Community Partnership Award. We honored several people, including our own Dr. Taueg as the outgoing chair, and a former board member, Ms. Constance Rowley, who was just emotionally and mentally locked in and very, very happy to be there. He indicated that he spoke with the Chair about the Board Award, and we're committed to making sure that there's time around the selection of that award process for the board to identify whom they want to receive the award for next year. Corporal Robert Gafford from the Dearborn Police Department was this year's recipient of the Crisis Intervention Team Award of the Year. Our exceptional DWIHN team members were also honored. Delora Williams was recognized as a 2026 Peer of the Year and our VP of Legal Affairs, Yolanda Turner, received the 2380 Leadership Award. Finally, Deputy CEO Manny Singla received the DWIHN Catalyst Award of the Year. The 2380 Award was from the first year that DWIHN opened the Crisis Center, and we've coined the 2380 Award because of the hard work and the audacity it took to get that place open and serve 2,380 people. We decided that that would be the appropriate title for this award going forward, and Yolanda, when we were faced with the challenges of devising a strategy around competing in the RFP, her work around quickly setting up what essentially was a secondary company or organization structure, in record time, was incredible. As far as Mr. Singla for his continued work and his work around the website was just phenomenal. There was some technical difficulties experienced at this time.

Discussion ensued regarding the contract and contract extensions and renewals that come to the Full board. It was noted that there are various kinds of personal service agreements versus contracts and current agreements, when these are presented to the body we have gone through a vetting process that requires us to review the entity and its locality to make sure that their legal compliance and appropriate documentation has been reviewed, making sure there's no exclusions, preventing them from receiving any federal dollars. In addition, they have the appropriate staff to complete services on our behalf. Their

staff are also, if eligible, then is sent through a credentialing process and currently credentialing is every three years for those clinical and residential type contracts. Contract that go through a procurement process there's also an evaluation that's completed as well with that committee where they look at the minimum qualifications and requirements, and ensures that there aren't any exclusions that will prevent them from going through those contract terms. There is a vetting that happens on both ends depending on the type of project and grant agreement. It was also reported that throughout the duration of the project monitoring is conducted with clinical outpatient residential contracts. We have other contracts that are embedded in other units. We have various team members of the quality department who do site visits and goes out to review those individuals or our teams that go out to review our agreements. There is quarterly monitoring and many checkpoints throughout the duration of the contract life cycle that we look at and review and if there are questions about the quality of worker service we would go through the operating process to advise administration or compliance. We would not present to this body an entity that would not meet the requirements.

Mr. Parker, Acting Chair and Vice Chairperson reminded board members that we were coming to the end of the year and encouraged them to look at their schedule and make sure that they make the board and committee meetings a priority and remember that Full Board meetings begin at noon.

There was no further discussion. Mr. Parker, Acting Chair and Vice Chairperson thanked Mr. White for his report. The monthly report of the CEO was received and filed.

The Board Chair and Acting Chair Mr. Parker called for the next item which was the review of action items.

REVIEW OF ACTION ITEMS

There were two action items to report. The first is to provide the screening criterion for those companies that responded to the RFP on Board Action #26-55 Janitorial Services – Milwaukee Building; and secondly request zip code information on event sign-in sheets and if applicable request high school information.

The Board Vice Chair and Acting Chair Mr. Parker called for Good and Welfare/Public Comment.

Good and Welfare/Public Comment

The Good and Welfare/Public Comment statement was read into the record by Mr. Glenn, Board Secretary. Members of the public were invited to approach the podium and complete a comment card.

A written comment was received from Mr. H. Abdallah Lavallo through the Qualtrics system and was read into the record. There was some earlier technical difficulties experienced during the meeting. He serves as an internal healthcare Consultant for Recoup and Recover, a new behavioral and biology clinic in Wyandotte. We plan to submit our email application within the next few weeks and we are set up to request 2 minutes to go forward to do something. We have received support from City Senator Barron and later, and on the local table, and look forward to answering any questions.

Ms. Doty Johnson, addressed the board regarding a Michigan based company that provides billboard support and noted that they feel they have a lot to offer. The company handles everything from inception to execution and they have worked with DWIHN before. The Chair thanked her for her comments

There were no further comments for Good/Welfare Public Comment.

ADJOURNMENT
There being no further business, Mr. Parker, Vice Chair and Acting Chair called for a motion to adjourn. **It was moved by Mr. Glenn and supported by Mr. McNamara to adjourn the meeting.** There was no further discussion. **Motion carried.** The meeting was adjourned at 2:20 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES | **JULY 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 1:09 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Ms. Lillian Blackshire, Board Liaison
ATTENDEES	**Finance Committee Members Present:** Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Mr. Bernard Parker Ms. Kenya Ruth Ms. Eva Garza Dewaelsche **Committee Members Excused:** Mr. William Phillips **Board Members Present:** Commissioner Jonathan C. Kinloch, Board Chair **SUD Oversight Policy Board Members Attending Virtually:** Mr. Thomas Adams **Board Members Excused:** None **Staff:** Mr. James E. White, President and CEO; Mr. Manny Singla, Deputy Chief Executive Officer; Ms. Stacie Durant, VP of Finance; Ms. Yolanda Turner, VP of Legal Affairs; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Dawn Ison, Interim VP of Corporate Compliance; 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; Mr. Keith Frambro, VP of Information Technology; Darrin Crawford, M.D. Chief of Staff; Ms. Ebbonye Graham, AVP of Human Resources; Stacie Sharp, AVP of Clinical Operations; Ron Slater, AVP of IT Services; Dayna Clark, Director of Communications; Jacquelyn Davis, AVP of Access; Mindy Haner, Budget Administrator; Elaine Thomas; and Meagan Sandhawalia, Sr. Director of Crisis Services **Staff Attending Virtually: None** **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 Committee Members' remarks. There were no remarks from the Committee members.

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

V. Follow-up Items
The Chair called for any follow-up items. Ms. Blackshire noted there was one follow-up item: The Committee requested that when the Program Audit is conducted it should include the Children's Success Initiative. The item was deferred to Dr. Crawford, Chief of Staff for an update. It was reported that administration had requested a one-month extension on that particular audit. There were some transitions within the departments, and pertinent to the information we wanted to provide, we want to make sure it is accurate. The extension would provide additional time to complete the audit and the extension was granted. The report will be provided in August. (Action)

VI. Approval of the Meeting Minutes
The Chair, Ms. Brown, called for approval of the minutes from the meeting held on Wednesday, June 3, 2026. **Motion:** It was moved by Mr. Parker and supported by Ms. Ruth approval of the Finance Committee minutes from the meeting on Wednesday, June 3, 2026. There were no corrections to the minutes. **Motion carried**. Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report
Stacie Durant, VP of Finance, presented the Monthly Finance report. A written report for the eight months ended May 31, 2026, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

Finance is unable to reasonably estimate the FY27 budget due to (1) pending MDHHS FY26 rate amendment; and (2) analysis of the impact of recently implemented cost efficiencies. The budget hearing will be rescheduled for September, 2026. The CFO recommends board actions for FY27 continue processing to not disrupt the contracting and payment process. Specifically, SUD and MH grant funded programs are not affected by the Medicaid rate amendment.

Ms. Durant, VP of Finance, reported that she would not be able to present the budget today, normally the preliminary FY27 budget would be presented. The primary reason is that there is a rate adjustment for FY26 that is due from MDCH, usually the information is received by June which impacts the FY27 budget. Secondly, we have implemented some initiatives, rate standardizations and some other things that just went into effect for the most part on July 1st. We need time to evaluate what the fiscal impact of those changes and project them out to at least give some type of estimate as to what savings we would have in order to incorporate them in the budget. The budget hearing has been postponed to the first Finance Committee meeting in September.

Discussion ensued regarding whether the State has given any indication of when they are going to provide the information concerning the rate from FY26. It was noted that there have been numerous conversations with the state about our financial status as well as their previous adjustments. There has not been a definitive answer as to whether that is going to occur with regards to the adjustment this year. The state is aware of current financial status, how it impacts our strategy moving forward as well as our presentation to this body. It was thought that maybe the State was waiting for the finalization of their budget which would be for FY27. It was noted that historically when mid-year adjustments have been done it has been favorable to the PIHP's. It was noted by Ms. Durant that she has not seen a rate adjustment that negatively impacted the PIHPs as it is generally additional funding, it was also her understanding that there was a report due on June 30th our report was turned in early and part of her understanding is they (state) are waiting to see what people are submitting in terms of their projections for FY26, but it does impact FY27 when they give us dollars in one year they carry over into the following year. Discussion ensued regarding the dates of the Budget Hearing and that we have to have a budget approved by September 30th and how it will impact anyone that wants to submit anything additionally, as the timeline that was presented at the last meeting was based on the Budget Hearing taking place in August and will there be a new timeline that will be presented.

The record reflects that Commissioner, Kinloch, joined the meeting.

Ms. Durant noted that a draft budget would be planned to be submitted in September for the joint hearing, there will be time to review it, ask any questions similar to what has been done in the past; regarding the timeline, it was noted that once she has an amount as it pertains to this rate adjustment, the expense portion is done, it is the revenue piece that has the hold, once the information is received she should be able to disseminate a budget to the committee and there will be plenty of time to ask questions, it was suggested that if someone has any recommendations that they submit them ahead of time; there can be consideration and they can incorporate them as deemed fiscally and operationally necessary. Mr. Parker asked if the "Expense" side could be viewed to see exactly what we are projecting to do in 2027, particularly if there's any new initiatives that have not been done in 2026. Ms. Durant noted that it is best to have both the revenue or expected income to come in as well expenses because it will not make sense to just see the expense side. It was reported that the earliest that the numbers would come in would be before September 30th.

Commissioner Kinloch, Board Chairperson, asked how much time it would take to basically get that information completed, because we can call a committee meeting to review that at any moment. Ms. Durant noted that once we receive a response from the state as it relates to that rate adjustment something can be sent to the committee very quickly. She also reminded them that Medicaid is an entitlement program so if it is deemed medically necessary, we do not have much discretion to some degree over scope and duration. The only thing we can affect is rates which is what to some degree we have done with our standardization process that has taken place, the state sees our expenses, the data goes to them, and they can see how much we are spending. Discussion ensued regarding any anomalies that would cause the board to ask any additional questions once we get a complete budget, were there any new programs, new initiatives other than 7 Mile. Commissioner Kinloch noted that once the numbers come in to reach out and they will schedule an emergency meeting if need be in order to discuss the budget; if the numbers are received sooner, we can have a meeting prior to the September Finance meeting than call an emergency meeting to discuss the budget, because right now we are only looking at half of the pie.

Discussion ensued regarding the continuation of the process in order for the providers not be impacted. Ms. Durant reported that we are responsible under our PIHP contract to administer, Medicaid eligible medically necessary services. It was recommended that we do not hold board

actions from being processed, so that contracts can be in place so members will not receive any interruption of services, particularly around grants, the SUD and mental health grants which are not affected by the Medicaid amendments. We will continue business as usual.

There has been much discussion in the "community" regarding DWIHN reducing rates while maintaining over $170 million in reserves. Unlike the other regions in the State of Michigan, DWIHN is a PIHP and CMHSP. Residential services fall under the PIHP line of business and as of 9/30/25, the ISF reserve was $63 million. To date, without a MDHHS rate amendment, the ISF reserve has been fully exhausted as of 6/30/26.

The RFP required a separate PIHP organization, therefore the local reserves would not appear in the books of the PIHP. The local reserves of $100 million are held by DWIHN CMHSP and have no responsibility to cover Medicaid overruns.

Ms. Durant, VP of Finance noted that when a rate adjustment is done and this happens every year because it is a reserve in cash if financial statements were done for June 30, 2026 there would be zero in the ISF reserve. In July or when they replenish or do a rate adjustment it replenishes the ISF; it appears that we have a lot of money, however the $63 million dollars is gone. The $100 million in reserves is the property that belongs to the CMHSP. She noted the RFP and how a new PIHP had to be formed and there was the exercise of looking at reserves and which entity it would belong to and that local reserve was a CMHSP reserve. If we separated it as a PIHP from the CMHSP those residential services would be handled by the PIHP and they would not have access to that $100 million because it would be held by a separate legal entity like the other 43 CMHSPs in the state of Michigan. Oakland, Macomb, and Detroit Wayne are unique in that we are both.

Mr. White, CEO noted that the PIHP ISF is also a contractual requirement with the state and cannot exceed 7.5% which is the other reason that the $63 million dollars exists in the ISF. Discussion ensued regarding the replacement of the $63 million dollars and it being fully exhausted. It was noted that it will be replenished once the rate adjustment is received to the extent of the funding we receive. There was discussion regarding rate adjustments being done by PIHP or being done statewide. Ms. Durant reported that rate adjustments are done on a statewide basis for each PIHP, for each region. Discussion ensued regarding the state changing the rules until the money gets used, if the RFP had gone through all PIHPs would be on equal footing in terms financially and the reserves would not have to be transferred to another entity or organization. It was also noted that cash is getting tight and if we do not get something within the next couple of months we are going to have manage our cash flow very closely and tightly, which we do anyway. The investment managers have been put on notice that any cash that is not invested and is being held we may need to retrieve and we may have to manage who we pay and how much we pay providers for the next couple weeks to ensure that we can continue and there is no disruption or interruption of services and the state is very much aware of this situation. Discussion ensued regarding the funds not being guaranteed and why it is crucial for us not just as an organization, but in particular a finance committee that we spend these dollars on what is necessary; is it a cost of doing business and is beneficial overall. Ms. Durant noted that both she and Mr. White sign board actions that come to the board, and when their signature is there, we believe that it is necessary for those services to be performed and wanted to be clear that they would never bring anything that they did believe is not responsible and is not in the best interest of the members we serve. It was noted that during COVID DWIHN was generous to everyone. It was noted that there are regular conversations with leadership as it relates to the funding mechanisms and any potential changes from the state and are prepared to respond to address any potential adjustment and that Mr. White, CEO/CFO is very fiscally responsible. Discussion ensued regarding there being a certain amount in reserves that we will not touch. It was noted that there is a Fund Balance Policy that the board has approved that says what the reserves need to be. The Committee requested a copy of the Fund

Balance Policy be sent to them and the board as a follow-up item. (Action item) Ms. Durant noted that there should be a fourth item listed on the agenda and she wanted to bring to their attention that the state has changed the IPA tax which use to be a Use tax. The state would give it to us and we would pass it back to the Treasury's office. The rate for that pass-through, which has gone up from 1% and some change percent to about 8%, so you will see in the next budget the IPA tax payment, there will be an increase in Medicaid and there will be a corresponding dollar-for-dollar increase, and the IPA tax where the state gives it to us and we pass it to them is significant. Ms. Durant provided an example to the committee which noted that we received our schedule for the upcoming year and our normal IPA is paid quarterly which is $2.9 million, the last quarter which is when this particular tax increase goes into effect grows from $2.9 million to $16 million, so it is a considerable increase, however it was emphasized that this is a pass-through, but we will see that increase and the expenses as well as a corresponding increase in the revenue. It was noted that the new administration is reducing our ability to send money to them and get money back, such as the Medicaid drawdown. Discussion ensued.

Ms. Durant, VP of Finance noted that there was information that she wanted to share with the committee regarding what the state has historically done in terms of the rates and revenue. A copy of the document MDHHS/PIHP Medicaid Managed Specialty Supports and Services Concurrent Waiver Programs Medicaid Contract Settlement Worksheet was provided for the to the committee. It was noted that the full years of COVID were not counted as there was a lot of funding coming in and COVID was unique and people could not be taken off Medicaid and the enrollment number increased as well as the Medicaid funding. It was noted that this is what was audited and reported and these are excerpts from our final audited FSR. Discussion ensued regarding the funding received in FY23, when the public health emergency ended in June of 2023 and how in three quarters of the fiscal year we have higher revenue than normal, it was noted that Medicaid was $918 million; for 2024 there was no longer a public health emergency, therefore no increased Medicaid due to Medicaid eligibles, the number was $913 million, because the $918 was overinflated because of COVID; if we look at 2025 we went from $913 to $1,013 and that is a million dollar increase with the exception of about $7.3 million which was specific to the minimum wage and ESTA increase in Medicaid that they provided. So, in totality, around $90 million projected increases in normal utilization, there was $100 million going from 24 to 25; for 2026 which this excerpt is coming from the report submitted on Friday to the State showing our projected revenue; in FY24/25 there was an increase, in FY26 there was no increase and we are waiting on the increase from FY26 and we are waiting on FY27. It was noted that historically there has been a gradual increase in funding, normal utilization funding increases that they would give us year after year, but when we get to FY26 there was no increase and that is the rate amendment. There was no further discussion. The monthly Finance report was received and filed.

If a rate amendment and payment is not received in July, DWIHN will have to liquidate a portion of the cash held with the investment managers.

Cash flow is stable and should continue to remain so throughout the year as liquidity ratio = 1.98.

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

(B) Due from other governments and Accounts Receivable – comprise various local, state, and federal amounts due to DWIHN. Approximately $6.6 million in SUD and Mental Health block grants due from MDHHS. Approximately $14.2 million for April and May 2026 **pass- through** HRA revenue.

The Accounts receivable consist of $2.3 million due from Wayne County for 2nd quarter actual and April and May estimated PA2; Wayne County April local match $1.5 million; $1.75 million to Trillium Health and $1.0 million from Humana for January – May 2026.

(C) IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through May 31, 2026, were approximately $630.9 million. However, actual payments were approximately $569.7 million. The difference represents claims incurred but not reported and paid $61.2 million.

(D) Due to other governments, approximately $3.9 million is due to MDHHS for CCBHC FY25 cost settlement; $1.9 million for the estimated April and May IPA tax payment; and $1 million for the estimated outstanding state facility payments.

(E) State grants and contracts - The $12.0 million variance is due to timing related to the 7 Mile Care Center and Ecorse Care Center grants, and to a $4.8 million variance in HRA actuals compared to budget.

(F) Local contract and grants – The variance due to the timing of several SUD local grants, PA2 revenue, and PBIP incentive that is earned and recorded at year-end.

(G) Adult, Children, and IDD expenses - The $40.1 million variance is due to increased costs over budgeted amount. DWIHN's cost-efficiency plan will address a portion of the shortfall; however, the remaining balance will reduce the ISF balance at year's end.

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:

A. Board action #27-02 – WSU ECHO Survey – Adults & Children Ms. E. Thomas, Customer Service Engagement Manager reporting. This board action is requesting to contract with Wayne State University (WSU) Center for Urban Studies to administer two ECHO® Surveys, one for adults and one for children, at a total cost not to exceed $174,644 for the term October 1, 2026 through September 30, 2027. The Customer Service unit is responsible for measuring various satisfaction and member experience, particularly related to NCQA requirements. It has been established and accepted by NCQA that the EXHO ® Survey (developed with support from the Agency for Healthcare Research and Quality (AHRQ) is fully recognized as an acceptable tool for measuring the experience of care and outcomes for Managed Behavioral Healthcare Organizations. In an effort to reduce cost in the future DWIHN is investigating the ability to work with WSU to further assist us in developing a tool that will combine both the adult and children's survey, through guidelines acceptable by NCQA and the ECHO® requirements. Since we have previously worked with WSU Center for Urban Studies and because they are a not-for-profit organization we are asking for a Comparable Source contract for the continued purchase of services for FY27. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. McNamara approval of BA#27-02 to Full Board. Discussion ensued regarding the cost, it was noted that last year there was an increase, however the cost has remained the same for FY27. This is a community partnership. There was no further discussion. **Motion carried.**

B. Board action #26-57 – Implementation and Support Services from Brightpoint Info Tech- Mr. Keith Frambro reporting. This request is for approval to procure consulting and support for a new enterprise financial platform (Microsoft Dynamics Business Central) from Brightpoint InfoTech under a three-year contract, in an amount not to exceed $216,775.00. Following an RFP evaluation of available solutions Brightpoint Infotech has been identified as the preferred vendor to provide implementation services for the new platform and to continue support once the platform

is fully implemented. Services include: Implementation and configuration services; data migration and onboarding; and training and support services. Costs implementation services$149,500; Support – ($13,000 per year) - $39,000 and Change Order Contingency* $28,275.00. *The contingency amount covers any required change orders for the scope of work that was not identified during the RFP process. The current system DWIHN is using to manage its financial options, Microsoft Dynamics Great Plains, is an older system that lacks several functions. Additionally, Microsoft has announced that the system has reached End of Life, and will no longer provide system upgrades or additional licenses. The value of this contract is not to exceed $216,775.00 for the period of August 1, 2026 to July 31, 2029. **Motion:** It was moved by Mr. Parker and supported by Mr. McNamara approval of BA#26-57 to Full Board. Discussion ensued regarding the product being able to integrate with MHWIH. There was no further discussion. **Motion carried.**

X. Good and Welfare/Public Comment
The Chair read the Good and Welfare/Public Comment statement.

Mr. M. Schaffer & Mr. K. Estell N. Hicks addressed the committee regarding their transitional housing program and that they had come to an earlier meeting months ago to introduce themselves. They want to establish a partnership with DWIHN and they also have emergency services available. The committee thanked them for their comments.

Ms. Hatcher, Random Acts of Kindness addressed the committee regarding her housing program and invited board members to come out and visit their establishment. She also requested help from DWIH and noted they have a program on Thursdays. The committee thanked her for comments.

Anonymous – Written comment – SIL Provider – Comment read into the record- "We attended the annual meeting, where there was much talk about how appreciated the residential providers are and how important we are to the network. We heard about all the amazing things that DWIHN is doing. We saw all the grand plans and the billboards and commercials. The lunch was nice. The team looked great, and the future looks bright. All while proposing to cut 41% to providers who already have your members in the community. Maybe we should ask for a RAISE! GREAT JOB!"

XI. Adjournment – There being no further business, the Chair, Ms. Brown, called for a motion to adjourn. **Motion: It was moved by Ms. Ruth and supported by Commissioner Kinloch to adjourn.** There was no further discussion. **Motion carried**. The meeting was adjourned at 2:12 p.m.

FOLLOW-UP ITEMS	A. The Committee requested that an audit be conducted on the School Success Initiative when the Program Audit is conducted. Extension granted to the August 5, 2026 meeting.

PROGRAM COMPLIANCE COMMITTEE

MINUTES **JULY 8, 2026** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Angelo Glenn, Program Compliance Committee Chair at 1:07 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Angelo Glenn, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Barry Blackwell, Dr. Lynne Carter, Angelo Glenn, and William Phillips **Committee Members Excused:** Dr. Cynthia Taueg **Board Members:** Commissioner Jonathan Kinloch **Staff:** Dhannetta Brown, Dr. Darrin Crawford; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Marlena Hampton; Erik Hutchison; Dawn Ison; Marianne Lyons; Melissa Peters; Cassandra Phipps; Stacey Sharp; April Siebert; Manny Singla; Yolanda Turner; Daniel West; James White; Rai Williams; Wolf; and Matthew Yascolt

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Mr. Glenn called for a motion to approve the agenda. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Blackwell 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.**

V. Follow-Up Items from Previous Meeting

DISCUSSION/ CONCLUSIONS

A. **Quality Review(s) – QAPIP Work Plan FY26 Update** – Provide more information on Quality Improvement's oversight of inpatient psychiatric hospitals. April Siebert, Director of Quality Improvement, submitted and provided more information on Quality Improvement's oversight of inpatient psychiatric hospitals. It was reported that DWIHN is responsible for monitoring inpatient psychiatric hospitals within our contracted network. Oversight is conducted using standardized tools developed through the statewide Reciprocity Workgroup, established in response to PIHP contract requirements outlined in Attachment P7.3.1.1. These monitoring tools ensure consistency, transparency, and compliance across all PIHPs in Michigan. DWIHN currently monitors nine (9) contracted hospitals in Wayne County. Our oversight is conducted through policy reviews that examine their licensure and accreditation. We also look at their staffing, conduct on-site walkthroughs of the unit, and an overall clinical and operational assessment of their practices in the hospital. Mr. Glenn opened the floor for discussion. Discussion ensued.

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS

Mr. Glenn called for a motion to approve the June 10, 2026, meeting minutes. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Blackwell to approve the June 10, 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** – Dr. Shama Faheem, Chief Medical Officer, submitted and gave highlights of the Chief Medical Officer's report. It was reported that....

1. **Updates and Highlights –** In the month of June, psychiatry residents and fellows are going through their annual assessment because they're progressing through the new class. Dr. Faheem was involved in one of the annual clinical evaluations for the child psychiatry fellows, conducted with the whole team at Wayne State University, with extensive discussion of career pathways. After the assessment, there was a 30-minute discussion about their career pathway. They had questions about CMH. Information was provided to them about our internal opportunities and the pros and cons of working for CMH. Dr. Faheem started working on the quality committee for Humana, which would be a good opportunity for us to observe how quality is led on the managed care side.
2. **Crisis Services – *Board Follow-Up: Discharge Planning and Outpatient Appointment Completion: Reporting period: October 1-March 30, 2026 (to allow for outpatient claim lag)*** - There was a total of 729 discharges from the Crisis Center. The total number of unique members that were discharged was 531, indicating some repeat admissions. 22 members were discharged to our BEST Unit during this time. Out of those members that were discharged to outpatient, there were 30% who actually attended, so the unit

scheduled their outpatient appointment within seven days. There were 30% (222) who actually made it to their seven-day appointment. That number continued to grow within 60 days (55.7%) and 90 days (59.4%). The follow-up rates appear significantly higher when calculated using unique members; however, when re-calculated using all discharges (which include repeat utilizers), follow-up engagement declines sharply. Unique individuals are 531, and if repeat admissions are excluded, the percentage drops when including recidivists – 7days (41.8% to 30.5%); 60-day (76.5% to 55.7%); and 90-day (81.5% to 59.4%). Addressing barriers for high-utilizing members is essential to reducing recidivism, improving quality, and supporting stabilization. ***Age range analysis*** - Of the 729, crisis discharges show that adults (ages 19–55) represent the overwhelming majority of crisis utilization (619 discharges) and also have the lowest early follow-up engagement, with only 29.4% completing outpatient visits within 7 days, rising to 53.8% at 60 days and 57.8% at 90 days. Older adults (55+) demonstrate stronger follow-up continuity across all timeframes, while youth (0–18) represent a very small subset (n=2) and do not meaningfully influence system trends. These findings reinforce the conclusion that the follow-up performance gap is primarily driven by adults aged 19–55.

3. **Quality – *HEDIS Performance-Based Measures (P4P)*** – FUM (Adult: 65% (exceeds 62% target; up from 60.15% last year); FUH (Child: Improved from 76.97% to 79%, but still below benchmark; PI2a (Access Timeliness: 61.04%, exceeding state benchmark for the first time). The strategic focus areas were FUH 30-day (total) and ADHD Medication Adherence. The Systemwide HEDIS Trends were 12 measures improving, 2 declining; FUH and FUM improving across all populations; Medication monitoring improving but still affected by lab result reporting gaps; and SAA remains below target and requires ongoing monitoring. ***Mild-to-Moderate Disenrollment Project*** – The disenrollment project remains on track toward final completion by September 30, 2026, with all major planning and regulatory requirements completed and operational processes functioning reliably.

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

B. **Corporate Compliance— *The Corporate Compliance report has been deferred.***

Mr. Glenn noted that the Chief Medical Officer's report has been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

A. **Adults Initiatives** – Marianne Lyons, Director of Adults Initiatives, submitted and gave highlights of the Adults Initiatives' quarterly report. It was reported that:

1. **Activity 1: Assisted Outpatient Treatment (AOT)** - AOT orders increased in FY26 Q3, averaging 874 orders compared with 780 orders in FY25 Q3. This increase is driven by several factors: an increase in new DWIHN members; current DWIHN members receiving their first AOT orders; and greater hospital reliance on petitions for combined orders when members are not fully compliant while hospitalized. Hospitalization days increased slightly, from an average of 20 days in FY25 Q3 to 21 days in FY26 Q3. However, total hospitalization costs decreased from $1,806,922 to $913,318. This reduction is related to the decrease in the number of hospitalizations during an AOT order, which declined from 149 to 69. Comparatively, looking at the total number of adult members served from April 1, 2026, to June 23, 2026, there

were 24,178. Total number of adult members hospitalized during this same time frame was 3,320, equaling a baseline hospitalization rate of 13.73%. By comparison, both our Assisted Outpatient Treatment (AOT) and Assertive Community Treatment (ACT) frameworks successfully demonstrated lower rates of hospitalization than this general baseline. For the 874 members on an AOT order during this same period, there were 101 hospitalizations, reducing the rate to 11.55%. Meanwhile, our most intensive community-based intervention, ACT, showed the most significant impact on stabilization: of the 170 members on ACT teams, only 15 were hospitalized, equaling a rate of 8.82%. Review of hospitalizations that occurred during the time of order; the first 60 days post-hospitalization have shown to be the most critical, as 44% of new hospitalizations occurred during this timeframe. Two significant contributing factors were homelessness and medication refusals, even when in group homes. Adult Initiatives continues to work with utilization management and the procedure code group to provide clear instructions on case management billing for members in the hospital without an active IPOS. Medication Administration Records will be reviewed at the upcoming NGRI/AOT Workgroup meeting in July to discuss a more proactive approach and possibly look at Peer involvement from our AOT team.

2. **Activity 2: Evidence-Based Supported Employment (EBSE) /Individual Placement and Support (IPS)** - The total number of unduplicated individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from IPS providers, and data gathered internally on MHWIN. To reflect appropriately, this data takes the number of members served in the first month of the quarter, adds the new admissions over each month of quarter, and then subtracts discharges from each month of the quarter. The following data is based on the total number of members receiving IPS services during the 3rd quarter of the 25/26 FY from the 9 CRSPs providing IPS - Growth of 33.8%. The growth of obtained employment is 43.3%. Adult Initiatives met with Central City following significant management and supervisory changes related to IPS services. Central City has added new oversight at both the manager and director levels; however, these leaders do not have prior IPS experience. Adult Initiatives attended the fidelity review for MiSide and provided valuable information on the success of the previous quarter's presentation regarding appropriate referrals and communication between IPS and clinical teams. IPS 90-day Recidivistic Member Engagement (85% reduction) from April 2025-present.
3. **Highlight: Cass Community Social Services (CCSS)** - Cass began creating jobs for people with significant barriers to employment during the recession of 2007. When you shop with Green Industries, you are helping to provide work for adults who have developmental disabilities, mental illnesses, physical restrictions, or who have formerly experienced homelessness, war, or prison. Detroit non-profit Cass Community Social Services unveils its newest enterprise, One Cup Car Wash and Detailing, and on Monday, June 8, 2026, Ms. Lyons attended a ribbon-cutting and press conference. Starting on Friday, July 10, 2026, the car wash will be open to the public weekly on Fridays and Saturdays with reservations taken online. No money will be exchanged at the business. CCSS anticipates the cost of a wash and detailing will be $40.
4. **Follow-Up (Mr. Phillips) – Provide an update on the plans that are being implemented and how success will be defined to confront the issue of the highest rate of suicides amongst adults aged 85 years and older, and**

to include R. Taylor, SUD board member and an employee of the Detroit Area Agency on Aging, in the plan - On June 25, two of my team members, (Alison Gabridge & Tanya Woodards) and I met with Mr. Taylor and two of his team members to discuss services for older adults. We had a very robust conversation that resulted in a request from Mr. Taylor to form a partnership between Detroit Area Agency on Aging and DWIHN with the goals of increasing awareness regarding the needs of the aging population, training for front-line staff as well as caregivers of suicide prevention and signs as well as resources for our aging population and their caregivers. We have scheduled a follow-up meeting on 7/22/26 to discuss next steps in reaching stated goals. Thank you, Mr. Phillips!

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested the percentage of those individuals who got into the IPS program, but did not maintain their jobs, and to provide a strategy on how to close the gap on job retention. ***(Action)***

B. **DWIHN Outpatient Clinic** – Melissa Peters, Interim Director of DWIHN Outpatient Clinic (DOC) submitted and gave highlights of the DOC's quarterly report. It was reported that:

1. **Activity 1: Member Enrollment and Services - The** department's total enrollment for FY26 through quarter 2 continues to increase. As of March 31, 2026, we have over 1,000 members, of whom 920 are adults. Leading into quarter 3, we had 145 additional intakes. The DOC anticipates a lower enrollment rate due to capacity management. The demographic data for FY26 has been static in terms of who our demographic is, who we currently serve, and the enrollment we are seeing. For Q2, we had 2,949 services, which translates to billable encounters, and we also provide a lot of non-billable support and services to our members. Case management and home-based programs have had a significant increase in concentrated supervisors who are aligned with both programs and have been putting in a very intentional effort for that increase, and staff continue to expect that to grow. For Q3, the preliminary numbers are landing about 2,600 services provided. We are staying consistent with this current fiscal year and anticipate full capacity moving into this quarter.
2. **Activity 2: FY26, Q1 Performance Indicator #2a (Access/1st Request Timeliness-Benchmark 57%)** – The benchmark measures if the provider completes the initial intake assessment within 14 days of a non-emergent request for service. For FY26 (Q2), DOC made significant improvement from Q1 and exceeded the benchmark for the adult population. Efforts to ensure members have timely access to services are a top priority. The DOC has been monitoring this internally and has created improvement plans to address it in the future, including a contingency staff coverage plan and weekly calendar monitoring. The department is on a process improvement plan for four (4) HEDIS measures for FY25. The preliminary data for FY26 is trending in the right direction for all four of those members. An update will be provided once the department has enough time for the data to solidify.
3. **Activity 3: Infant and Early Childhood Mental Health (I-ECMH)** – The current enrollment is 11 open cases, with six (6) active, and six (6) scheduled screenings. As of 6/26/26, there were 38 home visits provided, 3,615 minutes or 69.25 hours spent in person with families; two (2) out of active cases are expectant mothers. The program is currently at capacity, with seven (7) screenings already scheduled for July; five of these have been completed and are moving to intake.

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

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

1. **Activity 1:** Adult Crisis Stabilization Data - that unit serves individuals that are 18 years or older that are seeking either mental health or substance use services. That unit is open 24/7, 365, and we serve folks on a voluntary or involuntary basis.

   The occupancy for the ACSU is 12 and the average length of stay is 72 hours. For this quarter, 228 presentations, 140 were admitted, 39 received community resources, 16 needed further medical assistance at triage, three (3) left against medical advice during triage, and 30 individuals went to our behavioral health urgent care (BHUC) service, a 24/7 outpatient level behavioral health urgent care. The Center primarily serves African American males between the ages of 26 and 64. The highest disposition was outpatient and 44% of individuals were referred to outpatient level services with only 16% being referred to inpatient level services. For recidivism, 17% of admissions had seen a previous admission that month, which is based on a 30-day rolling calendar for the adult unit.
2. **Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data** - This is a post-crisis unit that is 100% peer support-led. It has an occupancy of 6, and the average length of stay is up to 7 days. There was a decline this past quarter in the transfers over to the unit. The biggest challenge at the unit is that it is 100% peer support-led, individuals have to be able to self-administer medication on that unit, and a lot of our individuals that are waiting for specialized residential placement that would be a good candidate are not able to pass the self-administered medication assessment. Mrs. Wolf, Dr. Mammo and some leadership met to discuss doing direct admissions to be able to serve more individuals since they are not seeing the volume they would like to see from transfers to the adult unit. The pilot will be done in three phases. One of those phases includes moving admissions from our behavioral health urgent care, since that's already a lower level of care, to our best unit to increase admissions there. For the individuals who were transferred, we saw that they stayed an additional 3.5 days. This is a post-ACSU, so they would have already stayed three days over on our other unit. Primarily, individuals from that unit are referred to outpatient or CRISP-level care, but we also saw 21% of those individuals go to SUD residential care.
3. **Activity 3: Child and Family Crisis Unit (CFCU) –** The unit serves ages 5 to 17 for an occupancy of 14 and the length of stay is 72 hours. Over the last quarter, we saw 126 presentations to our CFCU unit; 59 individuals were admitted; 10 needed community-level resources; 11 needed further medical attention at triage; and 46 went to our behavioral health urgent care. We are seeing a significant need for our youth population for the behavioral health urgent care over our overnight stay program. Notably, for the children's unit, unlike the adult unit, we primarily serve African American females ages 10 to 14, and lastly, we typically send 40% of individuals from our CFCU unit to outpatient and only 12% to inpatient. So both our adult unit and our CFCU unit have a really great diversion away from our inpatient units.
4. **Quarterly Update** – The Center celebrated its 2nd year anniversary in June 2026, completing 3,399 requests for services in its second year. An additional 1,019 service requests than in the first year of operation.

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: PAR Clinician Data Baseline Determinations** - On April 1, 2026, the PAR Services Department went live with Adult Pre-Admission Review (PAR) screenings in-house. The initial priority is to gain a set of data to establish a baseline of indications to intervene toward continuous quality improvement. In the first 90 days, the team increased the percentage of members who were provided a disposition within 3 hours/2 hours, the percentage of members seen face to face, and the CRSP notification percentage, and the percentage of members diverted to CSU. The team has found there to be a need to increase the percentage of members whose case was provided with a disposition within 2 hours (DWIHN standard of 95% within 3 hours). This will entail strategic and targeted shift modifications to ensure coverage during high-volume periods. With the addition of a midnight PAR Manager, key performance indicators are now established to ensure accuracy of medical necessity documentation and decision-making to increase diversion percentages. The team also recognizes that this data is a result of being understaffed for PT PAR Clinicians. The team is now fully staffed with PAR Managers who developed and will execute Key Performance Indicators for PAR Clinicians. The team is also analyzing data for high volume call timeframes to ensure accurate and sufficient coverage is available. Finally, the team is working to become fully staffed in all areas. This plan aims to increase diversion percentages with a goal of 30% diversion by end of FY.
2. **Activity 2: PAR Dispatch Data Baseline Determinations** - The PAR Dispatch Team is in place to answer all calls from stakeholders in the emergency department, and to process the requests for crisis screenings. Within Genesys, the "Service Level" is measured by the number of calls answered within 30 seconds. As a team, since inception on April 1, 2026, it is important to monitor this indicator and others to ensure our stakeholders have an immediate response when requesting services for DWIHN members in crisis. The team has absorbed a substantial increase in calls coming in for requests since taking on all adult PARs. The service level has been maintained above the DWIHN standard of 85% even after an increased volume of calls. The team has recognized the need to decrease the abandonment percentage to be below the DWIHN standard of 5%, as maintained prior to PAR coming in-house. PAR leadership monitors staffing schedules during peak hours and staggers breaks to ensure adequate coverage is in place. The goal is to decrease the abandonment percentage to below 5% by August 1, 2026. The team will hire 2 additional PT PAR Dispatch Coordinators to fill vacancies and improve staff availability.

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

E. **Managed Care Operations** – *Deferred to August 12, 2026*

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. **Activity 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 are in alignment with health plan contractual requirements for consistency and benchmarking. The department participated in the Humana Initial and Annual UM Delegation Audit on June 17, 2026 and the exit interview is tentatively scheduled for July 9, 2026. A new Clinical Specialist (Self-

Determination) was successfully hired and onboarded during this quarter. The department is actively recruiting for a new UM Clinical Specialist after a long-time staff member retired. Standard Operating Procedures (SOPs) for all UM lines of business to optimize performance were reviewed and updated during this quarter. The UM Committee approved a revised Post-Service/Retrospective Review Procedure, and this will reduce administrative burden and improve overall staff efficiency. In Q3, staff manually approved 90.3% of standard prior authorization requests within seven (7) days.

2. **Activity 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 UM Department, with support from the Director of Strategic Operations, continues to hold weekly meetings with consultants to review the department's alignment with current standards. Staff conducted a comprehensive review of the annual UM information integrity and delegation standards, and accompanying policies, to identify alignment gaps with the new standards. The department initiated a request to use or develop a web-based solution to safely access proprietary medical-necessity criteria, in alignment with NCQA and CMS requirements for medical-necessity transparency under the 2026 standards. The department plans to implement a phased approach to evaluate, select, and adopt an improved reporting solution that supports consistent monitoring. Revisit department work plan with UM leadership, Strategic Operations, and consultants to ensure the most efficient preparation for reaccreditation.

Mr. Glenn opened the floor for discussion. There was no discussion.

Mr. Glenn noted that the Adults Initiatives, DWIHN Outpatient Clinic, 707 Crisis Care Center, PAR Services, and 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

There was no Quality Review(s) to report this month.

XI. VP of Clinical Operations Executive Summary

DISCUSSION/ CONCLUSIONS

Erik Hutchison, VP of Clinical Operations, submitted the VP of Clinical Operations' Executive Summary and provided highlights. It was reported that:

1. **Autism Services** – Overall, June activities improved procurement clarity, enhanced pathway tracking, and reinforced provider oversight, supporting timely access to ABA services.
2. **Children's Initiatives** – During June 2026, the Children's Initiative Department focused on two key priorities: improving service eligibility compliance through

the MichiCANS Disenrollment Project and expanding youth engagement and leadership opportunities through Youth United programming.

3. **Health Homes Initiatives** – DWIHN's BHH program earned $111,580.92 in FY25 pay-for-performance dollars. The Special Projects team is in the July Advance Notice stage of the Mild-to-Moderate evaluation and care transfer project.
4. **Integrated Health Care** – For the calendar year 2025, HEDIS measure follow-up after hospitalization (FUH), 23 of the 28 CRSP providers met the 62% goal for adults, and 13 of the 26 CRSP providers met the 79% goal for children. DWIHN was able to meet the pay-for-performance with MDHHS for FUH adults and made a 5% increase for children.
5. **Residential Services -** Residential services continued to complete Residential Assessments with members on an annual basis to assess members' clinical needs. Authorizations continue to be reviewed within the seven-day mandate and are approved only after clinical appropriateness is assessed.
6. **Substance Use Disorder Initiatives** - In FY26, based on claims data, SUD has serviced 1,199 members in withdrawal management and 2,519 members in residential treatment.

Mr. Glenn opened the floor for discussion. There was no discussion. Mr. Glenn noted that the VP of Clinical Operations' Executive Summary has been received and placed on file.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS

A. **BA #24-67 (Revised 2) – Substance Use Disorder (SUD) Opioid Settlement Leg Up Carry Forward Extension** – Staff requesting board approval for the extension of contract and addition of funds to the Opioid Settlement Leg Up program for Chance for Life. The initial contract amount for the two-year period, July 1, 2024, through June 30, 2026, totaled $1,080,000; an estimated $400,000 remains unspent. This board action is requesting to carry over the unspent funds and increase the contract for an additional $200,000 for the two-year period, July 1, 2026 through June 30, 2028, which brings the total amount not to exceed $1,280,000. Chance for Life will continue to provide oversight and fiduciary responsibility for the leg up program developed by Detroit Wayne Integrated Health Network (DWIHN) that utilizes Opioid settlement funds. Mr. Glenn called for a motion on BA #24-67 (Revised 2). **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Blackwell to move BA #24-67 (Revised 2) to the Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested a projection for the next two years. ***(Action)*** **Motion carried.**

B. **BA #26-14 (Revised 6) – DWIHN Providers Network System FY26** – Staff requesting board approval for the addition of an outpatient provider, Lunexa Health LLC (credentialed 5/11/26 for Supports Coordination and Case Management). The services include the full array of behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated based on prior year's activity and are subject to change.
Mr. Glenn called for a motion on BA #26-14 (Revised 6). **Motion:** It was moved by Dr. Carter and supported by Mr. Blackwell to move BA #26-14 (Revised 6) to Full Board for approval. Mr. Phillips recused himself. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**

C. **BA #26-21 (Revised 3) – Autism Providers FY26** – Staff requesting board to approve revision for the Autism Providers to receive a (1) one-year contract for FY26 (October 1, 2025 - September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for autism

	services for FY26 is $104,955,784. Staff is also requesting to add Early Autism Services, LLC , as an additional provider to the network to provide autism services, which passed the autism Request for Qualifications (RFQ). In addition, Strident Healthcare's contract ended in April 2026 due to nonrenewal and to allow for transition planning. Mr. Glenn called for a motion on BA #26021 (Revised 3). **Motion:** It was moved by Mr. Phillips and supported by Dr. Carter to move BA #26-21 (Revised 3) to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS	A. **BA #26-54 – HUD Permanent Supportive Housing (PSH)** – Staff requesting board approval of the renewal, acceptance, and disbursement of the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) grant funds in the amount of $2,733,549.00, along with the required general fund/ local match of $113,390.50 for a total amount not to exceed $2,846,939.50. The providers listed in the board action submitted renewal applications and have been awarded funding for the HUD 2025 grant cycle. Program dates and details are listed in the board action. Mr. Glenn called for a motion on BA #26-54. **Motion:** It was moved by Mr. Phillips and supported by Dr. Carter to move BA #26-54 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried.**

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	There was one online submission written by Ms. Versi Williams. She wanted to thank DWIHN for opening the meeting to the public. She will join through Zoom to learn more about the network and mission.

Action Items	Responsible Person	Due Date
1. **Adults Initiatives (Activity 2: Evidenced-Based Supported Employment (EBSE)/Individual Placement and Support (IPS)** – Provide the percentage of those individuals who got into the IPS program, but did not maintain their jobs, and to provide a strategy on how to close the gap on job retention.	Marianne Lyons	
2. **BA #24-67 (Revised 2) – Substance Use Disorder (SUD) Opioid Settlement Leg Up Carry Forward Extension** – Provide the projection for the next two years.	Matthew Yascolt	

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Dr. Carter to adjourn the meeting. **Motion carried.**
ADJOURNED: 2:49 p.m.
NEXT MEETING: Wednesday, August 12, 2026, at 1:00 p.m.

RESOLUTION

Honoring the Memory of Dr. Iris A. Taylor

FY 2025-2026 Resolution #5

WHEREAS, the Detroit Wayne Integrated Health Network (DWIHN) Board of Director's recognizes the advocacy and dedication of Dr. Iris A. Taylor;

WHEREAS, the members of this body were deeply saddened to learn of the passing of Dr. Taylor, an exemplary public servant, visionary leader, and compassionate humanitarian whose unwavering dedication to education, public service, and the improvement of countless lives left an enduring legacy in our community;

WHEREAS, Dr. Taylor worked tirelessly to ensure that individuals living with behavioral health conditions, intellectual and developmental disabilities and substance use disorders were treated with dignity, respect, compassion, and equity in every aspect of their lives, while consistently advocating for greater access to quality care, community inclusion, and opportunities that empowered them to live with purpose and independence in all aspects of their life;

WHEREAS, Dr. Taylor served with distinction as a DWIHN Board Member for six years, providing invaluable leadership and expertise as Vice-Chair of the Board, Chair of the Strategic Planning Committee, Chair of the Programming Compliance Committee, and a dedicated member of the System Transformation Committee. Through her thoughtful guidance and commitment to excellence, she helped shape policies, bylaws, strategic initiatives, and clinical programs that strengthened the Wayne County community mental health system and advanced the delivery of quality care;

WHEREAS, throughout her distinguished 45-year healthcare career, her unwavering commitment and advocacy for the people of Wayne County was profound. Over the years, her support has helped to improve their quality of life and overall wellness by supporting a community that provides access to care that is inclusive, understanding, and welcoming;

WHEREAS, a lifelong Detroiter Dr. Taylor was the embodiment of a visionary, public servant, intelligence and graciousness while developing and inspiring those fortunate enough to know and work with her;

NOW THEREFORE BE IT RESOLVED, that:

The DWIHN Board of Directors recognizes Dr. Iris A. Taylor and her significant lifetime contributions throughout Detroit and Wayne County; her role as a dedicated community leader to people served in DWIHNs behavioral health community. Dr. Taylor has left a lasting impression on the people we collectively serve and the Wayne County community at large including:

i. Her leadership in establishing policies and procedures ensured that individuals with behavioral health needs were heard, respected, and included in decision-making processes at every level.

ii. Her commitment to person-centered care helped advance a system where the voices, experiences, and needs of those served remained at the forefront of planning, policy development, and service delivery;

iii. Her being a valued healthcare executive for decades and a fierce champion for equitable opportunities, dedicating her career to advancing access to quality healthcare, strengthening communities, and advocating for those whose voices were too often unheard;

iv. Her outreach efforts reflected a deep commitment to educating and protecting young people while championing equitable opportunities within our schools and communities. Through her advocacy and dedication, she helped raise awareness of the importance of supporting youth, removing barriers to success, and ensuring that every young person had the opportunity to thrive: Her outreach efforts about the critical importance of earning a competitive wage for people receiving community mental health support and services;

v. Dr. Taylor served as a good friend and colleague to many people in the disability community and at DWIHN; we are grateful to have known her and worked alongside her. We honor her memory by continuing her work and commitment to service.

WE HEREBY CERTIFY that the foregoing Resolution was adopted on the 7th day of August 2026, by the Board of Directors of the Detroit Wayne Integrated Health Network, in recognition and honor of the distinguished service, dedication, and lasting contributions of Dr. Iris A. Taylor.

Commissioner Jonathan C. Kinloch
Board Chairperson, Board of Directors
Detroit Wayne Integrated Health Network

James E. White
President and CEO
Detroit Wayne Integrated Health Network

Board of Directors

- **POLICY NO.: 2016-011**
- **ISSUE DATE: April 20, 2016**
- **REVISED ON: November 16, 2016**
  August 19, 2020
  September 18, 2024
  July 15, 2026
- **ORIGINATOR: Board of Directors**
- **BA NO. : 15-67**

SUBJECT: BOARD SELF-ASSESSMENT

The Detroit Wayne Integrated Health Network Board of Directors is committed to assessing its own performance as a Board to identify its strengths and areas which may improve its functioning.

Consistent with evidence based best practices for governance, the Board shall conduct an annual self-assessment. The process for evaluation shall be recommended by the Executive Committee and approved by the Board. All Board members will be asked to complete the evaluation and submit the completed assessment to the CEO or his designee. A summary of the results shall be analyzed by the Executive Committee to determine appropriate strategies for action as a result of the assessments.

At least two-thirds (2/3) of the board members must complete the Board Self-assessment for the evaluation to be deemed valid and closed for the current fiscal year. If two-thirds (2/3) of the board members do not complete the self-assessment, then a second request must be made to board members to complete the self-assessment. If necessary, a third request must be made to require board members to complete the self-assessment.

The goal of the self-assessment is to clarify roles, improve the efficiency and effectiveness of Board meetings and to improve the operations of DWIHN for the benefit of all served.

PROCESS

1. The Executive Committee initiates the assessment annually.

2. Completed assessment forms are submitted to the Board Liaison or as designated by the Executive Committee.

3. Results are compiled and presented to the Executive Committee.

4. The Executive Committee reviews, develops and recommends an action plan to the Full Board.

5. The Full Board reviews and approves the recommendations.

6. If a Board Member fails to complete the self-assessment prior to the established due date, and the Board Member has not obtained an extension from the Chair of the Board, the Board Member's stipend may be withheld until the Board Member completes the assessment.

The Importance of Board Self-Assessment

By Berit M Lakey, Senior Consultant, Board Source

Ensuring organizational accountability is a key role for any nonprofit board. On behalf of the public and the people or causes served, the board must ensure that organizational resources are effectively used to serve the mission. Accordingly, the board holds the staff responsible for good management and program implementation but must hold itself accountable for the quality of the organization's governance. Through periodic performance assessments a board can identify ways to strengthen its operations in service to the organization and its mission.

A number of tools are available to help nonprofit boards achieve greater clarity about their own effectiveness. Most are designed as self-assessment questionnaires which ask directors to rate the board's performance in major areas of board responsibility.

Why conduct a board self-assessment?

Board assessments serve many purposes, some internal to the board and some in relation to other constituencies. A systematic assessment process will:

- Give individual board members an opportunity to reflect on their individual and corporate responsibilities
- Identify different perceptions and opinions among board members
- Point to questions that need board attention
- Serve as a springboard for board improvements
- Increase the level of board teamwork
- Provide an opportunity for clarifying mutual board and staff expectations
- Demonstrate to the staff and others that accountability is a serious organizational value
- Provide credibility with funders and other external audiences

A board assessment must be legitimate in the eyes of board members. The opinions of outsiders can be discounted, but what a board says about itself must be taken seriously. A self-assessment is more likely to lead to changes in the way the board operates. However, a self-assessment does not necessarily exclude input from other sources. The board may, for example, choose to ask the executive director and senior staff to provide feedback.

When to conduct a board self-assessment

A full-scale assessment may be desirable only once every two or three years, with interim assessments conducts to monitor progress on objectives set after the last assessment. Times when a self-assessment may be particularly useful include:

- At the outset of a strategic planning process
- In the preparation for major expansion or capital campaign

- When there is a sense of low energy, high turnover, or uncertainty about board responsibilities
- After a financial or executive leadership crisis

How to conduct a self-assessment

An assessment process involves a number of steps:

- Decide to conduct the assessment. This must be a board decision. Assign the responsibility for making the necessary arrangements to a small task force or to the governance committee
- Decide whether to use a standard instrument designed for board evaluations or to design a process from scratch
- Decide whether to use an outside consultant to administer and facilitate the process. Using an outsider to administer the questionnaire will make it more likely that board members will give frank answers. An outside facilitator of the board's follow-up discussion will encourage open and constructive debate.
- Distribute the instrument and ask board members to complete and return the questionnaire to the designated person.
- Compile, analyze, and present responses in a written report that is distributed to board members.
- Discuss the findings, perhaps in a retreat setting, and identify actions that will lead to improved performance. If an outside facilitator has been engaged, this person will already have collected additional information about the board (bylaws, meeting minutes, committee structure, etc.), and will have discussed the agenda with the person(s) charged to arrange for the assessment.

Is it worth it?

Properly conducted and followed up with action, evaluation can have a profound impact upon a board. As reported by two directors "Ultimately, the process transformed us from a traditional show-and-tell to a much more dynamic give-and-take board, "said one. "It provided the impetus to move our board forward on issues that had been simmering on the back burner, "another commented. "It brought our board members closer together as people...helping to break down barriers, establish camaraderie, and open up dialogue."

Self-assessment may be the best way to reach the root of the governance problems and find lasting solutions that will make your board better.

Board of Directors Full Board Evaluation

*Rankings go from 1 = Low/Strongly Disagree to 5 = High/ Strongly Agree

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Board Activity:

Board Activity:	1	2	3	4	5
1. The board operates under a set of policies, procedures, and guidelines with which all members are familiar. **Comments:**					
2. The Executive Committee reports to the board on all actions taken and topics discussed. **Comments:**					
3. There are standing committees of the board that meet regularly and report to the board. **Comments:**					
4. Board meetings are well attended, with near full turnout at each meeting. **Comments:**					
5. Each board member has at least one committee assignment. **Comments:**					
6. Appointments to committees follow clearly established procedures. **Comments:**					
7. Newly appointed board members receive adequate orientation to their role and what is expected of them. **Comments:**					

8. Each board meeting includes an opportunity for learning about the organization's activities. **Comments:**					
9. The board fully understands and is supportive of the strategic planning process of the Network. **Comments:**					
10. Board members receive meeting agendas and supporting materials in time for adequate advance review. **Comments:**					
11. The board adequately oversees the financial performance and fiduciary accountability of the organization. **Comments:**					
12. The board receives regular financial updates and takes necessary steps to ensure operations of the organization are sound. **Comments:**					
13. The board regularly reviews and evaluates the performance of the CEO. **Comments:**					
14. The board actively engages in discussion around significant issues. **Comments:**					
15. The board chair effectively and appropriately leads and facilitates the board meetings and the policy and governance work of the board. **Comments:**					

Mission and Purpose:	**1**	**2**	**3**	**4**	**5**
1. Statements of the organization's mission are well understood and supported by the board. **Comments:**					
2. Board meeting presentations and discussions consistently reference the organization's mission statement. **Comments:**					

Governance/ Partnership Alignment:	**1**	**2**	**3**	**4**	**5**
1. The board exercises its governance role: Ensuring that the organization supports and upholds the mission statement, core values, vision statement, and partnership policies. **Comments:**					
2. The board periodically reviews, and is familiar with, the organization's core documents. **Comments:**					
3. The board reviews its own performance and measures its own effectiveness in governance work. **Comments:**					
4. The board is actively engaged in the board development processes. **Comments:**					
5. Each board member adequately performs its duties and responsibilities as outlined in the Bylaws and Board policies. **Comments:**					
3. The board reviews the organization's performance in carrying out the stated mission on a regular basis. **Comments:**					

***Rankings 1 = Low/Strongly Disagree to 5 = High/ Strongly Agree**

Board Organization:	**1**	**2**	**3**	**4**	**5**
1. Information provided by staff is adequate to ensure effective board governance and decision-making. **Comments:**					
2. The committee structure logically addresses the organization's areas of operation. **Comments:**					
3. All committees have adequate agendas and minutes for each meeting. **Comments:**					
4. All committees address issues of substance. **Comments:**					

Rankings 1 = Low/Strongly Disagree to 5 = High/ Strongly Agree

Board Meetings:	**1**	**2**	**3**	**4**	**5**
1. Board meetings are frequent enough to ensure effective governance. **Comments:**					
2. Board meetings are long enough to accomplish the board's work. **Comments:**					
3. Board members fully and positively participate in discussions. **Comments:**					

Board Membership:	1	2	3	4	5
1. The board has a range of talents, experience, and knowledge to accomplish its role. **Comments:**					
2. The board uses its members' talents and skills effectively. **Comments:**					
3. The board makeup is diverse with experience, skills, ethnicity, gender, denomination, and age group. **Comments:**					
4. Fellow board members review each Officers performance annually. **Comments:**					
5. Board Officers perform their duties as outlined in the By-Laws. **Comments:**					

Administration and Staff Support:	1	2	3	4	5
1. The committee structure provides adequate contact with administration and staff. **Comments:**					
2. Communication is strong and clear between the board and staff. **Comments:**					
3. Staff support before, during, and after-board meetings is effective. **Comments:**					

Please note any additional comments about the work and effectiveness of our board.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-44R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: Chompaway Ventures LLC

Contract Title: Emergency Janitorial Services - Crisis Center

Address where services are provided: None

Presented to Executive Committee at its meeting on: 8/17/2026

Proposed Contract Term: 11/21/2025 to 8/30/2026

Amount of Contract: $ 567,750.70 Previous Fiscal Year: $ 467,750.70

Program Type: Continuation

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

Date Contract First Initiated: 11/21/2025

Provider Impaneled (Y/N)?

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

DWIHN Facilities as requesting the board to ratify the exigent letter for Chompaway Ventures dba Jan-Pro extending the contract for 30 days. The language for the motion made at the Full Board meeting held on July 15, 2026 was to "extend the Jan-Pro contract for an additional 30 days, or until such time that a permanent long-term contract is approved by this board, with an amount not to exceed $100,000 above the current contract ($467,750.00).

The amount of the contract is not to exceed $567,750.70 with a contract expiration of August 30, 2026."

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

Source of Funds: Multiple

Fee for Service.(Y/N):

Revenue	FY 25/26	Annualized
MULTIPLE	$ 567,750.70	$ 567,750.70

	$ 0.00	$ 0.00
Total Revenue	$ 567,750.70	$ 567,750.70

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 26-44R

Board Action Taken

The following Action was taken by the Full Board on the 19th day of August 2026.

X Approved

€ Rejected

€ Modified

€ Tabled as follows:

_____

_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 22-50R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: Rehmann Robson CPAs & Consultants

Contract Title: Standard Cost Allocation Consulting Services

Address where services are provided: None

Presented to Finance Committee at its meeting on: 8/5/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 74,625.00 Previous Fiscal Year: $ 64,675.00

Program Type: Continuation

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

Date Contract First Initiated: 1/19/2023

Provider Impaneled (Y/N)?

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

This revised board action is requesting the approval for the Finance Department to extend the contract term to September 30, 2027. There are no additional funds requested.

The board action was initially approved for $139,300 through September 30, 2026 to enter into a comparable source contract with Rehman Robson Inc. for the accounting and consulting services related to assisting DWIHN with the implementation of the Standard Cost Allocation (SCA) Model required by the Michigan Department of Health and Human Services (MDHHS) which will be included in the upcoming years compliance examination. The accounting and consulting services relate to, but not limited to the internally provided and direct services at the newly constructed care center, the anticipated 7-mile integrated care center and Downriver Care Center.

A contract is budgeted and funded primarily with the care centers budget. To date, the contractor has incurred approximately $64,675 in costs, with a remaining balance of $74,625.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 26/27	Annualized
Multiple	$ 74,625.00	$ 74,625.00
	$ 0.00	$ 0.00
Total Revenue	$ 74,625.00	$ 74,625.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64950.813000.00000

In Budget (Y/N)? Y

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 #: 22-50R2

Board Action Taken

The following Action was taken by the Full Board on the 19th day of August 2026.

X Approved

€ Rejected

€ Modified

€ Tabled as follows:

_____

_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-03R3 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Children's Initiatives - Waiver Services

Address where services are provided: Wayne County Locations

Presented to Program Compliance Committee at its meeting on: 8/12/2026

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

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

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

Adding the new Provider:

1. **Leaders Advancing and Helping Communities (LAHC) - Dearborn** to deliver Recreational Therapy for children and youth on the Children Waiver.

2. **MidSouth Development -Dearborn** to deliver CLS/Respite for children and youth on the Children Waiver and SED Waiver.

The member(s) were recently approved for the waiver programs and are currently receiving services from the aforementioned providers. In an effort to ensure continuity of care, the providers were credentialed for the waiver programs and will continue to serve the member(s).

No change in estimated funding for FY26.

Children's Waiver ($2,389,645): The main goal of the Children Waiver Program is provision of medically necessary services to eligible children and their families which promote integration, optimum independence, and family resiliency. The Children's Home and Community Based Waiver Program (CWP) is a federal program authorized under section 1015c of the Social Security Act that provides Medicaid services for eligible children up to age 18 with developmental disabilities, who without such services would require or be at risk of being placed in an inpatient facility.

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

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

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	$ 4,475,852.00	$ 4,475,852.00
	$ 0.00	$ 0.00
Total Revenue	$ 4,475,852.00	$ 4,475,852.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

7/30/2026 7:22:36 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

7/30/2026 11:23:30 AM

Board Action #: 26-03R3

Board Action Taken

The following Action was taken by the Full Board on the 19th day of August 2026.

X Approved

€ Rejected

€ Modified

€ Tabled as follows:

_____

_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-13R3 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: LAHC Leaders Advancing and Helping Communities

Contract Title: FY26 Substance Use Disorder Prevention: LAHC PA2

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/12/2026

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

Amount of Contract: $ 6,925,484.00 Previous Fiscal Year: $ 6,491,183.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

Board approval is requested to add $300,000 of PA2 funds to Leaders Advancing and Helping Communities (LAHC) SUD Prevention Program.

The revised SUD PA2 prevention allocation is not to exceed $3,341,998 and the revised total SUD Prevention Program is not to exceed $6,925,484 for the fiscal year ended 9/30/2026. Contract terms remain the same.

The LAHC SUD Prevention Program provides critical protective factors that promote healthy decision-making, prevent substance misuse, improve mental and behavioral health outcomes, and strengthen resilience among youth. Prevention services are delivered in partnership with numerous school districts and community organizations, including 30 schools and other community-based sites. These participants also receive bilingual workshops, family strengthening programs, substance misuse prevention education, overdose prevention training, safe medication disposal awareness, recovery support referrals, coalition engagement activities, and behavioral health awareness campaigns. Services are delivered through schools, faith-based organizations, healthcare providers, community centers, senior housing communities, and public events, creating a comprehensive network of prevention support throughout the region. The Healthy Living Program has become a cornerstone of LAHC's efforts to address obesity and chronic disease disparities among vulnerable populations. Through nutrition education, healthy cooking demonstrations, physical fitness programming, wellness coaching, youth engagement activities, and community outreach, the program empowers participants to adopt healthier lifestyles and reduce risk factors associated with diabetes, heart disease, hypertension, and other chronic conditions that disproportionately affect low-income and minority communities. nutrition education, healthy cooking classes, physical activity opportunities, wellness programming, and community outreach services that support healthy aging and chronic disease prevention. Older adults will be served through senior centers, senior living communities, faith-based institutions, and community-based organizations, and more than 800 adults and seniors reached through community events, health fairs, and outreach activities. These programs provide critical opportunities for residents to learn healthy lifestyle behaviors, access health information and resources, build social connections, and engage in preventive health practices that contribute to improved long-term health outcomes.

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

no quality issues with LAHC

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY FY26	Annualized
Block Grant	$ 3,583,486.00	$ 3,583,486.00
PA2	$ 3,341,998.00	$ 3,341,998.00
Total Revenue	$ 6,925,484.00	$ 6,925,484.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 26-13R3

Board Action Taken

The following Action was taken by the Full Board on the 19th day of August 2026.

X Approved

€ Rejected
€ Modified

€ Tabled as follows:

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_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-46R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 MI HIDE-SNP

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

Presented to Program Compliance Committee at its meeting on: 8/12/2026

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

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

Program Type: New

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

Date Contract First Initiated: 1/1/2026

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to add eight (8) providers under the HIDE-SNP (formerly Dual Eligibles) Program, each with a one-year contract through December 31, 2026. The new providers, **Ascension St. John Hospital & Medical Centert; BCA of Detroit; Detroit Receiving Hospital; Harbor Oaks Hospital; Havenwyck Hospital; Madison Community Hospital; Prime Healthcare Services Garden City; and Sinai-Grace Hospital.** will receive and disburse Medicare dollars to deliver covered services to eligible beneficiaries.

MDHHS ended the MHL Pilot project on 12/31/25 at which time they implemented and launched the Highly Integrated Dual Eligibles Special Needs Plan (HIDE-SNP) model on January 1, 2026. This board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized.

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

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicare	$ 7,810,615.00	$ 7,810,615.00
	$ 0.00	$ 0.00
Total Revenue	$ 7,810,615.00	$ 7,810,615.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

8/4/2026 12:55:17 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

8/3/2026 2:18:08 PM

Board Action #: 26-46R3

Board Action Taken

The following Action was taken by the Full Board on the 19th day of August 2026.

X Approved

€ Rejected

€ Modified

€ Tabled as follows:

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_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-55 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: RNA Michigan Holdings LLC

Contract Title: Janitorial Services for 707 W. Milwaukee

Address where services are provided: None

Presented to Executive Committee at its meeting on: 8/17/2026

Proposed Contract Term: 8/1/2026 to 7/31/2028

Amount of Contract: $ 1,016,002.00 Previous Fiscal Year: $

Program Type: New

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

Date Contract First Initiated: 8/1/2026

Provider Impaneled (Y/N)?

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

DWIHN Facilities is requesting board approval to enter into a Janitorial Services contract with the vendor RNA Michigan Holdings for our 707 W. Milwaukee facility. RNA was vetted and recommended for a two-year contract with five (5) one-year optional renewals as part of a solicitated Request for Proposal (RFP) process. The solicitation received six proposals, with a total distribution time of 14 days. The proposal will be inclusive of janitorial cleaning and maintenance services on a continual 24hr/7 day a week basis for the Milwaukee facility.

Facilities is recommending that a contract be issued to RNA in the **amount not to exceed $1,016,002.00 for the two-years ending July 31, 2028.**

Note: Previous contract with RNA totaled $250,000 for 12-month period.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
MULTIPLE	$ 1,016,002.00	$ 1,016,002.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,016,002.00	$ 1,016,002.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 26-55

Board Action Taken

The following Action was taken by the Full Board on the 19th day of August 2026.

X Approved

€ Rejected

€ Modified

€ Tabled as follows:

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_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-07 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: Michigan Department of Community Health

Contract Title: FY 2027 PIHP: Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 8/17/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 1,173,431,324.00 Previous Fiscal Year: $ 1,052,281,682.00

Program Type: Continuation

Projected Number Served- Year 1: 108,429 Persons Served (previous fiscal year): 103,265

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of the Detroit Wayne Integrated Health Network's (DWIHN) Prepaid Inpatient Health Plan (PIHP) contract with the State of Michigan's Department of Health and Human Services (MDHHS) for an estimated amount of $1,173,431,324 for the Fiscal Year ending September 30, 2027. It should be noted that MDHHS has not provided FY27 certified rates therefore the amount is estimated based on actual FY26 funding as of the date of the board action and the minimum amount of Medicaid required to fund the continuation of medically necessary services to over 100,000 members.

The purpose of this contract is for MDHHS to obtain DWIHN's services to manage the following:

Medicaid (including Hospital Rate Adjustment and DHS Incentive) - $688,797,814

Habilitation Supports Waiver - $121,608,337

Healthy Michigan Plan (including Hospital Rate Adjustment) - $165,651,602

OHH and BHH Medicaid - $5,500,762

IPPA Tax - $52,433,517

Autism Medicaid - $136,032,830

Children's Waiver - $2,749,600

SED Waiver - $656,862

This board action encompasses the estimated pass through payments for Hospital Rate Adjustment to the community hospitals, mandated Medicaid drawdown and IPPA tax payments to the State of Michigan.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
Medicaid	$ 1,173,431,324.00	$ 1,173,431,324.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,173,431,324.00	$ 1,173,431,324.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

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 19th day of August 2026.

X Approved

€ Rejected

€ Modified

€ Tabled as follows:

_____

_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-17 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: Michigan Department of Community Health

Contract Title: Grant Agreement between Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network for Community Mental Health Services Program - FY 27

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 8/17/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 21,460,901.00 Previous Fiscal Year: $ 21,460,901.00

Program Type: Continuation

Projected Number Served- Year 1: 30,000 Persons Served (previous fiscal year): 30,000

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).

This board action is for the approval of the Grant Agreement between the Michigan Department of Health and Human Services (MDHHS) and Detroit Wayne Integrated Health Network (DWIHN) for the Community Mental Health Services Program (CMHSP). The term of the contract is 10-1-2026 through 9-30-2027. The contract amount is $21,460,901 for the State General Fund allocation. This contract is for the provision of a comprehensive array of mental health services and supports for uninsured and underinsured Wayne County residents in accordance with the Mental Health Code. It should be noted that the allocation is a state budget allocation and does not constitute the actual amounts required to provide services to the Wayne County population.

This contract, although not reflected in the amount above, also contemplates the required Medicaid drawdown payment to MDHHS for $1,990,464 and local portion for state facility costs payment to the state of Michigan estimated at $6,000,000 in accordance with the Mental Health Code.

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

Source of Funds: General Fund,Local Funds

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
State General Funds	$ 21,460,901.00	$ 21,460,901.00
	$ 0.00	$ 0.00
Total Revenue	$ 21,460,901.00	$ 21,460,901.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

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 #: 27-17

Board Action Taken

The following Action was taken by the Full Board on the 19th day of August 2026.

X Approved

€ Rejected

€ Modified

€ Tabled as follows:

_____

_____

Board Liaison Signature

Executive Director -initial here:_ _____

8/19/2026

Date:

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

Update on Crisis Care Center

In July, the 707 Crisis Care Center saw 391 total presentations for service, up from 340 in June. CSU presentations rose to 283 and admissions rose to 152, while CFCU presentations grew to 108 and admissions to 51, growth across both units. The CFCU's average occupancy also increased to 45.6%, and the ACSU averaged 123.9% occupancy in July. The Behavioral Health Urgent Care saw continued engagement, with 57 CSU-side and 23 CFCU-side episodes in July.

Turning to the Crisis Hub, the team answered 1,880 of 2,041 calls received, a 92.1% answer rate. Crisis-related calls grew to 427 from 327 in June, and support calls rose to 749 from 587. Only 5.5% of calls required law enforcement involvement. Mobile Crisis logged 357 dispatches, up 13% from June, with 268 resulting in direct contact. Only 15% of dispositions required an ER visit, and individual self-referrals remained our top referral source.

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, DWIHN has successfully opened 434, representing 50% for adults and is at 33% for children.

MDHHS has informed all PIHP that Care Coordination with CCBHC and MHP will also be included in 2027. DWIHN has met with MDHHS and other PIHP in July to discuss how to operationalize this. MDHHS has no recommendations at this time, as the PIHP cannot force the CCBHC to do this.

Hospital Systems (formerly known as Health Plan Partner Three)
The management of Care Operations and the Vice President of Clinical Services have received a proposal from Health Systems to become a provider within the DWIHN network. DWIHN and Health System recently had a tour of the facility and are in discussion for them to become a provider. Vice President of Clinical Services is also working on a project with this Health System so DWIHN staff can access certain parts of their electronic health system for faster delivery of care.

Shared Platforms:
HEDIS Scorecard
The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to evaluate performance in key areas of care. The Detroit Wayne Integrated Health Network

(DWIHN) is following the National Committee for Quality Assurance (NCQA) guidelines for behavioral health HEDIS measures to monitor and report on their effectiveness.

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

In July, the HEDIS scorecard was reviewed during seven monthly meetings of Clinically Responsible Service Providers.

The IHC HEDIS Specialist and Population Health Specialist have initiated a special project to analyze four HEDIS measures by ZIP code. The objective of this initiative is to identify potential patterns and trends that DWIHN may be overlooked in specific geographic areas. By narrowing down the data, the team aims to gain deeper insights into disparities in population health and ultimately improve healthcare outcomes for communities in need.

During this project, it was discovered that there is a significant difference in HEDIS measure scores between the west side of Detroit and the rest of the city, with the west side scoring notably higher. IHC, along with the Quality and Population Health teams, will collaborate with other departments to investigate the causes of this discrepancy.

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 and now has 3 CRSP.

IHC has created a detailed workflow for implementing the platform across the network and outlining the quality monitoring process. In August, this will be introduced to Adult Initiatives and Quality for their feedback.

Long-Term Residential Care Update

Trillium is still going through the final inspection and functionality testing. The projected opening is for later this month.

Advocacy/Outreach 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 legislative calendar resumes in full in September.

Election

The August 4th primary election drew 30.7% of the state's 8.38 million registered voters cast their ballots, making it one of the state's highest-turnout primaries in recent history and signaling

strong voter engagement ahead of the November General Election. In Wayne County the voter turnout was 26.7% (390,725 votes cast - 1,463,690 registered voters).

Who will be the next Lieutenant Governor? Democratic Gubernatorial nominee Jocelyn Benson is considering former Senate Minority Leader Jim Ananich, Senate Majority Leader Winnie Brinks, Sen. Sarah Anthony, and Sen. Mallory McMorrow. Each brings a distinct mix of legislative experience, geographic balance, and policy expertise. Benson must submit her selection by August 25, with Democrats set to nominate their ticket at the August 29 convention.

Republican Gubernatorial nominee John James is said to be weighing an extensive list that includes former Attorney General Mike Cox, former House Speaker Tom Leonard, Senate Minority Leader Aric Nesbitt, Rep. Ann Bollin, Sen. Lana Theis, Rep. Rachelle Smit, Sen. Jonathan Lindsey, and Rep. Bryan Posthumus. James must submit his choice by August 14 before the GOP's August 22 convention.

Both campaigns are expected to prioritize legislative experience, geographic balance, and overall ticket compatibility as they finalize their respective running-mate selections. The choices will be closely scrutinized for their ability to complement the gubernatorial nominees, strengthen the tickets in key regions and constituencies, and broaden their appeal heading into what is expected to be one of the nation's most closely watched gubernatorial races.

Election Education and Outreach

- DWIHN Customer Service and Constituent's Voice Committee distributed ongoing voter education materials prior to the August Primary.
- July 18: DWIHN worked with the ARC Detroit and Sacred Heart to host a Legislative Candidate Forum, in attendance were over twenty individuals running for office including Rep. Rashida Tlaib and Rep. Abraham Aiyash. Candidates addressed questions from people with disabilities, direct care workers, families, and advocates and discussed protecting Medicaid in our communities.

Budget Update:

On July 27, MDHHS Interim Director Amy Epkey gave a brief FY27 budget update indicating that more than $30.7 billion continues the critical work of protecting the health and safety of Michigan families. This budget builds on last year's, which protected $2.7 billion of core Medicaid services statewide and includes $168.6 million to prepare the state to meet new federal requirements that make it harder to access food and healthcare, and continues to fund initiatives to protect access to health care and ensure the sustainability of Medicaid including:

- $94.3 million in increased Supplemental Nutrition Assistance Program (SNAP) administrative cost-sharing from 50% to 75%.
- $54.3 million to support changes to Medicaid and SNAP to comply with federal H.R. 1 requirements.
- $20 million in FY26 supplemental funding for grants to community-based organizations to help individuals secure eligibility for Medicaid and SNAP.

Outreach/Engagement:

- August 10-12 - CIT Conference (Orlando, FL): I presented, along with Ms. Tinetra Burns from the DWIHN Community Engagement team, at the Annual CIT Conference. The topic was "From Response to Relationship: Building Co-Response Partnerships that

Strengthen Community Trust". The conference included over 1,600 CIT practitioners, coordinators, behavioral health professionals, law enforcement leaders, and community advocates from around the world. The conference focuses on improving crisis response systems and building stronger partnerships between public safety and behavioral health services.

- July 23: DWIHN's Outreach and Engagement staff were on hand to support Commissioner Alisha Bell's Annual Evening in the Park and Legislative Briefing at the Warrendale Park Shelter, offering access to care and behavioral health resources to over two hundred attendees.

Adult Initiatives

Adult Initiatives collaborated with MDHHS on some high-need cases regarding transition of care needs, when a member is aging out of children's services. Adult Initiatives attended several transition forums and school transition planning meetings.

Autism Services

In July 2026, Autism Services focused on two main areas in improving autism services (Provider Capacity Analysis and Access and Referral Oversight). This month, they conducted an analysis of ABA provider capacity, quality scores, and geographic coverage in relation to member ABA referral needs across Wayne County. The goal is to identify where provider availability aligns with members' local addresses. As a result, the highest demand for autism services was in zip codes 48235 and 48219, both of which include the northwest Detroit area.

Chief Medical Officer

In August, Dr. Faheem completed a four-part lecture series for Wayne State University's second-year psychiatry residents. The sessions covered Community Mental Health Services, the Crisis Continuum, Treatment Non-Compliance vs. Medication Non-Adherence, and Administrative Psychiatry with an emphasis on quality from a physician's perspective. The series was well received, with residents actively engaged in real-world case discussions and systems-based problem solving.

Oakland County has requested collaboration with DWIHN on a Vaccine Advocacy and Education event scheduled for October. The anticipated keynote participant is MDHHS Chief Medical Executive Dr. Bagdasarian. Planning for this event is underway and will enhance regional public health engagement and cross-system collaboration.

Children's Initiatives

There are times when youth require additional stabilization support at the inpatient hospital setting. The goal is to ensure these youth receive appropriate care coordination and hospital discharge planning to prevent recidivism. Throughout FY26, Children Providers achieved the goal of the hospital recidivism rate remaining below 15% each quarter and averaging 10.97% for FY26 thus far. In addition, home-based services are an intensive community-based intervention provided in the home, school, or community. This service is also beneficial as an intervention to support youth in remaining in the home setting and to avoid out-of-home placements. The goal for FY26 is for members receiving this service to remain at home 85% of the time; this goal has been met by all active home-based Providers. Lastly, in its efforts to continue improving and

providing oversight of clinical services, Children Initiative developed the new Provider Scorecard, which showcases how Providers are performing for children programs and services, to be communicated to Providers by 8/31/26.

FINANCE

The Vice-President of Finance provided an updated monthly Statement of Net Position at the Finance Committee on August 5, 2026, to properly reflect actual cash in the Internal Service Fund (ISF); previously the ISF was adjusted annually based on the final audited financial statement. Due to the significant revenue shortfalls, this approach does not accurately reflect the balances throughout the year. Finance continues to closely monitor its cash flow to meet current payment obligations.

The Finance and Clinical teams continue to operationalize cost efficiencies and identify other gaps in the system whereby when appropriate, Peter Chang Enterprises (PCE) has assisted DWIHN with system edits to reduce financial exposure.

As reported at the Finance Committee meeting on July 1, 2026, finance is unable to reasonably estimate the FY27 budget due to 1) a pending FY26 rate amendment from the Michigan Department of Health and Human Services (MDHHS), and 2) an analysis of the impact of recently implemented cost efficiencies. To date, MDHHS has not issued the FY26 rate amendment or FY27 new rates.

INTEGRATED HEALTH CARE

The Complex Case Management (CCM) and Omnibus Budget Reconciliation Act (OBRA) programs. CCM, aimed at enhancing the quality of life for individuals by connecting them to community resources, has seen a significant rise in CRSP engagement from 33% to 94% post-discharge as it expands its caseload to 20 individuals. OBRA processed 666 referrals in July, completing 234 assessments, with a remarkable 100% agreement rate from MDHHS on clinical determinations. However, challenges remain with coordinating care for complex cases and maintaining member engagement in CCM. To address these issues, strategic improvements will focus on improved tracking of OBRA participants and expanded support for CCM members.

PAR SERVICES

After having brought PAR Services in-house, the team has chosen to focus on key performance metrics to summarize progress within specific data points. PAR Services has shown improvement on the internal standard of 2-hour disposition timeframes (from reception of request to completed disposition provision) and has maintained the state standard of 95% or above for a 3-hour timeframe in this area. PAR Services has also shown improvement in CRSP notification percentage (PAR Clinicians informing the CRSP of a crisis screening and disposition), and the percentage of members diverted going to CSU. PAR Services will be gathering data in the month of July in the form of Key Performance Indicators (KPIs) to serve as benchmarks in important tracking measures, including PAR assessment accuracy. PAR Services Managers will be auditing charts monthly to include a set of essential elements listed in the case documentation (ex. Risk factors, protective factors, strengths) and assigning weight to these elements as applicable to gain an overall percentage monthly. This will ensure accuracy within the authorizations provided because of PAR completion.

UTILIZATION MANAGEMENT

During July, the Utilization Management Department continued strengthening network service utilization oversight through collaboration with SUD Initiatives and Autism Services on clinical practice guidelines, medical necessity criteria, and technology solutions that support access and monitoring. The team also worked with staff and partners to align HIDE SNP workflows with CMS requirements. The Habilitation Supports Waiver program maintained strong performance with 99.2% monthly slot utilization, expanded capitation monitoring, and continued provider training while responding to the MDHHS enrollment freeze by prioritizing eligible high-need applicants and strengthening efforts to identify potential enrollees and improve provider HCBS compliance.

COMMUNICATIONS

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 secured the following media coverage: (hyperlinks connect to the stories and interviews):

Southgate Today – Disability Pride Month

In the 3rd Quarter issue of Southgate Today, DWIHN's Luke Gogliotti, Children's Initiatives Intellectual and Developmental Disabilities (IDD) specialist discusses how awareness creates action and DWIHN person-centered services provide support and meaningful change in the communities where individuals with disabilities live. Community Living Supports (CLS) help our members build independence and pride in self.

News Herald – Youth United Profile

Youth United was profiled on page 8 in the Sunday, July 19th edition. In the article, Youth Involvement Specialist, LaTonya Garth, gave an overview of the program and its incredible initiatives, like the Mental Health Youth Council and the Youth Ambassador Scholarship. The article also promoted various events hosted by Youth United - the Leadership Academy from July 20-30 and the Transitional Youth Forum on July 31. Each event was open to the public.

Social Media:

Performance brief: (Based on Instagram analytics; mostly consistent across platforms) - June's highest performing posts featuring some of DWIHN's biggest wins, events and anniversaries.

Here are the top posts of the month of June:

1	2	3
707 Crisis Care Center 2-Year Anniversary Story	**Mental Health Awareness Month Walk Re-Cap**	**DWIHN Annual Meeting and Community Reception**
June 29	June 2	June 18
461K Views	**367K Views**	**10.2K Views**

Social Media Performance Report Summary:

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	**Previous Period (April 2026)**	**Current Period (May 2026)**
Total Audience Growth (Followers)	+439	+457
Engagements	7,294	9,566
Post Click Links	3,106	4,516
Impressions	282,991	771,074

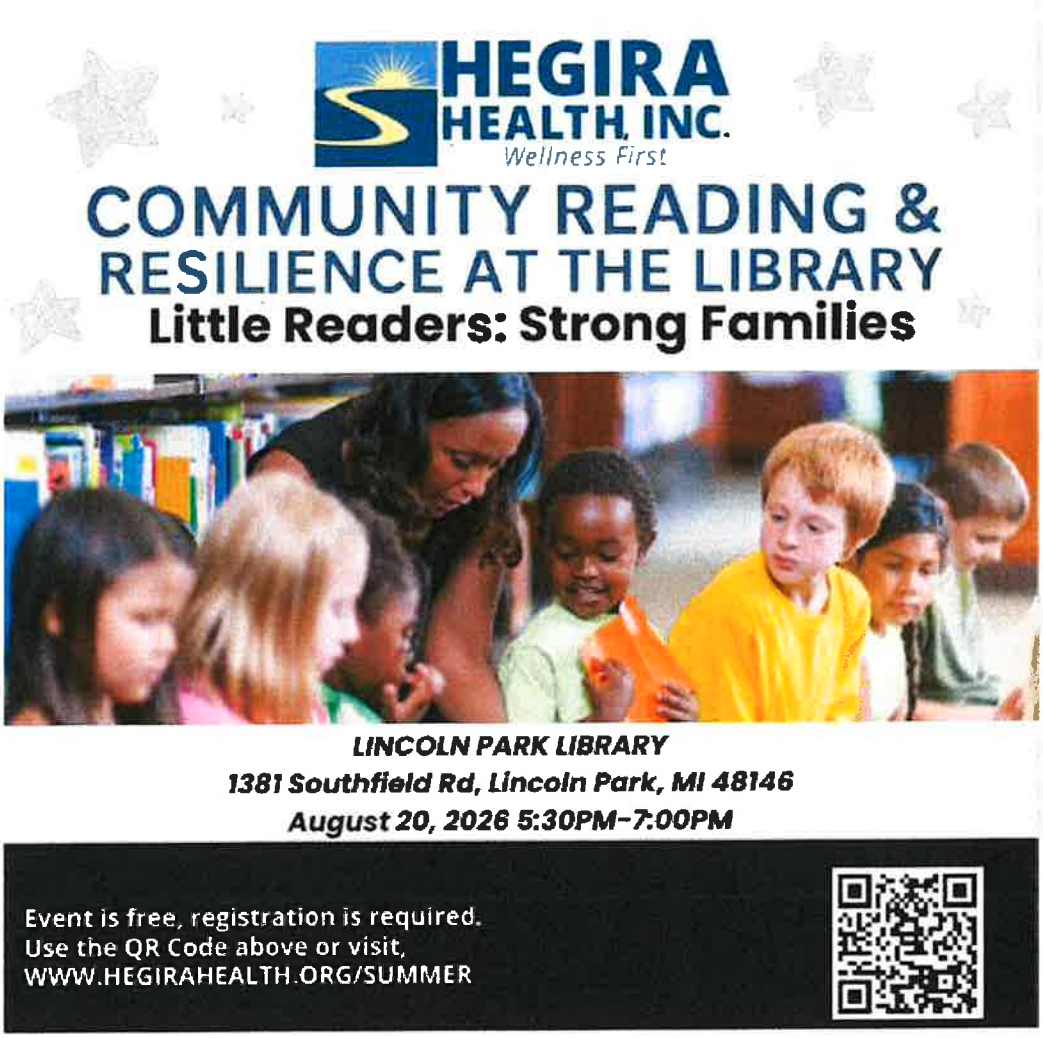
Provider Profile:
Judson Center was featured as part of DWIHN's Provider Profile series for the month of June.

Support Saturdays:
This series highlights the services and unique offerings DWIHN provides directly to the community.

Advertising and Visual Design:
During July, the Communications team completed a wide range of advertising and visual design projects that supported outreach and community engagement. This included translating and redesigning key marketing materials into Spanish, creating the official T-shirt design for the Walk

a Mile in My Shoes event, and producing numerous fliers promoting July and August programs and activities. They also developed all signage for the employee appreciation event to improve navigation and enhance event experience. The team also created multiple graphics and video reels for social media, helping strengthen our online presence and increase audience engagement.

Upcoming Events:




DWIHN
DABO
DETROIT
SCAN QR CODE OR VISIT
DABOEVENTS.NETLIFY.APP
FOR TICKETS
DABO'S ANNUAL
Women's
CONFERENCE
ADDRESSING THE OPIOID EPIDEMIC, MENTAL ILLNESS & TRAUMA
AUG 21 FRIDAY
9:30AM-2:30PM
THE BRIDGE CENTER
9928 GRAND RIVER AVE., DETROIT, MI 48204


Denzel McCampbell
DABO
BACK to SCHOOL
BACKPACK AND SUPPLY GIVEAWAY
SATURDAY, AUGUST 22
12 - 2 PM
12048 GRAND RIVER AVE.
FREE HAIRCUTS & BRAIDS FOR YOUTH!
FREE GROCERIES, FOOD TRUCK & DJ ON SITE!
DETROIT DARLINGS
BLUE GUYS