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FULL BOARD MEETING
Wednesday, September 16, 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** – August 19, 2026

VI. **RECEIVE AND FILE** – Approved Finance Committee Minutes – August 5, 2026
Approved Program Compliance Committee Minutes – August 12, 2026

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

VIII. **BOARD COMMITTEE REPORTS**
- A. Board Chair Report
  1. BA#27-18– FY27 Professional Liability Insurance - Long Insurance Services, LLC *(Exigent)*
  2. Community Mental Health Association of Michigan (CMHA) Annual Fall Conference – Grand Traverse, Michigan (October 26th & 27th 2026)
  3. National Council for Mental Wellbeing-NatCon27-New Orleans, LA - Convention Center (April 12th-14th 2027)
  4. Regional Chamber of Commerce Mackinac Policy Conference 2027 – Mackinac Island, Michigan (June 1st – 4th 2027)

B. Executive Committee
   1. Update Wayne County Commission Removal of Mrs. Kenya Ruth
   2. Update Board Self-Assessment – September 21, 2026
   3. Update Substance Use Disorder Oversight Policy Board Appointment
   4. Update Budget Hearing -Joint Finance and Program Compliance Committee Meeting – (September 2, 2026)
   5. Update Board Recognition and Leadership Award Policy
   6. Board Study Session – October, 2026
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#26-12 (Revision 5) Substance Use Disorder (SUD) Prevention Provider Network System FY26 – Naloxone and Overdose Prevention Supplies *(Program Compliance)*
B. BA#26-25 (Revised) –The Allen Law Group, PC *(Executive)*
C. BA#26-54 (Revised) HUD Permanent Supportive Housing (PSH) *(Program Compliance)*

XI. New Business (Staff Recommendations)

A. BA#27-01 FY2027 Detroit Wayne Integrated Health Network Operating Budget *(Finance)*
B. BA#27-03 – Behavioral Health Homes FY27 *(Program Compliance)*
C. BA#27-04 – Substance Use Disorder (SUD) Health Homes FY27 *(Program Compliance)*
D. BA#27-06 – ARCs – Detroit, Northwest Wayne County, and Western Wayne County *(Program Compliance)*
E. BA#27-08 – Jail Diversion FY27 *(Program Compliance)*
F. BA#27-09 – Autism Services FY27 *(Program Compliance)*
G. BA#27-10 – Children Prevention Health Quality Initiative FY27 *(Program Compliance)*
H. BA#27-12 – Juvenile Restorative Program FY27 *(Program Compliance)*
I. BA#27-13 – MDHHS Children Initiative Grants FY27 *(Program Compliance)*
J. BA#27-14 – Children Initiatives Waiver Services FY27 *(Program Compliance)*
K. BA#27-15 – Substance Use Disorder (SUD) Treatment Provider Network System FY27 *(Program Compliance)*
L. BA#27-16 – Substance Use Disorder (SUD) Prevention Provider Network System FY27 *(Program Compliance)*
M. BA#27-19 – Michigan Rehabilitation Services (MRS) FY27 *(Program Compliance)*
N. BA#27-20 – Community Living Services FY27 *(Program Compliance)*
O. BA#27-22 – Wayne County Jail FY27 *(Program Compliance)*
P. BA#27-23 – DWIHN Provider Network System *(Program Compliance)*
Q. BA#27-24 – MDHHS Donated Funds Agreement DFA 27-82009 *(Program Compliance)*
R. BA#27-26 – FY27 Lobbyist Services - Public Affairs Associates *(Executive)*
S. BA#27-27 – Cyber/Privacy Breach Insurance *(Executive)*

XII. AD HOC COMMITTEE REPORTS

A. Strategic Plan Committee
B. Board Building Committee
C. Policy 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, August 19, 2026
12:00 p.m.

BOARD MEMBERS PRESENT

Jonathan C. Kinloch, Board Chairperson
Bernard Parker, Vice Chairperson
Dora Brown, Treasurer
Angelo Glenn, Secretary
Karima Bentounsi
Barry Blackwell
Lynne F. Carter, M.D.
Kevin McNamara
William Phillips
Dr. Cynthia Taueg

BOARD MEMBERS ATTENDING VIRTUALLY: None

BOARD MEMBERS EXCUSED: Eva Garza Dewaelsche and Kenya Ruth

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 12:10 p.m. A roll call was requested.

ROLL CALL

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

APPROVAL OF THE AGENDA

The Board Chairperson Commissioner Kinloch called for a motion on the agenda 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 Ms. Bentounsi and supported by Mr. Parker approval of the agenda as amended to add an update on 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 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 meeting held on July 15, 2026. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes from the meeting held on July 15, 2026 with any necessary corrections.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of July 1, 2026; and the approved minutes from Program Compliance Committee meeting of July 8, 2026, were received and filed.

ANNOUNCEMENTS

Network Announcements

Network Announcements will be provided later in the meeting.

Board Announcements

There were no Board announcements.

BOARD COMMITTEE REPORTS

Board Chair Report

Board Chairperson, Commissioner Kinloch provided a verbal report. It was reported that Board FY2025/2026 Resolution #5 In Memoriam for Dr. Iris Taylor was presented at the services and a motion was needed; each board member had a copy of the Resolution. The Chair, Commissioner Kinloch called for a motion. **It was moved by Dr. Taueg and supported by Ms. Brown approval of FY2025/2026 Resolution #5 In Memoriam – Dr. Iris Taylor.** There was no further discussion. **Motion carried.**

It was reported that the Board Chair, Commission Kinloch gave exigent approval for BA#26-44 (Revised) Chompaway Ventures, LLC d/b/a/ Jan-Pro Janitorial Services -707 Milwaukee – Contract Extension and this was an informational item, a copy of the board action was provided to the board.

The Community Mental Health Association of Michigan annual fall conference will take place in Grand Traverse, Michigan, October 26th & 27th 2026. There are five board members that have expressed interest in attending the conference.

The National Council for Mental Wellbeing – NATCON27 will be held in New Orleans April 12-14th 2027. There are seven board members that have expressed interest in attending the conference and one SUD Oversight Policy Board member that has expressed interest in attending the conference.

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. There are currently eight board members that have expressed interest in attending the conference. There are two board members that at this time have expressed interest in attending however, they did not attend the 2026 conference, they are not registered nor have lodging. There was no further discussion. The Board Chair report was received and filed.

Executive Committee

Commissioner Kinloch, Board Chair provided a verbal report. It was reported that each board member had a copy of the board self-assessment; the board self-assessment would be distributed electronically for completion. A recommendation has been made at the Executive Committee meeting regarding the launch date. Ms. E. Graham, Interim VP of Human Resources reported. It was noted that the Board Self-Assessment would launch on Monday, September 21st and would have a two-week survey period, the survey would be due on Monday, October 5, 2026. The Chair called for a motion. **It was moved by Mr. Parker and supported by Ms. Brown that the Board Self-Assessment would launch on Monday, September 21st have a two-week survey period and would be due on Monday, October 5, 2026.** There was no further discussion. **Motion carried.**

It was reported that the FY2026 CEO Objectives had been reviewed by the Executive Committee in August and at the meeting held in September. A copy of the FY2026 CEO Objectives had been distributed to the Board in August and each board member had a copy. It was discussed at the Executive Committee that the evaluation of Mr. White, CEO would be moved from November to January; this had been discussed with Mr. White and he was in agreement with the evaluation being moved to January, 2027. A motion was required to move the evaluation from November, 2026 to January 2027. **It was moved by Dr. Taueg and supported by Mr. Blackwell approval of the FY2026 CEO Objectives with the evaluation taking place in January, 2027.** There was no further discussion. **Motion carried.**

It was reported that the Budget Hearing which is a joint meeting of the Finance and Program Compliance Committees, is set for Wednesday, September 2, 2026 following the Finance Committee and will begin at 2:30 p.m. Information will be sent out along with the prepared projected budget.

The Board Recognition and Leadership Award Policy will be worked on by the Board Chairperson, Commissioner Kinloch who will be consulting with Dr. Darren Crawford, Chief of Staff and Ms. Yolanda Turner, VP of Legal Affairs to have a draft so that the Executive Committee can have something to recommend to the Full Board.

The Board Secretary, Mr. Glenn noted for the record that Dr. Carter had joined the meeting.

Commissioner Kinloch, Board Chair noted that item 5 an update on the appointment of Ms. Dora Brown had been added to the agenda. It was reported that the Wayne County Commission will be voting tomorrow to approve Ms. Brown's appointment to the SUD Oversight Policy Board. There was no further discussion. The Executive Committee report 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, August 5, 2026. There was a follow-up item concerning an appearance of a decrease in children's service, which was actually a change in the county and payment methodology and was explained as there being no actual reduction in funding or no impact to providers or availability of service provided to children. Due to the revenue shortfalls and the significant reduction in the ISF account, Finance will provide actual account balances throughout the year versus annual adjustments as reported

in previous years, while Finance continues to monitor cash flow to meet payment obligations finance along with the clinical teams continue to identify gaps in the system and cost efficiency to reduce financial exposure. We are awaiting the FY2026 rate amendment and FY2027 new rates so that the finance department can accurately provide a budget. There was one board action that was recommended to Full Board for approval. 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, August 12, 2026. The committee received following a follow-up from Mr. Yascolt, on the Substance Use Disorder Opioid Settlement Leg Up Program. The proposed projected budget for the next two years was provided along with an annual expenditure report. Quarterly reports were received from Access Call Center, Managed Care Operations, Health Homes, Residential, and Substance Use Disorder Initiatives. An update was provided on the fiscal year 26 QAPIP work plan by Ms. April Siebert, Director of Quality. Residential Services reported that throughout the third, quarter the department completed 1,155 residential assessments. 551 were completed with adults with mental illness, and 604 assessments were completed with individuals with intellectual and developmental disabilities. Substance Use Disorder Initiatives reported providing an analysis of withdrawal management, recidivism, and an analysis of level of care progression from withdrawal management.

The Director of Quality Improvement reported on behavioral treatment surveys' results, the HEDIS performance, and quality activities. It was reported that the biggest takeaway from the survey was that members satisfaction was high, with an average score of approximately 85%. The strongest area of performance included, feeling positive about being supported; being treated with dignity and respect was 87%, and members reported that their goals were viewed as important, and that was 86%. There were no new board actions reviewed. However, there were three board actions under unfinished business recommended for full board approval, which will be reviewed today. 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
The Policy/Bylaw Committee did not meet during the month of August. There was no report.

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. The Substance Use Disorder Oversight Policy Board met on August 17, 2026. Mr. White, CEO provided a presentation under new business. Ms. D. Turek-White, CEO and Executive Director of Empowerment Zone Coalition provided an overview of the organizational gambling Focus Initiative. She highlighted programs and campaigns including the community billboards, newsletters and a series of prevention and awareness workshops to educate the public. Board action #26-12 (Revision 5) Narcan Vendor, FY2026-2027 Board Actions 27-15 SUD Treatment Provider Allocations and BA#27-16 SUD Prevention Provider Allocations were approved and moved to Full Board. Informational reports were provided by the SUD Director, Administrator, Prevention and the SOAR Coordinator. There was no further discussion. The Substance Use Oversight Policy Board Report was received and filed.

Recipient Rights Advisory Committee
Dr. C. Taueg, Committee Chair reported that the Recipient Rights Advisory Committee did not meet during the month of August. There was no report.

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#22-50 (Revision 2) – Standard Cost Allocation Consulting Services (Rehmann Robson)** Ms. S. Durant, VP of Finance reporting. This 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 whit 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. The Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. Glenn approval of BA#22-50 (Revision 2) Standard**

Cost Allocation Consulting Services (Rehmann Robson) There was no further discussion. **Motion carried.**

B. **BA#26-03 (Revision 3) Children's Initiative FY26 Waiver Services.** Ms. C. Phipps, Director of Children's Services reporting. - Staff requesting board approval for the revision of the 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. The new providers are Leaders Advancing and Helping Communities (LAHC)-Dearborn and MidSouth Development-Dearborn. There is no change in the estimated funding for FY26, Children's Waiver ($2,389,645.00) and SED Waiver ($2,086,207.00). Commissioner Kinloch, Board called for a motion. **It was moved by Dr. Taueg and supported by Mr. Glenn approval of Board Action #26-03 (Revision 3) Children's Initiatives FY26 Waiver Services.** There was no further discussion. **Motion carried.**

C. **BA #26-13 (Revision 3) – Substance Use Disorder Prevention Provider Network FY26 – LAHC PA2** – Mr. M. Yascolt, Director, SUD Initiatives reporting. The Chair called for a motion. **It was moved by Dr. Taueg and supported by Ms. Brown approval of BA#26-13 (Revision 3) Substance Use Disorder Prevention Provider Network FY26 – LAHC PA2** Staff requesting board approval to add $300,000.00 of PA2 Funds to LAHC SUD prevention program. The revised SUD PA2 prevention allocation is not to exceed $3,341,998.00 and the revised total SUD prevention program is not to exceed $6,925,484.00 for the fiscal year ended 9/30/26. Contract terms remain the same. There was no further discussion. **Motion carried.**

D. **BA #26-46 (Revision 3) – MI Coordinated Health Highly Integrated Dual Eligible -Special Need Plan (MI HIDE -SNP)** – Ms. R. Brown, Director Managed Care Operations reporting. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Mr. Parker approval of Board Action #26-46 (Revision 3) MI Coordinated Health Highly Integrated Dual Eligible -Special Need Plan (MI HIDE -SNP)** Staff requesting board 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 Center, 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. Medicaid-eligible services for HIDE-SNP members are provided by our provider network, and these costs were included in the board-approved Provider Network board action. The same provider network provides Medicare benefits to the members. 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 with Mr. B. Blackwell recusing himself because he oversees community engagement for St. John Hospital and Ms. K. Bentounsi recusing herself as she is an employee of Henry Ford Hospital.**

XI. New Business – Staff Recommendations

A. **BA #26-55 – Milwaukee Janitorial Services.** M. Maskey, Executive Director, Facilities reporting. The Chair called for a motion. **It was moved by Mr. Parker and supported by Dr. Taueg approval of BA#26-55 Milwaukee Janitorial Services.** DWIHN Facilities is requesting board approval to enter into a Janitorial Services contract with the vendor of 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 24 hr/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 a 12-month period. Discussion ensued regarding the presentation at the Building Committee; the certifications; LARA licensure; the adherence to the MIOSHA, MDHS and FGI guidelines for janitorial services for our facility. RNA has the SIM certification; the scoring of the vendor and the cleaning of bodily fluids. Discussion ensued regarding the hiring of Detroit and or Wayne County residents; the 30-day notice provision in the contract and the information that was included in the presentation regarding employment opportunities in the hybrid model. There was no further discussion. **Motion carried with Mr. Glenn recusing himself as his company has done business with RNA.**

B. **BA#27-07 - PIHP Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network FY27-Michigan Department of Community Health.** Ms. Y. Turner, VP of Legal Affairs reporting. This board action is requesting 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; Health 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 payment for Hospital Rate Adjustment to the community hospitals, mandated Medicaid drawdown and IPPA tax payments to the State of Michigan. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Dr. Taueg approval of BA#27-07 PIHP Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network FY27-Michigan Department of Community Health.** There was no further discussion. **Motion carried with Mr. Phillips recusing himself as his company has a contract with MDHHS.**

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.** Ms. Y. Turner, VP of Legal Affairs reporting. The Chair, Commissioner Kinloch called for

a motion. **It was moved by Ms. Brown and supported by Mr. Glenn approval of 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.** This board action is for the approval of the Grant Agreement between the Michigan Department of Health and Human Services (MDHHS) and the 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. 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 August. 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, August 5, 2026 and with the Canadian fires and the extreme heat that we experienced we had no problems at the Administration Building or at the Milwaukee building. The air conditioner was working properly, and the air circulation was in place. The Ecorse building will have a new roof put on it and we are looking to get some bids on that before some of the internal things are done. The 7 Mile Road campus is moving as scheduled and we anticipate opening sometime in the early fall. Staff are still looking at options for the new Administration building. Mr. Maskey made a presentation to the committee on the hybrid model for janitorial services where they would train folks, hire some staff here internally and train them but still have a contractor that is ultimately responsible for the work and the hope is as we have more facilities come in place we would move towards an in-house staff that will be able to do most of the work at the facilities, that will be determined as we move forward. There was no further discussion. The Board Building Committee report was received and filed.

The Chair, Commissioner Kinloch 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. He requested that announcements from the Network would be taken at this time.

Mr. M. McElrath, Public Affairs Manager, Communications Department reported that the Staff Appreciation Picnic was held on Friday, July 31st in the Administration parking lot; the event was well received. It was our focus to make sure staff was appreciated, celebrated and seen and having board members present went a long way. It was really good to see a lot of folks interacting with each other.

A Back-to-School Bash sponsored by DWIHN and hosted by MISide, which is one of our Providers was held on Friday, August 14th; Children's Initiatives led and helped with the event that was held at Kemeny Recreation Center. The families came out and we had some very good feedback from the event.

This past Monday, there was an event and a program called the Biomedical Career Advancement Pipeline, BCAP at Wayne State University. We have been sponsoring this event for 10 years and it brings high school juniors and seniors that are aspiring medical professionals to do summer research on biomedical work and our own Dr. Crawford spoke to the group.

Hegira Health, Inc. is having a Community Reading and Resilience at the Lincoln Park Library on Southfield Road which will be held on August 20th from 5:30 p.m. to 7:00 p.m. and on Friday, August 21st a Women's Conference will be held at the Bridge Center located at 9928 Grand River from 9:30 a.m. to 2:30 p.m. There was no further discussion on Network Announcements.

Mr. White, CEO reported that the Crisis Center in July experienced increase demand across both the adults and children's units; total presentations increased from 340 in June to 391 in July. The Adult Crisis Stabilization Unit recorded 283 presentations and 152 admissions; the Children and Family Crisis Unit recorded 108 presentations and 51 admissions. The Children and Family Crisis Unit had an average occupancy rate of 45.6% while the Crisis Stabilization Unit averaged 123.9% occupancy. The adult unit's occupancy rate remains the most significant operational concern and requires continued attention to staffing, patient flow, length of stay, discharge planning, and safety. Of course, the senior leadership team, as well as the entire staff at the Crisis Center is doing a phenomenal job, but it's something that's at the top, of our day-to-day, radar as it relates to the continued flow that we're seeing there.

The Urgent care program, or the BHUC, continued to provide another point of access, recording 57 adult episodes and 23 children and family episodes in July. Our crisis hub received 2,041 calls and answered 1,880, resulting in a 92.1% answer rate. Crisis-related calls increased from 327 in June to 427 in July, while support calls increased from 587 to 749. Discussion ensued regarding the increased need and increased uses of the crisis centers. Mr. White noted that he plans to make a presentation to the state regarding the need for a little more funding to support this; and conversations have started. There were conversations with the state highlighting our increased utilization; and our anticipated utilization at 7 Mile. It was noted that despite the increased activity only 5.5% of calls required law enforcement involvement; mobile crisis had 357 dispatches representing 13% increase from June and 268 resulted in direct contact; 15% of the dispositions required an emergency room visit.

It was reported that the Integrated Health Pilot is currently working with eight Medicaid Health Plans and joint care coordination. MDHHS requires that 25% of eligible members have joint care treatment plans in the CC360. DWIHN has opened 434 cases and is currently operating with about 50% of adults and 32% for children, exceeding the state requirement for both.

It was reported that DWIHN has applied for a CCBHC certification, we have our state certification, and we have not obtained our federal certification; this was not due to lack of preparation of DWIHN. It had more to do with a financial decision made by the state, recently a grant opportunity became present to us with SAMHSA and we applied for that grant which is a million-dollar grant, if approved the funding would provide support and continued efforts to strengthen our CCBHC and ultimately get us the federal certification. At the annual provider meeting we learned that a presentation mistakenly referred to mental

health and SUD outpatient clinic and there was a flyer that we sent out to providers; many of the SUD providers saw that and thought we were bringing SUD services in-house; the reference is only to our DOC, our outpatient clinic. We did clarify that and sent some letters out, however we are still hearing from a number of providers that they are concerned that we would do that and we are not. He stated that we are not pursuing a model that would replace or diminish the role of our SUD providers. We're continuing to value their support and their work ethic and what they're doing to help our community, and there's no plan at this time to broach that subject of bringing those services in-house; the correction, again, has been made.

The Trillium Program and our readiness remains intact, we are looking to have Trillium open in the next 30 days; we are currently doing the inspections; making sure that the building systems are functioning properly and they are looking at staffing; their operational readiness and clinical and safety protocol are all being looked at to make sure the facility can open on time. Mr. M. Maskey was thanked along with his team for staying ahead of that project, it was not part of his responsibilities, he took it on from a leadership perspective and there were some things that he had to close the gap on. After we get the thumbs up that everything is in place the board will be invited to tour and get a presentation and there will be a formal press release, and a ribbon cutting.

It was reported that the Michigan Department of Health and Human Services, MDHHS had a bid proposal that would have reduced the existing 10 PIHP regions to 3; this was issued last year, they pulled it back, however we have learned that there is conversation around reissuing this bid, at this point we do not have any formal representation from the state that this is forthcoming, but it has been suggested that it is upcoming in the next four to six weeks. The board will be kept abreast of any movement.

It was reported that the board will see a pivot in a number of systems and accountability to track healthy outcomes, operational performance and the effectiveness of services funded or delivered by our network. We will keep folks informed, but we are measuring a number of things, including inspecting what we expect and making sure that our providers are supported, this work is going to strengthen our outcome-based work, we are going to be building dashboards and performance metrics for our teams so they will know where they stand and what adjustments they need to make; Provider monitoring and accountability are going to be on the forefront of what we are doing, we are going to lead by example and hold ourselves accountable as well as our providers. Clinical quality and utilization oversight is also going to be a focus. Financial controls and stewardship, clear ownership of corrective action plans, with reasonable amount of time to implement those corrective action plans, both internally and externally and there will be follow-up and escalation when performance falls below expectations. We're also going to be focusing on a unique, group, or unique populations. Members experiencing homelessness and housing instability will be a focus. Our vulnerable adults will be a focus. Individuals with complex behavioral and physical health needs will also be a focus. Members who repeatedly use crisis, emergency departments, inpatient services will be a focus as to what can we do better, to address those things. We've got these complex systems, and they have to work and if they are not working, you shouldn't do things that you have proof of concept of failure in. You should do something else other than something you've proven to fail. So that will be our focus. Obviously, the board will hear a lot about that, but he wanted to just put that on the record before the board hears a lot about that from other sources.

Discussion ensued regarding autism services, and the analysis that was completed, and there was an area in particular the 48235 and 48219 areas were identified as a higher demand for autism services. Have we identified or made any progress in the ability to provide additional services for those areas and whether

or not our facility at 7 Mile will address that. It was noted that a conversation will have to take place with Dr. Fahim as to why that area is peaking higher than any other area in the region, but it was not due to lack of service being available. Further discussion ensued. It was noted that we have 32 autism providers and we are looking at the quality of the work and outcomes. Discussion ensued regarding the reporting of the CDC reports on the reduction in the drug overdose. The data on the drug overdoses was provided to the board. It was noted that the current efforts on tackling substance use disorder are effective. It was requested that information on drug overdoses for the State of Michigan as well as Wayne County be provided to the board. Mr. M. Yascolt, Director of SUD Initiatives, noted that that information was recently presented at the SUD Oversight Policy Board meeting and is available to be shared. Dr. Taueg noted that the information should be disseminated and made available publicly.

Discussion ensued regarding the upcoming election for a new governor, the U.S. Senate seat as well as Representatives. It was recommended that we should do something internally to start promoting people to vote, be registered and work with the clerk's office to do some type of campaign. It was noted that we have a responsibility to encourage our clients to vote or participate in the system, but we have to be mindful of the approach. Ms. M. Keyes-Howard, Administrator for Strategic Operations, noted that we do encourage our clients on their civic responsibility, rather than the focus on just the voting. In the capacity of our entire organization and our member engagement unit, customer service, adult, and children's as it relates to families are all encouraged to participate. We do it with a non-political basis and we do not endorse candidates; we do share candidate information with them on both sides of the aisle and information is made available.

Discussion ensued regarding board members who attended various events at which there were veterans present, many were honorably discharged in association with a physical injury that occurred but also had a mental health issue and there were questions regarding what we were doing as an organization specifically for veterans and none of them had an answer. Mr. Phillips requested that at a future meeting could the board receive some type of information on the services DWIHN provides for veterans. There was no further discussion. Commissioner Kinloch, Board Chair thanked Mr. White for his report. The monthly report of the CEO was received and filed.

The Board Chair Commissioner Kinloch called for the next item which was the review of action items.

REVIEW OF ACTION ITEMS

The Board requested data on the local and Wayne County drug overdose, and it was recommended that the information be disseminated publicly.

The board requested information at a future meeting on DWIHN programs for our veterans.

The Board Chairperson, Commissioner Kinloch 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.

Ms. Kim Brown, Gardner Management, on behalf of Ken Essell and Mark Schaefer addressed the board and noted that this was not her first time addressing the board. Gardner Property Management currently offers housing care for emergency housing options. They are prepared to support individuals with

developmental disabilities, mental health, substance use disorder needs, autism, and other individuals who may benefit from a safe, supportive, and structured living environment. We are ready and willing to serve. We are simply looking for the opportunity to build a strong relationship with DWIHN, understanding the appropriate referral pathway, and demonstrate the quality of housing and support we can provide for individuals in our community. We believe we can be a valuable housing resource for DWIHN and are ready to do our part.

The Chair thanked her for her comments.

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

ADJOURNMENT

There being no further business, Commissioner Kinloch, Board Chair called for a motion to adjourn. **It was moved by Mr. Phillips and supported by Ms. Brown to adjourn the meeting.** There was no further discussion. **Motion carried.** The meeting was adjourned at 1:12 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES | **AUGUST 5, 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 1:14 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 **Committee Members Excused:** Ms. Eva Garza Dewaelsche **Board Members Present:** Commissioner Jonathan C. Kinloch, Board Chair Dr. Cynthia Taueg, **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; Jacquelyn Davis, AVP of Access; Mr. Larry Lee, Procurement Administrator, Ms. Cassandra Phipps, Director of Children's Initiatives **Staff Attending Virtually:** Ms. D. Brown, Deputy CFO; Ms. Mindy Haner, Budget Administrator; **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. Ms. Ruth noted that the loss of Dr. Taylor, former DWIHN Board member was a huge loss to the education community; she was one of the pioneers here at DWIHN and she was her mentor. She noted that Dr. Taylor was very instrumental in the School Success Initiative and she leaned on her a lot. She gave condolences to the family. It was her hope that they would find someone at the school board that carries her spirit and brilliance.

Committee member Parker inquired as to whether we traditionally sent flowers for board members that had passed away; however, he thought it was something that we should do. He noted that she was very instrumental in DWIHN and in her life with all of the things that she has done.

Commissioner Kinloch, Board Chair requested the staff to draft a resolution to be presented to the family in recognition of her service, not just to DWIHN but to all the citizens across the City of Detroit and Wayne County and that the resolution be adopted at a later date by the Board of Directors. It was noted that her funeral will be held on Saturday. Commissioner Kinloch, Board Chair noted that he would have the resolution ratified at the next Full Board meeting to which Dr. Taueg also supported the action.

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

V. Follow-up Items
The Committee Chair, Ms. Brown, 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. Ms. Durant reported that the follow-up item has two prongs, the first prong is that during the May meeting and the auditor's presentation of the financial statements showed a reduction in children's services of $3.2 million when comparing FY25 to FY24. She reported that as it relates to the $3.2 million upon further investigation approximately $2.2 million or 70% of the reduction is attributable to a change in how we pay CCBHC. During FY24 we paid CCBHC's on the claims it reported at the actual fee-for-service amount; we later reconciled it, backed it out and remitted the net amount to the provider. In FY25 we did not pay the fee-for-service, we added a penny and only reconciled a penny for each claim versus backing out the total amount of the fee-for-service. As a result the financial statements reflect a decrease in Children's Services expenditures; however, this accounting and payment methodology changed did not reduce funding available to providers and had no impact on the level or availability of services provided to children. It appears that $2.2 of the $3.2 is related specifically to the change in how we paid CCBHC's it was a million-dollar reduction, opposed to $3.2 million.

Ms. Cassandra Phipps, Director of Children's Initiatives distributed a written document and reported on the additional clarification for the reduction in home-based and wraparound services. It was reported that in addition to what was previously mentioned regarding the adjustment with the CCBHC providers, six of our children's providers are CCBHC providers and with that all of the members that they were servicing under our DWIHN contract for those that have serious emotional disturbances, those kids are no longer under our contract, they are under the state's contract. Those claims are not reported under DWIHN anymore, they are reported directly to the state so that contributes to the reduction in the billing of claims.

It was reported that regarding those services the state made a change with the requirement for members to qualify for those services, effective 2025 we rolled out the Michicans screener and assessment, home based specifically, before we were using the Campus assessment and PECVIS assessment to determine eligibility for the home based service, so effective FY25 we now have to use the Michicans, and in looking at the recommendations from Michicans even the number of members that are referred to home based services decreased from FY24 to FY25, and that is also tied into the billing of claims. Discussion ensued regarding the comparison of fiscal year 24 to fiscal year 25; and the reasons why there were fewer members served. There was also discussion regarding the change in qualifications and the document that was presented which indicated the unique number of kids and that there was not a reduction in the number of kids, but they were receiving less units. Discussion ensued regarding the home-based services and the number of referrals to the home-based program that were made in FY24 (726) compared to the FY25 (520) and if the referral numbers were fewer because of the changes made to the qualifications by the state; the roll out of the Michicans assessment; whether DWIHN provided feedback on the assessment. It was noted that DWIHN was one of the PIHP's that participated in the pilot and did provide feedback.

The committee requested the prior and current standards of the assessments that are being used as well as having an offline conversation with the permission of Mr. White on the Schools Success Initiative. *(Action)*

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown, called for approval of the minutes from the meeting held on Wednesday, July 1, 2026. **Motion:** It was moved by Mr. McNamara and supported by Mr. Parker approval of the Finance Committee minutes from the meeting on Wednesday, July 1, 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 nine months ended June 30, 2026, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

The Statement of Net Position has been changed to properly reflect actual cash in the ISF; previously the ISF was adjusted annually based on final audited financial statement. Due to the significant revenue shortfall, this approach does not accurately reflect the balances throughout the year. Ms. Durant, VP of Finance noted that the balance sheet is presented a little differently. The ISF has been separated and adjustments made to the ISF. The cash account as well as the reserve account based on actual data through a certain time and then an estimated amount through June 30th. We are not waiting until the end of the year to make adjustments to the ISF.

Discussion ensued regarding the balance sheet and the Internal Service Fund. 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, PCE has assisted DWIHN with system edits to reduce financial exposure. Discussion ensued regard identification of any savings from the plan. It was noted that a number of the changes that were made were effective July 1, and we will be in a position to provide more updates as relates to that as time progresses. We have made a lot of improvements, with just system edits. Mr. White, CEO noted that we are auditing more this year than we have in prior years and it is not just for the money recruitment piece or the identifying of opportunities financially but for the best outcomes of our members which is always on the forefront of everything that we do; but we have identified significant gaps as it relates to our system audits, we have had some failure in our claims process, and not by the claims team, but the actual process where folks, without getting too specific, have been able to file claims outside of the category in which they should. That alone, we're going to realize some significant recovery. We are looking internally; we are looking at staffing and at our plans as it relates to the operations of the organization and who sits in those operations and precisely what they do. There has been a tremendous shift from just doing the service but looking at the outcomes and moving the dollars in the outcomes so that we can return people to their lives, and not just a constant environment of treatment to no end and that has shifted our dollars to some other areas. Over time we are going to start to see some significant reductions in things such as hospitalization, but not outside of medical necessity. We are looking at bringing in PAR services and other things as it pertains to the best solution for the members.

Dr. Taueg requested that when the report is made to acknowledge whether it has resulted in a reduction in services. *(Action)* It was reported that we would not be moving positions away from service provisions for money reduction, but we do have some grants that we have to get somewhat creative to continue to fund those services that those grants have provided in the past. He would be sure to articulate those separately. There may be some service changes because those grants are no longer funding those services, but this financial optimization plan does not contemplate reduction in services. We are required to provide medically necessary services and we will continue to do that. It was noted by Ms. Brown that when grant funding runs out there is always an "ask" regarding sustainability and if you have to reduce services, because the grant is no longer available, she was comfortable with that, it just needed to be included when the report is prepared. Discussion ensued regarding ABA services and how the highly intensive services, depending on the person could be moved into a more traditional outpatient IDD service array because it would put them into a program where they are best served. Discussion also ensued regarding diet and exercise and the standard national guidelines that are followed and partnering with someone that manages or runs a program for diet and nutrition and when grants come in and are exhausted, we cannot always absorb it, so there is going to be reductions in staff and services that are supported by a grant that we no longer have, we cannot absorb everything especially in this fiscal environment.

To date, MDHHS has not issued the FY26 rate amendment or FY27 new rates which hinder Finance's ability to develop a realistic budget. It was reported there was a meeting with the state last week, and it was noted that we should hear back from them this week. Mr. White, CEO noted that it was a productive couple of meetings over our financial state, and we are going to continue the conversations. One of the things that came out of the conversation, which is important to share with the board, is the state is just not in a financial position to perform as they have historically in terms of the rate adjustment and things such as that, over the last 3-4

years they have been predictable as it relates to the rate adjustment; that did not occur. They do understand our strategic plan includes opening another crisis center. There were some questions around the thought process that went into that, but he did talk about his financial strategic plan and how it plays out; the Medicaid rates and how that aligns with hospitalizations and a few other things were discussed, but those are long-term projections. The immediacy of the moment that we are in requires that there is some additional financial support from the state, we left that conversation not with a definitive no but a commitment for future conversations.

Discussion ensued regarding there being a preliminary budget; it was reported that the state is not committing to nothing and they are not obligated so the worst-case scenario is that we stay where we are and work from there. Mr. White noted that operationally we have a deficit, he walked into a deficit and that deficit continues. We had a significant increase in utilization, and with the doors opening to the facilities that we have we anticipate an even more significant bump in utilization; operationally there is an ideal plan, a middle ground plan and a worst-case scenario plan that will sustain us. Key deliverables will remain in place and medical necessity will be addressed, but operationally we will have to shift to a different model which you will be hearing about soon. Discussion ensued regarding the rate adjustment from the state and creating the budget based on what we had this year and if we do not receive a rate adjustment from the state as it relates to FY27 we will have a problem. It was noted that we were to hear from the state with rates this week, so we have until Friday, and the rates were needed to construct a budget. We have asked for and they have agreed to having the rates tomorrow and she can build the budget for September. Commissioner Kinloch, Board Chair noted that if something is not received tomorrow, he is prepared to draft a letter to send to the governor to ask for some movement in regards to this because the governor should be made aware of it. The budget has to be approved by September 30th and we are still prepared to call a special meeting. Ms. Durant noted that the Medicaid services are based on medical necessity and a priority population, the board weighs in on the general fund priority list and that is the only one we really can have any changes in for the most part; it was noted that she was not anticipating any changes in that priority list from what we have had in the past, there may be some different ways for example of how we construct certain programs. The Summer Youth Employment Program will remain, and there has been local funding needed to sustain those programs because we have not gotten sufficient general fund, but there was no anticipated change in the GF prioritization list. Discussion ensued regarding the homeless population and what we need to be doing with our clients that are in that situation, and have that included in the budget. Ms. Durant noted that the budget is at a higher level and does not have specific contracts associated with the budget until the Program Compliance Committee meeting when they bring forth specific board actions for contracts. Discussion ensued regarding putting some intentionality behind trying to reach our clients that are homeless. It was noted that there are certain grants that have recently opened up and we are looking at exploring those dollars, we have applied for grants and we are going to use those dollars. There are two components that you are seeking, one is the outreach to make those folks familiar with the resources and second connecting them to services as part of stabilizing or ensuring that they receive the needed services, one aspect will be done through the community engagement team which has been given this specific initiative and to further improve the size of the team and ensure there are enough resources behind it which is where the grant dollars are coming into plan, we will use the providers that are already there who are involved, it was thought there were 3 or 4 providers who are involved in those shelters as well as homeless areas for providing services. We are trying to put a more sustainable program around that and once we hear back on these grants we will have a detailed presentation in terms of how those efforts are being operationalized to you. It was noted from a budget perspective, once the grants are receive it comes before this board as a budget adjustment, then the Program Compliance Committee sees the program.

In accordance with the cash and investment policy, the 3rd quarter investment portfolio is presented for review. It was noted that the Cash and Investment Policy was revised and for best practices there is a quarterly review of investments and the document is attached. Discussion ensued regarding unrealized gains and losses and that the three investment mangers are buying the same thing, U.S. Security bonds and federal security bonds and yet they are coming in vastly differently. Ms. S. Durant, VP of Finance provided an overview of how each investment manager was given the same dollars and we were looking to determine who was going to do better and they remain pretty consistent. The committee requested that someone take a look at this. *(Action)*

Cash flow is stable, however much of the cash is invested in long-term (i.e. 2-5 year) investments.

(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 $8.6 million in SUD and Mental Health block grants due from MDHHS. Approximately $21.3 million for the 3rd quarter 2026 **pass-through** HRA revenue. The Accounts receivable consist of $2.9 million due from Wayne County for 3rd quarter estimated PA2; Wayne County April local match $1.5 million; and $1.75 Million to Trillium Health.

(C) IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through June 30, 2026, were approximately $719.4 million. However, actual payments were approximately $646.9 million. The difference represents claims incurred but not reported and paid $72.5 million.

(D) Due to other governments, approximately $3.9 million is due to MDHHS for CCBHC FY25 cost settlement; $2.9 million for the estimated 3rd quarter tax payment; and $1.4 million for estimated outstanding state facility payments.

(E) State grants and contracts - The $12.5 million variance is due to timing related to the 7 Mile Care Center and Ecorse Care Center grants; $5.4 million variance in HRA pass-through actuals compared to budget and $5.6 million variance in Medicaid 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 $56.5 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 reduced the ISF balance of $63.9 million at FY25 year end as compared to $5.4 million reported as of June 30, 2026.

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

FY2026 3rd Quarter Purchasing Non-Competitive and Cooperative Report. Mr. L. Lee, Procurement Administrator reporting. A written report was provided for the record. It was reported that for the third quarter, there was a total spend of $567,192.48 with a Wayne County total spend of $164,340.66 representing 54% of our contract spend in Wayne County which does not include IT spend. Discussion ensued regarding SC Publishing and the Van Buren Magazine where they company sells advertising and they let you develop a free magazine. There was discussion regarding a DWIHN magazine that we would produce content for. There

was no further discussion. The FY2026 3rd Quarter Purchasing Non-Competitive and Cooperative Report was received and filed.

VIII. Unfinished Business – Staff Recommendations: None

IX. New Business – Staff Recommendations:

A. Board action #22-50 (Revision 2) – Standard Cost Allocation Consulting Services Ms. S. Durant, VP of Finance reporting. This 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 whit 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 $74,625.00. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Parker approval of BA#22-50 (Revision 2) to Full Board. There was no further discussion. **Motion carried.**

X. Good and Welfare/Public Comment

The Chair read the Good and Welfare/Public Comment statement. There was no Good and Welfare/Public comment.

XI. Adjournment – There being no further business, the Chair, Ms. Brown, called for a motion to adjourn. **Motion: It was moved by Mr. Parker 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

1. Schedule meeting to discuss School Success Initiative Program and provide prior and current standard of the assessments that are being used.
2. Provide operationalize report that demonstrates savings and include any reduction in services.
3. Review the portfolios of the Investment Managers for similarities in purchases.

PROGRAM COMPLIANCE COMMITTEE

MINUTES **AUGUST 12, 2026** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Angelo Glenn, Program Compliance Committee Chair at 1:10 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 (Virtual), Angelo Glenn, William Phillips, and Dr. Cynthia Taueg **Board Members:** Commissioner Jonathan Kinloch, Board Chair and Ms. Kenya Ruth **SUD Board Members:** Tom Adams, SUD Oversight Policy Board Member (Virtual) **Staff:** Yvonne Bostic; Dr. Darrin Crawford; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Erik Hutchison; Dawn Ison; Kathryn Mancani; Emily Patterson; Cassandra Phipps; Stacey Sharp; April Siebert; Manny Singla; Yolanda Turner; James White; Rai Williams; Grace 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 Mr. Phillips and supported by Dr. Taueg 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. **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, Director of SUD Initiatives, reported that the proposed two-year project budget totals $1,280,000, with annual expenditures of $640,000. Budgeted funds are allocated as follows: Salaries - $305,625.57 (Annual Amount)/ $611,251.14 (Two-Year Total); Benefits - $27,114.00 (Annual Amount)/$54,228.00 (Two-Year Total); Other Expenses/Client Services – $307,260.43 (Annual Amount)/$614,520.86 (Two-Year Total); Total Budget - $640,000.00 (Annual Amount)/$1,280,000.00 (Two-Year Total). The Leg Up Client Services include mentorship, treatment assistance, housing assistance, clothing assistance, legal services for traffic-related issues, vital documentation, transportation assistance, or up to $1,000 toward the purchase of permanent transportation. 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 July 8, 2026, meeting minutes. **Motion:** It was moved by Dr. Taueg and supported by Mr. Phillips to approve the July 8, 2026, meeting minutes. Mr. Glenn asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

DISCUSSION/ CONCLUSIONS

A. **Chief Medical Officer** – *Deferred to the September 9, 2026 Program Compliance Committee meeting*

B. **Corporate Compliance—** *Deferred to the September 9, 2026 Program Compliance Committee meeting.*

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center, submitted and gave highlights of the Access Call Center's quarterly report. It was reported that:

1. **Activity 1: Staffing and Training -** The Access Call Center is made up of 3 units, Access Call Center Representatives (ACCR), Access Call Center Clinicians and Access Call Center SUD Techs. These 3 units work together to handle the calls that come through # 800-241-4949. The Access Call Center staff engage in monthly department meetings and monthly unit meetings where they learn more about the other DWIHN internal departments, in-network providers and services offered through DWIHN and engage in trainings to improve screening, diagnostic and customer experience skills. During April – June 2026, staff participated in internal department overviews, trainings, Community Partner meetings and Policy and Procedure Reviews. This month was focused on Zero Suicide Framework (DWC virtual). During

this quarter, the Call Center maintained a 95% staffing level, scaling up to 97% in July. Overtime and contingent staff are used to fill in vacancies and achieve set goals and goals.

2. **Activity 2: Call Center Performance-Call Detail Report –** Incoming Handled calls are first addressed by DWIHN Access Call Center Representatives, who inquire about the reason for the call and collect demographic information. Then the call is transferred to a screener (MH/SUD), another DWIHN department, Crisis Line, DWIHN in-network provider, or other community resource, based on their need. The MDHHS Standards and Call Center Performance for FY26, Q3 (April to June 2026) were met. In an annual comparison of the 3rd Quarter FY 2025 (1.0%) to the 3rd Quarter FY 2026 (1.0%) abandonment rate, there was no change. Service level improved by 4%, and average speed to answer improved by 4 seconds.
3. **Activity 3: Appointment Availability –** In comparison to FY 2025 to FY 2026 there was an increase in appointment availability for MH services scheduled within 14 days (approx. 5% and an increase for routine SUD intake appointments (approx. 3%). In the same 2nd quarter annual comparison was decrease in appointment availability for hospital discharge follow-up appointments scheduled within 7 days of discharge (approx. 4%). Access Call Center staff call/email providers to request additional appointment slots to help meet the 7- or 14-day requirements. Representatives from the quality department, Children / Adult Initiatives, Integrated Care and Access Call Center have 30–45-day meetings with the MH CRSP providers to identify barriers and discuss interventions. This same process will be used with SUD providers to identify strengths and weaknesses and develop interventions as needed.
4. **Plans and Projects -** Update training curriculum to increase clinical screening skills around LOCUS, ASAM, Differential Diagnosis, Developmental/Intellectual Symptomology, De-escalation, Problem Solving and Suicide Risk Assessment. Utilize new features of DWIHN's Genesys phone system (Workforce, Knowledge Base, Satisfaction Surveys) to: Improve Data collection, analyze call trends & staff performance and perform caller satisfaction surveys. Continued recruitment to fill vacancies.

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

B. **Managed Care Operations –** Rai Williams, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations' quarterly report. It was reported that:

1. **Activity 1: Credentialing –** For Q3, there were 361 applications reviewed and 347 applications were approved by the Credentialing Committee.
   Throughout the third quarter, the credentialing team sustained a high level of productivity and quality across all core functions. Staff collectively reviewed and processed hundreds of initial, recredentialing, provisional, and expansion files each month while maintaining a near zero denial rate, and completed monthly NCQA audit activities on schedule in April, May, and June. Significant accomplishments included consistent completion of expansion requests, timely preparation of credentialing files for committee review, completion of scheduled provider site visits, and delegation oversight. Credentialing volume has remained consistently high across FY 24 and FY 25, with 1,301 and 1,274 files approved, respectively. FY 26 has now reached 787 approved files throughout FY 26, consistent with expansion requests, onboarding of new providers' staff, and ongoing staff qualification monitoring. Decision timeliness continues to exceed regulatory expectations. The average time from complete and accurate application to committee decision was

approximately 29 days in Q1 and 34 days in Q2, well within the MDHHS guideline of 90 days from application submission. All 36 practitioner recredentialing applications and all 42 organizational recredentialing in Q1 and Q2 were completed within the required 3-year cycle. The team also hosted more than 60 credentialing meetings and technical assistance calls each month.

2. **Activity 2: New Provider Changes to the Network/Provider Challenges –** For Q3, there were 61 contract expansion requests received, 42 providers approved at the Access Committee meeting, three (3) new providers, and 108 providers processed. Significant efforts included a MHWIN data cleanup project, which updated hospital records and Medicaid provider types, and continued execution of the targeted, RFP driven recruitment model with close monitoring of network adequacy to identify genuine provider needs. Leadership also advanced key infrastructure initiatives, including development of KPIs for Provider Network Managers, implementation of Clinical Vetting Recommendation forms to strengthen the provider vetting process, and ongoing migration of departmental files to SharePoint and SOPs to PolicyStat. We hosted three In-person training sessions for Providers on the Electronic Quarterly Contract Status Reports. 104 participants showed up to the Woodward building for assistance. Additionally, we updated the New Provider Orientation PowerPoint presentation as well to support providers entering the DWIHN system. The MDHHS Network Adequacy Report was completed and submitted on time on April 30, 2026, through a cross departmental effort involving ELT, IT, Clinical, and Quest Analytics, and the HSAG Network Adequacy Validation audit tool was submitted with the audit underway. Additionally, the team launched the Provider Network Dashboard pilot, a centralized tool that tracks new provider inquiries and expansion requests, mirrors the onboarding workflow, and incorporates service level agreements. The dashboard is currently piloting with the most recent expansion requests, with trend analysis to follow after several months of data collection. Provider inquiry tracking is in development to build a single applicant pool for monitoring network needs and forecasting growth, and supporting SOPs have been drafted; once approved, the dashboard will be shared with other departments seeking real-time status updates on their providers.
3. **Activity 3: MCO Provider Satisfaction Survey** - For Q3, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 29 responses. Managed Care Operations provider satisfaction survey continued to show strong engagement in the third quarter, with 29 responses received, an increase of 20.8% over the 24 responses collected in Q3 of the prior fiscal year, bringing cumulative participation to 191 responses since the survey launched in February 2025. Providers rated the team 4.55 in professionalism, 4.58 in courtesy, 4.55 in responsiveness, and 4.30 in knowledge on a 5 point scale, with 93.1% of respondents reporting contact within 2 to 3 business days. While these results reflect a modest decline from an exceptionally strong prior year baseline, the decrease is concentrated in a small number of individual responses; the substantial majority of respondents rated the team at or above 4.5 across all domains, and written feedback remained overwhelmingly positive, with providers highlighting timely communication, cross departmental coordination, and effective problem resolution. It is also important to note that this quarter included major network announcements regarding rates and process changes, and communications of this magnitude naturally influence provider sentiment

during the survey period, which is reflected in the quarter's scores. Survey feedback identified new provider onboarding and training as the clearest opportunity for improvement, with several respondents requesting more structured orientation, clearer guidance on forms and policies, and additional training on credentialing processes and MHWIN.

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested the percentages of credentialed providers and organizations headquartered in Wayne County, and of their employees who reside in Wayne County. ***(Action)***

C. **Health Homes** – Emily Patterson, Director of Health Homes and Special Projects, submitted and gave highlights of the Health Homes quarterly report. It was reported that:

1. **Activity 1: Behavioral Health Home (BHH) Pay-for-Performance: FUH-7 Improvement Plan -** As previously reported, the BHH program did not meet the Follow Up After Psychiatric Hospitalization (FUH-7) Pay for Performance measure last fiscal year, FY2025. The Health Home team performed a deep dive on all people who counted toward this measure to determine a root cause. The critical factor in not meeting the measure was that follow-up was occurring, but with service codes that do not count toward meeting the HEDIS standard the state follows for FUH-7 (for example, targeted case management does not meet this measure). The Health Home team created an action plan focused on re-educating the BHH providers and monitoring measures to ensure this measure is met in the future. For FUH-7 FY26 Status by Provider, the DWIHN BHH providers are currently on track to meet this measure (benchmark 50%); we are monitoring closely. The following action plan steps have been completed: a resource toolkit on HEDIS measures, specifically the FUH-7 specifications, was shared with the BHH providers. Individualized FY2025 reports for each provider, listing individuals in their Health Home program who did and did not meet the FUH-7 measure, and why, were supplied to each BHH provider. The Health Home team hosted training on June 23rd on this measure to debrief on FY2025 results and educate provider partners on how to meet this measure in the future. The Health Home team is attending existing 45-day provider meetings with DWIHN Quality and MCO to focus BHH providers on their FUH-7 performance.
2. **Activity 2: Special Projects Update: Two MH-WIHN Record Review Projects - Mild to Moderate Individuals:** Evaluation and Transfer of Care when appropriate for people with a mild to moderate level of assessed need (based on LOCUS or MichiCANS score). DWIHN Finance identified individuals with a mild/moderate assessed need were receiving DWIHN services, which prompted this project to investigate further. Mild to moderate individuals remaining in DWIHN services indicated a breakdown in step-down transfer of services to the Medicaid Health Plans (MHPs) and raises a concern regarding funding. **Open Consumers/No Service:** People who are inactive but have an open care episode in MH-WIN. In addition, MDHHS contacted the PIHPs instructing us to close out "dangling admissions" tied to the Behavioral Health Treatment Episode Data Set (BH-TEDS) admissions. BH-TEDS is being phased out in FY2027 for the more streamlined Mental Health Client Level Data (MHCLD). **Mild to Moderate Individuals**: 191 people fully closed, 731 ABD letters in process, 662 people confirmed need to remain open after provider consultation. **Open Records of Inactive People:** The task force membership has closed 752 records since launch on July 14th, 2026.

Mr. Glenn opened the floor for discussion. Discussion Ensued. The committee requested the underlying cause/a medical reason for psychiatric hospitalization considered for the FUH-7 HEDIS measure, and has the analysis been performed to determine if Health Home participation results in better outcomes for people. ***(Action)***

D. **Residential Services** – Kathryn Mancani, Interim Director of Residential Services, submitted and gave highlights of the Residential Services' quarterly report. It was reported that:

1. **Activity 1: Maintaining Updated Residential Assessments -** Throughout the third quarter, the Residential Services Department continued the process of ensuring that all new and existing members have up-to-date Residential Assessments. Each member receiving Residential Services should have an assessment completed annually or at any time there is a change in the member's condition. It is important that each member has an up-to-date Residential Assessment to ensure that they receive medically necessary services that match their needs and abilities. Throughout the third quarter, the Residential Services department completed 1,155 Residential Assessments; 551 were completed with Adults with Mental Illness (AMI), and 604 assessments were completed with Individuals with Intellectual and Developmental Disabilities (I/DD). In the month of June, the Residential Services Department met with Clinically Responsible Service Providers (CRSP) to conduct a clinical alignment of documentation training. This training ensured that the needs identified in a member's Residential Assessment are carried over into the member's Individual Plan of Service (IPOS) and other clinical documents. The Residential Services Department sends out monthly Individual Plan of Service (IPOS) reports to Clinically Responsible Service Providers (CRSP) indicating which member's IPOS is coming due within the next ninety (90) days. This ensures case holders align the IPOS with the Residential Assessment. An email is also provided to each case holder to inform them when an assessment is scheduled so they can be present.
2. **Activity 2: Monitoring Residential Assessment Trends -** After reviewing the data presented, the Residential Service Department is working to make modifications to the current Residential Assessment to make it more of an evidence-based Assessment. Some best practices under consideration are to ensure appropriate LOCUS with incorporated structure for risk assessment and behavioral needs. This will ensure the best clinical outcomes in improving the Residential Assessment to better meet the clinical needs of the members, such as environment accessibility, independence, and members' specific person-centered treatment needs. The Residential Services Department is reviewing other evidence-based assessments within the network to use as case samples to make modifications to current Residential Assessment. Create updated evaluation that is a standardized questionnaire with automated rating scale to match best practices identified. The data shows that a small percentage (20%) of residential assessments were increased by DWIHN staff the course of the last three FY 24-26. Each increase was due to increased medically necessary and clinically appropriate needs of the members. The Residential Services Department will work on training DWIHN staff to make sure everyone is assessing the same way that is clinically appropriate to ensure accuracy of utilization of the updated standardized questionnaire and rating.
3. **Quarterly Update -** The Residential Services Department continues to work in coordination with the Information Technology (IT) Department to make

the Residential Progress Note electronic for Home Provider use. IT is working to incorporate the functionality within MHWIN, and it is anticipated this will occur in the near future. This will ensure the best clinical outcome by ensuring Home Provider compliance in completing daily progress notes and it will allow the Residential Services Department to audit the notes to ensure the clinical needs are being addressed with the member.

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

E. **Substance Use Disorder (SUD) Initiatives –** Matthew Yascolt, Director of SUD Initiatives, submitted and gave highlights of the SUD Initiatives' quarterly report. It was reported that:

1. **Activity 1: Analysis of Withdrawal Management Recidivism -** Withdrawal management refers to the medical and clinical stabilization of members experiencing the acute physical and psychological symptoms of ceasing substance use. It serves as a critical step for the best clinical outcome to safely clear substances from the members body and prepare the member for ongoing treatment. This analysis is a trend analysis of the rate of incomplete withdrawal management treatment episodes that were for less than three days – indicating that the member was either terminated from care, left care against medical advice or were medically discharged. The best rate on record was from FY2022 at 17%. The rate has steadily increased – our root cause analysis later in this presentation has interventions that the team has already implemented as well as planning to include to further strive for lower recidivism/the best clinical outcome for these members. This trend analysis measures the rate at which members return to withdrawal management within a one-year timeframe indicating that the member needed another care episode of withdrawal management and subsequently had a relapse that triggered it. The lowest recidivism rate was in 2022 and 2024 at 23% - currently at 26% planning to or already implementing interventions from the forthcoming root cause analysis. Interventions supporting barriers identified in the root cause analysis include educating the SUD service provider network on population risk factors associated with leaving AMA/incomplete treatment episodes. All treatment providers were presented with population risk factors during the July Treatment Provider meeting. Discussion and reviews will continue throughout Treatment Provider Workgroup meetings. Notify service providers with high rates of members leaving AMA, and provide direct, specific training and education on the impact of recidivism, along with guidance on best practices for better clinical outcomes. Investigate the aftercare planning process, identify providers with higher utilization of services following withdrawal management episodes, and seek to replicate aftercare services offered and identify best practices. Environmental reviews have been implemented, in which we score the service provider based on the cleanliness of their facilities, meals, living arrangements, and accommodations for members. Charitable choice compliance (menu, culturally appropriate care), allowing members of different faiths and spiritualities to feel welcome and comfortable in the residential program.
2. **Activity 2: Analysis of Level of Care Progression from Withdrawal Management -** To ensure better clinical outcomes for members, the SUD department has begun to implement the root cause analysis interventions, listed above, to positively impact the trends of withdrawal management recidivism and AMA rates (treatment discontinuation) and subsequently increase utilization of lower levels of care. The department will continue to implement interventions listed in the root cause analysis to pinpoint system bottlenecks and shift operational focus from expensive, revolving-door crisis

intervention to long-term, sustainable recovery outcomes. We have provider capacity to deliver comprehensive, multi-step transition plans for members following withdrawal management, so we need to ensure that clinical care is person-centered and meets the unique needs of each member as they transition through treatment and maintain engagement in the recovery process.

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested that future reports provide a breakdown comparison of the differences between the age, if it is their first failure, are they polypharmacy rather than just one drug of choice, employed or not, and if they have family structure. ***(Action)***

Mr. Glenn noted that the Access Call Center, Managed Care Operations, Health Homes, Residential Services, and Substance Use Disorder Initiatives' 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)

A. **QAPIP Work Plan FY26 Update** – April Siebert, Director of Quality Improvement, submitted and gave an update on the QAPIP Work Plan FY26. It was reported that:

1. **Activity 1: Behavioral Treatment Survey Results** – On March 31, 2026, DWIHN launched its first Behavioral Treatment Satisfaction Survey initiative, led by our Senior Psychologist. We distributed 682 surveys to gather valuable feedback from members regarding their experiences with behavioral treatment planning. By the submission deadline of May 31, 2026, we received 126 complete surveys. The results will be used to identify targeted improvements in our behavioral treatment planning services. Overall member satisfaction was high, with an average score of approximately 85%. The strongest areas of performance included feeling positively supported (86%), being treated with dignity and respect (87%), and members reporting that their goals were viewed as important (86%). Members' understanding of the purpose of behavioral treatment services (80.98%) and their involvement in decisions about their services (82%). **Action Steps:** Develop clear, plain-language materials explaining treatment purpose and shared decision-making; Improve provider documentation of member involvement in treatment decisions; train providers on consistent communication, goal alignment, and member engagement techniques; Implement new member-facing materials and shared-decision practices across the network; and monitor progress through member feedback, documentation audits, and future survey results.

DISCUSSION/ CONCLUSIONS

2. **Activity 2: HEDIS Performance** – HEDIS performance is continuing to improve, with eight measures showing upward trends. These include the 30-day follow-up for both adults and children, the 7-day follow-up for adults and children, ADD continuation, APM, and SSD, all of which

demonstrate significant progress in follow-up coordination and in metabolic and diabetes monitoring. However, there are still six measures that need attention for further improvement. These include the 30-day follow-up for adults and children, ADD initiation, APP, and SAA. To support performance in these areas, targeted interventions have been implemented, including provider-specific Corrective Action Plans (CAPs), technical assistance to strengthen documentation workflows, improved discharge notification processes, dedicated scheduling support for timely follow-up appointments, expansion of ADT matching accuracy, and enhanced pharmacy outreach and care manager coordination to address missed medication refills and adherence challenges. These strategies aim to reduce scheduling barriers, improve timely post-discharge engagement, and strengthen medication continuity across the network.

3. **Quality Activities** - DWIHN successfully completed its HSAG Performance Measure Validation (PMV) and Network Adequacy Validation (NAV) review on July 21, 2026. The assessment proceeded exceptionally well across all reportable domains, demonstrating strong organizational readiness and sustained quality performance. Preliminary results are anticipated on or before September 1, 2026.

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

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. **Adults Initiatives** – Clinical outcomes: Of the 92 members whose Assisted Outpatient Treatment (AOT) ended in July 2026, 60.9% were actively engaged in treatment, 19.6% were initially engaged and later became unengaged, and 13% were never engaged. There were two members who moved out of the county, and one member in a secure facility. Adult Initiatives has also been working with several schools, providing services to our members with intellectual and developmental disabilities (IDD) and assisting with the transition of members who are graduating and no longer receive children's services
2. **Autism Services** - Two main areas in improving autism services: Access & Referral Oversight and Provider Capacity Analysis. The new Autism Pathway Preference Form identified 228 members who have completed the diagnostic evaluation and are requesting autism services. Furthermore, ABA provider capacity, quality scores, and geographic coverage in relation to members were analyzed, which resulted in two zip codes in the northwest Detroit area.
3. **Children's Initiatives** – During the month of July 2026, the Children's Initiative Department focused on two key priorities: improving hospital discharge follow-up appointments and the delivery of home-based services.
4. **Integrated Health Care** - CCM, aimed at enhancing members' quality of life by connecting them to community resources, has seen CRSP engagement rise from 33% to 94% post-discharge. OBRA processed 666 referrals in July, completing 234 assessments, with a 100% agreement rate from MDHHS on clinical determinations.
5. **PAR Services** – After the first 4 months of adult screenings and after the first month of child screenings, PAR Services continues to ensure timeliness of these assessments, maintaining the state standard of 95% or above that have been screened within 3 hours.
6. **Utilization Management** - This month, the Utilization Management Department strengthened network service utilization oversight through interdepartmental

collaboration on clinical practice guidelines and CMS-aligned workflows, while the Habilitation Supports Waiver (HSW) program sustained 99.2% slot utilization, expanded capitation payment monitoring, continued provider training, and prioritized high-need applications in response to the MDHHS enrollment freeze.

Mr. Glenn opened the floor for discussion. Discussion ensued. 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 #26-03 (Revised 3) – Children's Initiatives FY26 Waiver Services** – Staff requesting board approval for the revision of the 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. The new providers are Leaders Advancing and Helping Communities (LAHC)-Dearborn and MidSouth Development-Dearborn. There is no change in the estimated funding for FY26, Children's Waiver ($2,389,645.00) and SED Waiver ($2,086,207.00). Mr. called for a motion on BA #26-03 (Revised 3). **Motion:** It was moved by Dr. Taueg and supported by Mr. Phillips to move BA #26-03 (Revised 3) to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried.**

B. **BA #26-13 (Revised 3) – Substance Use Disorder (SUD) Prevention Provider Network FY26 – LAHC PA2** – Staff requesting board approval to add $300,000.00 of PA2 Funds to LAHC SUD prevention program. The revised SUD PA2 prevention allocation is not to exceed $3,341,998.00 and the revised total SUD prevention program is not to exceed $6,925,484.00 for the fiscal year ended 9/30/26. Contract terms remain the same. Mr. Glenn called for a motion on BA #26-13 (Revised 3). **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Taueg to move BA #26-13 (Revised 3) to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**

C. **BA #26-46 (Revised 3) – MI Coordinated Health Highly Integrated Dual Eligible-Special Needs Plan (MI HIDE-SNP) FY26** – Staff requesting board 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 Center, 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. Medicaid-eligible services for HIDE-SNP members are provided by our provider network, and these costs were included in the board-approved Provider Network board action. The same provider network provides Medicare benefits to the members. Mr. Glenn called for a motion on BA #26-46 (Revised 3). **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #26-46 (Revised 3) to Full Board for approval. Mr. Blackwell abstained. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS

There were no New Business (Staff Recommendations) to review this month.

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS

There was no Good and Welfare/Public Comment to review this month.

Action Items	Responsible Person	Due Date
1. **Managed Care Operations Quarterly Report –** Provide the percentages of credentialed providers and organizations headquartered in Wayne County, and of their employees who reside in Wayne County.	Rai Brown	***November 12, 2026***
2. **Health Homes & Special Projects' Quarterly Report –** Provide the underlying cause/a medical reason for psychiatric hospitalization considered for the FUH-7 HEDIS measure, and has the analysis been performed to determine if Health Home participation results in better outcomes for people?	Emily Patterson	***September 9, 2026***
3. **Substance Use Disorder (SUD) Initiatives' Quarterly Report –** In future reports, reports provide a breakdown comparison of the differences between the age, if it is their first failure, are they polypharmacy rather than just one drug of choice, employed or not, and if they have family structure.	Matthew Yascolt	***Future Reports***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Commissioner Kinloch to adjourn the meeting. **Motion carried.**
ADJOURNED: 3:06 p.m.
NEXT MEETING: Wednesday, September 9, 2026, at 1:00 p.m.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-18 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Long Insurance Services, LLC

Contract Title: FY27 Professional Liability Insurance

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 9/14/2026

Proposed Contract Term: 8/26/2026 to 8/26/2027

Amount of Contract: $ 720,871.25 Previous Fiscal Year: $ 597,562.73

Program Type: Continuation

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

Date Contract First Initiated: 8/26/2019

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) requested and received exigent approval of a Comparable Source Contract between DWIHN and Long Insurance Services for Professional Liability and Excess Liability Insurance Policy. Long Insurance Services is the Broker, and bound professional liability and excess liability insurance policy through Coverys Speciality Insurance Company. The policy will provide professional liability coverage of $3,000,000 per occurrence and $5,000,000 in the aggregate. The policy will provide excess professional liability coverage of $5,000,000 per occurrence and $5,000,000 in the aggregate.
The cost of the premium inclusive of taxes and fees is $720,871.25

The contract will not exceed $720,871.25 and will have a term of August 26, 2026, through August 26, 2027.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
MULTIPLE	$ 720,871.25	$ 720,871.25

	$ 0.00	$ 0.00
Total Revenue	$ 720,871.25	$ 720,871.25

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64922.911000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

9/4/2026 12:18:13 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

9/3/2026 4:47:32 PM

Board Action #: 27-18

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 26-12R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Treatment: Naloxone and Overdose Prevention Supplies

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/9/2026

Proposed Contract Term: 9/16/2026 to 9/30/2026

Amount of Contract: $ 5,838,897.00 Previous Fiscal Year: $ 6,468,023.00

Program Type: Continuation

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 9/16/2026

Provider Impaneled (Y/N)? Y

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

This revised board action is requesting the approval to add Medea, Inc. to the vendor list to provide narcan supplies as the vendor was "TBD" on the initial allocation grid.

The Procurement Department utilized a competitive Invitation for Bid (IFB) process to identify a qualified distributor:

- **Solicitation Posting Period:** 13 Days
- **Notifications Disseminated:** 1,302 Notices Sent
- **Bids Received:** 6 Bids

The proposal submitted by Medea, Inc. (https://medeausa.com/) was determined to be both responsive to the technical specifications outlined in the IFB and financially responsible. Medea, Inc. is an established, licensed national wholesale drug distributor with extensive experience partnering with regional healthcare entities and municipalities to manage large-scale pharmaceutical distribution and harm-reduction deployments.

Selecting Medea, Inc. allows DWIHN to optimize local SUD program dollars, achieving a cost savings of $3,720 over the next lowest bidder (Overdose Kits LLC) and $1,467,950

over the highest bidder (LAB-XPERTS LLC). In addition, the board action is reallocating Healing and Recovery Opioid Settlement (HROS) funds to Chance for Life The Leg Up Program totaling $400,000. MDHHS approved the DWIHN opioid settlement program as the grant was at risk of lapsing/unspent grant funds due to lack of provider spending their allocated funds.

Total SUD Treatment allocations will not to exceed $5,838,897 for the FYE 2026. Funds may be distributed amongst providers as needed.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Block Grant	$ 3,211,947.00	$ 3,211,947.00
PA2	$ 2,626,950.00	$ 2,626,950.00
Total Revenue	$ 5,838,897.00	$ 5,838,897.00

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 Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-25R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Floyd E. Allen & Associates, PC

Contract Title: The Allen Law Group PC

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 9/14/2026

Proposed Contract Term: 10/1/2025 to 9/30/2027

Amount of Contract: $ 270,000.00 Previous Fiscal Year: $ 270,000.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network ("DWIHN") is requesting to extend the Agreement between DWIHN and the Allen Law Group for one year and add $270,000 which brings the total not to exceed to$540,000 for the two (2) year period 10/01/2025 to 09/30/2027.

The Allen Law Group has a unique understanding of DWIHN's business and provides expertise in employment law, labor negotiations and other projects as assigned. In addition to transactional legal matters, ALG continues to assist in matters related to standing up the Crisis Center, litigation and arbitration support as needed, Labor negotiations, employment matters, etc. ALG will continue to supplement the Legal Department and has agreed to a monthly flat rate fee for agreed upon non-litigation matters. ALG will provide DWIHN with access to at least two (2) attorneys under this Agreement. The flat rate results in major cost savings to DWIHN.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
MULTIPLE	$ 540,000.00	$ 540,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 540,000.00	$ 540,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64916.814000.00000

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 #: 26-25R

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 26-54R Revised: Y Requisition Number: -2

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: HUD Permanent Supportive Housing (PSH) 2025 Grant Year

Address where services are provided: 8131 E. Jefferson Avenue, Detroit MI 48214__

Presented to Program Compliance Committee at its meeting on: 9/9/2026

Proposed Contract Term: 8/1/2026 to 7/31/2027

Amount of Contract: $ 516,364.00 Previous Fiscal Year: $ 516,364.00

Program Type: Continuation

Projected Number Served- Year 1: 330 Persons Served (previous fiscal year): 314

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)? N

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

This Board Action is requesting a revision to the previously approved HUD Continuum of Care (CoC) grant award to reflect a change in subrecipient for the Permanent Supportive Housing program originally awarded to Wayne Metro Community Action Agency. DWIHN has transitioned the program to **Samaritas**, which will assume responsibility for administering the PSH program and associated grant funds. This housing provider is brand new to DWIHN and has not been added to Cobblestone yet. The organization is not yet credentialed. This revision is intended to ensure continuity of housing assistance and services for existing program participants during the transition between providers.

There is no increase to the previously approved total HUD grant award of $516,364. or the total Board-approved amount not to exceed $516,364, inclusive of required match funds.

Note: Funds may be redistributed amongst providers up to the approved not to exceed amount without Board approval.

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

Source of Funds: HUD

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
HUD grant funds	$ 516,364.00	$ 516,364.00
	$ 0.00	$ 0.00
Total Revenue	$ 516,364.00	$ 516,364.00

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 #: 26-54R

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-01 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2027 Operating Budget

Address where services are provided: None

Presented to Finance Committee at its meeting on: 9/2/2026

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

Amount of Contract: $ 1,274,124,047.00 Previous Fiscal Year: $ 1,302,211,571.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2026

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval of the FY 2027 Operating Budget for an estimated amount of $1,274,124,047. The amount includes significant budget assumptions for a FY26 rate amendment and FY27 actuarial rates. The amount does not include the additional Medicaid in anticipation of the January 1, 2027 minimum wage increase of $1.28/hr., historial member growth, and the impact of the new reporting requirements for HMP.

The FY 2027 Operating Budget consists of the following revenue:

- $996,087,772 - Medicaid, HAB, DHS Incentive, Medicaid-Autism, Children's/ SED Waiver, HRA and IPA tax;
- $178,759,981 - Healthy MI Plan, HRA and IPA tax;
- $12,338,061 - MI Coordinated Health (MICH) formerly MI HealthLink;
- $21,460,901 - State General Funds;
- $21,686,447 - Wayne County Local Match Funds and PBIP;
- $5,274,976 - County PA2 Funds;
- $862,375 - Local grants;
- $9,944,107 - State Grants (MDHHS/ MDHHS SUD, OBRA);
- $23,798,427 - Federal Grants (MDHHS/ MDHHS SUD, SAMHSA);
- $3,760,000 - Interest Income; and
- $151,000 - Miscellaneous Revenue.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 26/27	Annualized
MULTIPLE	$ 1,274,124,047.00	$ 1,274,124,047.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,274,124,047.00	$ 1,274,124,047.00

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 #: 27-01

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-03 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY 2027 Behavioral Health Homes

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 2,292,786.00 Previous Fiscal Year: $ 2,044,480.00

Program Type: Continuation

Projected Number Served- Year 1: 1,200 Persons Served (previous fiscal year): 912

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)? Y

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

This Board Action is presented to request continuation of Behavioral Health Home (BHH) Services in Wayne County with the following existing BHH providers: Arab Community Center for Economic and Social Services (ACCESS), Community Living Services, The Guidance Center, Hegira Health, Inc., Neighborhood Service Organization, Psygenics, Inc., and Team Mental Health Services (DBA Team Wellness Center).

The providers listed submitted a BHH certification packet which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certifications were reviewed and approved by DWIHN's Health Home Director. The certifications outline the provider's ability to meet BHH organizational and program requirements. Topics addressed in the certifications include confirming providers meet basic MDHHS and Medicaid requirements.

The total amount for FY 2027 approximates $2,292,786. This amount is estimated based on prior year activity and is 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): N

Revenue	FY 26/27	Annualized
Medicaid	$ 2,292,786.00	$ 2,292,786.00
	$ 0.00	$ 0.00
Total Revenue	$ 2,292,786.00	$ 2,292,786.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64939.827050.00000

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 #: 27-03

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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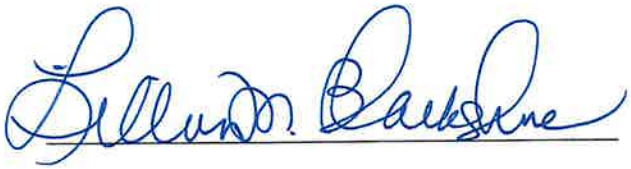
Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-04 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY 2027 SUD Health Homes

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 2,107,823.00 Previous Fiscal Year: $ 1,924,883.00

Program Type: Continuation

Projected Number Served- Year 1: 1,200 Persons Served (previous fiscal year): 1000

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)? Y

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

The DWIHN Health Homes team is requesting approval to renew and continue the SUD Health Home Statement of Work at the following service providers to continue SUD HEalth Home (SUDHH) services in Wayne County: Hegira Health, Nardin Park Recovery Center, New Light Recovery Center, Mariner's Inn, Elmhurst Home, Sacred Heart, Sobriety House, Star Center, and the Guidance Center. MDHHS provides separate Medicaid dollars for the Health Home prgrams thus funding is not a part of the PIHP Medicaid captiation funding model.

The total amount for FY 2027 approximates $2,107,823. Thsi amount is an estimate based on prior year activity and is 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): N

Revenue	FY 26/27	Annualized
Medicaid	$ 2,107,823.00	$ 2,107,823.00
	$ 0.00	$ 0.00
Total Revenue	$ 2,107,823.00	$ 2,107,823.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64938.827040.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 27-04

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-06 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: ARC Detroit

Contract Title: FY27 ARC Detroit, ARC Northwest Wayne County, & ARC Western Wayne County

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 599,397.00 Previous Fiscal Year: $ 599,397.00

Program Type: Continuation

Projected Number Served- Year 1: 5,500 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting to enter into an Agreement for the following services with the vendors: Guardianship Alternatives Information Network (GAIN), After I'm Gone, Lekotek, Take Charge Helpline, Advocacy and Community Awareness, and Advocacy, Education and Systems Navigation. Partnering with the ARCs will ensure stakeholders in the design, delivery and evaluation of the public mental health system and ensure active engagement. The services will improve the quality of support and services for consumers integrating into the community and accessing support. Approval of these contracts will allow continuation of service to this underserved population, to ensure active engagement. Funding allocated to each provider is as follows:

ARC of Northwest Wayne County (ARC NW) - $296,101

- The After I'm Gone Program - $134,220 Assists families in planning for the future, when family members are no longer able to provide help.
- Guardianship Alternatives Information Network (GAIN) - $56,552 Offers information about guardianship and legal alternatives to guardianship for consumers, parents, and mental health professionals.
- The Lekotek Program - $105,329 Provides families with monthly individual play sessions with their child to explore toys and play for children with disabilities.

ARC of Western Wayne County (ARC WW) - $185,927

- The After I'm Gone Program - $56,377 Assists families in planning for the future when family members are no longer able to provide help.

- The Take Charge Helpline - $129,550 Developed to address concerns of parents and children, and adults with I/DD. The Helpline broadens the geographical reach to consumers and the community, to engage, inform and encourage. The website is a portal to general information on mental health and disability related topics.

ARC of Detroit - $117,369

- The Advocacy and Community Awareness Program will engage and assist individuals who are I/DD and their families to develop skills and provide access to information, promoting individual growth and family well-being

Funding for this request is not to exceed $599,397.00 for the fiscal year ending September 30, 2027.

The proposed contracts will provide advocacy, supportive services, and educational information by addressing issues facing persons with intellectual disabilities (I/DD). The contract further targets supporting family members, and the community through advocacy and information the design and delivery of the programs will ensure active engagement and coordination in the mental health system.

The ARC NW, ARC WW and ARC Detroit is recommended based on their expertise, experience and advocacy for people with disabilities. The ARCs have over a rich sixty-year history of advocacy and accomplishments for people with disabilities. They continue to carry out the mission and vision and continue to alter perceptions and to educate consumers, parents and the community.

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

Source of Funds: Local Funds

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
Local funds	$ 599,397.00	$ 599,397.00
	$ 0.00	$ 0.00
Total Revenue	$ 599,397.00	$ 599,397.00

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:

Board Action #: 27-06

James White, Chief Executive Officer

Signature/Date:

James White

9/8/2026 5:54:09 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

9/7/2026 4:00:25 PM

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-08 Revised: N Requisition Number: 0

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY27 Jail Diversion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 1,305,000.00 Previous Fiscal Year: $ 1,305,000.00

Program Type: Continuation

Projected Number Served- Year 1: 3,400 Persons Served (previous fiscal year): 3200

Date Contract First Initiated: 10/1/2026

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 is requesting a continuing contract with the following providers for jail diversion programs: Central City Integrated Health (CCIH) - Homeless Outreach; CNS Healthcare - Co-Responder Program; Team Wellness - Co-Responder Program and City of Southgate 28th District Court Regional Veterans Treatment Court. The total amount is not to exceed $1,305,000 of which $905,000 will be allocated to providers with the remaining $400,000 allocated to DWIHN to fund Behavioral Health Specialists. Funding breakdown is as follows:

$225,000 Central City Integrated Health: CCIH is continuing with Detroit Homeless Outreach (DHOT) program, to bridge the gaps that exist between the police, homeless, and service providers.

$300,000 CNS HealthCare and $300,000 Team Wellness: Providers CNS Healthcare and Team Wellness will continue a Co-Response Program model in multiple precincts within the Detroit Police Department. The program is founded on the basis that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis.

$80,000 Southgate 28th District Veterans Court: The City of Southgate 28th District Court Downriver Regional Veterans Treatment Court is a jail diversion program for individuals who have served in the United States Armed Services. Participants will receive mental health treatment; peer support; judicial supervision; medication; job placement; and education.

$400,000 DWIHN Staffing (salaries and fringes): Behavioral Health Specialists will be allocated to local police departments to assist in patrolling hot spot locations frequented by homeless, with mental health or substance abuse issues.

Funds can be reallocated amongst providers should the need arise so long as the total does not exceed $1,305,000 for the fiscal year ending September 30, 2027.

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

Source of Funds: Medicaid,General Fund

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Multiple	$ 1,305,000.00	$ 1,305,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,305,000.00	$ 1,305,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.00005

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 #: 27-08

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

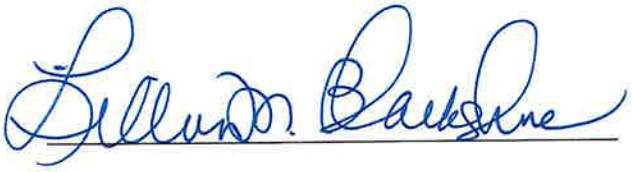
X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-09 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY27 Autism Service Providers

Address where services are provided: Wayne County Locations

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 123,355,881.00 Previous Fiscal Year: $ 104,955,784.00

Program Type: Continuation

Projected Number Served- Year 1: 2,350 Persons Served (previous fiscal year): 2250

Date Contract First Initiated: 10/1/2026

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).

This board action is requesting the approval of at a (1) one year contract for FY27 (October 1, 2026 - September 30, 2027 to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. **The total projected budget for autism services for FY27 is estimated to be $123,355,881.**

Autism Services: The target group for the ABA Service includes individuals from birth through twenty (20) years of age, ending on the 21st birthday with a diagnosis of Autism Spectrum Disorder (ASD) based upon a medical diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of ASD, who have the developmental capacity to clinically participate in the available interventions covered by the benefit, and who have Medicaid insurance.

Autism Providers: (30)

8th Palace, ABA Golden Steps, Acorn Health of Michigan, LLC, Advanced ABA Care, Affable Home Healthcare (DBA Avid ABA),

Akoya Behavioral Health, Apex Therapy Services, Autism Spectrum Therapies of Michigan (DBA Total Spectrum), Behavior Frontiers, BlueMind, Bright Behavior Therapy, Brightview Care, Centria Healthcare, Dearborn Speech and Sensory Center, Inc. (DBA Metro EHS), Downriver Therapy Associates, LLC, Early Autism Services, Emagine Health Services, LLC, Gateway Pediatric Therapy, HealthCall of Detroit, Illuminate ABA Services, LLC, Integrated Pediatric Therapy, IOA, LLC, Lumen, Karing Kids, Manasach Enterprises dba Euro Therapies, Patterns Behavioral Services Michigan, Inc, Peak Autism Center, Positive Behavior Supports Corp., SEB Connections (DBA Merakey Inc.), Zelexa, LLC

Autism Independent Evaluations: Independent Evaluators will provide comprehensive diagnostic evaluations to determine eligibility for Autism Benefit services for ages 0 to 21st birthday.

Independent Evaluator Providers: (4)

Social Care Administrators dba McCrory Center, The Children Center, Sprout, and Inspire Minds

Refer to the attached Provider List for full list.

The amount budgeted for Autism Services is an estimate based on prior year activity and is subject to change.

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

Source of Funds: Medicaid,General Fund

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Medicaid	$ 122,855,881.00	$ 122,855,881.00
General Fund	$ 500,000.00	$ 500,000.00
Total Revenue	$ 123,355,881.00	$ 123,355,881.00

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

9/2/2026 7:05:41 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

9/1/2026 10:40:51 AM

Board Action #: 27-09

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-10 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY27 Children Prevention Integrated Healthcare Quality Initiatives

Address where services are provided: Wayne County Locations

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 3,780,000.00 Previous Fiscal Year: $ 3,780,000.00

Program Type: Continuation

Projected Number Served- Year 1: 21,500 Persons Served (previous fiscal year): 21,000

Date Contract First Initiated: 10/1/2026

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).

Requesting DWIHN Board approval for the Children Services Health Quality Initiative for the time range of 10/1/26 - 9/30/2027. The total FY27 budget allocation is estimated at $3,780,000; in which, for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve healthcare quality of services.

Program descriptions and amounts are as follows:

School Success Initiative: Total budget allocation of $2,980,000 will be distributed to the eleven (11) CMH Providers to deliver prevention services include: Assured Family Services, America's Community Council, Centers for Family Development dba Black Family Development Inc., Core Caring Group dba RBC Supports, Detroit Wayne Outpatient Clinic, Development Centers (MiSide), Hegira

Health Inc., Southwest Counseling Solutions (MiSide), Starfish Family Services, Team Mental Health Services, and The Guidance Center.

Description: The overall performance expectation for the School Success Initiative is to ensure students and their families have access to behavioral and integrated health services within a school-based and community-based setting and provide evidence-based psychoeducation training and intervention to children and school professionals. This initiative will help reduce the stigma surrounding children and families that can benefit from performance expectations, continue providing school-based behavioral health services, and increase integrated health services to children and families, across all of Wayne County, throughout the school year and summer.

School Enrichment Program (GOAL Line): Total budget allocation of $550,000 to be distributed to Community Education Commission to deliver prevention services.

Description: The purpose is to increase access to behavioral health and social-emotional supports through its enrichment programming at the Northwest Activities Center (NWAC) during the school year as well as the summer. The program objectives include having in-school and out-of-school behavioral health specialists, afterschool enrichment and social emotional learning, youth development, healthy living, and social responsibility programming.

Integrated Pediatric Program (formerly Integrated Infant Mental Health Program): Total budget allocation of $250,000 to Starfish to deliver prevention services.

Description: The goal is to encourage and facilitate the integration of behavioral health and physical health within the service delivery system. Behavioral Health Consultants to utilize evidence-based

practices to ensure the comprehensive wellness of all patients served. Additionally, working to improve standardized screening, assessment, intervention, referral, and follow-up services for patients at various OB/GYN clinics within Wayne County.

Funds within the total budget amount are not to exceed $3,780,000 for the fiscal year ending September 30, 2027. Funds may be allocated amongst providers as needed without Board approval.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
Multiple	$ 3,780,000.00	$ 3,780,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 3,780,000.00	$ 3,780,000.00

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

9/2/2026 7:16:13 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

8/30/2026 6:40:14 PM

Board Action #: 27-10

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-12 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Team Mental Health Services

Contract Title: Juvenile Restorative Program

Address where services are provided: 5200 Stecker St, Dearborn, MI 48126

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

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

Program Type: Continuation

Projected Number Served- Year 1: 90 Persons Served (previous fiscal year): 86

Date Contract First Initiated: 10/1/2026

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).

DWIHN is seeking approval for Team Wellness to receive a (1) one year renewal contract for FY27 (October 1, 2026 - September 30, 2027) to deliver the Juvenile Restorative Program. **Team Wellness to receive an amount of approximately $1,900,000; in which, approximately $1.6 million is related to Medicaid claims based services.** The amount serves as an estimate and actual costs could differ. The remaining $300,000 allocation relates to jail diversion costs as defined in the CMHSP and PIHP contracts however is considered administrative costs yet excluded from MLR calculations per the 45 CFR 158.150.

The Juvenile Restorative programming provides comprehensive, integrated behavioral health services that work in conjunction with the juvenile justice system for pre adjudicated and adjudicated youth ages 12 to 18. The purpose of the alternative program is to help the youth to appropriately respond to the covert, as well as the overt, influencers and social determinants that impact whether they exude behavior that is deviant or normed. Defiance, truancy, violence and the abuse of alcohol and/or other drugs, mental illness, childhood trauma, family dysfunctions, or other indicators and their related criminal and/or civil judicial actions, are directly treated; in order to reduce recidivism and further involvement in the juvenile justice system.

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

Source of Funds: Medicaid,General Fund

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Medicaid	$ 1,600,000.00	$ 1,600,000.00
General Fund	$ 300,000.00	$ 300,000.00
Total Revenue	$ 1,900,000.00	$ 1,900,000.00

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

9/2/2026 7:15:02 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

8/30/2026 6:40:43 PM

Board Action #: 27-12

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY27 MDHHS Children's Initiatives Grants

Address where services are provided: Wayne County Locations

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 1,850,193.00 Previous Fiscal Year: $ 1,872,983.00

Program Type: Continuation

Projected Number Served- Year 1: 12,500 Persons Served (previous fiscal year): 12000

Date Contract First Initiated: 10/1/2026

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).

DWIHN Children Initiative Department is requesting approval to renew the contracts for the FY27 MDHHS Children Initiative Grants for the contract term of 10/1/26 – 9/30/27 for a total budget allocation of **$1,850,193.**

1. System of Care

2. Infant and Early Childhood Mental Health Consultation (IECMHC)

3. Infant and Early Childhood Mental Health Consultation-Home Visiting (IECMHC-HV)

4. Infant Toddler Court

MDHHS is issuing DWIHN at total of $1,043,582 for the System of Care Grant. This grant expands the capacity of Connections Wayne County's System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED). Requesting a 1-year renewal for the grant for FY27 contract term of 10/1/26 – 9/30/26. Children Providers are to receive a total of $750,000 to deliver the services: Centers for Family Development ($60,000), Development Centers (MiSide) ($60,000), Ruth Ellis Center ($60,000), Southwest Counseling Solutions (MiSide) ($215,000), The Children's Center ($327,000), and The Guidance Center ($28,000). DWIHN to receive $157,463 to cover the cost of salaries, travel, supplies, and expenses and $136,119 in indirect funds.

MDHHS is issuing DWIHN at total of $548,000 for the Infant and Early Childhood Mental Health Consultation Home Visiting (IECMHC) Grant. IECMHC is a prevention based and indirect intervention that assigns a mental health professional with childcare providers to improve the social, emotional, and behavioral health of children ages 0 to 5. Requesting a 1-year renewal for the grant for FY27 contract term of 10/1/26 – 9/30/26. The Providers to deliver services for this grant are: Development Center (MiSide) to receive $415,996 and The Guidance Center to receive $117,004. DWIHN receives $15,000 in indirect costs.

MDHHS is issuing DWIHN at total of $142,526 for the Infant and Early Childhood Mental Health Consultation Home Visiting (IECMHC-HV) Grant. IECMHC-HV is a prevention based, indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional, and behavioral health of children ages 0 to 5. Requesting a 1-year renewal for the grant for FY27 contract term of 10/1/26 – 9/30/26. Development Center is the Provider to receive a total of $135,026 to provide services for the grant. DWIHN receives $7,500 in indirect costs.

MDHHS is issuing DWIHN at total of $116,085 for the Infant Toddler Court Grant. The purpose of the Infant Toddler Court Program is to increase the spread and coordination of Michigan Baby Courts to ensure children and their families ages 0 to 3 in the child welfare system (CWS) or at-risk for entry into DWC receive equitable, high-quality, coordinate, and trauma-informed services. DWIHN employed a Baby Court Coordinator to provide services for this grant. DWIHN is the provider of this program and will receive the budget allocation of **$116,085.**

Overall, Providers are to receive the total allocated funds as indicated in the budget sheets listed above:

1. System of Care Grant - $750,000
2. Infant and Early Childhood Mental Health Consultation Grant (IECMHC) - $533,000
3. Infant and Early Childhood Mental Health Consultation – Home Visiting Grant (IECMHC-HV) - $135,026

Requesting the ability for the total funds of **$1,850,193** to be reallocated among these Programs and Providers as needed throughout the fiscal year term of 10/1/26 – 9/30/27 without board approval.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
MDHHS Block Grants	$ 1,850,193.00	$ 1,850,193.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,850,193.00	$ 1,850,193.00

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

9/2/2026 7:03:08 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

9/1/2026 10:51:29 AM

Board Action #: 27-13

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved BA#27-13 MDHHS Children's Initiatives Grants FY27 System of Care approved with the exception of Ruth Ellis which will come back to Full Board at the October 21, 2026 meeting.

€ Rejected

€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Lillian M. Blackshire 9/16/2026

Board Liaison Signature Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-14 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY27 Children's Waiver and SED Waiver

Address where services are provided: Wayne County Locations

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 5,604,852.00 Previous Fiscal Year: $ 4,475,852.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2026

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).

Requesting DWIHN Board Approval for the revision of SED Waiver and Children's Waiver provider listings for FY27 contract from **10/1/26 - 9/30/27 of the estimated Medicaid funding in the amount not to exceed $5,604,852.** Refer to the attached Provider Listings for estimated cost breakdown per Provider.

Children's Waiver ($2,689,645): 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 ($2,915,207): 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 budgeted for Children's Waiver and SED Waiver are estimates based on prior year activity, and are subject to change.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Medicaid	$ 5,604,852.00	$ 5,604,852.00
	$ 0.00	$ 0.00
Total Revenue	$ 5,604,852.00	$ 5,604,852.00

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:

Board Action #: 27-14

James White, Chief Executive Officer

Signature/Date:

James White

9/2/2026 7:03:51 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

9/1/2026 10:43:58 AM

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-15 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY 2027 Substance Use Disorder Treatment Allocations (BG and PA2)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 4,825,745.00 Previous Fiscal Year: $ 5,686,723.00

Program Type: New

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

Date Contract First Initiated: 10/1/2026

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).

The SUD Department is requesting approval to contract for the delivery of Substance Use Disorder Treatment Services for the 2027 fiscal year with a total budget not to exceed $4,825,745. Treatment services will be funded with Federal Block Grant dollars ($2,883,495) and PA2 funds ($1,942,250), together totaling $4,825,745.

The SUD Treatment, Women's Speciality Services (WSS) and State Disability Assistance (SDA) block grant for claims-based activity based on medical necessity and is included in the overall provider network board action therefore the below amounts do not reflect the entire SUD treatment, SDA, and WSS grant allocation from MDHHS.

Treatment programs and amounts are summarized below:

Block Grant Funds ($2,883,495)

- Women's Speciality Services: $665,000
- Opioid Settlement Recovery Incentive Pilot: $100,000 (includes $15,000 DWIHN administrative funds)
- Opioid Settlement Alcohol Use Disorder Program: $655,200
- SOR IV Treatment: $1,463,295 (includes $85,461 DWIHN administrative funds)

PA2 Funds ($1,942,250)

The Substance Use Disorder Department offer a range of services to support individual on their journey to recovery. From withdrawal management to outpatient services, including FDA approved Medication Assisted Treatment. SUD programs include residential services, intensive outpatient, case management, recovery housing, early intervention services, relapse prevention, peer recovery services, communicable disease programming and contingency management programming.

Additionally, we organize events including the Opioid Summit, Faith-Based Conference, Recovery Walk, Women and Men's Annual Conferences, along with providing naloxone, acupuncture trainings, MCBAP test prep, deterra drug deactivation devices, and communicable disease prevention services.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of $4,825,745.

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

~55% of providers audited have quality issues. 17% of those providers on a CAP scored below 80%. The current network average score is 87%

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Block Grant	$ 2,883,495.00	$ 2,883,495.00
PA2	$ 1,942,250.00	$ 1,942,250.00
Total Revenue	$ 4,825,745.00	$ 4,825,745.00

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 #: 27-15

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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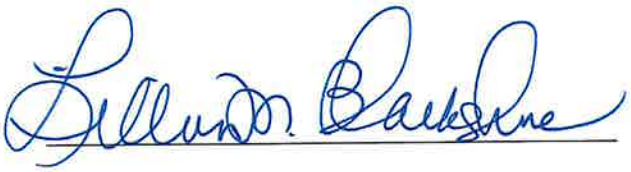
Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-16 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY 2027 Substance Use Disorder Prevention Allocations (BG and PA2)

Address where services are provided: 'None'__

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 6,267,165.00 Previous Fiscal Year: $ 6,491,183.00

Program Type: New

Projected Number Served- Year 1: 35,000 Persons Served (previous fiscal year): 34306

Date Contract First Initiated: 10/1/2026

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).

DWIHN is requesting to contract for the fiscal year 2027 for an amount not to exceed $6,267,165 for the delivery of Substance Use Disorder prevention services.

The following prevention programs have been granted funding from MDHHS for fiscal year 2027:

Block Grant: $3,910,167

- SUD Prevention Services: $3,354,167 (includes $576,665 allocated to DWIHN administration)
- Gambling Prevention: $200,000 (includes $26,086 allocated to DWIHN administration)
- SOR IV: $350,000
- Tobacco Prevention: $6,000

PA2: $2,356,998

The prevention services are funded with $3,910,167 of Federal Block Grant dollars and $2,356,998 of PA2 funding totaling in $6,267,165.

DWIHN SUD Prevention network will engage in one or more of the 6 CSAP Primary Strategies: seamless Information Dissemination throughout all strategies; offering Alternatives and Community-Based services to foster prevention-prepared communities; conducting capacity-building education and direct services; advocating for

environmental change; and streamlining problem identification and referral mechanisms. Moreover, we aim to bolster school-based programming, leveraging peer-to-peer pro-social services, elevating public awareness, and mobilizing communities to counter alcohol, tobacco, and other drug-related issues. This includes advocating for environmental and legislative changes to mitigate underage and alcohol-related activities' consequences.

To address the opioid crisis, state opioid response programs will benefit from MDHHS funding, focusing on evidence-based practices, overdose education, naloxone distribution, harm reduction, and peer outreach connections.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed $6,267,165 for the fiscal year ending September 30,2027.

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

There are currenty 15 Program CAPs and 5 Staff Caps. The average Program score is 94.36% and the average Staff score is 92.30%. 4 providers fell below the 90% compliance rate

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
Block Grant	$ 3,910,167.00	$ 3,910,167.00
PA2	$ 2,356,998.00	$ 2,356,998.00
Total Revenue	$ 6,267,165.00	$ 6,267,165.00

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 #: 27-16

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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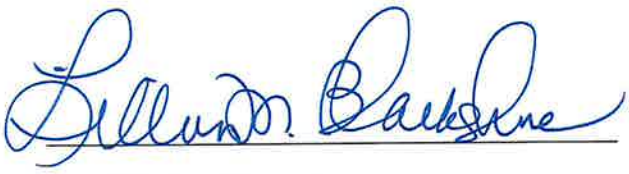
Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-19 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Michigan Rehabilitation Service

Contract Title: FY 2027 Michigan Rehabilitation Services (MRS)

Address where services are provided: 17411 Grand River, Detroit, MI 48227

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 443,565.00 Previous Fiscal Year: $ 443,565.00

Program Type: Continuation

Projected Number Served- Year 1: 2,227 Persons Served (previous fiscal year): 2657

Date Contract First Initiated: 10/1/2026

Provider Impaneled (Y/N)? N

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

This Board Action requests a one-year contract for the fiscal year ending September 30, 2027, **for the continued funding** for an Interagency Cash Transfer Agreement (ICTA) between Detroit Wayne Integrated Health Network (DWIHN) and Michigan Rehabilitation Services (MRS) **in the amount not to exceed $443,565.00**. The agreement was established in 1994 to increase member access to MRS, thereby enabling members to become employed and self-sufficient. DWIHN funding of $443,565, combined with the MRS ICTA Federal Share revenue of $1,199,268, the program total revenue to $1,642,833 for Wayne County.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
State General Fund	$ 443,565.00	$ 443,565.00

	$ 0.00	$ 0.00
Total Revenue	$ 443,565.00	$ 443,565.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.07226

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 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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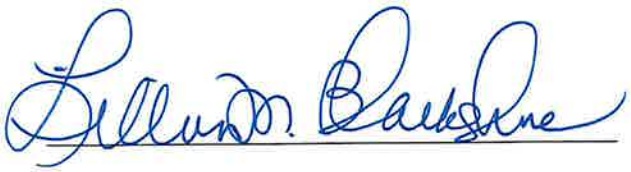
_____

Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-20 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Community Living Services

Contract Title: FY27 CLS Direct Care Worker Training

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 600,000.00 Previous Fiscal Year: $ 600,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,800 Persons Served (previous fiscal year): 4800

Date Contract First Initiated: 10/1/2012

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval of a one-year contract with Community Living Services (CLS) for provider network training. Direct Care workers across Wayne County are trained through CLS in partnership with DWIHN for Individual Plan of Service (IPOS) training and nearly a dozen other required topics.

CLS trains individuals working for Service Providers in Wayne County and direct hire staff for individuals on Self-Directed budgets. This program has gained more experience and expanded their training to include Person Centered Planning and Medication management to other providers who are under contract with DWIHN and DWIHN staff.

The recommended extension of this contract is from October 1, 2026, through September 30, 2027, and the budget for the term of this contract is not to exceed $600,000.00.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
MULTIPLE	$ 600,000.00	$ 600,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 600,000.00	$ 600,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER:

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 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-22 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Wayne County

Contract Title: FY27 Wayne County Jail Mental Health Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 5,000,000.00 Previous Fiscal Year: $ 5,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 2,000 Persons Served (previous fiscal year): 2000

Date Contract First Initiated: 10/1/2026

Provider Impaneled (Y/N)? N

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

Detroit Wayne Integrated Health Network is requesting a continuing contract with Wayne County for the provision of mental health services for Wayne County residents who have been detained at the jail. Upon booking into the jail, inmates are screened, assessed, and determined to meet criteria for an intellectual/developmental disability; serious mental illness; co-occurring disorder; substance use disorder; or is at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by credentialed and qualified mental health professionals. Services include evaluation, diagnosis, crisis intervention, individual and group therapy, case management, medication management, referral, and discharge planning. Provision of services for this population supports DWIHN's mission to assure that mental health services are accessible for those in need. Treatment and services occur in the jail, and discharge planning provides for post-release aftercare with the community mental health system. **The contract amount is not to exceed $5,000,000 for the fiscal year ending September 30, 2027.**

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
State GF	$ 5,000,000.00	$ 5,000,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 5,000,000.00	$ 5,000,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827210.08055

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 16th day of September, 2026.

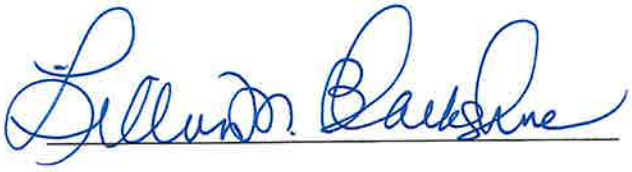
X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-23 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY27

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 1,040,045,141.00 Previous Fiscal Year: $ 950,557,437.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the addition of the following provider to the DWIHN provider network for the fiscal year ending September 30, 2027 as outlined below. **Note: Total amount of Board Action remains the same not to exceed amount of $1,040,045,141 for FY 2027.**

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Multiple	$ 1,040,045,141.00	$ 1,040,045,141.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,040,045,141.00	$ 1,040,045,141.00

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 Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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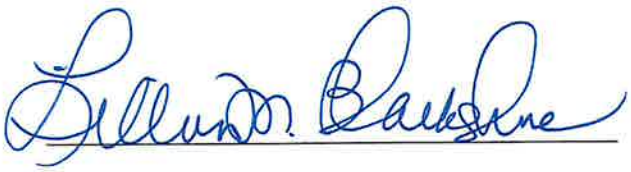
Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-24 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Donated Funds Agreement (DFA 27-82009)

Address where services are provided: 235S. Grand Avenue, Suite 1201 Lansing , MI 48933

Presented to Program Compliance Committee at its meeting on: 9/9/2026

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

Amount of Contract: $ 458,400.00 Previous Fiscal Year: $ 453,900.00

Program Type: Continuation

Projected Number Served- Year 1: 7,000 Persons Served (previous fiscal year): 5,917

Date Contract First Initiated: 10/1/2012

Provider Impaneled (Y/N)? N

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

The Detroit Wayne Integrated Health Networks (DWIHN) staff recommends approval of a one year contract between the DWIHN and the State of Michigan Department of Health and Human Services (DHHS) to continue the (DHHS) Outstation Services in Wayne County and the placement of (6) Medicaid Eligibility Specialist.

This agreement was established through the State Donated Funds Agreement (DFA) to assist facilitate timely enrollment of Detroit Wayne Integrated Health Networks members for Medicaid eligibility.

Placement of the (6) DHHS workers has resulted in a more timely processing of Medicaid eligibility applications, determination of deductible adjustment and enrollment in the Medicaid Program.

The program also helped to expedite enrollment in Medicaid for the provision of services and benefits for persons either eligible and/or receiving behavioral health services in Wayne County.

This contract helps DWIHN to realize a more effective use of State General Fund and to demonstrate the provision of improved supports and access for uninsured consumers.

The state of Michigan is the sole administrator of the State Medicaid services, therefore, there has been no solicitation of other providers.

The term for this contract is form October 1, 2026 through September 30, 2027 Funding for this contract is not to exceed $458,400. Funding is subject to availability of funds as determined by DWIHN.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
State General Fund	$ 458,400.00	$ 458,400.00
n/a	$ 0.00	$ 0.00
Total Revenue	$ 458,400.00	$ 458,400.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06425

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 #: 27-24

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-26 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Public Affairs Associates, LLC

Contract Title: FY27 Lobbyist Services

Address where services are provided: None

Presented to Executive Committee at its meeting on: 9/14/2026

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

Amount of Contract: $ 150,000.00 Previous Fiscal Year: $ 100,000.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2017

Provider Impaneled (Y/N)?

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

DWIHN Administration is requesting to enter into a new one-year Comparable Source contract with Public Affairs Associates (PAA) **for the period October 1, 2026 through September 30, 2027, at an amount not to exceed $150,000.**

PAA continues to work in conjunction with DWIHN staff and board members for government and legislative services. As we are in the midst of key projects that still need major lobbying efforts such as our crisis facility, behavioral healthcare campus, and CCBHC; having any change in our lobbying efforts would cause devastating effects to these projects.

PAA has been a critical component of DWIHN's legislative strategy and engagement with MDHHS and leadership in Lansing. These efforts have contributed to unprecedented success in securing approximately $45 million grant funding to support the development of our 7-mile integrated behavioral healthcare campus and the continued expansion of DWIHN's behavioral healthcare crisis continuum, including mobile crisis services. And, PAA continues to work closely with our legislators in support of DWIHN's efforts to secure additional funding for our 7-Mile location.

Over the past several years DWIHN has worked closely with PAA to develop legislative strategies and advanced priorities. The relationships cultivated over the years have been instrumental in facilitating high-level, collaborative meetings with key stakeholders. This engagement has helped advance our integrated behavioral health and crisis care initiatives, while also creating opportunities to educate policymakers and stakeholders across

the state about DWIHN's work, the needs of the communities we serve, and the evolving behavioral health landscape.

Given the highly sensitive and rapidly evolving behavioral health policy environment, continuity in DWIHN's legislative and governmental affairs strategy is particularly important. The services provided by PAA are specialized, and disruption of this work at this critical juncture could create significant risk to DWIHN's ongoing initiatives and, ultimately, the broader system of care. The institutional knowledge, established relationships, and strategic continuity developed through this partnership are especially valuable as DWIHN continues to advance several major behavioral health care and infrastructural initiatives.

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

Source of Funds: Local Funds

Fee for Service (Y/N):

Revenue	FY 26/27	Annualized
Local Funds	$ 150,000.00	$ 150,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 150,000.00	$ 150,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64908.817003.00000

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 Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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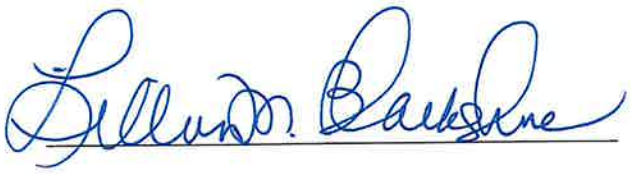
Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

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

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Long Insurance Services, LLC

Contract Title: FY27 Cyber/Privacy Breach Insurance

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 9/14/2026

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

Amount of Contract: $ 163,595.85 Previous Fiscal Year: $ 168,415.25

Program Type: Continuation

Projected Number Served- Year 1: 7 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of a Comparable Source Contract between DWIHN and Long Insurance Services for Cyber/Privacy Breach Insurance Policy. Long Insurance Services is the Broker and will bind a cyber insurance policy through Coalition Insurance Solutions, Inc. (Coalition). The policy provides cyber and privacy breach insurance. The coverage is $10,000,000 per occurrence and $10,000,000 in the aggregate cyber security and privacy breach services.

Long Insurance Services approached several Specialty Lines insurance markets to quote the Cyber/Privacy Breach coverage on DWIHN's behalf. Coalition offered a premium less than other insurance companies and also was willing to provide adequate coverage. The cost of the premium inclusive of taxes and fees for the policy is $163,595.85.

The contract if approved will not exceed $163,595.85 and will have a contract term of October 1, 2026 through October 1, 2027.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
MULTIPLE	$ 163,595.85	$ 163,595.85
	$ 0.00	$ 0.00
Total Revenue	$ 163,595.85	$ 163,595.85

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.911000.00000

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 #: 27-27

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

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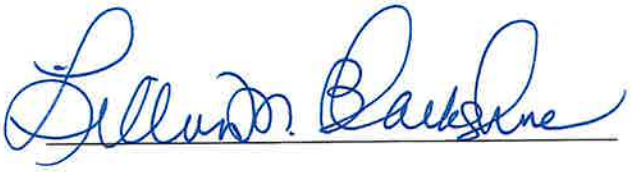
Executive Director -initial here:_ _____



Board Liaison Signature

9/16/2026

Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-28 Revised: N Requisition Number: 0

Presented to Full Board at its Meeting on: 9/16/2026

Name of Provider: Accident Fund Insurance Co. of America

Contract Title: FY27 Workers' Compensation Insurance

Address where services are provided: 'None'

Presented to Full Board Committee at its meeting on: 9/16/2026

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

Amount of Contract: $ 222,455.00 Previous Fiscal Year: $ 181,485.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network ("DWIHN") is requesting approval to modify Workers' Compensation insurance coverage through The Accident Fund for the period of October 1, 2026 through September 30, 2027. The previous cost of the premium was $181,485.00. The cost of the premium for the policy is now $222,455.00 commensurate with the results of the annual Workers' Compensation Audit. DWIHN is required by State law to maintain Workers' Compensation Coverage.

The contract if approved will not exceed $222,455.00 and will have a contract term of October 1, 2026 through September 30, 2027.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
MULTIPLE	$ 222,455.00	$ 222,455.00
	$ 0.00	$ 0.00

Total Revenue	$ 222,455.00	$ 222,455.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.911000.00000

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 #: 27-28

Board Action Taken

The following Action was taken by the Full Board on the 16th day of September, 2026.

X Approved
€ Rejected
€ Modified

€ Tabled as follows:

_____

_____

Executive Director -initial here:_ _____

Board Liaison Signature

9/16/2026

Date