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FULL BOARD MEETING
Wednesday, November 18, 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 – October 21, 2026

VI. RECEIVE AND FILE – Approved Finance Committee Minutes – October 7, 2026
Approved Program Compliance Committee Minutes – October 14, 2026
Approved Policy/Bylaw Committee Minutes – September 30, 2026

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

VIII. PUBLIC AFFAIRS PRESENTATION

IX. BOARD COMMITTEE REPORTS
A. Board Chair Report
1. Nominating Committee Appointments
2. Update 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)

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
Kevin McNamara

Bernard Parker, Vice Chairperson
Barry Blackwell
William Phillips

Dora Brown, Treasurer
Lynne F. Carter, M.D.
Dr. Cynthia Taueg

Angelo Glenn, Secretary
Eva Garza Dewaelsche

James E. White, President and CEO

4. Regional Chamber of Commerce Mackinac Policy Conference 2027 – Mackinac Island, Michigan (June 1st – 4th 2027)
5. Community Mental Health Association of Michigan (CMHAM) Annual Winter Conference – Kalamazoo, Michigan (February 9th & 10th 2027)
6. Community Mental Health Association of Michigan (CMHAM) Annual Summer Conference – Grand Traverse, Michigan (June 15th & 16th 2027)
7. Community Mental Health Association of Michigan (CMHAM Annual Fall Conference – Grand Traverse, Michigan (October 25th & 26th 2027)

B. Executive Committee
   1. Tri-County Metro Region Meeting – Macomb County Community Mental Health Host (Thursday, January 14, 2026 6:00 p.m.)
   2. December Board and Committee Meetings – Cancellation
   3. Board and Committee Meeting Schedule – 2027``
   4. Board Study Session (January, 2027)
   5. Update Wayne County Commission Appointment
   6. Update Board Self-Assessment
   7. Update Board Recognition and Leadership Award Policy
   8. Update Board Study Session – October 28, 2026

C. Finance Committee

D. Program Compliance Committee

E. Recipients Rights Advisory Committee

F. Policy/Bylaw Committee
   1. Board Policy #2016-18 Compensation Policy
   2. Board Policy #2022-26 Awards and Recognition Policy

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

XI. UTILIZATION MANAGEMENT PROGRAM EVALUATION FY26 EXECUTIVE SUMMARY
(Program Compliance)

XII. UNFINISHED BUSINESS (Staff Recommendations)

A. BA#23-18 (Revision 4) – Global Solutions Group vCiso Services Request Additional Funds for Final Payment *(Finance)*

B. BA#23-67 (Revision 4) – TTEC – DWIHN, Genesys Phone System Renewal FY2026 *(Finance)*

C. BA#24-50 (Revision 2) Pharmacy Services Expansion *(Program Compliance)*

D. BA#25-04 (Revised) –Food Services Expansion *(Program Compliance)*

E. BA#25-41 (Revised) – EMS Services Expansion *(Program Compliance)*

F. BA#27-09 (Revised) – Autism Services FY27 *(Program Compliance)*

G. BA#27-23 (Revision 2) – DWIHN Provider Network System FY27 *(Program Compliance)*

XIII. NEW BUSINESS (Staff Recommendations)

A. BA#27-21 – Trauma /ITCOD FY27 *(Program Compliance)*

B. BA#27-35 – GAA Unit 2 Collective Bargaining Agreement Ratification *(Executive)*

C. BA#27-36 – General Funded Housing Resource Programs – Southwest Counseling Solutions (SWCS) Housing Resource Center and CNS Covenant House FY27 *(Program Compliance)*

D. BA#27-37 – Neighborhood Service Organization (NSO) and Wayne Metro PATH Program FY27 *(Program Compliance)*
E. BA#27-38 – Central City PSH CoC Program and Leasing Project FY27 *(Program Compliance)*
F. BA#27-39 – Neighborhood Service Organization (NSO) Detroit Health Housing Center (DHHC) *(Program Compliance)*

XIV. AD HOC COMMITTEE REPORTS

A. Strategic Plan Committee
B. Board Building Committee
C. Policy Committee

XV. PRESIDENT AND CEO MONTHLY REPORT

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

XVI. REVIEW OF ACTION ITEMS

XVII. 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).

XVIII. ADJOURNMENT

DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, October 21, 2026
12:00 p.m.

BOARD MEMBERS PRESENT

Jonathan C. Kinloch, Board Chairperson
Bernard Parker, Vice Chairperson
Dora Brown, Treasurer
Angelo Glenn, Secretary
Bentounsi, Karima
Barry Blackwell
Eva Garza Dewaelsche
Kevin McNamara
William Phillips
Dr. Cynthia Taueg

BOARD MEMBERS ATTENDING VIRTUALLY: None

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

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD ATTENDING VIRTUALLY: Thomas Adams

GUEST(S): None

CALL TO ORDER

The Board Vice Chairperson, Bernard Parker welcomed and thanked everyone for attending the meeting both in person and virtually. He stated that Commissioner Kinloch, Board Chair had been delayed and he would be acting as Chair until his arrival. The meeting was called to order at 12:15 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 Vice Chairperson and Acting Chair Mr. Parker called for a motion on the agenda. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the agenda.** There was no further discussion. **Motion carried.**

MOMENT OF SILENCE

The Board Vice Chairperson and Acting Chair Mr. Parker 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 September 16, 2026. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes from the meeting held on September 16, 2026 with any necessary corrections.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of September 7, 2026; the approved minutes from Program Compliance Committee meeting of September 14, 2026 and the approved minutes from the Policy/Bylaw Committee meeting held on July 8, 2026 were received and filed.

ANNOUNCEMENTS

Network Announcements

Mr. M. McElrath, Public Affairs Manager, Communications department reported. It was reported that we participated in the NAMI Walk at U of D Mercy on September 19th. Mr. White was one of the speakers; Community engagement and the communications team did outreach for the event. CMHA Walk a Mile in My Shoes Annual Community Mental Health Association of Michigan's event was held on September 23rd Michigan State Capitol. The speakers were former Senator Debbie Stabenow, NAMI President, Michigan President Kevin Fisher. Board Member Mr. Parker, Dr. Crawford and all of our constituent voice members were in attendance. We had over 247 members in attendance to help advocate for their own funding. The member engagement team did a great job coordinating the event.

DWIHN partnered with the Southeast Michigan Perinatal Quality Improvement Coalition. They received a grant to raise awareness on postpartum depression, and they held a luncheon with a group called Pathways Academy which is a high school for pregnant mothers. It was a wonderful event, and was hosted as baby shower.

On September 18th, Dreams Come True Luncheon for our members and peers was held by Member Engagement and Constituents' Voices at the Considine Center. They awarded peers small grants of $500 for micro-businesses. Mr. White spoke and eloquently encouraged and congratulated the awardees and members to follow their dreams.

Upcoming events include the Rachel Williams Foundation, Hoops and Culture; Mr. White will be speaking at that event. It highlights collaboration with the Foundation but focuses specifically on wellness for incoming college students.

We will be hosting our second annual Trunk or Treat on October 30th here at the DWIHN Administrative Building from 4:00 p.m. to 7:00 p.m. All are welcome to participate.

Network partner events include an ARC luncheon, Lunch and Learn which will take place at the Northwest Wayne County Chapter of the ARC in Canton on Wednesday, October 21st from 12:00 pm to 1:00 pm.

Hegira Health held parenting classes which are free and are offered at two locations and are 7-week classes. The classes span from October to December. The Board requested copies of the events that were being held during the months of October through December. There was no further discussion.

Board Announcements

Mr. Parker, Vice Chairperson and Acting Chair noted that November 3rd is the election and hopefully all will exercise their right to vote on that day. We should make our participants aware of it and hopefully they will participate.

BOARD COMMITTEE REPORTS

Board Chair Report

Mr. Parker, Vice Chairperson and Acting Chair provided a verbal report. It was reported that exigent approval had been provided by the Board Chair Commissioner Kinloch for BA#27-33 Vivitrol for 707 Crisis Care Center Warriors Pharmacy and requested an overview for informational purposes. Ms. G. Wolf, VP of Crisis and Outpatient Services reported that the board action was in the amount of $250,000 and was based on the fact that there were grant funds expiring at the end of September that were approved for the purchase of the medication to assist individuals with alcohol use disorder that were coming to the Care Center.

It was reported that the Community Mental Health Association of Michigan Annual Fall Conference will be held in Grand Traverse, Michigan October 26 and 27th and there were five board members scheduled to attend. There was no election scheduled during the conference.

The National Council for Mental Wellbeing NATCON 27 will be held in New Orleans April 12th -14th 2027 and there are eight board members scheduled to attend.

The Regional Chamber of Commerce Mackinac Policy Conference will be held June 1st through June 4th on Mackinac Island and there are six board members scheduled to attend.

Executive Committee

Mr. Parker, Vice Chairperson and Acting Chair provided a verbal report. It was reported that the board has one open seat; there is a name being submitted to the Full Commission so hopefully by our next meeting that person has been appointed, if not hopefully it will be soon.

It was reported by Ms. E. Graham, VP of Human Resources that the board self-assessment due date had to be extended due to complications with access. However, we are approaching 100% participation, the extension was until November 6th but we believe the final board member will have their survey completed today. The assessment results will be to the board by the end of November for review. The results will be presented to the Executive Committee in November.

Mr. Parker, Vice Chairperson and Acting Chair called for an update on the Board Recognition and Leadership Award Policy. It was reported by L. Blackshire, Board Liaison that the Policy/Bylaw Committee did review the Board Recognition and Leadership Award Policy and it is scheduled to come back to the Policy/Bylaw Committee at their November 12th meeting

Mr. Parker, Vice Chairperson and Acting Chair called for an update on the Board Study Session which is scheduled for next week on Wednesday, October 28, 2026 at the Horatio Williams Foundation, in Detroit. Discussion ensued regarding bringing in outside experts to offer any insight to the board during that board study session. It was noted that the agenda would determine if any external consultants would be brought in and the Chairperson and Mr. White are developing the agenda. The Board Liaison noted

that the agenda is currently in the works and will be shared as soon as it is finalized. It was noted to Mr. Blackwell's point, there were no outside experts scheduled to attend, but there could be a conversation about it with the Chair and Mr. White. Mr. Blackwell noted that there is an opportunity to bring in some outside voices just in terms of how the board governs and it is an opportunity for us as a board to be educated not just about the organization and how the organization is running, but also how this ecosystem functions and there are things we can do as a board to strengthen our oversight. Mr. Parker, Vice Chairperson and Acting Chair noted that he was unsure of what the outside expert would be an expert in because there is not any other mental health agency like ours in the state. However, if there could be a conversation with the Chairperson and Mr. White or Manny and give further information on what kind of person you would like to have come in and provide information. Mr. Blackwell stated that he would love to have a discussion around board governance and that Wayne State, Michigan State, Central Michigan University and several other non-profits in this region specialize in board governance and he requested that we put that as an agenda item so this board can spend time understanding what its role is. Mr. Singla noted that we will certainly take that feedback to the Chair as well as to Mr. White and come back with a recommendation. It was noted that there is just about a week so hopefully if there's an agreement of what type of person we want there is somebody that is available to come in to speak to us. Mr. Parker, Vice Chairperson and Acting Chair noted that we are an unique type of organization, but there maybe someone that has some additional knowledge that we have not already received from legal counsel that could be provided to us. The Board Liaison noted that the hours for the board study session are from 9:00 am to 1:00 pm. It was noted that it would be a great thing for someone to come in and discuss roles and responsibilities, but it would be prudent for us to understand what we are trying to learn and there should be a board consensus of someone coming in and sharing things that we already know, but if there are some areas for which there is a belief that we could gain some additional information on then it would be more prudent that we use those outside experts for that rather than a broad-based agenda. It was hoped that there could be an understanding of administration and our Chairperson of exactly what Mr. Blackwell would like to see presented rather than a general overview. Ms. Y. Turner, VP of Legal Affairs noted that there are several study sessions throughout the year and once they discuss exactly what Mr. Blackwell is interested in if we do not have someone available it would go to our next study session and there are three a year.

The Board Vice Chairperson and Acting Chair Mr. Parker 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, October 7th 2026. The finance continues to monitor cash flow closely to meet current obligations. Finance had to liquidate $9 million in investments to meet obligations for October, ISF funding has been depleted. Therefore, there is more reliance on local CMHSP funding. Board action #27-34 PA152 Waiver is approximately a million dollar less compared to prior year, due to approximately $700,000 rate reductions and $300,000 HR leadership cost savings and, final rates came in for fiscal year 27, and they're more favorable than originally anticipated, that additional funding, along with cost-saving efficiencies, we believe, a significant portion of Seven Mile can be opened in phases as a result of those funds. Finance also received Fiscal Year 26 rate amendments of approximately $20 million. However, it will not be enough to cover the short fall expected at fiscal year in 2026. We had four board actions that were reviewed and moved to Full Board for approval. There was no further discussion. The report of the Finance Committee was received and filed.

The Vice Chairperson and Acting Chair Mr. Parker, 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, October 14, 2026. The committee received a follow-up from Autism Services on the barriers or reasons why families are declining services, even though they were eligible. Autism will also provide, in the next 90 days, a comparison to the prior year. Some of the reasons providers provided included preference to decline services, scheduling conflicts; some may want after-school hours, limited ability to participate, transportation barriers, life stressors, and they may have had an interest in other services as well. A second follow-up item was received from Children Initiatives regarding information on the state eliminating mental health services in the School Success Initiative budget, and the impact on the schools. A written report for both follow-up items was provided in the Program Compliance Committee agenda packet for reference. The Chief Medical Officer provided monthly reports, and the report of the Vice President of Corporate Compliance was deferred until, November. The Chief Medical Officer reported that a Tri-County vaccine conference was held October 6th, and she presented on DWIN's collaborative efforts in community vaccination strategies and further public health planning. The Southeastern Michigan Psychiatric Hospital, formerly Walter Ruther, had a ribbon-cutting ceremony on October 7th, hospital capacity is 264 beds, with 192 beds for adults and 72 beds, for youth. Transfers reportedly are scheduled for October 25th of this year.

There were quarterly reports received from Adult Initiatives, Outpatient Clinic, 707 Crisis Care Center with an update on the 911 Transfer Program, PAR Services, and Utilization Management. Highlights, include Adult Initiatives, with Med Drop there are a total of 57 members that participated in the Med Drop program during this quarter. There were 4,442 scheduled drops for participating members during this quarter. The number of providers participating in the program increased from 7 to 9, with an addition of the DOC and the NSO. DWIHN's Outpatient Clinic total numbers served for fiscal year quarter three were 140 intakes completed, and unique numbers of members served for quarters one through three, were 881. Detroit 911 Communications transfer to DWIN's Crisis Hub. This program started in August of 2025 and consists of DWIN's Crisis Hub, and the Detroit 911 Communications Department implementing a direct 911 transfer program. There were two identified codes, mental health nonviolent and suicide non-threat. These calls are specific to mental health needs that do not present an immediate threat of violence. The total number of calls transferred were 2,030. High call zip codes areas were identified as 48202, 48205, 48219, 48224, 48227, 48228 and 48235 and the highest age were of individuals in crisis was ages 40 through 59, of the calls received, 8% continued with established providers, mobile crisis was dispatched in 11% of all the calls, and 13% were seeking information only and 33% of all calls were discontinued by the caller.

Quality provided a fiscal year update on the Quality Assurance Performance Improvement Plan. The VP of Clinical Operations provided an Executive Summary. The committee reviewed and moved to full board for approval, two board actions under unfinished business, and four board actions under new business. Mr. Blackwell noted that there was a robust discussion around community engagement and how the community informs the work of our leaders. There were several questions related to reports on better understanding data points around who we serve, but also the population of Wayne County and understanding the social economic conditions and the "why" around those things, he was happy to put his questions in writing, but he did want to ensure that it is also noted for the record. There was no further discussion. The report of the Program Compliance Committee was received and filed.

The Vice Chairperson and Acting Chair Mr. Parker called for the report of the Recipient Rights Advisory Committee.

Recipient Rights Advisory Committee

Dr. Taueg, Committee Chair reported that the Recipient Rights Advisory Committee did not meet for the month of October. There was no further discussion.

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

Policy/Bylaw Committee

Mr. William Phillips, Committee Chair reported that the Policy/Bylaw Committee met on Wednesday, September 30, 2026. The committee considered seven policies and are bringing them forward to Full board for approval. The Committee reviewed board Policies #2016-19 through #2016-2027 as well as the Board Conflicts of Interest Policy #2016-12; Good and Welfare/Public Comment Policy #2016-14; Board Standard of Conflict Policy #2016-17 and the Compensation Policy-Policy #2016-18 along with the DWIHN Unrestricted and Restricted Net Position Policy. However, more research needs to be done to determine if this is the correct policy to address the question that was presented during the June Finance Committee meeting, so this policy was tabled. After discussion it was determined that the Compensation Policy and the Rewards and Recognition Policy #2022-026 would come back to the Policy and Bylaws Committee after additional research. It was also requested that a legal opinion be provided on the Compensation Policy as it pertains to the authority of the CEO to hire and fire employees which has been provided by Counsel and the board has a copy of the same.

After discussion there were no additional changes recommended by the committee to the board on the following policies, Policy #2020-023 – Opening and Processing of Incoming Mail to the Board; Policy #2020-024 CEO Annual Performance Review Process; Policy #2022-025 – Memorium Resolution Policy and Policy #2025-027 DWIHN Board of Directors, CEO Succession Plan. There were no recommendations to the Board of Directors' Charter, however after the meeting it was noted that the amount of $50,000 in the Finance Charter needed to be updated to align with the approval amount delegated to the CEO by the board for approval of contract of $100,000.00 or less.

The committee has seven policies with recommended changes by Legal, Compliance and Finance for Full Board consideration. These policies are as follows and a motion for approval will be needed. It is recommended by the Board Policy/Bylaw Committee that 1. Board Policy #2016-12 – Board Conflict of Interest Policy with recommendations by Compliance; 2. Board Policy #2016-014 Good and Welfare/Public Comment, this policy is recommended with language change to the Open Meeting Act notice to the time frame for a request of a reasonable accommodation as well as a privileged legal opinion which each board member should have; #3 Board Policy #2016-17 Board Standard of Conduct with recommended changes by Compliance; #4 Board Policy #2016-019 Competitive Solicitation Work Plan (formerly the RFP Work Plan) with recommended changes by Finance; #5 Board Policy #2016-020 Termination of Contracts with minor changes by the Legal Department to align the policy with delegated authority given to the CEO by the Board for approval of contracts of $100,000 or less and 6. Board Policy 2016 -021 Good Faith Consumer Participation with edits by legal to the word "Good"; #7 Policy BM100008 Policy #2016-022 The Disbarment and Suspension Process with recommended changes by

the Legal Department and the Finance Charter be updated to align with the approval amount delegated to the CEO by the board for approval of contract of $100,000.00 or less.

The Vice Chair and Acting Chair Mr. Parker called for a motion. **It was moved by Ms. Bentounsi and supported by Ms. Garza Dewaelsche approval of the recommendation of the Board Policy/Bylaw Committee to approve the seven policies with recommended changes by Legal, Compliance and Finance.** These policies are as follows and a motion for approval will be need. It is recommended by the Board Policy/Bylaw Committee that 1. Board Policy #2016-12 – Board Conflict of Interest Policy with recommendations by Compliance; 2. Board Policy #2016-014 Good and Welfare/Public Comment, this policy is recommended with language change to the Open Meeting Act notice to the time frame for a request of a reasonable accommodation as well as a privileged legal opinion that each board member has a copy; #3 Board Policy #2016-17 Board Standard of Conduct with recommended changes by Compliance; #4 Board Policy #2016-019 Competitive Solicitation Work Plan (formerly the RFP Work Plan) with recommended changes by Finance; #5 Board Policy #2016-020 Termination of Contracts with minor changes by the Legal Department to align the policy with delegated authority given to the CEO by the Board for approval of contracts of $100,000 or less and 6. Board Policy 2016 -021 Good Faith Consumer Participation with edits by legal to the word "Good" and #7 Policy BM100008 Policy #2016-022 The Disbarment and Suspension Process with recommended changes by the Legal Department and the Finance Committee Charter be updated to align with the approval amount delegated to the CEO by the board for approval of contract of $100,000.00 or less.

Discussion ensued regarding the supermajority. It was noted that there is a legal opinion provided by external counsel on changes to the Bylaws which pertained to the two-thirds vote needed when a board member recuses him or herself. The opinion could not be discussed without breaking attorney -client privilege and the attorney who wrote the opinion was not present at the meeting. It was determined by the committee that a closed session would need to be held for any further discussion to take place. It was noted that any changes to the two-third supermajority required under recusal was not a part of this motion because there was not an opportunity to meet with legal counsel.

Mr. Blackwell inquired as to the Board's Standards of Conduct and who had drafted the policy and who had made the edits. It was reported that Ms. Ison, VP of Compliance had made the edits, however the policy was drafted by the Board. It was requested that the changes and rational be provided, it was noted that the word lawfully was added and in a manner that promotes public trust, accountability, integrity, transparency and compliance with all applicable laws and regulation, that language was added from the point of lawfully through regulations, the rationale for including this is because it was though it was not only appropriate but there was research to see that it is something should be included and based on her background it was thought that it is the mission of the board to promote public transparency, accountability, and integrity because it is a public-facing board funded by public dollars. The other line added was each board member is expected to conduct themselves in a manner that reflects the highest ethnical standards and supports the mission of the network. Discussion ensued regarding the differences between the Standards of Conduct and Standards of Oversight and where does the Standards of Oversight live and in which policy is it addressed. It was noted that in the Board Standards of Conduct there was language that drilled down into Standards of Oversight. Discussion ensued regarding the difference between Standards of Conduct and Standards of Oversight. Ms. Ison, VP of Compliance gave an overview of what she believed to be standards of conduct which is how the board's supposed to represent itself to the public with regards to engaging with one another standards of oversight, to which she agreed involves the oversight that the board will give to the organization. It was noted that she has revisited the

policy and to his point it might include both of these things and this policy has been in place since 2016 and it is the board's policy and she just added some substance to some of the areas, she gave an overview of redlines in 4.1.1; 4.1.3; 4.1.6; 4.1.7; 4.2; 4.2.2; were all standards of conduct; 4.2.3 was noted as a process; 4.2.4 was noted as both a process and a standard of conduct. It was noted that Reporting – Resources, including equipment, supplies, belong to the network should possibly not be there, but it a notice of where the resources lie; 4.3.3 is a standard of conduct. Dr. Tuaeg noted that she was on the board when this authority was formed in 2013 and soon after that, we realized that the board, in order to do its due diligence and manage its affairs properly, we needed to have governance policies; the oversight is outlined, and the standards of our oversight were outlined in all of the board policies that were developed, and it took us a little over a year to put those together with legal counsel, supporting us along that way, and she believed that what we have in terms of our governance policies, the committee structure that are also addressed in the governance policy, represents our board or standards of our oversight.

The Vice Chairperson Acting Chair, Mr. Parker noted that usually we try to discuss those things at the committee level, and not try to have back-and-forth questions here, just because of time and other things. If there were some particular questions that you want to see addressed, I would direct that to not only legal counsel, but also to the policy committee, and let them look at those areas. Discussion ensued regarding bringing in a third party to offer insight into non-profit structures and how non-profits work; board standards of conduct and board standards of oversight not being legal frameworks; delegation of authority and who approves the policies; and the standards of oversight being a misnomer, because Compliance did not think there were any standards of oversight contained in this policy and this was an error; it was thought that it should be standards of conduct and was Ws is misnamed. It was also offered that DWIHN is not a non-profit, but a governmental entity. It was thought that there could be some agreement with Mr. White and Board Chairperson Kinloch adding this to the study session and an extensive discussion could be held there with or without an expert. It was noted other organizations similar to DWIHN including Oakland County's and their language speaks to their standards of oversight which is what we do as a board to ensure this organization is functioning at its highest ability and this is an opportunity to look at what other organizations are doing and how we can improve. If possible we should try to get it done by next week and have a presentation, if not we can defer to our next study session and also the Policy Committee can look at that particular area.

The Vice Chairperson and Acting Chair Mr. Parker restated the motion. **It was moved by Ms. Bentounsi and supported by Ms. Garza Dewaelsche to approve the recommendation by the Policy/Bylaw Committee to approve the seven policies with recommended changes by Legal, Compliance and Finance.** These policies are as follows and a motion for approval will be need. It is recommended by the Board Policy/Bylaw Committee that 1. Board Policy #2016-12 – Board Conflict of Interest Policy with recommendations by Compliance; 2. Board Policy #2016-014 Good and Welfare/Public Comment, this policy is recommended with language change to the Open Meeting Act Notice to the time frame for a request of a reasonable accommodation as well as a privileged legal opinion that each board member has a copy; #3 Board Policy #2016-17 Board Standard of Conduct with recommended changes by Compliance; #4 Board Policy #2016-019 Competitive Solicitation Work Plan (formerly the RFP Work Plan) with recommended changes by Finance; #5 Board Policy #2016-020 Termination of Contracts with minor changes by the Legal Department to align the policy with delegated authority given to the CEO by the Board for approval of contracts of $100,000 or less; 6. Board Policy 2016 -021 Good Faith Consumer Participation with edits by legal to the word "Good" and #7 Policy BM100008 Policy #2016-022 The Disbarment and Suspension Process with recommended changes by the Legal Department and the

Finance Committee Charter be updated to align with the approval amount delegated to the CEO by the board for approval of contract of $100,000.00 or less. There was no further discussion. **Motion carried with Mr. Blackwell voting No.**

The next Policy/Bylaw Committee meeting is scheduled for Thursday, November 12 at 3:10 p.m. which is after the Program Compliance Committee meeting. It was noted that Wednesday, November 11th is observed as Veterans Day and DWIHN offices will be closed. There was no further discussion. The report of the Policy/Bylaw Committee was received and filed.

The Vice Chairperson and Acting Chair, Mr. Parker called for the report of the Substance Use Disorder, Policy Board Report.

The Substance Use Disorder Oversight Policy Board Report

Mr. A. Glenn, Chair, Substance Use Oversight Policy Board provided a verbal report. It was reported that the Substance Use Disorder Oversight Policy Board met on September 21, 2026 and the meeting opened with remarks from Mr. James White, CEO and President. There was a provider presentation by the Center of Urban Youth and Family Development Prevention Programs. The Executive Director, Mr. Arbuckle presented on their program. The Director of Substance Use Disorder provided a report and there were informational reports received from the Substance Use Disorder Administrator; the Prevention Manager and the Grant Manager. There were no board actions considered during this meeting. There was no further discussion. The report of the SUD Oversight Policy Board was received and filed.

Mr. Parker, Vice Chairperson and Acting Chair chair called for the next item on the agenda which is Unfinished Business- Staff Recommendations.

X. Unfinished Business – Staff Recommendations

A. **BA#24-18 (Revision 2) Peter Chang, Inc. (PCE) Maintenance Contract** – Mr. K. Frambro, VP of IT Services reporting. The Board Vice Chair and Acting Chair Mr. Parker called for a motion. **It was moved by Ms. Brown and supported by Mr. Glenn approval of BA#24-18 (Revision 2) Peter Chang, Inc. (PCE) Maintenance Contract.** The board action is requesting approval of a one-year contract with Peter Chang Enterprises to continue maintenance of the DWIHN MH-WIN System for the period of 10/1/2026 – 9/30/27. The contract with PCE and DWIHN is for hosting and maintaining MH-WIN with the Substance Use Disorder Managed Care Module, Twilio Text Messages, the Crisis Center Module, and the Mobile Crisis Module. The amount of the renewal is not to exceed $1,447,956.00 bringing the contract total including the renewal, to an amount not to exceed $5,661,975. There was no further discussion. **Motion carried with Mr. Blackwell voting Nay.**

B. **BA#24-27 (Revision 1) Business Intelligence (BI) Solutions Developer Services** -Mr. K. Frambro, VP of IT Services reporting. – The Board Vice Chair and Acting Chair Mr. Parker called for a motion. **It was moved by Ms. Brown and supported by Mr. Glenn approval of Board Action #24-27 (Revision 1) Business Intelligence (BI) Solutions Developer Services.** DWIHN is requesting approval of contract extension for Joseph J. Barr, Business Intelligence (BI) Developer to continue performance of BI services as described below. The vendor responded to and was selected under RFP #2023-011. The BI Developer will be responsible for delivering business intelligence services for the development and maintenance services of DWIHN's HEDIS measures, dashboards, and reports required for NCQA compliance and other compliance requirements. The contract will also include work on the conversion from Microsoft Power BI to Microsoft Fabric. The contract will be for a 1-

year term extension beginning October 1, 2026 and ending September 30, 2027, with a total not-to-exceed amount of $357,396.00. Annual not-to-exceed amounts based on a maximum 29-hour work week are as follows: 1 Year -10/1/26 -09/30/27: 29 hours per week at $61.90/hr. during the one -year term not to exceed $93,345.20. Contract Total - $357,396.00 There was no further discussion. **Motion carried with Mr. Blackwell voting Nay.**

C. **BA #26-46 (Revision 4) – MI HIDE -SNP FY26** The Board Vice Chair and Acting Chair Mr. Parker called for a motion. **It was moved by Mr. McNamara and supported by Mr. Glenn approval of BA #26-46 (Revision 4) MI HIDE – SNP FY26** Ms. R. Brown, Director of Contract Management reporting. Staff requesting board approval to add two (2) providers under the HIDE-SNP (formerly Dual Eligibles) Program, each with a one-year contract through December 31, 2026. The new providers, Pontiac General Hospital and Trillium Behavioral Health, will receive and disburse Medicare dollars to deliver covered services to eligible beneficiaries. The amount of $7,810,615 noted for Medicare dollars is an estimate based on FY25 claims incurred by dual-eligible members and may be higher than the estimated amount. Amounts may be reallocated amongst providers based on actual claims adjudication without board approval. There was no further discussion. **Motion carried with Mr. Blackwell voting Nay.** Discussion ensued after the vote regarding the possibility of talking about the performance of the provider beyond the fact that it is a renewal and we need to extend the services, but to capture how they are doing in providing the services as of right now and if there are any quality, compliance or any issues there and make it a part of the process moving forward. Mr. White noted that there were no concerns around the request. It was noted that quality issues or concerns were looked; Pontiac General received a new contract this year, they have gone through the process of making sure that they are accredited and licensed through MDHHS; currently there would not be enough data yet to evaluate and determine how well they have performed as they received a new contract. Trillium Behavioral Health is a newer Provider, this is for their location in Warren, and we would be able to provide that information in the near future on how well they perform, but they are both new contracts.

D. **BA#27-13 (Revised) FY27 Michigan Department of Health and Human Services Children's Initiatives Grants – DWIHN Provider Network.** The Vice Chairperson and Acting Chair Mr. Parker called for a motion. **It was moved by Dr. Taueg and supported by Mr. Glenn approval of BA#27-13 (Revised) FY27 Michigan Department of Health and Human Services Children's Initiatives Grants – DWIHN Provider Network.** Ms. Stacey Sharp, AVP of Clinical Operations reporting. DWIHN Children Initiative Department is requesting a revision to the board action regarding the System of Care Grant to add Ruth Ellis to the contract. Ruth Ellis received approval during th Program Compliance board meeting held on September 9, 2026; however, requesting approval from DWIH Full Board for the FY27nMDHHS Children Initiative Grants contract term of 10/1/2026 -9/30/27 for a total budget allocation of $1,850,193 for all MDHHS Children Initiative grants; in which $1,043,582 is for the System of Care grant and $60,000 is to be allocated to Ruth Ellis. MDHHS is issuing DWIHN a 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. Requesting the ability for the

total funds of $1,850,193 to be reallocated amongst providers within each grant program as needed throughout the fiscal year term of 10/1/26 – 9/30/27 without board approval. Discussion ensued regarding the frequency of how often the performance of the providers are evaluated post-entering a new agreement with a provider and the process that the quality team takes to do assessment for our hospitals, and inpatient admissions and how the recipient rights teams also goes out and does site visits for our inpatient hospitals. It was noted that these evaluations take place on an annual basis. It was noted that the ask was probably to have moving forward that the team include a check-off that there are no concerns with their performance, and there are no outstanding compliance issues which would be a more reasonable request. There was also a request would be a document at the station, a checklist to pre-present to all of us so we can make it a part of the process. It was noted that more information has been requested to placed in front of this body so that we understand what is it that is occurring so we know as a board. Mr. Blackwell noted that this is the reason why he has been voting no, and it is the reason why he will vote no on everything else today, because he did not know the quality measures of anything that is occurring in any of the programs and he cannot for certain if he were to stand in front of a room of community members to be able to offer that level of certainty and he will remain a no until that information is baked into our board policies. Discussion ensued regarding receiving additional information as it relates to some of things and where it is going, but to change the policies would make them confusing and overly comprehensive and the policies were not the proper place to have this happen. It was noted that this was not recommended to go to the policy, and administration has agreed to include it in their write-ups of the various contracts that are revisions or in a contract that is already existing to provide information on their performance. It was noted that there is already a board policy, which is the Board Action and Resolution Policy #15-67 and there is a list of eight things that are required that goes inside of what procurement presents in front of us and it does state in the policy that in the event that the network administration deems it necessary to impose particular requirement upon a vendor which will be the CEO. It was recommended that we add a performance dashboard to ensure that the public is receiving the type of care and services that they need and we will have some level of certainty and it is already a policy, the request is that we strengthen it. There was no further discussion. Mr. Phillips recused himself because of a contractual relationship with MDHHS. Mr. Parker, Board Vice Chair and Acting Chair noted that a roll call vote would be needed and a 2/3 majority would be required. A roll call vote was taken by Mr. Glenn Board Secretary. **Motion failed with Ms. Bentounsi; Mr. McNamara; Mr. Parker, Ms. Brown, Dr. Taueg; Mr. Glenn and Ms. Garza Dewaelsche voted Yea; and Mr. Blackwell voted Nay.** Discussion ensued regarding the impact of waiting a month to approve the program. It was noted that this board action is only added Ruth Ellis and they are providing services to individuals with Serious Emotional Disturbances. Discussion ensued regarding whether Mr. Phillips needed to recuse himself since they were only adding Ruth Ellis.

E. **BA#27-23 (Revised) Provider Network System FY27** – Mr. Parker Vice Chair and Acting Chair called for a motion. **It was moved by Mr. Glenn and supported by Dr. Taueg approval of BA#27-23 (Revised).** Ms. R. Brown, Director of Contract Management reporting. Staff requesting board approval for the addition of the following five (5) providers to the DWIHN provider network for the fiscal year ending September 30, 2027 as outlined – three (3) Residential Providers (Agape Cares Extended, Inc., Good Company, and Mastrofrancesco AFC, Inc.) and two (2) outpatient providers (Metropolitan Rehabilitation Clinics, Inc. and Premier Care of Michigan, LLC). **Note:** The total amount of Board Action remains the same, not to exceed $1,040,045,141 for FY 2027. There was no further discussion. **Motion carried with Mr. Blackwell voting Nay.**

XI. New Business – Staff Recommendations

A. BA #27-05 – Multicultural Behavioral Health Services FY27 – Mr. Parker, Vice Chair and Acting Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Bentounsi approval of BA#27-05 – Multicultural Behavioral Health Services FY27.** Ms. S. Young, Sr. Administrator, Community Impact Officer. Staff requesting approval of the memorandums of understanding between the Community Mental Health Association of Michigan (CMHAM), the Michigan Department of Health and Human Services (MDHHS), and the Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN), Peer Navigator, Navigator Assistant, and the Multicultural Integration Providers, formerly known as the Multicultural Programs. The term of the contract is October 1, 2026 through September 30, 2027 with an amount not to exceed $475,997.00. It was noted that this is a pass-through and MDHHS selected the entities and amounts. There was no further discussion. **Motion carried with Mr. Blackwell voting Nay.**

B. BA#27-29 – Children's Medicaid Specialty Services FY27–The Vice Chair and Acting Chair Mr. Parker called for a motion**. It was moved by Mr. Glenn and supported by Dr. Taueg approval of BA#27-29 Children's Medicaid Specialty Services FY27.** Ms. S. Sharp, AVP of Clinical Operations reporting. Staff requesting board approval for a one (1) year contract term of 10/1/26 - 9/30/27 for the (3) Children Specialty Services of Integrated Youth Juvenile Clinical Services (IYJCS), Home Based Services (HB), Intensive Care Coordination Services (ICCW). The total of these programs approximates $9,300,000 based on prior year activity. This amount is subject to change and can be allocated amongst the providers referenced below without Board approval. Note: The $9.3M is included in the total amount approved by the Board in Board Action 27-23: FY27 Provider Network System. There was no further discussion. **Motion carried with Mr. Blackwell voting Nay.**

C. BA#27-30 – Random Acts of Kindness (RAKS) Foundation – Project Home for Returning Juvenile Lifers FY27 - The Vice Chair and Acting Chair Mr. Parker called for a motion. **It was moved by Mr. Glenn and supported by Dr. Taueg approval of BA#27-30 Random Acts of Kindness (RAKS) Foundation.** Staff requesting board approval to contract for an amount not to exceed $250,000 with Project H.O.M.E. (Helping Opioid/Impacted Men and Everyone), a Peer-Led Reentry Support Program designed to provide evidence-based wraparound services to individuals sentenced to life or other extreme sentences as juveniles or emerging adults, who are transitioning from incarceration back into the community and who have Opioid Use Disorder (OUD), or a history of OUD, and co-occurring substance use disorder (SUD), and/or mental health conditions. The program aims to reduce recidivism, improve community reintegration, and address barriers to treatment, employment, housing, education, and recovery through peer-led navigation and comprehensive wraparound support. The program will utilize a Peer Mentor model to provide individualized support, service coordination, advocacy, and linkage to behavioral health, social, educational, and employment resources. We are requesting $250,000 in opioid settlement funds to support this initiative through a cost reimbursement model. Program outcomes will be collected monthly and TA provided by the SUD grants team. This board action was approved by the SUD Advisory Board on September 21, 2026. The total program amount shall not exceed $250,000 for the period from 10/21/2026 to 9/30/2027. There was no further discussion. **Motion carried with Mr. Blackwell voting Nay.**

D. **BA#27-31 – Linen Services for 707 Crisis Care Center and 7 Mile Location FY27** – The Vice Chair and Acting Chair Mr. Parker called for a motion. **It was moved by Dr. Taueg and supported by Mr. Glenn approval of BA#27-31 Linen Services for 707 Crisis Care Center and 7 Mile Location FY27.** Staff requesting board approval for a three-year contract (with up to two (2) two-year renewal options) with Continental Linen Services. (selected under IFB #2026-005) to provide clean linen supply and patient laundry services to individuals served at the 707 and 7 Mile Crisis Care Centers. The contract term is from October 1, 2026 through September 30, 2029. The amount shall not exceed $427,414.33 for the duration of 3 years. Note: Linen services for the 707 W. Milwaukee location are budgeted for FY27. A budget adjustment will be submitted to cover 7 Mile expenses once the need arises. There was no further discussion. **Motion carried.**

E. **BA#27-32 Netlink Tenant – to – Tenant Migration Services** - The Vice Chair and Acting Chair Mr. Parker called for a motion. **It was moved by Mr. Glenn and supported by Mr. McNamara approval of BA#27-32 Netlink Tenant to Tenant Migration Services.** Mr. K. Frambro, VP of IT Services reporting. This board action is requesting to modify BO22690030 Approval to process a Change Order for Blanket Order Number BO22690030. This blanket order is for consulting services to migrate the DWIHN Microsoft cloud environment (tenant) to a different tenant. The original terms of the blanket order are 5/7/2026 to 5/7/2027. The change order is a one-time cost that specifically covers software costs and consulting work for converting all forms and automations from the old tenant to the new tenant. This change order would add $13,770.00 to the blanket order, bringing the total contract amount not to exceed $11,326.00 for the 12 months ended 5/7/2027. There was discussion regarding the services that will be provided. **Motion carried.**

F. **BA#27-34 FY27 PA152 Waiver** – The Vice Chair and Acting Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. McNamara approval of BA#27-34 FY23 PA152 Waiver.** It was noted that this board action will require a two-thirds vote and there will need to be a roll call vote. Ms. S. Durant, VP of Finance reporting. DWIHN presents this board action to request an exemption from PA 152 of 2011 (the "Act") to permit DWIHN to subsidize the healthcare coverage for the upcoming 2027 plan year for an estimated amount of $868,108 based on five hundred sixty (560) employees, which represents 88% of DWIHN employer and 12% employee contribution. This amount represents a $975,100 or 9% decrease as compared to the prior year. The amount of the waiver will vary depending on the number of staff and benefits selected, however, the percentages will remain consistent. The waiver allows DWIHN to remain competitive with the provider network in hiring for positions in a limited market. Due to restrictions under the Act, 100% of the amount more than the hard cap must be borne by employees. Approval of the board action would allow a waiver of the hard cap provision and permit DWIHN to fund an amount above hard cap. This Board Action must come before the Board each year prior to the open enrollment period and is not automatically extended beyond the date indicated (12/31/27). With two-thirds approval by the governing body each year, Section 8 of the Act allows the employer to exempt itself from the imposition of the hard cap. It was reported that the Finance Committee did review this and that it was important to continue this and this was approximately a million dollar less than the prior year and that is because there was a rate reduction of about $700,000 and there was another $300,000 HR leadership cost savings associated with this and this is insurance for the employees. It was noted that this is not a program, this deals with employee healthcare. There was no further discussion. The Vice Chair and Acting Chairperson Mr. Parker called for a roll call vote. **Motion carried with Ms. Bentounsi, Ms. Brown, Mr. Blackwell, Ms. Garza Dewaelsche, Mr. Glenn, Mr. McNamara, Mr. Parker, Mr. Phillips, and Dr. Taueg voting Yea.**

G. **BA#27-40 MMRMA Insurance Renewal – Michigan Municipal Risk Authority Management Authority** The Vice Chairperson and Acting Chair Mr. Parker called for a motion. **It was moved by Dr. Taueg and supported by Mr. Glenn approval of BA#27-40 MMRMA Insurance Renewal – Michigan Municipal risk Authority Management Authority.** Ms. Y. Turner, VP of Legal Affairs reporting. The Detroit Wayne Integrated Health Network is requesting approval to contract with the Michigan Municipal "risk Management Authority ("MMRMA") to provide comprehensive liability, casualty and property insurance for all DWIHN owned real property and equipment from 10/1/2026 through 10/1/2027. The total premium payment is in an amount not to exceed $378,763.00. It was noted that we will be receiving $115,000 back in net asset distribution this year. Mr. McNamara requested a report in the Finance Committee on the amount of money we have in case we get a big time suit on one of their accounts. It was also noted that we will apply a portion of that net asset distribution that we are receiving back to our retention there. It was requested that an overview summary be provided. There was no further discussion. **Motion carried.**

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

The Board Vice Chair and Acting Chair Mr. Parker called for the report of the Strategic Plan Committee. It was reported that the Strategic Plan Committee did not meet for the month of October. There was no report.

The Board Vice Chair and Acting Chair Mr. Parker called for the report of the Board Building Committee.

Board Building Committee

Mr. Parker, Committee Chair reported that the committee did not meet during the month of October. There was no report.

Policy Committee

Dr. Taueg, Committee Chair reported that there was a meeting scheduled for today October 21st following the Full Board meeting. There was no report.

The Vice Chair and Acting Chair called for the President and CEO Monthly Report.

PRESIDENT AND CEO MONTHLY REPORT

Mr. White, President and CEO provided a written report for the record. Mr. White thanked the board for their support on the PA-152 Waiver and noted that their support and commitment to our employee group and it is appreciated. An update on the Crisis Center was provided it was stated that the September numbers marks yet another historical moment with the highest service volumes for FY25/26. The Crisis Hub received 2,067 calls resulting in 393 mobile crisis dispatches and 187 referrals to the 707 Crisis Center. The center received 483 requests for services exceeding the 400 monthly request for the first time since opening and this demand reinforces the importance of sufficient crisis capacity staffing as well as timely access to care. The team is doing incredible work. We know that we were going to see an uptick when Team Wellness shut down one of their centers and we continue to see an uptick with numbers and we know that we will see some significant increases when we move over to 7 Mile.

The long-term residential care facility construction has been completed and work continues toward licensure. It was noted at the Executive Committee meeting they are looking at their Medicare certification. There will be a partial opening in December, but we are awaiting more information. Mr.

Maskey is working with them to close out a few punch list items before being ready to announce an opening. This body will be keep informed as we get closer to the date. We have had a number of surprises thus far and we will wait until we have a firm date and know that they have worked through the issues.

There is no official update on the CCBHC, we have applied for a grant specific to the CCBHC and we have not received any good news, but we did not get any bad news, we did an inquiry regarding some additional information and we were just very happy that it was not a denial for the grant. This body will be kept informed on the status.

The Integrated Health Pilot continues to move in the right direction. The board is aware that we continue to work with a number of healthcare agencies to ensure that our members have appropriate access. There has been no real change on the pilot.

The State has opened a new, long-term care facility in Northville. We are very excited about that opening and we are looking forward to them taking patients. It was believed that they will take their first patients on the 25th. He, Dr. Faheem and Mr. Singla had the opportunity to visit the location at different times. This facility will provide 254 beds; 192 will be adult beds and 72 will be youth beds. DWIHN has done a significant data migration program and it did not go as planned, there were some stumbling blocks with the data migration so as a result our staff has been somewhat delayed in communication. If the board has not received a timely response it is not their fault, we have not had a drop-off in service delivery, we have been able to have constant communication as it relates to the services, that we offer for our members. So we're happy about that, but there has been a definite delay in some communications with each other, as well as board members who may have reached out and not gotten the timely response that they are used to.

We are continuing to monitor the impact of HR1 and that will take effect on January 27 and we talked about some of the impacts including the work mandates from ages 19 to 64 and what that will look like. We are looking at a number of different creative ways to be impactful for our members and continue to help them. An idea that our CFO brought forward is a very positive one; the work mandate also includes volunteer work; the conversation have been around doing some volunteer work her was presented which is a great idea and will be moving towards that end as well. We are trying to understand how this mandate is toing to impact our members and what the numbers will actually look like as it relates to those who are receiving services.

Discussion ensued are the increases in youth violence in Detroit and the activities that we may be looking at to help families that go through this. The previous community engagement teams were out, continue to be out now, as it relates to programming around behavioral health. As it relates to, you know, the violence that we've seen recently, there's no specific program around that. We are looking to implement a grief program for the entire county of Wayne that will allow us the opportunity to go into those areas and Work with those families that are a victim of violent crime, and to expose them to the resources that are available. As it relates to specifically deploying behavioral health professionals in a violent crime response, there really isn't a model beyond, co-response that seems to work in that regard. But we do see the value in being present and an after-action, kind of a wraparound community service program, and a lot of communities engaged in formal grief counseling. We're looking at some programs now that involve chaplains and other community programs that we can bring together and take to a community that really just need a response and some assistance in understanding how to cope with some of the things that they're seeing. Discussion ensued regarding DWIHN having a philanthropic arm; it was noted that we

do not, we have talked about the legalities around that and we are working through how that could be possible with our PIHP contract there does not appear to be a pathway there; with our CMHSP arm there could be a non-profit opportunity but there are some questions we would have to answer regarding what it would look like. It was noted that if there is an opportunity it could be something that is important to the whole region and there would probably be an opportunity for us to close a couple of service gaps or community needs. Discussion ensued regarding the ER visits and individuals that return to the ER instead of going back to the provider and if that has a ripple effect across the region, it would be good if there is an opportunity for us as a board to establish a regular cadence or health systems from across the county can come and provide updates to this board about some of the things that they are seeing particularly upticks of individuals who are coming in in a behavioral health crisis and as a board member it would be informative in terms of how we act as a board. It was also noted that the bios of the board are all online, but we have a tremendous executive team and it was thought the public would benefit from more about the teams. Mr. White noted that in regards to our employees there is the protection of their privacy but we do look at ways to feature them, the board members are a public body and the bios are noted based on the charter in which you sit in your seat. The CEO noted that he has the benefit and privilege of celebrating their work publicly and being the face of it; the communications team has been challenged with finding ways to bring them forward more. It was noted that the person he was referring to was Mr. D. West and there is a ripple effect of members sitting in emergency rooms and not getting the services they need, there is some data around emergency room visits and he would be happy to provide going forward in a report.

It was moved by Mr. Glenn and supported by Commissioner Kinloch Reconsideration of Board Action #27-31 (Revision 1) from the Michigan Department of Health and Human Services Children's Initiative Grants and that he would like to bring the board action back to the podium for the FY27 MDHHS Children Initiative Grants contract term of 10/1/26 – 9/30/27 for a total budget allocation of $1,850,193 for all MDHHS Children Initiative grants in which $1,043,582 is for the System of Care grant and $60,000 is to allocated to Ruth. It was noted for clarity that the item was being walked on. A roll call vote was called. **The motion carried with Ms. Bentounsi, Ms. Brown, Ms. Dewaelsche, Mr. Glenn, Commissioner Kinloch, Mr. Parker, Dr. Taueg and Mr. McNamara voting Yea; Mr. Blackwell voting Nay and Mr. Phillips recusing himself because of a contractual relationship with MDHHS.**

Mr. Parker, Vice Chair and Acting Chair noted for the record that Chairperson Commissioner Kinloch was present, however he requested that Mr. Parker, Vice Chair continue to act as Chair.

There was no further discussion. The monthly report of the CEO and President was received and filed.

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

REVIEW OF ACTION ITEMS

The Board Liaison reported that there were three action items. The first is to provide information on the DWIHN activities and events; this item has been completed; secondly provide in future board actions information on performance of providers; and thirdly, provide to the Finance Committee an update on the monies at MMRMA, for example the Retention fund.

It was requested of Dr. Crawford, Chief of Staff and VP of Strategic Engagement to provide an update on the board vacancy. It was reported that and an update will be provided once there is an update, a name has been submitted for purposes of consideration and he was not prepared to provide that name, he does have a meeting with the Chief of Staff for Mr. Evans and we will have some discussion about the process at that point. The Board Secretary Glenn noted that it was important to get that seat filled as quickly as possible with an individual that is familiar with our business because we do not have the luxury of having board actions not passed because of one vote. We have 126,000 individuals that we are responsible for servicing as well as their family members.

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

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

Ms. L. Gilzean, Founder and Executive Director of FaTaj Transition & Learning Center addressed the board virtually to introduce herself and services of her organization and explore potential partnership opportunities with Detroit Wayne Integrated Health Network as they expand their services throughout Wayne County. She serves children with Autism and development disabilities. Mr. Parker thanked her for the comments and noted to please leave contact information with administration for follow-up.

Ms. M. Richardson addressed the board regarding issues with semi-independent living and noted that there was a need with housing for people with behavioral health issues and the stability comes from the support they receive thereafter. The cycle of hospitalization simply continues for many because the basic need for housing is not met. On January 1st 2027 the AMI semi-Independent living population service funding will be reduced by 41% all 11 DWIHN SIL providers will be forced to make a lot of tough decisions on which members will remain or even if they are able to keep their doors open. Their organization is being forced to only accept members who receive 325 hours or higher. Additional information was shared. The Vice Chair and Acting Chair requested that Ms. Richardson leave her contact information with administration.

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

ADJOURNMENT
There being no further business, Mr. Parker, Vice Chair and Acting Chair called for a motion to adjourn. **It was moved by Mr. Glenn and supported by Mr. McNamara to adjourn the meeting.** There was no further discussion. **Motion carried.** The meeting was adjourned at 1:58 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE Meeting Minutes

Minutes	October 7, 2026 1:00 p.m.	8726 Woodward Avenue Detroit, MI 48202 (Hybrid/Zoom)

Meeting called by	Ms. Dora Brown, Chair
Type of meeting	Finance Committee Meeting
Facilitator	Ms. Dora Brown, Chair
Note taker	Ms. Erica Poole, Management Assistant
Attendees	**Committee Members Present:** Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Ms. Eva Garza Dewaelsche **Committee Members Excused:** Mr. Bernard Parker **Board Members Present:** Commissioner Jonathan C. Kinloch, Board Chair Mr. Barry Blackwell Dr. Cynthia Taueg **Substance Use Disorder Oversight Policy Board Attending Virtually:** Thomas Adams, Board member **Staff:** Mr. James E. White, President & CEO; Ms. Stacie Durant, VP of Finance; Mr. Keith Frambro, VP of IT Services; Ms. Ebbonye Graham, VP of Human Resources; Mr. Eric Hutchinson, VP of Clinical Services; Ms. Dawn Ison, VP of Corporate Compliance; Ms. Yolanda Turner, VP of Legal Affairs; Dr. Darrin Crawford, Chief of Staff & VP of Strategic Engagement; Ms. Monifa Gray, AVP of Legal Affairs; Dr. Sharma Faheem, Chief Medical Officer **Staff Attending Virtually**: Ms. Dhannetta Brown, AVP; Ms. Melinda Hamer, Budget Administrator; Mr. Steve Zawisa, Director of Fiscal Informatics Analytics

Agenda Topics

I. Call to Order

Ms. Dora Brown, Committee Chair, called the Finance Committee meeting to order at 1:06 p.m.

II. Roll Call

Roll call was taken by Ms. Lillian Blackshire, Board Liaison. A quorum was present.

III. Committee Member Remarks

There were no committee member remarks.

IV. Approval of Agenda

The Committee Chair, Ms. Brown called for approval of the agenda. **Motion:** It was moved by Mr. McNamara and supported by Ms. Eva Garza Dewaelsche approval of the agenda. There was no further discussion. **Motion carried.**

V. Follow-Up Items

Ms. Blackshire reported that there were no follow-up items.

VI. Approval of Minutes – September 2, 2026

The Committee Chair, Ms. Brown called for approval of the September 2, 2026 Finance Committee minutes. **Motion:** It was moved by Mr. Kevin McNamara and supported by Ms. Eva Garza Dewalesche approval of the minutes from the September 2, 2026 Finance Committee meeting. There were no corrections to the minutes. **Motion carried; minutes accepted as presented.**

VII. Presentation of the Monthly Finance Report

The Finance Department presented the monthly report and financial statements for the eleven months ended August 31, 2026. Finance continues to closely monitor its cash flow to meet current payment obligations and will liquidate cash and investments held at its financial institutions, as needed. Finance requested $3 million from each of three investment managers, totaling $9 million, to support timely provider payments because the October Medicaid capitation payment was not expected until October 30, 2026. DWIHN is presenting Board Action 27-34, PA152 Waiver. It should be noted that the cost of the waiver is approximately $1 million less compared to prior year. This is primarily the result of a rate reduction and few minor plan changes. The bi-weekly employee payroll deductions are the same as prior year. This has resulted in a health insurance savings, including approximately $700,000 attributable to reduced claims costs and $300,000 related to benefit and broker work. Discussion ensued regarding the annual PA 152 Waiver (BA#27-34). MDHHS issued draft FY27 Medicaid rates; final rates are forthcoming. The revenue projections are based on Medicaid eligibility and range from $1.059 billion to $1.086 billion before IPA and HRA and include $20 million in Medicaid funds for the minimum wage increase effective January 1, 2027. An attachment was included in the board packet and discussion ensued regarding the number of members enrolled and the annualized revenue projections.

The record reflects the Commissioner Kinloch joined the meeting.

Finance will prepare a budge amendment for the January 2027 meeting, at which time, DWIHN would have received three (3) capitation payments. Discussion ensued regarding FY2027 draft capitation rates, eligibility-based funding, projected revenue, service needs, and the financial pressures on DWIHN. There was also discussion regarding the depletion of the Internal Service Fund, differences between PIHP and CMHSP reserves, the effects of rate assumptions and enrollment on funding, and the need to continue medically necessary services.

Consistent with prior year, Finance will not have financial statements to present for the November 2027 meeting as September 30, 2026 audit reports will be presented in May 2027.

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

(B) Due from other governments and Accounts Receivable – comprise various local, state and federal amounts due to DWIHN. Approximately $6.1 million in SUD and Mental Health block grants due from MDHHS. Approximately $13.7 million for the July and August 2026 pass-through HRA revenue. The Accounts receivable consists of $3.0 million due from Wayne County for 3rd quarter and July/August 2026 estimated PA2: $1.5 million for Wayne County August match; 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 August 31, 2026 were approximately $889.2 million. However,

actual payment were approximately $808.2 million. The difference represents claims incurred but not reported and paid $81.0 million.

(D) Net Position – Internal Service Fund; there is currently no Medicaid ISF. The lack of ISF reserves puts DWIHN in a position whereby cash flow must be managed month to month and there is heavy reliance on local CMHSP funds.

(E) State grants and contracts – The $32.7 million variance is due to $161 in timing related to 7 Mile Care Center and Ecorse Care Center grants; $7.6 million variance in HRA pass-through actuals compared to budget and $6.8 million variance in Medicaid actuals compared to budget.

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

(G) Adult, Children and IDD expenses – The $78.3 million variance is due to increased costs over budgeted amounts. DWIHN's cost efficiency plan will address a small portion of the shortfall, however the remaining balance exhausted the ISF balance of $65 million and will require a minimum FY26 rate amendment of $25 million. There was no further discussion. The Monthly Finance Report was received and filed.

VIII. Unfinished Business – Staff Recommendation(s):

A. **BA#24-18 (Revision 2)** – Peter Chang, Inc (PCE) Maintenance Contract. Mr. Keith Frambro, VP of IT Services reporting. The board action is requesting approval of a one-year contract with Peter Chang Enterprises to continue maintenance of the DWIHN MH-WIN System for the period of 10/1/2026 – 9/30/27. The contract with PCE and DWIHN is for hosting and maintaining MH-WIN with the Substance Use Disorder Managed Care Module, Twilio Text Messages, the Crisis Center Module, and the Mobile Crisis Module. The amount of the renewal is not to exceed $1,447,956.00 bringing the contract total including the renewal, to an amount not to exceed $5,661,975. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. McNamara approval of BA#24-18 (Revision 2) to Full Board for approval. There was no further discussion. **Motion carried.**

B. **BA#24-27 (Revision 1)** – Business Intelligence (BI) Solutions Developer Services. Mr. Frambro, VP of IT Services reporting. DWIHN is requesting approval of contract extension for Joseph J. Barr, Business Intelligence (BI) Developer to continue performance of BI services as described below. The vendor responded to and was selected under RFP #2023-011. The BI Developer will be responsible for delivering business intelligence services for the development and maintenance services of DWIHN's HEDIS measures, dashboards, and reports required for NCQA compliance and other compliance requirements. The contract will also include work on the conversion from Microsoft Power BI to Microsoft Fabric. The contract will be for a 1-year term extension beginning October 1, 2026 and ending September 30, 2027, with a total not-to-exceed amount of $357,396.00. Annual not-to-exceed amounts based on a maximum 29-hour work week are as follows: 1 Year -10/1/26 -09/30/27: 29 hours per week at $61.90/hr. during the one -year term not to exceed $93,345.20. Contract Total = $357,396.00 **Motion:** It was moved by Commissioner Kinloch and supported by Mr. McNamara approval of BA#24-27 (Revision 1) to Full Board for approval. Discussion ensued. **Motion carried.**

IX. New Business – Staff Recommendation(s):

A. BA#27-32 – NetLink Tenant-to-Tenant Migration Services. Mr. Frambro, VP of IT Services reporting. This board action is requesting to modify BO22690030 Approval to process a Change Order for Blanket Order Number BO22690030. This blanket order is for consulting services to migrate the DWIHN Microsoft cloud environment (tenant) to a different tenant. The original terms of the blanket order are 5/7/2026 to 5/7/2027. The change order is a one-time cost that specifically covers software costs and consulting work for converting all forms and automations from the old tenant to the new tenant. This change order would add $13,770.00 to the blanket order, bringing the total contract amount not to exceed $11,326.00 for the 12 months ended 5/7/2027. **Motion:** It was moved by Commissioner Kinloch

and supported by Mr. McNamara approval of BA#27-32 to Full Board for approval. There was no further discussion. **Motion carried.**

B. **BA#27-34** – PA 152 Waiver. Ms. S. Durant, VP of Finance reporting. DWIHN presents this board action to request an exemption from PA 152 of 2011 (the "Act") to permit DWIHN to subsidize the healthcare coverage for the upcoming 2027 plan year for an estimated amount of $868,108 based on five hundred sixty (560) employees, which represents 88% of DWIHN employer and 12% employee contribution. This amount represents a $975,100 or 9% decrease as compared to the prior year. The amount of the waiver will vary depending on the number of staff and benefits selected, however, the percentages will remain consistent. The waiver allows DWIHN to remain competitive with the provider network in hiring for positions in a limited market. Due to restrictions under the Act, 100% of the amount more than the hard cap must be borne by employees. Approval of the board action would allow a waiver of the hard cap provision and permit DWIHN to fund an amount above hard cap. This Board Action must come before the Board each year prior to the open enrollment period and is not automatically extended beyond the date indicated (12/31/27). With two-thirds approval by the governing body each year, Section 8 of the Act allows the employer to exempt itself from the imposition of the hard cap. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. McNamara approval of BA#27-34 to Full Board for approval. Discussion ensued. It was noted that a correction needed to be made to the prior fiscal year amount from $1,768,000 to $1,843,208. The motion was amended by Commissioner Kinloch and supported by Mr. McNamara for approval to Full Board with the correction to the Board action being made prior to the Full Board meeting. There was no further discussion. **Motion carried.**

X. Good and Welfare / Public Comment

Mr. Rita Palmer, Faithful Transportation and Faithful House addressed the committee regarding her licensed residential home that has available beds and her difficulty obtaining placements through DWIHN despite outreach.

The Chair thanked Ms. Palmer for her comment and indicated her information would be directed to the appropriate staff for follow-up.

XI. Adjournment

There being no further business, the Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. McNamara to adjourn. There was no further discussion. **Motion carried.** The meeting adjourned at 2:22 p.m.

Follow-Up Items

1. Correct the prior fiscal year amount in BA#27-34 to $1,843,208 before Full Board consideration.
2. Direct Ms. Palmer's placement concerns to the appropriate DWIHN staff.
3. Finance to prepare a budget adjustment in January to reflect updated FY2027 capitation rates and actual receipts.

PROGRAM COMPLIANCE COMMITTEE

MINUTES **OCTOBER 14, 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, Angelo Glenn, and Dr. Cynthia Taueg **Committee Member(s) Excused:** William Phillips **Board Members:** Commissioner Jonathan Kinloch, Board Chair **Staff:** Dr. Darrin Crawford; Dr. Shama Faheem; Keith Frambro; Alison Gabridge; Monifa Gray; Marlena Hampton; Erik Hutchison; Dawn Ison (Virtual); Melissa Peters; Cassandra Phipps; Stacey Sharp; April Siebert; Manny Singla; Yolanda Turner; Daniel West; James White; Rai Williams; Megan Sandhawalia; 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 informed the committee that BA #27-33 (Vivitrol for 707 Crisis Care Center FY27) will be removed because it received exigent approval at a previous meeting. Mr. Glenn called for a motion to approve the agenda as amended. **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to approve the agenda. Mr. Glenn asked if there were any more changes/modifications to the agenda. There were no more changes/modifications to the agenda. **Motion carried as amended.**

V. Follow-Up Items from Previous Meeting

A. **Autism Services' Quarterly Report –** Provide information on barriers or reasons why families are declining services, even though they were eligible, and provide a comparison to the year prior in the next 90 days. Provide a report on the success stories of families that receive Autism services. Cassandra Phipps, Director of Children's Initiatives, reported that families are choosing not to initiate or continue ABA services when eligible due to family preference to decline services, scheduling conflicts, transportation barriers, life stressors, and other services. *Success stories of families that receive Autism services* - MetroEHS supported a member through a structured ABA program that culminated in a formal graduation in August. Following the completion of services, member successfully transitioned into a full-day, 1st-grade general education classroom, demonstrating age-appropriate readiness, independence, and adaptive skills required for school success. *Graduation From ABA and Transition to School with No IEP Needed* - Acorn Health in Livonia, a member recently graduated from ABA services after participating from July 2024 through August 2026. As the member entered full-time school this fall, the school team reported that the member was thriving and that an IEP was not recommended, citing the ability to adapt to classroom routines with minimal support. Throughout ABA, the child built strong communication, social, and school-readiness skills, supported by a steady but intentionally fading treatment intensity. The Clinician worked closely with the child and siblings over several years, reinforcing family-centered care and coordinating therapeutic support.

DISCUSSION/ CONCLUSIONS

B. **Children's Initiatives' Quarterly Report –** Provide information on the State eliminating mental health services in the School Success Initiative's budget and the impact on the schools – Cassandra Phipps, Director of Children's Initiatives, reported that Michigan schools can receive funding from 2 state funded programs for the school fiscal year of July 1 – June 30 - *Section 31aa (Safety and Mental Health):* Delivers per-pupil payments to traditional public schools, charter schools, and private schools for mental health staffing and security. Public schools receive a set amount per pupil (average amount of $374 per student in public school). In order for schools to receive the funding schools agreed to participate in a state investigation in the instance of a mass casualty event such as a school shooting. Each school district decides whether to accept the funding under the new conditions; for example, Detroit Public Schools and Dearborn accepted the funding, while Woodhaven opted out; *Section 31n / Caring for Students (C4S):* The Caring 4 Students (C4S) assists school districts by providing partial reimbursement for the cost of expanding and enhancing emotional/behavioral and medical services to Medicaid-eligible general education students through the age of 21. Students must have a Plan of Care to be eligible (which includes, but is not limited to, an Individualized Health Care Plan, Behavioral Plan, Medical Management Plan, and Safety Plan, or a need for crisis intervention), along with parental consent. The funding school districts receive includes a 3-year sustainability plan; thus, school districts ensure there is a plan to sustain funding for at least an additional year if state funding ends; and *(2026) WayneRESA – 31n School District List* – A total of 23 school districts receive 31n funding out of a total of 33 Wayne County Districts.

Mr. Glenn opened the floor for discussion. Discussion ensued. Dr. Taueg thanked and complimented Mrs. Phipps and her team for an outstanding job at the Black

Maternal Health Summit. It brought some additional information that was unknown about opioid use disorder and the work that DWIHN is doing.

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS

Mr. Glenn called for a motion to approve the October 14, 2026, meeting minutes. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Taueg to approve the October 14, 2026, meeting minutes. Mr. Glenn asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

DISCUSSION/ CONCLUSIONS

A. **Chief Medical Officer** – Dr. Shama Faheem, Chief Medical Officer, submitted and gave highlights of the Chief Medical Officer's report. It was reported that:

1. **Partnerships and Community Engagement** – Tri-County Vaccine Conference (October 6, 2026) – Dr. Shama Faheem presented on DWIHN's collaborative efforts in the community vaccination strategy and future public health planning; and Southeast Michigan Psychiatric Hospital (formerly Walter Reuther) – The Medical Directors' meeting and facility tour occurred on September 29, 2026; and the ribbon-cutting ceremony was held on October 7, 2026. There are a total of 264 beds (192 adults and 72 youths). Patient transfers are reportedly scheduled for October 25, 2026.
2. **PIHP Updates** – ***Clinical Data Integrity and Disenrollment: Mild—to-Moderate Disenrollment Initiative*** - This project focuses on individuals with LOCUS/MichiCANS scores indicating mild-to-moderate needs who remained in PIHP services without appropriate transition. CRSPs completed transition reviews and ABD notifications in July; August/September focused on appeal reviews, with final disenrollments happening in October. Combined total population is 1,152, of which approximately 17% of all cases in this group have been closed in the EMR, and others are planned to be closed in October. As part of the ABD disenrollment transition, a total of 630 children and 116 adults were referred to their Medicaid Health Plans for ongoing management and coordination of care. These referrals ensure continuity of services as members shift from PIHP enrollment to MHP oversight.
3. **Health Homes** – *Behavioral Health Home (BHH)* – There are currently 4,039 members being served; 692 active as of October 1st; utilization is 81.8% (claims pending); P4P (FY25 distributed in FY26) - $106,001.87 was awarded across seven (7) providers. *SUD Health Home (SUDHH)* – There are currently 2,774 members served; 717 active as of October 1st ; utilization is 72.4% (claims pending); P4P (FY25 distributed in FY26) - $101,097.87 was awarded across nine (9) providers. Wellness Challenge – There are 383 participants across six (6) agencies; 107 completed to date (final numbers pending). Strong provider feedback; improved preventive care and whole-health engagement.
4. **CMHSP Updates (Crisis Center)** - FY26 data demonstrates sustained high volume and clinical complexity across Adult CSU, Child/Family CSU, and BHUC programs. Across FY26, all APPs and psychiatrists collectively completed 8,140 clinical notes, including psychiatric evaluations, daily

progress notes, triage and disposition documentation, and BHUC encounter notes. This volume reflects the breadth and intensity of crisis services delivered throughout the year. Morning shifts consistently carried the highest workload, and the introduction of a midday APP shift beginning in August significantly redistributed operational pressure, reducing morning documentation volume by approximately 35–45%. Key performance indicators reflect strong timeliness with Total Psychiatric evaluations: 1,588 completed, and **88.2%** initiated within 3 hours.

Mr. Glenn opened the floor for discussion. Discussion ensued. Mr. Blackwell requested that the meaning of abbreviations/acronyms be included in future reports. ***(Action)***

B. **Corporate Compliance—** *Deferred to November 12, 2026 Program Compliance Committee Meeting*

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

Mr. Glenn, Committee Chair, thanked Cassandra Phipps, Director of Children's Initiatives, for the service she has provided at DWIHN. He wished her well and congratulated her on her future endeavors. Mr. White, President/CEO of DWIHN, also thanked Mrs. Phipps for her time and service to DWIHN and offered well wishes for her future endeavors.

A. **Adults Initiatives** – Alison Gabridge, Clinical Practice Improvement (CPI) Administrator, submitted and gave highlights of the Adults Initiatives' quarterly report. It was reported that:

1. **Activity 1: Med Drop** – There were a total of 57 members who participated in the Med Drop program and 4,442 scheduled drops for participating members during this quarter. AWBS has had limited engagement in the Med Drop Program since the previous point person left; follow-up is underway to identify a new representative and re-establish participation; Competing priorities are limiting referral generation, keeping enrollment well below the 20-member target. LBS is currently the only provider actively working to increase enrollment. Adult Initiatives will identify members on active AOT orders who struggle with medication adherence and may benefit from Med Drop. Each provider will receive a working list of potential referrals.
2. **Activity 2: Evidenced-Based Supported Employment (EBSE)/Individual Placement and Support (IPS)** – There are 268 unduplicated members served; 87 members employed in the program; and 44 members who obtained employment this quarter. Programs are experiencing high staff turnover/lack of staff; long delays between service authorization and service start dates (average of 18 days); and a lack of clear data collection expectations and procedures between IPS providers and DWIHN. Plans – SOPs to establish tracking expectations of IPS providers; develop KPIs based on fidelity and state/national metrics; and update policy which will establish accountability for CRSPs providing IPS services.

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee inquired whether the members of the Med Drop program have support with them when they are being monitored and when they are administering their meds. ***(Action)***

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

1. **Activity 1: Member Enrollment** – For FY26 (Q3), the DOC had 140 intakes completed. As anticipated for Q3, the DOC had a lower enrollment rate due to capacity management (job vacancies, enrollment of members who were not fully engaged, and shifting of some staffing and contingency planning to ensure all member services were covered during the vacancies that the department had, and the department was able to adjust some right-sizing of caseloads).
2. **Activity 2: Member Demographics** – Demographic data is trending very similar to what was presented at the beginning of the year. It was noted that the shifts, as the primary zip codes, are now more geographically located to the 6-Mile location, whereas in the previous year they were more geographically located to the 707 location. It is not necessarily an indicator that that is where the greater need is, but rather how our intake availability and access through our Access department were scheduled. On the enrollment chart, there was a significant increase in our child total numbers over Q3 compared to our adult total numbers, and we may continue to see that the department is fully staffed and has an implementation plan for growth and overall service care.
3. **Activity 3: Services Provided** – Listing of services has been condensed due to some of the billable services that we provide are supporting the main services (screening) already being given. They all contribute to care, including MichiCANS' assessment and treatment planning and annual assessments. Because of our shift of staffing and overall caseload management, some of the services plateaued some in Q3 and may anticipate that in Q4. The department was able to keep the current active, engaged members receiving services and making sure they were receiving quality care.
4. **Updates** – DOC celebrated its 2-year anniversary with staff collectively; significant improvements were made in all of our HEDIS measures except for one, and we are contributing to some effective corrective action plans and some of that staffing is used for monitoring and oversight. For FY27, the department looks forward to showcasing some additional, more detailed data points for the committee. They will be focusing on child and adult data separately now that the numbers are large enough to show that, as well as on some very specific information that will help us track trends in our population's needs.

Mr. Glenn opened the floor for discussion. Discussion ensued. Mr. Blackwell requested data on socioeconomic factors, how many members are living at or below the federal poverty level in the zip codes we provide services to, and why there are disparities in income and health. Provide the community needs assessment to Mr. Blackwell. Add this topic to the Board Study Session. ***(Action)***

C. **707 Crisis Care Center** – On behalf of Grace Wolf, VP of Crisis Services, Meagan Sandhawalia, Senior Director of Crisis Services, submitted and gave highlights of the 707 Crisis Care Center's quarterly report (June – August 2026). It was reported that:

1. **Activity 1: Adult Crisis Stabilization Data** – There were 281 presentations and 146 admissions per month. On average, 45 individuals per month were connected to community resources, 30 were sent out for medical stabilization during triage, and 59 were referred to our behavioral health urgent care. Our average AMA was one per month. The Center served African American males

between the ages of 26 and 64 and for disposition, 41% of individuals were connected to outpatient services while our inpatient referral rate remained low at 23%. For recidivism, our average same-month readmission rate for the quarter was 14%.

2. **Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data –** This Unit is 100% peer support-led. On average, we had 10 individuals transfer from the adult unit per month, with an average length of stay of four days. The largest share of individuals, 44% were connected to outpatient services at time of discharge, followed by 25% to SUD residential, and 17% to housing.
3. **Activity 3: Child and Family Crisis Unit (CFCU) –** For this quarter, there was an average of 93 presentations and 45 admissions per month. On average, 12 youth per month were connected to community resources, 15 were sent out for medical during triage, and 19 were referred to our behavioral health urgent care. Our average AMA was two per month. We primarily serve African American females between the ages of 10 and 14, and for disposition, 45% of our youths were connected to partial hospitalization, while maintaining a low inpatient referral rate of 15%.
4. **Quarterly Update -** August 2026, marked the Center's first year of 911 transfers to the Crisis Hub; year-one data to follow in "911 to Crisis Hub Transfer_Year 1 Data" Report; Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules; and there are no current plans of improvement/correction.
5. **Detroit 911 Communications Transfer to DWIHN Crisis Hub Pilot Program (August 2025 – August 2026) Follow-Up -** Starting in August 2025, the DWIHN Crisis Hub and the Detroit 911 Communications Department implemented a direct 911 transfer program. Detroit 911 Communications identified two Computer-Aided Dispatch (CAD) codes: Mental Health Non-Violent and Suicide No Threat. These call types are specific to mental health needs that do not present an immediate threat of violence. They were determined to be more appropriate for mental health response versus a police response. There were a total of 2,030 calls transferred. A large share of these calls came from what we call friendly voices, who are individuals who call 911 regularly and use it more as a support line. Because we speak to these callers quite often, they frequently end the calls themselves once they feel they've been supported, which is why discontinued by callers is our largest disposition at 33%; 11% of transferred calls resulted in a mobile crisis dispatch, and only 4% required referral back to 911 for immediate risk, meaning that 96% of these calls were handled without a police response. Looking at timing, the call volume is highest late at night between the hours of 10pm to 1am, with a second spike in the morning from 8 to 10am and the average call length was 14 minutes,

Mr. Glenn opened the floor for discussion. Discussion ensued. Dr. Taueg requested information on why is it that the majority of the clients that came to the crisis center were females between the ages of 10 and 14.

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

1. **Activity 1: Diversion Percentage Intervention -** Since inception of PAR Services in-house at DWIHN, PAR Services have been monitoring the overall diversion rate for children and adults. In July, the overall diversion percentage dropped below the DWIHN standard of 25% (22% in July). As a result, on 8/10/26 PAR Services developed and executed a Standard

Operating Procedure as an intervention. In this intervention, PAR Clinicians are to consult with their direct Managers to determine opportunities for diversion to the least restrictive environment on PAR Clinicians' first 2 inpatient dispositions per shift. PAR Leadership has consulted on 715 inpatient dispositions since 8/10/26, and of those consultations, 18% (128) have resulted in a diversion to a lower level of care. This has contributed to an increase in diversion rate from 22% in July to 28% in August and September. PAR Services has implemented Key Performance Indicators and has completed 2 months of KPI data collecting. Clinicians who fall below the standard within PAR Accuracy will have a collaborative SMART Goal developed and tracked. PAR Accuracy KPIs are directly related to MCG/Indicia criteria within the PAR Assessment.

2. **Activity 2: Member Notification/Safety Plan Intervention** - The PAR Dispatch Team has recognized the need to ensure DWIHN members are notified and informed regarding decisions made in crisis. DWIHN PAR Clinicians need to ensure members are provided informed consent where applicable, so they are aware of the next steps within the DWIHN crisis continuum. As a result, PAR Services has developed and instituted a Standard Operating Procedure for documentation of member notification as a standard and have developed a Safety Plan to physically provide to the member as a result of one-on-one collaboration upon PAR screening completion. DWIHN PAR Clinicians are currently engaging members in collaboration and completion of Safety Plans, which are one-page documents provided to the members. Discussions will include presenting concerns, identification of supports in crisis, coping skills and strategies, and recommended next steps moving forward. Safety Plan completion is required, where applicable, upon diversion to a lower level of care. The team has provided Safety plans for over 200 members since initiation of this intervention on 8/31/26. This intervention has satisfied audit requirements and provides an opportunity to reduce recidivism to emergency departments together with previous interventions of CRSP notifications. The team will review the members who have received a Safety Plan at 30-, 60-, and 90-day intervals to determine if service engagement has occurred. The team will compare similar timeframes to determine if this intervention has an effect on member engagement upon discharge from the emergency department.

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

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

1. **Activity 1: UM Determinations, Timeliness, and Quality Improvement** - Services should be of the highest quality and timely, cost-effective, clinically appropriate, and medically necessary. We accomplish this through consistent review and update of our processes, procedures, and documentation. Our goal is to improve the efficiency of utilization review and decrease/eliminate delays in service delivery or authorization. The UM Department has onboarded a physician consultant to support the review and processing of medical necessity denials. In Q4, we manually approved 84.3% of standard prior authorization requests within seven (7) days. While we did not achieve our internal stretch goal of 95%, we demonstrated a 57.9% relative increase (30.9 percentage points) in the manual approval rate between FY25 and FY26 year-ends.
2. **Activity 2: NCQA UM Standards Readiness** - The Behavioral Health Accreditation 2026 standards, applicable to surveys effective July 1, 2026,

through June 30, 2027, include new standards and updated requirements for Utilization Management, along with additional updates for clarification. DWIHN's survey will take place in February 2027. The UM Appeals Coordinator, with support from the UM Administrator and Director of Strategic Operations, has expanded their role to support NCQA readiness, including reviewing applicable standards and compiling required evidence for compliance. Regulatory compliance information is being shared more consistently with staff via department all-staff meetings and regular team huddles.

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

F. **President/CEO Update –** Mr. White thanked staff for their patience with the DWIHN data migration, which started about a month ago with letting everyone know that it was upcoming. The migration started on Monday and did not go as planned and put DWIHN in a tailspin. Staff has been getting their computers updated, uploaded and re-imaged. Non-urgent meetings will be rescheduled. Mr. White thanked the I.T. Team for their hard work in getting staff updated. Mr. White informed the committee that if there were any delays hearing from staff that he was to blame.

On a positive note, Mr. Glenn had an incident last Saturday where he saw someone in distress, administered Narcan and saved that person's life. Mr. White presented Mr. Glenn with the Opioid Lifesaving Award.

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

IX. Strategic Plan - None

DISCUSSION/ CONCLUSIONS	***There was no Strategic Plan to review this month.***

X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	A. QAPIP Work Plan Update FY26 – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan Update FY26. It was reported that: 1. **Performance Indicator 2a** - Performance Indicator 2a continued to show improvement across each reporting period. In the quarter-over-quarter chart, Total IBPS 14-day completion rates increased from 53.71% in Q1 2026 to 60.22% in Q2 2026, maintaining strong performance at 59.22% in Q3 2026. The MI/Child and DD/Adult populations demonstrated the most significant gains, with MI/Child rising to 66.33% and DD/Adult reaching 72.58% in Q3, both representing the highest performance levels achieved this year. MI/Adult performance remained consistently strong, sustaining levels above 63% in the last two quarters. 2. **HEDIS Performance –** HEDIS performance remained stable overall, with 5 of 10 measures currently meeting statewide benchmarks. High-

performing areas include: FUM 30 Adult at 64.71% (Benchmark: 54.87%); FUM 30 Total at 66.29% (Benchmark: 60.76%); ADD Initiation at 62.06% (Benchmark: 52.60%); ADD Continuation at 71.27% (Benchmark: 61.20%); and APP Total at 73.04% (Benchmark: 65.59%). Additionally, other measures are showing quarter-to-quarter improvement. Targeted provider-focused improvement plans are actively underway to maintain progress and address remaining performance gaps.

3. **Achievements** - DWIHN achieved a score of 100% on the External Quality Review Performance Measures Validation audit, with no plan of correction required. This outcome reflects strong operational performance, adherence to state standards, and consistent execution of quality monitoring practices.

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 and gave highlights of the VP of Clinical Operations Executive Summary. It was reported that Clinical Operations held an in-person meeting with key stakeholders, including our in-network psychiatric hospital partners. With PAR services spearheading the meeting, many other DWIHN department representatives attended to connect with our partners. We were able to provide updates, address areas for improvement, and connect with the appropriate leaders. We highlighted the adult's team, including AOT leaders, Med Drops, and ACT services, for our members. Utilization Management was also there to answer questions. Our community partners expressed their appreciation for the meeting, and we will continue to hold it once a quarter.

For our EPIC Systems Electronic Medical Record (EMR) read-only view update, we supplied Corewell Health with a list of approximately 15 DWIHN leaders, and they have provided access to these leaders. This Friday we will meet as DWIHN leaders to discuss next steps to establish policies, procedures, and training for the use of EMR view access. There is training hosted by Corewell Health tomorrow that a couple of us will attend. This training will also be part of the training required for DWIHN team members. Once we establish the policies, processes, and training for EPIC, we will begin requesting access for the DWIHN frontline team members.

Mr. Glenn opened the floor for discussion. Discussion ensued. Dr. Taueg requested that staff include testimonials or statements from people with lived experience that speak to the impact and quality of service in DWIHN's Annual reports and board/committee reports. ***(Action)*** 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 #26-46 (Revised 4) – MI HIDE-SNP FY26** – Staff requesting board approval to add two (2) providers under the HIDE-SNP (formerly Dual Eligibles) Program, each with a one-year contract through December 31, 2026. The new providers, Pontiac General Hospital and Trillium Behavioral Health, will receive and disburse Medicare dollars to deliver covered services to eligible beneficiaries. The amount of $7,810,615 noted for Medicare dollars is an estimate based on FY25 claims incurred by dual-eligible members and may be

higher than the estimated amount. Amounts may be reallocated amongst providers based on actual claims adjudication without board approval. Mr. Glenn called for a motion on BA #26-46 (Revised 4). **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #26-46 (Revised 4) to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell opposing.**

B. **BA #27-23 (Revised) – DWIHN Provider Network System FY27** – Staff requesting board approval for the addition of the following five (5) providers to the DWIHN provider network for the fiscal year ending September 30, 2027 as outlined – three (3) Residential Providers (Agape Cares Extended, Inc., Good Company, and Mastrofrancesco AFC, Inc.) and two (2) outpatient providers (Metropolitan Rehabilitation Clinics, Inc. and Premier Care of Michigan, LLC). **Note:** The total amount of Board Action remains the same, not to exceed $1,040,045,141 for FY 2027. Mr. Glenn called for a motion on BA #27-23 (Revised). **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #27-23 (Revised) to Full Board for approval.. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell opposing.**

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS

A. **BA #27-05 – Multicultural Behavioral Health Services FY27** – Staff requesting approval of the memorandums of understanding between the Community Mental Health Association of Michigan (CMHAM), the Michigan Department of Health and Human Services (MDHHS), and the Pre-paid Insurance Health Plan (PIHP) for
the PIHP Veteran Navigator (PIHP VN), Peer Navigator, Navigator Assistant, and the Multicultural Integration Providers, formerly known as the Multicultural Programs. The term of the contract is October 1, 2026 through September 30, 2027 with an amount not to exceed $475,997.00. Mr. Glenn called for a motion on BA #27-05. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #27-05 to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. Stacie Durant, VP of Finance, informed the committee that this board action was not the final action regarding the amounts requested from the state. The state, just for disclosure, had made a cut to multicultural programs. It was not, in Mrs. Durant's opinion, an equitable cut. In one population, a group of people's cuts were much more significant and disproportionate. Mrs. Durant reached out to the state, and they approved her proportional reduction. The numbers detailed for each of the organizations are not accurate. The total amount agrees, so we can certainly modify that board action to reflect the correct amount and bring it to the Full Board meeting for final approval. **Motion carried as amended**.

B. **BA #27-29 – Children's Medicaid Specialty Services FY27** – Staff requesting board approval for a one (1) year contract term of 10/1/26 - 9/30/27 for the (3) Children Specialty Services of Integrated Youth Juvenile Clinical Services (IYJCS), Home Based Services (HB), Intensive Care Coordination Services (ICCW). The total of these programs approximates $9,300,000 based on prior year activity. This amount is subject to change and can be allocated amongst the providers referenced below without Board approval. Note: The $9.3M is included in the total amount approved by the Board in Board Action 27-23: FY27 Provider Network System. Mr. Glenn called for a motion on BA #27-29.

Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #27-29 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell voting "Nay" on BA #27-29..**

C. **BA #27-30 – Random Acts of Kindness (RAKS) Foundation – Project Home for Returning Juvenile Lifers FY27** - Staff requesting board approval to contract for an amount not to exceed $250,000 with Project H.O.M.E. (Helping Opioid/Impacted Men and Everyone), a Peer-Led Reentry Support Program designed to provide evidence-based wraparound services to individuals sentenced to life or other extreme sentences as juveniles or emerging adults, who are transitioning from incarceration back into the community and who have Opioid Use Disorder (OUD), or a history of OUD, and co-occurring substance use disorder (SUD), and/or mental health conditions. The program aims to reduce recidivism, improve community reintegration, and address barriers to treatment, employment, housing, education, and recovery through peer-led navigation and comprehensive wraparound support. The program will utilize a Peer Mentor model to provide individualized support, service coordination, advocacy, and linkage to behavioral health, social, educational, and employment resources. We are requesting $250,000 in opioid settlement funds to support this initiative through a cost reimbursement model. Program outcomes will be collected monthly and TA provided by the SUD grants team. This board action was approved by the SUD Advisory Board on September 21, 2026. The total program amount shall not exceed $250,000 for the period from 10/21/2026 to 9/30/2027. Mr. Glenn called for a motion on BA #27-30. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #27-30 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell voting "no".**

D. **BA #27-31 – Linen Services for 707 Crisis Care Center and 7-Mile Locations FY27 –** Staff requesting board approval for a three-year contract (with up to two (2) two-year renewal options) with Continental Linen Services. (selected under IFB #2026-005) to provide clean linen supply and patient laundry services to individuals served at the 707 and 7 Mile Crisis Care Centers. The contract term is from October 1, 2026 through September 30, 2029. The amount shall not exceed $427,414.33 for the duration of 3 years. Note: Linen services for the 707 W. Milwaukee location are budgeted for FY27. A budget adjustment will be submitted to cover 7 Mile expenses once the need arises. Mr. Glenn called for a motion on BA #27-31. **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #27-08 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell voting "no" on BA #27-31.**

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS

1. Ms. Deidre King says the Adult Services report noted that turnover is directly related to the acuity of the service population. Ms. King stressed that the driving force for turnover is the lack of comprehensive support for clinicians. Driven by factors such as limited capacity for non-billable services and activities, low salaries driven by low Medicaid reimbursements, underinsured individuals, and the level of monitoring and compliance required by funders. Systemic factors are the driver, not the community.

2. Dr. Melanie Knox, High Risk Retreat Drop-In Center, started the contract process with DWIHN in 2016 and became a part of the organization in 2019. After COVID, the Drop-in Center died. They have expanded their services outside of the four walls of the building into the community to provide stabilization services, peer support services, and wraparound services to those organizations they have collaborations with and want to collaborate with DWIHN. Dawn Ison, VP of Compliance, informed the committee virtually that this case is under compliance review and that there have been multiple exchanges with Dr. Knox. Dr. Knox is fully aware of the review, and we will continue that review until its resolution and, at that time, the board and Dr. Knox will be advised.

Action Items	Responsible Person	Due Date
1. **Chief Medical Officer's Report** – Please provide the meaning of abbreviations/acronyms to be included in future reports.	Dr. Shama Faheem	***Ongoing***
2. **Adults Initiatives' Quarterly Report –** Provide information on whether the members of the Med Drop program have support with them when they are being monitored and when they are administering their meds.	Alison Gabridge	***November 12, 2026***
3. **DWIHN Outpatient Clinic's Quarterly Report –** Provide data on socioeconomic factors, how many members are living at or below the federal poverty level in the zip codes we provide services to, and why there are disparities in income and health. Provide the community needs assessment to Mr. Blackwell. Add this topic to the Board Study Session.	Melissa Peters	***November 12, 2026*** ***TBD*** ***COMPLETED***
4. **VP of Clinical Operations' Executive Summary –** The committee requested that staff include testimonials or statements from people with lived experience that speak to the impact and quality of service in DWIHN's Annual reports and board/committee reports.	All	***Ongoing***
5. **BA #27-05 – Multicultural Behavioral Health Services FY27 –** Staff is to modify this board action to reflect the correct amount and bring it to the Full Board meeting for final approval.	Shelia Young	***COMPLETED***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Taueg to adjourn the meeting. There was no further discussion. **Motion carried.**
ADJOURNED: 3:06 p.m.
NEXT MEETING: Thursday, November 12, 2026, at 1:00 p.m.

DETROIT-WAYNE INTEGRATED HEALTH NETWORK
POLICY/BYLAW COMMITTEE
Wednesday, September 30, 2026
2:00 p.m.
Minutes

COMMITTEE MEMBERS PRESENT: Mr. W. Phillips, Chairperson, Mr. B. Parker; Vice Chair; Ms. D. Brown, Mr. Angelo Glenn and Dr. Cynthia Taueg

COMMITTEE MEMBERS EXCUSED: None

BOARD MEMBERS PRESENT: Commissioner K. Kinloch, Board Chair

BOARD MEMBERS ATTENDING VIRTUALLY: None

STAFF MEMBERS PRESENT: Mr. J. White, CEO and President; Ms. D. Ison, VP of Compliance; Dr. D. Crawford, Chief of Staff and Ms. M. Gray, AVP of Legal Affairs; Mr. M. Singla Deputy CEO; Mr. L. Lee, Procurement Administrator and Mr. M. Ossy, Legal Counsel

CALL TO ORDER: The Committee Chair, Mr. Phillips, called the meeting to order at 2:13 p.m.

ROLL CALL: Roll call was taken by Mrs. L. Blackshire, Board Liaison, and a quorum was present.

APPROVAL OF THE AGENDA: The Committee Chair, Mr. Phillips called for a motion on the agenda. **Motion:** It was moved by Mr. Glenn and supported by Commissioner Kinloch to amend the agenda and add item 6G – Legal Opinion under Policy Review. There was no further discussion. **Motion carried.**

APPROVAL OF THE MINUTES: The Committee Chair Mr. Phillips, called for a motion on the minutes from the meeting of July 8, 2026. **Motion:** It was moved by Mr. Parker and supported by Mr. Glenn approval of the minutes from the meeting of July 8, 2026. There were no corrections noted. **Motion carried.**

The record reflects that Dr. Taueg joined the meeting.

Policy Development
The Committee Chair, Mr. Phillips noted that there were no Policy Development items for discussion on the agenda and called for Policy Review.

Policy Review
Detroit Wayne Integrated Health Network Board of Directors Policies
The Committee Chair, Mr. Phillips called for a review of the Board Policies that were on the agenda from the meeting held in July.

Board Conflict of Interest Policy - Policy #2016-12. The committee had a hard copy of policy available. It was stated that there were no additional revisions to the copy that was presented at the meeting held on July 8th. The Committee Chair, Mr. Phillips called for a motion: **Motion:** It was

moved by Mr. Parker and supported by Mr. Glenn approval of Board Policy #2016-12 Board Conflict of Interest Policy. There was no further discussion. **Motion carried.**

The record reflects that Ms. Brown joined the meeting.

Good and Welfare/Public Comment Board Policy #2016-014. Ms. M. Gray, AVP of Legal Affairs reported. It was noted that there were recommended changes to the policy and language had been added to the third paragraph to address the report that would be provided by the CEO. The paragraph would now read " The Board will be apprised of the status ~~**resolution**~~ of each issue ~~by~~ referred for resolution to Network staff. The CEO or his designee will provide a monthly report to the Board noting comments that required follow-up and when the follow-up was conducted."

Discussion ensued regarding the process of handling a request for special accommodation and the length of time that would be given for notification. It was noted by the Board Liaison that there was language on the Open Meetings Act Notice that read "Individuals needing special assistance may request reasonable accommodation by contacting the DWIHN Board Liaison" however there was no timeframe referenced as to how far in advance the request needed to be made. Discussion ensued regarding provisions being made for someone with language issues. It was noted that we have translation services available and we also have had our information packets translated into multiple languages and sent to those respective areas of the county. The committee requested Legal to research into whether there was a required period of days when notification needed to be made and that language should be added to the Open Meetings Act Notice. *(Action)*

Discussion ensued regarding the content of the Good and Welfare/Public Comment Report that would be provided by the CEO and what information would be presented. It was noted that the report would be an informational item, would provide some type of record regarding the issues that have come forward and will be provided in Mr. White's monthly report. The report will go to Executive Committee and then to Full Board. The issue may not be resolved within 30 days however the CEO can report on what has been done up to that point. The report would cover Good and Welfare/Public Comment from all of the Board of Directors meetings. The Committee Chair called for a motion. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of the Good and Welfare/Public Comment Board Policy #2016-014 with 10 days subject to review of counsel to assure that it is within the limits of the law for special accommodations. There was no further discussion. **Motion carried.**

Board Standards of Conduct Board Policy #2016-017. Ms. D. Ison, VP of Compliance noted there were no new changes to the policy; however, it was noted that the word "or would be removed from newly numbered 4.3.4 and would now read "Board members shall not engage in conduct that has the potential to negatively impact DWIHN and/or materially damages ~~or~~ the reputation, operations, or public confidence in the Network." The Committee Chair called for a motion. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of the Standards of Conduct Board Policy #2016-017 with word "or" removed from 4.3.4 which will now read "Board members shall not engage in conduct that has the potential to negatively impact DWIHN and/or materially damages ~~or~~ the reputation, operations, or public confidence in the Network." There was no further discussion. **Motion carried.**

Board Policy #2016-018 Compensation Policy

Ms. M. Gray, AVP of Legal Affairs reported that there were no recommendations or changes to the Compensation Policy. Discussion ensued regarding the policy including all employees and should just relate to the board. It was determined that reference to the employees should be taken out because they only have authority to make recommendation or make decision based off of the CEO's compensation. The Committee Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Brown approval of Policy #2016-018 Compensation Policy and to amend by striking any reference to employees.** Discussion ensued regarding the CEO presenting to the Board what his annual performance plan looks like for non-union executive level employees for informational purposes. A robust discussion ensued regarding the compensation and performance evaluations being seen by the Executive Committee and the Board. Mr. Phillips, Committee Chair requested a legal opinion on the board being responsible for the hiring and firing of the executive staff. *(Action)*

Ms. Gray noted that in the Bylaws Article 4 Section 2 Paragraph 2 reads "The President has the authority and responsibility for hiring, firing, and supervising all employees, except as otherwise specified in Sections 5 and 6 below, as to the compliance officer and the Director of Office of Recipient Rights. The president shall conduct a performance review of all authority executive officers on an annual basis. The president shall present each officer's annual performance evaluation to the executive committee." Mr. White noted that he saw this differently and discussed whether he would have to have approval to make disciplinary decisions for personnel and that these were appointments at the executive level of the organization. He noted that certain VP positions have been eliminated in the organization and the responsibilities have been spread out. We find at times that what was necessary in 2020 and 2021 is not necessary organizationally in 2026; he asked whether he would be coming to the body in the instances that the organization is moving in a different direction or would he need board approval for decisions about appointments and de-appointments and that the performance review is not the only consideration for a de-appointment. It was noted that it is just an informational item that would be brought to the Executive Committee in a closed session, there would be no action required. Discussion ensued regarding the compensation study being shared with the Executive Committee and that language needed to be clearly stated in the policy. *(Action).*

Discussion ensued regarding the language in the policy that read "salaries should be comparable to the market and industry for governmental behavioral health agencies." It was recommended that language be added that read "as the budget permits" or something along those lines. *(Action)* Discussion ensued regarding who would be included in the compensation study and the need for the board to have it as it has been delegated to the CEO. Discussion ensued regarding the Board of Directors being the ultimate governing body with all of the fiduciary responsibilities of the organization and it does not remove you from the responsibility of being responsible if any litigation, lawsuits or anything else arise because of the decisions that are made from that delegation. There was further discussion regarding what would be done with the information from the study as well as the language in the Mental Health Code that the CEO has the authority to hire all staff and supervise all staff but it does not preclude the board from receiving the information.

The Committee Chair Mr. Phillips noted that this policy will come back to the committee at its next meeting with the requested information. There was no further discussion.

Detroit Wayne Integrated Health Network Board Policies (Policies #019 - #027)
The Committee Chair, Mr. Phillips, called for the review of the Detroit Wayne Integrated Health Network Board Policies.

Ms. M. Gray, AVP of Legal Affairs reported that there were some recommended changes to the policies as this was the next set of Board policies that needed to be reviewed.

Board Policy RFP Work Plan-#2016-019
Mr. L. Lee, Procurement Administrator reporting. It was noted that a name change to the policy was recommended from RFP Work Plan to Competitive Solicitation Work Plan which is a broader term. The recommended changes were under A. Purpose This Policy requires the Administration to submit a Work Plan to the Detroit Wayne Integrated Health Network Board ("Board") for review **prior** to the issuance of a competitive solicitation (i.e. request for proposals, request for qualifications etc.) for competitive solicitations for behavioral health and substance use disorder services with an anticipated total contract value exceeding $250,000, including the initial term and all renewal or extension options ~~for the procurement of all services that exceed a cumulative contract amount of $250,000.~~

The purpose of this Policy is to ensure that information is exchanged with the Board, Providers, contractors and Members ~~Consumers~~ to improve the understanding of the Network's requirements and operations prior to the issuance of the competitive solicitation for behavioral health and substance use disorder services. In addition, this policy will ensure that the procurement of future services will not negatively impact the delivery of behavioral health and substance use disorders services ~~behavioral health services~~ to the Member ~~Consumer.~~

B. Work Plan Requirements:
The Administration shall prepare a Work Plan that should include the following: 1) Statement of Need – This summarizes the purpose of the procurement and the technical and contractual history of the services. In addition, ~~this~~ section includes the business need, procurement history, existing contractual arrangement, anticipated procurement method, and applicable statutory/regulatory requirements. ~~References to the federal or state requirements (if applicable).~~ 2)Proposed Scope of Work – Provide a comprehensive description of the behavioral health and substance use disorder services being procured. The final solicitation requirements, specifications, and evaluation criteria shall be developed by Administration and Procurement in a manner that promotes full and open competition. ~~Comprehensive description of the services that are being procured.~~ 3) Budget and Funding – Include estimated annual value; anticipated total contract value; funding sources (s); methodology/assumptions supporting the estimate; and confirmation of budget availability or anticipated funding. ~~budget estimates and briefly describe how the estimates were derived.~~ (4) Impact – Describe the potential impact of the procurement on Members ~~Consumers~~ and current Network Operations. (5) Metrics – Provide various metrics that will be used to measure the success or failure of the ~~vendor~~ service provider. The staff shall provide quarterly metric or performance reports to the appropriate subcommittee of the Board. 6) Stakeholder/Community Engagement ~~Public Hearings~~. Identify whether stakeholder, Member, provider, or public input is required or appropriate and describe the proposed method of engagement~~. Statement of whether public hearings are needed to obtain Consumer/Provider input~~. 7) Local Community Impact – Describe

the positive or negative impact of the procurement on existing local businesses and describe the potential for new local employment opportunities, to the extent permitted by applicable federal and state law, funding requirements, and DWIHN Procurement policy. The Administration shall submit the Work Plan to the Board in a timely manner to review. The Board shall take no more than 30 days (from the date of submittal) to revie and , within 60 days (from date of submittal), to approve the Work Plan to prevent unnecessary delays.

Conflict of Interest: The Network shall ensure that the Work Plan process, including any exchange of information with current or prospective provider, is conducted in accordance with applicable federal and state procurement standards and conflict of interest requirements. The process shall maintain procurement integrity and full and open competition and shall not provide any party with preferential access, nonpublic information or an unfair competitive advantage. ~~The Network shall ensure that nay exchange of information relating to the Work Plan must be consistent with federal and state procurement standards and conflict of interest requirements. In addition, the Work Plan process will not be utilized to curtail competition or unfairly benefit any current or future contractor (s).~~

Discussion ensued regarding local preferences and whether this item was referenced in the policy.

Board Policy - Termination of Contracts- Policy #2016-20
Ms. M. Gray, AVP of Legal Affairs, noted that there were changes to the policy. The amounts had been increased to reflect the change from $50,000 to $100,000. The changes were in A. Purpose Pursuant to the Procurement Policy, the Board has delegated to the CEO approval of contracts $100,000 or less ~~than $50,000~~. Pursuant to the previous delegation, the Board shall also delegate to the CEO under this Policy the power to terminate contracts $100,000 or less ~~under $50,000~~.

B. Termination Rules 1. All contracts exceeding $10~~5~~0,000 with Providers or contractors shall not be terminated by the CEO without prior Board Approval. There were no other changes to this section. 2. All contracts ~~under~~ $100,000 or less ~~$50,000~~ may be terminated by the CEO without the prior approval of the Board. There were no other changes to this section. 3. The Administration shall ~~provide~~ provide, within thirty (30) days of termination, the following information to the Board. There were no other changes to a. b. or c. There was no further discussion.

Board Policy –Good-Faith Consumer Participation Policy- #2016-21
Ms. M. Gray, AVP of Legal Affairs, noted that there was a grammatical change to the policy in capitalization of the word "Good". The sentence would read " ~~The good~~ Good faith effort shall be required when business are hiring additional or replacement personnel to perform services outlined in the solicitation or contract. Discussion ensued regarding capitalization of the word "Good" throughout the policy. The committee requested legal research to its use; however the policy was approved to move to Full Board. There was no further discussion.

MB-10008 Debarment and Suspension Process for Contracts and Federal Grants – Board Policy – Policy #2016-22
Mr. M. Ossy, Legal Counsel, Legal Affairs reported that the following changes were made to the policy, 1. Purpose-The purpose of this policy/procedure statement is to define the Network's

debarment and/or suspension process in accordance with the rules and regulations applicable to all individuals and entities that seek to enter into, have entered into or participate directly or indirectly in a contractual employment, funding or other business relationship with DWIHN or its contractors, subcontractors, subrecipients, or network providers. The requirements of this Policy shall apply according to the nature of the relationship or transaction and the applicable legal, regulatory, or contractual requirement ~~federal grants~~. There were no changes to the second paragraph. Nothing in the policy shall abrogate the Board of Directors' authority under its Bylaws and Policy No.2017-20 to terminate contracts. Nothing in the Network's internal debarment or suspension procedures shall delay or limit action required by an applicable federal or Michigan exclusion or sanction, or by DWIHN's contract with MDHHS.

Section V. Determination of Debarment or Suspension Status Before Awarding of Contract 1. SAM.gov Exclusions (Previously Known As "Excluded Parties List System") – The program manager, will pre-determine if the individual is eligible to receive a contract by confirming that the individual is not included in the SAM.gov Exclusions ~~Excluded Parties List System;~~ 2. Certifications – No changes 3. Added Monthly review of HHS-OID List of Excluded Individuals/Entities

Section VII. Process to Suspend Pending Investigation – Complaint…added new last paragraph to section that reads "DWIHN shall report any excluded individuals and/or entities discovered in the screening process to the federal HHS-OIG and state MDHHS-OIG in a format consistent with MDHHS – OIG guidance within twenty (20) business days of discovery.

Section VIII Process to Debar -C. Hearing Procedure fifth paragraph – These documents shall be maintained by the Finance Department for a period of ~~five (5)~~ ten (10) years following the hearing.

~~F.~~ E. Appeal to the Board of Directors - re-lettered as there was no item "E".

~~G.~~ F. Effect of Debarment Decision A debarment decision will take effect upon issuance and receipt. After the debarment decision takes effect, the individuals shall remain debarred until a court or the CFO orders otherwise, or until the debarment period specified in the decision expires. In the event that MDHHS OIG sanctions a provider, DWIHN will apply the same sanction upon receipt or notification of the sanction from MDHHS OIG.

Attachment A. Debarment/Suspension Agreement and Certification & List of Subcontractors
"As a condition of participation as a service provider, contractor, or subrecipient of the Detroit Wayne Integrated Health Network ("Network"), any entity that provides Medicaid-funded services and/or receives federal award funds through the Network (hereinafter referred to as the "Provider") agrees to all terms and conditions of this Debarment/Suspension Agreement and Certification ("Certification")" ~~As a condition for participation as a service provider or grantee of Detroit Wayne Mental Health Network ("Network") the provider or grantee that provides Medicaid services and/or received federal grant money (hereafter known as "Provider") agrees to all terms and conditions of this Debarment/Suspension Agreement and Certification ("Certification").~~
1. Provider affirmatively warrants and represents that neither Provider… or Executive Order 12549 Michigan Medicaid sanctions and prohibited affiliations.

4. Provider agrees to comply with 2. C.F.R. Part 376, "Non-procurement Debarment and Suspension," and 2 C.F.R. Part 382, "Requirements for Drug-Free Workplace (Financial Assistance). ~~45 C.F.R. Part 76, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)."~~ This regulation requires the Provider, in part, to: (a) execute the attached "Certification Regarding Debarment… (c) require compliance with 2 C.F.R. Part 376 ~~45 C.F.R. Part 76~~ by participants in lower tier covered transactions. There were no other changes to the remaining paragraph.

6. The potential contractor agrees by submitting this certification that, should the proposed contract be entered into, it will not knowingly enter into any Subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless the federal agency responsible for the transaction has granted an applicable exception ~~unless authorized by the Network~~.

Section 10. Audit Requirements – A. Single Audit Not Required. If Provider expends some federal grant funding through the Network, but their total federal grant expenditures from all sources is less than $~~750,000~~ 1,000,000. Provider should send written notice to the Network (address below) that its total grant expenditure is less than $~~750,00~~ 1,000,000 from all sources (both through the Network and other sources), and it is not subject to the single-audit requirements.

B. Single Audit Required. In accordance with the Single Audit Act of 1996 and Office and Management and Budget (OMB) "Supercircular", all entities that expend $~~750,000~~ 1,000,000 or more in **federal grant** funding during the fiscal year are required to have a single audit or a program- specific audit conducted in accordance with 2 CFR 200.5~~S~~0~~!~~1(~~e~~a). If provider is required to have a single audit per the O~~0~~MB Supercircular, the entity must submit a Reporting Package to the following address: No change to any other information.

~~I certify that neither the Provider organization named above, nor any of its principals, have been suspended or debarred from any federal procurement and/or non-procurement programs.~~ The undersigned as an authorized representative or Provider certifies to the best of the undersigned's knowledge after reasonable inquiry, that

1. Neither Provider nor any of its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in an applicable federal procurement or non-procurement transaction.
2. Neither Provider nor any individual or entity whose status is subject to disclosure under applicable law or the Main agreement is excluded from participation in a Federal health care program or subject to a Michigan Medicaid sanction that prohibits participation in the services or transactions contemplated by the Agreement.
3. Provider has disclosed to DWIHN any pending or existing debarment, suspension, exclusion, sanction, or other proceeding that is required to be disclosed under applicable law or the Agreement.

Provider acknowledges that thes representations are continuing obligations. Provider shall promptly notify DWIHN in writing if it becomes aware that any certification or disclosure was inaccurate when made or has become inaccurate or if Provider receives notice of an action that may result in a debarment, suspension, exclusion, or sanction affecting Provider's eligibility or performance under the Agreement. There were no other recommended changes. Discussion ensued

regarding the timeframe that one could be disbarred which is initially is three (3) months from Federal Contracts. We can disbar for up to five years; and the organization can protest the disbarment. There was no further discussion.

Mr. White, CEO and President noted that Mr. Ossy has been with DWIHN less than a year and it has been seamless, he is a great attorney, steps up and has worked very hard under the leadership of Ms. Turner and Ms. Gray. He has done a really good job and he wanted to acknowledge him in front of this body. Mr. Ossy thanked Mr. White, the committee for their leadership in providing a really good framework and kind of a runway to learn and grow in this organization.

Board Policy-Opening and Processing of Incoming Mail to the Board - Policy #2020-023
Ms. M. Gray, AVP of Legal Affairs reported that there were no recommended changes to the policy. There was no further discussion.

Board Policy -CEO Annual Performance Appraisal – Policy #2020-024
Ms. M. Gray, AVP of Legal Affairs reported that there were no recommended changes to the policy. Discussion ensued regarding adding time frames of the evaluation to the CEO Annual Performance Review Process and whether the evaluation was based on a fiscal or calendar year. The timeline after the first year evaluation is developed by the Executive Committee. There was no further discussion.

Board Policy – In Memoriam Policy – Policy 2022-025
Ms. M. Gray, AVP of Legal Affairs reported that there were no recommended changes to the policy. There was no further discussion.

Board Policy – Awards and Recognition Policy – Policy #2022 – 026
Ms. M. Gray, AVP of Legal Affairs reported that there were recommended changes to the policy and would be as stated in the redlined copy "The Detroit Wayne Integrated Health Network (DWIHN) Board Chair shall have the authority to issue Recognition Awards on behalf of DWIHN's Board of Directors to individuals that have made an impact in Behavioral Health Services. Likewise, the DWIHN President and CEO or his/her respective designee, shall have the authority to issue Recognition Awards on behalf of DWIHN to individuals that have made an impact in ~~the~~ Behavioral Health Services ~~Space~~. Processes and procedures regarding the issuance of Board of Director awards ~~same~~ shall be established and implemented by the Board Chair in consultation with the Board Executive Committee. Processes and procedures regarding the issuance of DWIHN awards shall be established by the President and CEO. ~~President and CEO~~. Discussion ensued regarding the process of how one would be recognized for the awards and the Board's involvement in the recommendation; it was also noted that there should be a limited number of awards given possibly two and this could be optional; the Board wanted to be apprised by the CEO of their awards. Discussion ensued regarding the development of this policy and why is the Executive Committee establishing a process and procedure rather than the Policy/Bylaw Committee. It was noted that this was streamlining the process and there may need to have the ability to model and change them in an expeditious fashion. It was noted that whatever the process is it would still be required to be approved by the Board of Directors. Ms. Ison, VP of Compliance noted that all the issues should be vetted to determine if there were any conflict of interest

implications. There was no further discussion. It was determined that the Policy would come back to the Policy/Bylaw Committee at its next meeting in November. There was no further discussion.

Board Policy – DWIHN Board of Directors CEO Succession Plan Policy – Policy #2025-27
Ms. M. Gray, AVP of Legal Affairs reported that there were no recommended changes to the policy. There was no further discussion.

The Committee Chair, Mr. Phillips called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Parker to move the following policies to Full Board with changes as recommended, Policies #2016-12 Board Conflict of Interest Policy; Policy #2016-14 Good and Welfare with language change to the timeframe for a reasonable accommodation on the Open Meetings Notice Act; Policy #2016-17 Board Standards of Conduct Board Policy; Policy #2016-019 Competitive Solicitation Work Plan formerly "RFP Workplan"; Policy #2016-20 Termination of Contracts; Policy #2016-021 Good Faith Consumer Participation with edit of the word "Good"; and Policy # 2016-022 MB100008 – Debarment and Suspension Process with recommended changes.**

There were no changes to Policy #2020-023 Opening and Processing of Incoming Mail to the Board; Policy#2020-024 CEO Annual Performance Review Process; Policy #2022-025 In Memoriam Resolution Policy and Policy #2025-027 DWIHN Board of Directors CEO Succession Plan Policy.

The committee requested that Policy #2016-018 Compensation Policy and Policy #2022—026 Awards and Recognition Policy come back after additional research and a legal opinion on the Compensation Policy. There was no further discussion. **Motion carried.**

It was noted that discussion of the Unrestricted and Restricted Net Position Policy would be discussed later in the meeting.

Legal Opinion
The Committee Chair, Mr. Phillips called for review of the legal opinion that was received from Counsel and added to agenda as item G. Ms. Gray, AVP of Legal Affairs noted that the opinion was related to Article 9, Meetings of the Authority Board of the Bylaws. In the red line copy the changes are on page 11 and are consistent with the legal opinion. The committee requested background on the opinion and the outcome of the opinion. Ms. Gray noted that without breaking attorney-client privilege she was unable to read anything from the document. Mr. Phillips, Committee Chair noted that it was noted that it takes a two-third majority of the members which is 12 members, in order to pass anything that anybody recuses themselves from. It seems that from the conclusion we have an option, that we do not have to have the supermajority in order to pass something when someone recuses and if that is the case and that does not conflict with any laws or anything, then it was his thought that we should have a majority rather than a supermajority. It was than restated that he did not mind a supermajority of the members present, but when you do a supermajority of the total membership which is 12 it is challenging sometimes to have 9 votes when there is only eight people present at the meeting, but if you had 9 people and it was a supermajority of the members that are present then it would only take seven votes. So because we have had too many instances where we had to defer items or make certain circumstances because

we did not have the number of people that were needed in order to pass something because once a person recuses themselves they can't vote on it. It was his recommendation that if is not in conflict with any laws that we just say the supermajority of the members present for that meeting. Mr. Parker noted that a supermajority could be considered of the members of the filled positions because there have been times when there has been one or two vacant positions; so the supermajority would be of the filled positions. Ms. Gray noted that the Bylaws had been narrowed down to address certain conflicts where a supermajority is not needed if the board member involved is not a policymaking employee or independent contractor of the vendor. It was reported that narrowing it would be to limit a supermajority required if the board member at issue has a policy-making seat. The current conflict of interest policy, asks if you have a policymaking decision role; where the board member is an employee not in a policy-making position, or not an independent contractor of the provider, a supermajority would not be needed. But it would only be needed in the situations where a board member is a policy-making or independent contractor. The scope is narrowed a little bit to afford a little bit more protection. But that supermajority is still two-thirds of the members serving, so at this point, it's two-thirds of 11.

For the record, and so that everyone's clear before we move on with this, is that the opinion states that based upon, the changes to the policy, and those changes consisting of the individual that's recusing themselves being, a policy maker, or an independent contractor then in those situations, two-thirds of the majority of the entire board, or the entire board that is currently serving is needed.

It was asked can we change it from based on the state law and other areas of the law from a supermajority of the board or to a supermajority of the people in attendance? The committee was referred to the conclusion in the opinion. Ms. Gray noted that she would have to defer to the opinion that was researched by another attorney, she could not give an opinion on another attorney's opinion. It was requested that the opinion not be read onto the record and that the opinion be read to themselves. Mr. Phillips, Committee chair noted that he would say that the conclusion is that they have the discretion to change it from a supermajority of members to a supermajority of the members present at that meeting. It was noted that there would need to be an amendment of the bylaws, and they would have to go through the process of amending the Bylaws in order to change it which is a process at the full board indicating what changes are and then vote on it at the next meeting, which is what is stated on Article 12 of the bylaws on page 18 which says that it can be proposed by any board member and it needs a two-third majority vote of the board which is 8 members. **It was moved by Mr. Parker and supported by Mr. Glenn that we come with a change of the bylaws and recommend that the majority of the members that are present for that meeting make up the two-thirds.** Discussion ensued regarding concern with the number of board members that may come to the next meeting. It was recommended that because of the attorney-client privilege that the committee move into a quick closed session to further discuss this item. It was noted that there was a problem with moving into closed as the attorney who wrote this opinion is not present to opine on it. It was also thought that committees could not move into closed session as there needed to be two-thirds of the board to enter into a closed session. **The previous motion was withdrawn by Mr. Parker, maker of the motion.**

The Committee Chair, Mr. Phillips called for a motion. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Parker to move the opinion and recommendation to Full Board for

action and discussion in closed session. There was no further discussion. **Motion carried.** Administration was requested to have legal counsel available for the meeting.

Bylaw Review
Committee Chair, Mr. Phillips noted that the Bylaw Review was completed with the previous item.

New Business – Committee Charters
Committee Chair, Mr. Phillips called for new business. Ms. M. Gray, AVP of Legal Affairs noted that there were no recommended changes to the Executive Committee; Finance Committee; Program Compliance Committee; Nominating Committee or Policy/Bylaw Committee Charters. Discussion ensued regarding whether there was language pertaining to when the previous chair does not continue on the board there can be a nomination to appoint another person on the Executive Committee. **Motion:** It was moved by Mr. Glenn and supported by Commissioner Kinloch receive and file the Executive Committee; Finance Committee; Program Compliance; Nominating Committee and Policy/Bylaw Committee Charters. There was no further discussion. **Motion carried.**

Unrestricted and Restricted Net Position Policy
The Committee Chair, Mr. Phillips called for discussion of the Unrestricted and Restricted Net Position Policy. Ms. Brown reported they wanted to have it detailed as it relates to, the Restricted and unrestricted assets; she was unsure if they wanted to highlight what those items were in particular. Mr. Phillips read the policy of the Detroit Wayne Integrated Health Network is to determine the net position of the community mental health service provider prepaid inpatient health plan. The net positions of the CMHSP/PIHP is an important measure that represents the difference between the assets and the liabilities. The purpose of this policy is to determine and isolate that portion of the net assets that's available to support future years' budgets. Many CMHSP/PIHPs are experiencing revenue shortfalls and facing difficult decisions in balancing their budget. Some CMHSPs/PIHPs previously had was to use a portion of net assets to offset a decline in revenues or an increase in expenses. However, not all amounts reported as part of the net position are available for use.

Net position is either restricted or unrestricted. Restricted net position is generally required by law, regulators, and or contracts. Unrestricted net positions is considerably discretionary fund, or considered discretionary funds, however must be used. Discussion ensued regarding why this policy was before the committee, it was noted that there had been previous discussion regarding the separation of the PIHP/CMHSP and where that money would go; and there was discussion regarding the exhaustion of the Internal Service Fund. It was determined that this item be tabled until a better clarification was provided.

Next Meeting Date
The next meeting date is Thursday, November 12, 2026 at 3:10 p.m.

Good and Welfare/Public Comment
Mr. Phillips, Committee Chair called for Good and Welfare/Public Comment. No members of the public requested to address the committee, either virtually or in person.

Adjournment
There being no further business, the Committee Chair, Mr. Phillips called for adjournment. It was moved by Mr. Parker and supported by Mr. Glenn to adjourn. There was no further discussion. The meeting was adjourned at 3:50 p.m.

Respectfully submitted:

Lillian M. Blackshire
Board Liaison

Detroit Wayne
Integrated Health Network
707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
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FAX: (313) 833-2156
TTY:711

PUBLIC NOTICE OF DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD MEETING AND COMMITTEE SCHEDULE - 2027

All Meetings are being held in a hybrid manner until further notice.

BOARD EXECUTIVE COMMITTEE- 3rd Monday at 12:30 p.m.

January 19th	July 19th
February 16th	August 16th
March 15th	September 13th
April 19th	October 18th
May 17th	November 15th
June 14th	December 13th

FINANCE COMMITTEE- 1st Wednesday at 1:00 p.m.

January 6th	July 7th
February 3rd	August 4th
March 3rd	September 1st
April 7th	October 6th
May 5th	November 3rd
June 2nd	December 1st

PROGRAM COMPLIANCE COMMITTEE- 2nd Wednesday at 1:00 p.m.

January 13th	July 14th
February 10th	August 11th
March 10th	September 8th
April 15th	October 13th
May 12th	November 10th
June 9th	December 8th

FULL BOARD MEETINGS- 3rd Wednesday at 12:00 p.m.

January 20th	July 21st
February 17th	August 18th
March 17th	September 15th
April 21st	October 20th
May 19th	November 17th
June 17th	December 15th

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
Kevin McNamara

Bernard Parker, Vice-Chairperson
Barry Blackwell
William Phillips

Dora Brown, Treasurer
Lynne F. Carter, M.D.
Dr. Cynthia Taueg

Angelo Glenn
Eva Garza Dewaelsche

James E. White, President and CEO

PUBLIC NOTICE OF DETROIT WAYNE INTEGRATED HEALTH NETWORK SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD AND RECIPIENT RIGHTS ADVISORY COMMITTEES- 2027

RECIPIENT RIGHTS ADVISORY COMMITTEE- (Bi-Monthly) 1st Friday at 12:30 p.m.

February 5th
April 2nd
June 4th
August 6th
October 1st
December 3rd

SUD OVERSIGHT POLICY BOARD- 3rd Monday at 10:00 a.m.

January 11th
February 15th
March 15th
April 19th
May 17th
June 21st
July 19th
August 16th
September 20th
October 18th
November 15th
December 20th

Rev.11/8/2026

Board of Directors

- **POLICY NO.: 2016-018**
- **ISSUE DATE: April 20, 2016**
- **REVISED ON: November 16, 2016**
- **ORIGINATOR: Board of Directors**
- **BA NO. : 15-67**

SUBJECT: COMPENSATION POLICY

A. Purpose

The Board of the Detroit Wayne Integrated Health Network (DWIHN) strives to ensure that all Network employees are compensated in a fair and objective manner that takes into account market and industry standards and best practices. Furthermore, the Board recognizes that pursuant to the Mental Health Code, the Network's President and CEO (i.e. Executive Director), along with the Board, is the chief executive and administrative officer that protects the organization's fiscal integrity and public image.

B. Policy

The President and CEO shall not have the authority to do the following:

1. The authority to change his/her own compensation benefits without Board approval;

2. Not promise or imply permanent or guaranteed employment for any employee; further, no contract for employment, express or implied, shall be for anything other than on an at-will basis;

3. Unilaterally establish or change pension or other benefits for any employee without the approval of the Board;

4. Not offer any severance to any Executive leadership that exceeds six (6) months of salary. In computing the severance pay, it shall not include pay-outs for any accrued paid time off (PTO), which shall be paid out pursuant to the Executive Benefit Plan.

Accordingly, the Board requires (without limiting the President and CEO powers) that all at-will employees' compensation and benefits shall take into account the following parameters:

1. Compensation ranges shall be based upon an objective compensation study, market surveys, and the availability of funds as determined by the CEO in accordance with the Annual Performance Plan;

2. The CEO shall establish an Executive Benefit Plan that should be comparable to market and industry for other governmental behavioral health agencies and authorities in the state. The CEO shall provide the Executive Benefit Plan to the Board for review and approval;

C. Annual Plan

Annually, the CEO shall submit an Annual Performance Plan which shall cover all Executive Team members as well as their Deputies if applicable. The plan shall establish maximum merit increases based on an annual performance review conducted by the CEO. The plan shall be reviewed and approved by the Executive Committee. At the conclusion of the performance period the President and CEO shall report to the Executive Committee and provide the performance reviews as well as any merit increases covered by this provision.

NOTE: These performance reviews as well as merit increases shall be outside of any cost of living increases which may or may not be given to all employees.

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

Board of Directors

- **POLICY NO.: 2022-26**
- **ISSUE DATE: July 20, 2022**
- **ORIGINATOR: Board of Directors**
- **BA NO. : 15-67**

SUBJECT: AWARDS AND RECOGNITION POLICY

The Detroit Wayne Integrated Health Network (DWIHN) Board President and CEO or his/her designee, shall have the authority to issue Recognition Awards on behalf of DWIHN to individuals that have made an impact in the Behavioral Health Space. Processes and procedures regarding the same shall be established and implemented by the President and CEO. Board Members may suggest award recipients to the CEO who shall make the final determination as to who shall receive an award.

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

EXECUTIVE SUMMARY

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

UTILIZATION MANAGEMENT ANNUAL PROGRAM EVALUATION – FY 2026

As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP). This summary serves as a high-level overview of the department's progress toward goals, highlights, key areas of focus and identified opportunities for FY 2027.

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

DEPARTMENT GOALS & OUTCOMES

A. Clinical Appropriateness & Evidence-Based Criteria

Goal: Peer clinical review for adverse determinations.

- Measure: Percentage of adverse determinations reviewed by a physician.
- Target: 100%
- Outcome: **Met** – 100% of adverse determinations are reviewed by a physician.

B. Timeliness of Decisions & Notifications

Goal: Timely UM decision-making.

- Measure: Decision timeliness for standard and expedited requests.
- Targets: Standard: ≥ 95% within 7 calendar days; Expedited/Urgent: ≥ 95% within 72 hours.
- Outcomes: **Met** – 98.2% of standard requests were approved within 7 calendar days; 99% of expedited requests were approves within 72 hours.

C. Over/Under-Utilization & Appropriate Use

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

- Measure: Concordance between authorized level and service received.
- Target: ≥ 80% concordance.
- Outcome: **Ongoing** – During FY26, target populations were established: Assertive Community Treatment (ACT) & Applied Behavior Analysis (ABA). The UM Committee will use FY26 data to establish benchmarks and determine how to accurately monitor concordance.

D. Appeals

Goal: Appeal timeliness & overturn analysis.

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

- Outcomes: **Partially Met/Ongoing** - ≥ 95% timeliness achieved, all appeals are audited (Met); rate between initial denial and appeal denial rates ≥ 20%: UM = 25%, Customer Service = 34% (Not Met). Corrective action expectations to be established.

E. Delegated UM Oversight

Goal: Ensure full oversight of delegated UM activities.

- Measure: Completion of semi-annual and annual oversight: reports, audits, PIPs.
- Target: 100% compliance with oversight requirements.
- Outcome: **Met** – UM has one (1) remaining delegate, iMPROve Health, which maintains 100% compliance with requirements.

HIGHLIGHTS – FY 2026

- **CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).** The department revised UM timeliness standards in 2025 to support operational readiness for compliance with the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F), with implementation requirements in Michigan deferred until October 1, 2026. The department also fulfilled public reporting requirements by making select prior authorization metrics publicly available on the DWIHN website.

- **UM Committee Charter.** The UM Committee Charter was developed and ratified to define the committee's purpose, membership, roles, and oversight responsibilities.

- **Habilitation Supports Waiver (HSW).** The HSW program effectively managed its 1,125 allotted member slots, concluded the fiscal year with 99.2% slot utilization (n=1,116), surpassing the 95% MDHHS requirement. Throughout the year, the program maintained an average slot utilization of 97.9% (n =1101 members).

PROGRAM GOALS FOR FY 2027

A. Clinical Appropriateness & Evidence-Based Criteria

Goal: Peer clinical review for adverse determinations.

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

B. Timeliness of Decisions & Notifications

Goal: Timely UM decision-making.

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

C. Over/Under-Utilization & Appropriate Use

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

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

D. Appeals

Goal: Appeal timeliness & overturn analysis.

- Measures: Timely resolution (standard/expedited); Overturn rate analysis.

- Targets: ≥ 95% timely; the difference between initial denial and appeal denial rates should be ≤ 20% or corrective action implemented.

E. Delegated UM Oversight

Goal: Ensure full oversight of delegated UM activities.

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

F. Member Engagement

Goal: Member/Family representation in the Utilization Management (UM) Committee.

- Measure: Number of quarterly UM Committee meetings attended by a member representative.
- Target: 100% attendance.

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

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_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 23-18R4 Revised: Y Requisition Number: 15,645

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Global Solutions Group Inc

Contract Title: Global Solutions Group, vCISO Services - Additional Fund for final invoices

Address where services are provided: None

Presented to Finance Committee at its meeting on: 11/4/2026

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

Amount of Contract: $ 10,083.50 Previous Fiscal Year: $ 124,888.00

Program Type: Modification

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

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)?

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

This board action is requesting the approval to increase the contract for the Virtual Cyber Security Information Officer with Global Solutions Group for an additional $10,084 to close out the final billings. **The revised contract total is not to exceed $509,635.50.**

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
MULTIPLE	$ 10,083.50	$ 10,083.50
	$ 0.00	$ 0.00
Total Revenue	$ 10,083.50	$ 10,083.50

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 23-18R4

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 23-67R4 Revised: [Y] Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: TTEC Government Solutions LLC

Contract Title: TTEC-DWIHN Genesys Phone Systems Renewal 2026

Address where services are provided: None

Presented to Finance Committee at its meeting on: 11/4/2026

Proposed Contract Term: 11/26/2026 to 11/25/2028

Amount of Contract: $ 2,007,404.80 Previous Fiscal Year: $ 1,150,000.00

Program Type: Continuation

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

Date Contract First Initiated: 7/21/2023

Provider Impaneled (Y/N)?

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

Request to extend phone system services contract: Genesys Cloud Licensing for Clinical and Business Phone Systems - Renewal 2YRS (2026 - 2028) in the amount of $857,404.80.

Included are:

- subscription and support for 2 years
- estimated telecommunication fees, and
- PureInsights Advanced Reporting Module that provides enhanced reporting and analytics capabilities to support operational oversight, performance monitoring, and more detailed analysis of contact center activities.

We recommend exercising the two-year extension option included in the original July 2023 Board approval, extending the agreement from November 26, 2026 through November 25, 2028. The revised not to exceed contract totals $2,007,404.80.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 26/27	Annualized
MULTIPLE	$ 2,007,404.80	$ 2,007,404.80
	$ 0.00	$ 0.00
Total Revenue	$ 2,007,404.80	$ 2,007,404.80

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 23-67R4

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 24-50R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Warriors Pharmacy Inc

Contract Title: Pharmacy Services Expansion for 7 mile

Address where services are provided: 18510 W 7 Mile Rd.

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 3/1/2024 to 11/30/2027

Amount of Contract: $ 1,244,000.00 Previous Fiscal Year: $ 704,000.00

Program Type: Modification

Projected Number Served- Year 1: 6,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)?

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

This board action is requesting the approval to expand the contract with Warrior Pharmacy expand to provide pharmacy services to accommodate the operational needs of the Seven-Mile location.

The vendor is currently providing pharmacy services at the 707 Care Center and based on their established knowledge of our operations, familiarity with our service requirements, and existing working relationships, the vendor will help maintain continuity of services as we are preparing to open the new facility.

In addition, the current contract ends February 28, 2027, and we are also requesting to extend the contract term until November 30, 2027 .

The additional services, anticipated utilization, and associated costs for the Seven-Mile location will total $540,000, bringing the contract total not to exceed $1,244,000 through November 30, 2027.

A budget adjustment to certify 7 Mile costs is forthcoming.

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	$ 1,244,000.00	$ 1,244,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,244,000.00	$ 1,244,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 25-04R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Variety Food Services Inc

Contract Title: Food Services Expansion for 7 mile

Address where services are provided: 18510 W 7 Mile Rd.__

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 3/1/2024 to 9/30/2027

Amount of Contract: $ 849,887.48 Previous Fiscal Year: $ 586,967.48

Program Type: Modification

Projected Number Served- Year 1: 6,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)?

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

Crisis Services requests that Variety Food Services expand its services to accommodate the operational needs of the Seven-Mile location.

Since this vendor is already providing services at the 707 Care Center, we are requesting an expansion of their Food services to the Seven-Mile location based on their established knowledge of our operations, familiarity with our service requirements, and existing working relationships. This approach will also help maintain continuity of services as we are preparing to open the new facility.

The additional services, anticipated utilization, and associated costs for the Seven-Mile location will total $262,920 bringing the contract total not to exceed $849,887.48 through September 30, 2027.

We will need 60 meals for Breakfast, Lunch, and Dinner

Breakfast- 3.31 x 60 meals = $198.60 per day; $ 1,390.20 per week

Lunch- 6.18 x 60 meals= $370.20 per day; $ 2,591.40 per week

Dinner- 6.18 x 60 meals= $370.20 per day; $ 2,591.40 per week

Total is $6573 per week and $26,292.00 per month

For 10 months, the total will be $262,920.00

The Seven-Mile location will be incorporated into future competitive solicitations once the existing contracts and their authorized renewal options have been exhausted.

Your consideration of this request is appreciated.

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	$ 849,887.48	$ 849,887.48
	$ 0.00	$ 0.00
Total Revenue	$ 849,887.48	$ 849,887.48

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 25-41R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: LifeLine Concord LLC

Contract Title: EMS Services Expansion for 7 mile

Address where services are provided: 18510 W 7 Mile Rd.

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 3/1/2024 to 9/30/2027

Amount of Contract: $ 351,790.00 Previous Fiscal Year: $ 300,000.00

Program Type: Modification

Projected Number Served- Year 1: 6,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)?

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

Crisis Services requests that Lifeline Concord expand its services to accommodate the operational needs of the Seven-Mile location.

Since this vendor is already providing services at the 707 Care Center, we are requesting an expansion of their EMS services to the Seven-Mile location based on their established knowledge of our operations, familiarity with our service requirements, and existing working relationships. This approach will also help maintain continuity of services as we are preparing to open the new facility.

The additional services, anticipated utilization, and associated costs for the Seven-Mile location will total $51,790, bringing the contract total not to exceed $351,790 through November 30, 2027. Note: These transportation services are only provided to individuals who are uninsured and thus are not Medicaid eligible. The services must be funded using General Funds.

The Seven-Mile location will be incorporated into future competitive solicitations once the existing contracts and their authorized renewal options have been exhausted.

Your consideration of this request is appreciated.

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 GF	$ 351,790.00	$ 351,790.00
	$ 0.00	$ 0.00
Total Revenue	$ 351,790.00	$ 351,790.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64930.817202.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 25-41R

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-09R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY27 Autism Service Providers

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 12/1/2026 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: 2,900 Persons Served (previous fiscal year): 2452

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).

This board action is requesting to approve a revision for the Autism Providers for FY27 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 and remains unchanged.**

Requesting to add **Atypical Behavior Analysis, LLC, Hopeful Horizons Behavioral Health Services, LLC, Little Steps ABA Therapy, and Terra Behavior Therapy Center for Autism, LLC,** four (4) additional providers to the network to provide Autism Services who passed the Autism Request for Qualifications (RFQ 2026-006). The contract term for the additional four (4) providers is December 1, 2026 to September 30, 2027.

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.

The revised provider listing includes the following:

Autism Providers: (34)

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, **Atypical Behavior Analysis, LLC** , 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, **Hopeful Horizons Behavioral Health Services, LLC, Little Steps ABA Therapy** , 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.), **Terra Behavior Therapy Center for Autism,** 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 Evaluation Center, 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)? N 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

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 27-09R

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-23R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Provider Network System FY27

Address where services are provided: 'None'__

Presented to Program Compliance Committee at its meeting on: 11/12/2026

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

Amount of Contract: $ 1,040,045,141.00 Previous Fiscal Year: $ 837,791,038.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75943

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for 3 (three) existing Providers to provide Adult and Child Psychological Services (Assured Family Services) and Drop-In Center Services (Our Place Drop In, and Perfect Place Droop In) for the fiscal year ending September 30, 2027, as outlined below. **Assured Family Services', service date will begin December 1, 2026. NOTE: Total amount of Board Action remains the same, not to exceed $1,040,045,141.00 for FY 2027.**

Outpatient Providers (3)

1. Assured Family Services (Credentialed 12/6/2024 for Assessments, Early Intervention, Home-Based Services, Medication Administration, Medication Review, Peer Directed and Operated Support Services, Specialty Waivers - Children's Waiver & Waiver for Children w/SED Only, SUD Individual Assessment, SUD Outpatient Care, Targeted Case Management, Telemedicine, Therapy (Mental Health) - Child & Adult, Individual, Family Group; SED, SUD, IDD)

2. Our Place Drop-In (Credentialed 10/16/2025 for Drop-In Center; SMI)

3. Perfect Place Drop In (Credentialed 4/17/2025 for Community Living Support, Drop-In Center, Peer Directed, and Support Services, Skill Building)

Board Approval will allow for the continued delivery of behavioral health services for the following disability designation: Adults with Serious Mental Illness, Intellectual/Development Disability, Serious Emotional Disturbance, and Co-occurring Disorders.

These services include a full array of behavioral health services as specified in the Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) contracts. **The amount budgeted are estimates based on the prior year's activity and are subject to change. Budgeted amounts can be allocated amongst providers without Board approval.**

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 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 #: 27-23R2

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-21 Revised: N Requisition Number: 0

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: See attached list

Contract Title: CBH-2027-Comprehensive Behavioral Health (Trauma & ITCOD)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2026

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

Amount of Contract: $ 521,408.00 Previous Fiscal Year: $ 609,456.00

Program Type: Continuation

Projected Number Served- Year 1: 1,500 Persons Served (previous fiscal year): 1500

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 approval to use block grant dollars for several vendors and individuals who have been approved by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Services for Behavioral Health - 2027 Block Grant. Notification was received from MDHHS approving **$521,408** for these particular projects referenced. The breakdown is as follows:

$20,000 (Drop-Ins),

$270,000 (Integrated Treatment with Co-occurring Disorders),

$120,000 (Trauma),

$51,408 (Clubhouse Engagement), and

$60,000 (Senior Wellness).

This grant covers the period of October 1, 2026, to September 30, 2027, for five projects. A list of vendors is enclosed. **We are requesting approval in the total amount not to exceed $521,408 for the fiscal year ending September 30, 2027. Amounts may be reallocated amongst providers within each grant without Board approval.**

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Block Grant	$ 521,408.00	$ 521,408.00
	$ 0.00	$ 0.00
Total Revenue	$ 521,408.00	$ 521,408.00

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 18th day of November, 2026.

X Approved

€ Modified

€ Tabled as follows:

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Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-35 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Government Administrators Association

Contract Title: Ratification of Collective Bargaining Agreement - GAA Unit II

Address where services are provided: None

Presented to Executive Committee at its meeting on: 11/16/2026

Proposed Contract Term: 10/1/2024 to 9/30/2027

Amount of Contract: $ Previous Fiscal Year: $

Program Type: New

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

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).

DWIHN Administration is requesting board approval of the CEO's recommendation to execute the Collective Bargaining Agreement between Government Administrators' Association (GAA) Unit II and Detroit Wayne Integrated Health Network, for the contract period 10/1/24-9/30/27. The Agreement was ratified by union membership on December 5, 2025.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 25/26	Annualized
	$ 0.00	$ 0.00
	$ 0.00	$ 0.00
Total Revenue	$ 0.00	$ 0.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-36 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Southwest Counseling Solutions

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

Address where services are provided: Various Locations__

Presented to Program Compliance Committee at its meeting on: 11/12/2026

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

Amount of Contract: $ 1,222,587.00 Previous Fiscal Year: $ 1,222,587.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2006

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a one-year contract renewal with the following providers in the **total amount not to exceed $1,222,587 for the fiscal year ending 9/30/2027.**

Southwest Counseling Solutions – Housing Resource Center **in the amount of $1,089,715**, to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities.

CNS Covenant House Program **in the amount of $132,872,** to address gaps in service through the provision of mental health support for young adults experiencing homelessness.

These programs will be funded by Medicaid under Healthcare Quality Initiatives 45 CFR 158.150.

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
MA HCQI	$ 1,222,587.00	$ 1,222,587.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,222,587.00	$ 1,222,587.00

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 18th day of November, 2026.

X Approved

€ Modified

€ Tabled as follows:

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Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-37 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Neighborhood Service Organization

Contract Title: Neighborhood Service Organization and Wayne Metro PATH

Address where services are provided: Various locations in Wayne and Out-Wayne Counties

Presented to Program Compliance Committee at its meeting on: 11/12/2026

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

Amount of Contract: $ 254,493.00 Previous Fiscal Year: $ 254,493.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 222 - 3rd Qtr.

Date Contract First Initiated: 10/1/2006

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) requests Board approval to **disburse Supplemental General Fund** match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for two providers, Neighborhood Services Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA), **in the amount not to exceed $254,493 for the fiscal year ending September 30, 2027**. Both providers receive grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program.

The Supplemental General Fund match dollars will be disbursed as follows:

- **NSO in the amount not to exceed $169,493**
- **WMCAA in the amount not to exceed $85,000**

DWIHN staff have the discretion to reallocate funds among these providers without board approval based upon supported utilization data provided the total amount does not exceed approved funding for this contract.

The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. PATH services include outreach, assistance with accessing income supports, such as SSI/SSDI, assistance in locating affordable housing and linkage to appropriate medical and mental health services. In an effort to assist the two (2) PATH providers in maximizing outreach to 500 individuals experiencing homelessness throughout 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
General Funds	$ 254,493.00	$ 254,493.00
	$ 0.00	$ 0.00
Total Revenue	$ 254,493.00	$ 254,493.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.829502.00000

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 #: 27-37

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-38 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Detroit Central City C.M.H., Inc.

Contract Title: Central City PSH CoC Program & Leasing Project

Address where services are provided: Various Locations - Scattered Sites

Presented to Program Compliance Committee at its meeting on: 11/12/2026

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

Amount of Contract: $ 165,045.00 Previous Fiscal Year: $ 165,045.00

Program Type: Continuation

Projected Number Served- Year 1: 134 Persons Served (previous fiscal year): 134

Date Contract First Initiated: 10/1/2015

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 to **disburse General Fund match in the not to exceed amount of $165,045** to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the **fiscal year ending September 30, 2027.**

The Continuum of Care grant agreements between HUD and Central City Integrated Health (CCIH) are based on the continued need to provide supportive services and to have housing stock in Detroit for persons experiencing homelessness.

The General Fund match includes annual amounts for supportive services and administrative costs for the Supportive Housing Program and Leasing Project. The project will provide housing and

supportive services including, but not limited to, psychiatric and nursing care, substance use treatment, Intensive Dual Diagnosis Treatment, Assertive Community Treatment (ACT), motivational interviewing, therapy and case management services. The target population is chronically homeless single adults with severe and persistent mental illness, a co-occurring mental illness and substance use disorder, or physical health disabilities and a substance use disorder.

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 GF	$ 165,045.00	$ 165,045.00
	$ 0.00	$ 0.00
Total Revenue	$ 165,045.00	$ 165,045.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64981.829501.00000

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 #: 27-38

Board Action Taken

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

X Approved

€ Modified

€ Tabled as follows:

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_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-39 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Neighborhood Service Organization

Contract Title: NSO Detroit Healthy Housing Center

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 11/12/2026

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

Amount of Contract: $ 902,050.00 Previous Fiscal Year: $ 902,050.00

Program Type: Continuation

Projected Number Served- Year 1: 1,050 Persons Served (previous fiscal year): 1050

Date Contract First Initiated: 10/1/2006

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a one-year contract renewal with the following provider in the **total amount not to exceed $902,050 for the fiscal year ending September 30, 2027**.

Neighborhood Service Organization - Detroit Healthy Housing Center **in the amount of $902,050**, to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements. This initiative is funded by Medicaid under Healthcare Quality Initiatives 45 CFR 158.150.

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
Medica HCQI	$ 902,050.00	$ 902,050.00
	$ 0.00	$ 0.00
Total Revenue	$ 902,050.00	$ 902,050.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.82002

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 18th day of November, 2026.

X Approved

€ Modified

€ Tabled as follows:

_____

_____

Lillian M. Blackshire
Board Liaison Signature

Executive Director -initial here:_ _____

11/18/2026
Date: