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PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, July 8, 2026
1:00 p.m. – 3:00 p.m.

AGENDA

I. Call to Order

II. Moment of Silence

III. Roll Call

IV. Approval of the Agenda

V. Follow-Up Items from Previous Meeting

A. **Quality Review(s) – QAPIP Work Plan FY26 –** Provide more information on Quality Improvement's oversight of inpatient psychiatric hospitals.

VI. Approval of the Minutes – June 10, 2026

VII. Report(s)

A. Chief Medical Officer
B. Corporate Compliance - ***Deferred***

VIII. Quarterly Reports

A. Adults Initiatives
B. DWIHN Outpatient Clinic
C. 707 Crisis Care Center
D. PAR Services
E. Managed Care Operations – ***Deferred to August 12, 2026***
F. Utilization Management

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, MD
Kenya Ruth

Angelo Glenn, Secretary
Eva Garza-Dewaelsche
Dr. Cynthia Taueg

James E. White, President and CEO

IX. Strategic Plan - ***None***

X. Quality Review(s)

XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business

A. **BA #24-67 (Revised 2)** – Substance Use Disorder (SUD) Opioid Settlement – Leg Up Carry Forward Extension
B. **BA #26-14 (Revised 6) –** DWIHN Providers Network System FY26
C. **BA #26-21 (Revised 3) –** Autism Providers FY26

XIII. New Business (Staff Recommendations)

A. **BA #26-54 –** HUD Permanent Supportive Housing (PSH)

XIV. Good and Welfare/Public Comment

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).

XV. Adjournment

Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY26
July 8, 2026

Follow-up Item: Review and Oversight of Inpatient Psychiatric Hospitals

Overview
DWIHN is responsible for monitoring inpatient psychiatric hospitals within our contracted network. Oversight is conducted using standardized tools developed through the statewide Reciprocity Workgroup, established in response to PIHP contract requirements outlined in Attachment P7.3.1.1. These monitoring tools ensure consistency, transparency, and compliance across all PIHPs in Michigan.

Hospitals Being Monitored by DWIHN

- Beaumont/Corewell Behavioral Health
- Detroit Receiving Hospital
- Henry Ford Health Wyandotte Hospital
- Henry Ford St. John Hospital
- Pontiac General Hospital
- Samaritan Behavioral Center
- Sinai Grace
- Stonecrest Hospital
- Trinity Health Livonia

Scope of Review:

- Staff Training & Corporate Compliance
- Unit Environment & Patient Experience
- Sentinel Event & Safety Reporting
- Licensure & Accreditation
- Quality Improvement Processes
- Customer Service & Rights Protections
- Clinical & Operational Practices (admission, discharge, staffing, programming)

Methods used: policy review, documentation review, on-site observation, and verification of reporting.

Purpose of the Oversight Process
The monitoring structure is designed to ensure all contracted inpatient psychiatric hospitals are:

- Compliance with contractual requirements
- Meeting state and federal regulatory expectations
- Delivering quality-of-care standards for individuals receiving inpatient psychiatric treatment

DWIHN's oversight of inpatient psychiatric hospitals is an essential part of our commitment to providing safe, effective, and compliant care throughout the network. By using standardized tools across the state, we enhance the consistency of our oversight and foster collaborative accountability among PIHPs. As we review and incorporate our findings into quality improvement efforts, DWIHN will maintain open communication with our hospital partners to address any identified gaps through corrective actions and ongoing follow-up.

PROGRAM COMPLIANCE COMMITTEE

MINUTES **JUNE 10, 2026** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Angelo Glenn, Program Compliance Committee Chair at 1:22 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Angelo Glenn, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Angelo Glenn, Bernard Parker, William Phillips and Dr. Cynthia Taueg **Board Members:** Dr. Cynthia Taueg **Board Member Excused:** Commissioner Jonathan Kinloch, Board Chair **Committee Members Excused:** Dr. Lynne F. Carter **Staff:** Dayna Clark; Dr. Darrin Crawford; Ebbonye Graham; Erik Hutchison; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Dawn Ison; Dorian Johnson; Cassandra Phipps; Vicky Politowski; April Siebert; Manny Singla; Yolanda Turner; Ortheia Ward; James White; Rai Williams; Grace Wolfe; Matthew Yascolt; and Sheila Young

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 a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison, and a quorum was present.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Mr. Glenn called for a motion to approve the agenda. **Motion:** It was moved by Dr. Taueg and supported by Mr. Phillips to approve the agenda. Mr. Glenn asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. **Motion carried.**

V. Follow-Up Items from Previous Meeting

DISCUSSION/ CONCLUSIONS	A. Provide an update on where DWIHN is in this community as it relates to the increased deaths that are a result of the usage of the drug "Tranq" in Wayne County – Matthew Yascolt, Director of Substance Use Disorder Initiatives, submitted and gave an update on where DWIHN is in this community as it relates to the increased deaths that are a result of the usage of the drug "Tranq" in Wayne County. It was reported that Xylazine "Tranq" is a non-opioid, veterinary sedative tranquilizer that is not for human consumption. It increases overdose risks, produces slow breathing, decreased heart rate, and is fatal when combined with opioids (fentanyl, heroin, cocaine, methamphetamine, and counterfeit pills). The department has expanded education and awareness efforts, community/provider partnerships, and harm reduction initiatives regarding this new drug. During FY25, DWIHN SUD department distributed 1,933 xylazine test strips through SOOAR, and 717 test strips in FY26 as of April 2026. DWIHN will continue monitoring trends in Wayne County and continue to utilize PA2 funds to support the initiative. Discussion ensued.

VI. Approval of the Minutes

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

VII. Reports

DISCUSSION/ CONCLUSIONS	A. **Chief Medical Officer** – ***Deferred to July 8, 2026's Program Compliance Committee meeting*** B. **Corporate Compliance—** Dawn Ison, Interim VP of Corporate Compliance, submitted and gave highlights of the Corporate Compliance report. It was reported that the department successfully completed 18 investigations this fiscal year, closing 12 in Q2. This reflects a 50% increase in closures compared to the prior quarter. Of the 18 investigations completed in Q1 and Q2 of FY26, 7 investigations (63.8%) were substantiated, resulting in either financial recoupment or the implementation of a corrective action plan. Four substantiated allegations resulted in financial recoveries totaling $219,458.28 during Q1 and Q2 of the current fiscal year. Additionally, five investigations during this period did not involve Medicaid, general fund, or block grant dollars, demonstrating stronger adherence to funding requirements and fewer incidents involving reimbursable funds. While the number of accepted referrals and total recoupments decreased in Q1 and Q2, the results suggest fewer high-risk violations and reflect continued improvements in provider compliance. The lower recovery amounts are consistent with the shift toward cases that do not involve Medicaid, general funds, or block grant dollars, demonstrating stronger adherence to funding requirements across the network. The Compliance Academy transitioned from bi-monthly sessions to a quarterly training model to allow for more comprehensive review, alignment, and integration of quarterly

	compliance trends. This shift has enabled the team to deliver more targeted, data-informed content that directly supports ongoing provider improvement efforts. In addition, new specialized compliance training, such as Corrective Action Plan (CAP) development and Individual Plan of Service (IPOS) compliance sessions, was introduced to strengthen provider understanding of key requirements and enhance overall system compliance. Attendance remained stable in Q2, averaging 22 providers per session. A total of three members of the Compliance team separated from DWIHN during Q1 and Q2, the Special Investigations Unit (SIU) Administrator in December of 2025, and both the VP of Compliance and a Compliance Specialist in April of 2026. A new SIU Administrator joined the team in April of 2026. Attorney Dawn N. Ison is currently serving as Interim VP of Compliance, and active recruitment to fill the Compliance Specialist vacancy is underway. Mr. Glenn noted that the Corporate Compliance report has been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	A. **Autism Services** – Cassandra Phipps, Director of Children's Initiatives, submitted and gave highlights of the Autism Services' quarterly report. It was reported that: 1. **Activity 1: Diagnostic Evaluations -** Quarterly trends show a decrease of 13.9% in total diagnostic evaluations from FY25 Q4 to FY26 Q1 (757 to 652 total evaluations). The explanation for the reduction in completed evaluations was that the updated eligibility guidance, effective in FY25 (Q3), allowed the required 3-year re-evaluation to be completed by either an Independent Diagnostic Evaluator or an ABA Provider. The updated eligibility guidance also removed the required 3-year re-evaluation to maintain Medicaid eligibility. Moving forward, 3-year re-evaluations would only be requested according to medical necessity during FY26 (Q2), and provided clarification explaining that members with dual insurance of Medicaid and commercial insurance are not required to complete a 3-year re-evaluation to maintain Medicaid eligibility. The Autism Team launched a FY26 Autism Services Action Plan to review the overall continuum of autism services. During Q2, primarily focused on updating the screening process for the Independent Evaluators to complete the autism screenings prior to completing the autism evaluations: Modified Checklist for Autism in Toddlers (MCHAT) and Social Communication Questionnaire (SCQ). 2. **Activity 2: Autism Provider Score Cards –** The scorecard criteria involve a cross-departmental participation consisting of the following measurement domains and scoring criteria (Clinical Effectiveness, Credentialing and Contract Stability, Utilization and Placement Participation, Documentation and Due Process, Compliance and ORR, and Operational Stability). All six categories will be scored. As of FY26 (Q2), there were 29 ABA providers within the network, and nine (9) of the providers scored in the A (75-100%) and B (60-74%) categories on the scorecard in this quarter. Since FY2025, three (3) ABA Providers have discontinued contracts due to not meeting contractual requirements for providing adequate ABA services. There is a need to complete a quarterly comprehensive review of autism providers to identify any clinical or contractual challenges and provide technical assistance. 3. **Quarterly Update -** Completed six (6) site visits of ABA Providers requesting to expand autism services to new and/or additional locations. In January

2025, DWIHN updated the reporting timeline based on feedback from providers and diagnostic evaluators. Evaluations resulting in an ASD diagnosis now allow up to 15 business days for report completion, instead of 10 business days, to support more thorough diagnostic evaluations. The 7-day calendar requirement for non-spectrum evaluations remains unchanged. The performance goal was also increased from 70% to 95%. Since this update, DWIHN has continued to demonstrate strong access to eligible diagnostic reports. In FY26/Q2, 593 of 624 reports were completed on time, resulting in a 95% on-time rate.

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

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

1. **Activity 1: HEDIS – ADHD Medication Follow-Up -** Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA). The goal is to improve integrated health for children and youth. In particular, DWIHN oversees the ADHD Medication Follow-Up HEDIS Measure of ensuring there is an initial and follow-up doctor visit after being prescribed ADHD medication. According to DWIHN Population Assessment completed in 2024, ADHD was the 2nd most prevalent behavioral health diagnosis among children and youth ages 0 to 17. Regarding the ADHD Medication Follow-Up, there are key factors to be informed of: The reporting period is from March to February, information is pulled from the Vital Data platform via billed claims, as of 10/1/25, the New baseline changed to 2023; and the goal for this measure increased over the years due to the ongoing progress with this PIP. Historically, as of March 2020, the rate was 12.98% (Goal = 50%) and has increased to 58.95% for children between 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. Historically, as of March 2020, the rate was 13% (Goal = 50%) for children between 6-12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the nine months after the initiation phase, has increased to 68.54%. Meeting held with the Advantage Health Federal Qualified Health Center (FQHC) – 1500 W. McNichols location to discuss connecting children and youth to DWIHN for screening for behavioral health services. Provided education to the FQHC on the MichiCANS Screener. Updated the Core Competency Training held for new and existing clinical professionals to include the HEDIS standards. Also updated the HEDIS policies for Providers to submit quarterly feedback indicating progress, barriers, and interventions to improve the HEDIS standard.
2. **Activity 2: MichiCANS Screenings – Timely Access to Services –** Effective 10/1/2024, the new goal for timely access for services was identified at 57% according to MDHHS requirements. During FY26/Q2 54.89% of intakes occurred within 14 days of screening date for children with intellectual developmental disabilities (IDD) and 56.33% of intakes occurred within 14 days of screening date for children with serious emotional disturbances (SED).
3. **Activity 3: Youth Mental Health Council -** The Mental Health Youth Council Meeting is a monthly collaborative gathering consisting of council members, youth advocates, and the Youth United coordinators. The purpose of the

council is to create a safe and supportive space where young people can share lived experiences, identify gaps in services, discuss mental health challenges impacting their communities, and contribute to solution-building efforts. In January, the SUD department hosted a Narcan Training for students in the council at the students' request. Students identified areas of interest in promoting and advocating: bullying, toxic relationships, trauma, coping skills, and substance use.

4. **Quarterly Update -** In celebrating reading month and 313 day, DWIHN volunteers from various departments participated in reading day at Cooke Elementary.

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

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

1. **Activity 1: Customer Service Call Center –** The department's receptionists, Ashley and Candice, were hired in February 2026 and were the May 2026 Shining Star awardees. They have maintained a strong performance, including prompt response times and a low abandonment rate. The abandonment rate is 1%, the service level is 97%, and 1,519 calls were canceled out of the 1,605 offered. They also met the standards by maintaining an average answer time of 10 seconds while answering 3,018 of the 3,172 calls offered. The Welcome Center Receptionists also track the walk-in activity for the administrative building. In FY '26 Q2, the top reasons for walk-ins in order of frequency were orientation, meetings, and IT concerns. The charts below illustrate the data collected.
2. **Activity 2**: **Due Process** – The team has seen a drop in the number of grievances and appeals that were handled in FY26 (Q2). This could be attributed to the CCBHC providers now being solely responsible for processing all grievances and appeals specific to the CCBHC services provided, such as outpatient therapy, case management, medication management, etc. DWIHN is only responsible for the non-CCBHC-covered grievances and appeals. There was a drop in grievances received in FY'26 (13 in FY'25 vs 7 in FY '26) and appeals also experienced a decline in cases received (8 in FY'25 vs 4 in FY'26). There were no mediation cases in Quarter 2 of FY'25; however, there were 2 cases in Quarter 2 of FY'26 (1 case successfully resolved, 1 case unsuccessfully resolved). There were no state fair hearings in either quarter for FY'25 or FY'26.
3. **Activity 3**: **Member Engagement/Experience** – During FY 26 (Q2), the DeMaria Foundation generously provided 20k for the fiscal year. These monies are used to support the Dreams Come True grants and other projects sponsored by Member Engagement and Experience. Member Engagement/Experience welcomed two new team members, Amanda Levitt and Belinda Warwick. The March is Michigan Disabilities Awareness Month program was amazing. The Constituents Voice (CV) Advocacy Action Committee hosted an event on March 19th via Zoom. This forum was well attended with over 60 participants. Member Engagement continues to monitor the Contact Us option via the website using the Rapid Response program. For FY26 (Q2), there were 203 emails received. The Customer Service Engagement Unit hosted a Peer Training on February 19, 2026, at Considine Family Life Center. Dr. Kevin Scott presented on Peer Support Specialist and Police Training, and Stacey Foster presented on Breaking the Stigma: The Power of Open Conversation. The next Peer Training will be held on August 20, 2026. The Persons' Points of View Spring

	Edition 2026 Newsletter was released on February 12, 2026. Michael Shaw, Engagement Specialist, is the Editor-In Chief. Mr. Glenn opened the floor for discussion. Discussion Ensued. D. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care, submitted and gave highlights of the Integrated Health Care's quarterly report. It was reported that: 1. **Activity 1: Omnibus Budget Reconciliation Act (OBRA) –** DWIHN has been working very closely with MDHHS and LARA to make sure our members are being taken care of in those nursing homes and following up with whatever needs are available. The department will be conducting joint training with MDHHS this June to ensure that nursing homes are aware that we are working together to ensure our members are being taken care of. Cross-training intake and OBRA trainers has improved turnaround times for processing referrals, enabling clinical staff to receive them more quickly. Clinical staff have increased the number of assessments completed weekly from 5 to 6 (the KPI is 5 assessments per week). 2. **Activity 2: Complex Case Management –** The program is really good at linking and growing to those primary cares, meeting them with our current provider, and making sure that engagement stays. Policies and procedures have been put in place to ensure that members receive their metabolic monitoring (diabetes and cholesterol testing) each year. 3. **Activity 3: Joint Care Coordination with Medicaid Health Plans and HIDE-SNP -** DWIHN is required to coordinate care with all eight Medicaid Health Plans. The Michigan Department of Health and Human Services (MDHHS) has established a benchmark stating that 25% of adults in need of care coordination, as identified by the MDHHS risk pull in Care Connect 360 (CC360), should have an active care plan. DWIHN aims to achieve 40% to ensure this standard is consistently met throughout the year, as members may drop out of the denominator. Care Coordination is a contractual agreement with MDHHS and a pay-for-performance measure evaluated yearly. In fiscal year 2025, DWIHN was awarded $676,241.08 under the pay-for-performance program and exceeded the 25% threshold. DWIHN is currently at 39.4% for care coordination plans in CC360 with the 8 Medicaid Health Plans. Mr. Glenn opened the floor for discussion. There was no discussion. Mr. Glenn noted that the Autism Services, Children's Initiatives, Customer Service, and Integrated Health Care's quarterly reports have been received and placed on file.

IX. Strategic Plan - None

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

X. Quality Review(s)

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

	1. **Activity 1: MDHHS Waiver Review (March-May 2026)** – The review covered the Habilitation Supports Waiver (HSW), the Waiver for Children with Serious Emotional Disturbance (SEDW), and the Children's Waiver Program (CWP), along with an assessment of DWIHN's administrative processes and policy implementation. In total, the review encompassed 160 waiver cases and 741 staff files. The professional files met all compliance requirements. Gaps were noted only among non-professional staff lacking documentation of IPOS training. DWIHN is required to submit a Corrective Action Plan (CAP) to MDHHS. Following submission, MDHHS will conduct a follow-up review within 90 days to assess the plan's effectiveness. From June – September 2026, systemic remediation efforts are already underway, including updating the standardized IPOS template to improve documentation accuracy and implementing targeted IPOS training across the network. 2. **Activity 2: Performance Indicator 2a –** The total IBPS 14-day completion rate increased to 60.22% in FY26 (Q2), the highest level in the six-quarter trend. MI/Child rose to 39.45% (FY26, Q1) to 55.04% (FY26, Q2), a substantial quarter-over-quarter increase. MI/Adult continues to increase each quarter from 57.30% (FY25, Q1) to 63.70% (FY26, Q2). DD/Adult has consistently exceeded the 57% standard in every quarter. The State has identified 14 required HEDIS measures to monitor care. These measures assess preventive care, chronic disease management, and behavioral health access across the state. 3. **Activity 3: HEDIS Performance Overview -** DWIHN's current HEDIS review indicates strong progress, with 12 measures showing an upward trend. However, two measures, ADD Continuation and SAA, are trending downward, highlighting ongoing challenges related to treatment adherence and medication refills. Active Performance Improvement Plans are in place for FUH Adult, FUH Child, SAA, and SSD, which ensure targeted oversight and corrective actions. The remaining performance barriers are mainly linked to scheduling delays, claims processing lags, provider capacity issues, and inconsistencies in documentation, all of which continue to affect several measures. 4. **Activity 4: Additional Achievements** - Quarter 2 reflects solid performance and strong compliance in Critical Event and Sentinel Event reporting. All events were submitted to MDHHS in a timely manner, maintaining 100% compliance with state reporting requirements. Year to date, 858 staff members in our network have completed training in Behavioral Treatment Technical Requirements. The Behavior Treatment Survey has been completed, with 123 responses received. The data is currently being analyzed and will be shared. Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested more information on Quality Improvement's oversight of inpatient psychiatric hospitals. ***(Action)***

XI. VP of Clinical Operations Executive Summary

DISCUSSION/ CONCLUSIONS	Erik Hutchison, VP of Clinical Operations, submitted the Executive Summary and provided highlights. It was reported that over the last month, the Clinical Operations team has been striving for accountability to our providers and to us. They have completed their department reviews (first time). We are now working on adjusting the reporting structure to align with an operational structure. This week, we are

	conducting our stay interviews with all the directors to ensure we understand how our department, as one large department, as a system in this approach, will move forward. 1. **Health Homes Initiatives** – The Health Homes team expects to meet 5/6 Pay for Performance Measures for FY2025, and the Special Projects initiative to review mild-to-moderate individuals receiving PIHP-funded services is underway to transfer them to appropriate services funded by the Medicaid Health Plans. 2. **PAR Services** – Since April 1, 2026, PAR Services has served approximately 1,500 members in crisis and has worked to effectively transition these services from the previous delegation while maintaining high-quality standards for members served in crisis. 3. **Adults Initiatives** – In May 2026, Adult Initiatives demonstrated that increased engagement in IPS, early service involvement in AOT, and expanded awareness of Supported Decision-Making as an alternative to guardianship are associated with greater independence and reduced hospitalization. 4. **SUD Initiatives** – According to claims data, SUD serviced 7,907 members in the first quarter and 6,556 in the second quarter in fiscal year 2026. Mr. Glenn opened the floor for discussion. There was no discussion. Mr. Glenn noted that the VP of Clinical Operations' Executive Summary has been received and placed on file.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	A. **BA #26-46 (Revised 2) – Michigan Highly Integrated Dual Eligible Special Needs Plan (MI HIDE-SNP)** – 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, Vital Health Management LLC and EasterSeals MORC Health Care, Inc., will receive and disburse Medicare dollars to deliver covered services to eligible beneficiaries. MDHHS ended the MHL Pilot project on 12/31/25, at which time they implemented and launched the Highly Integrated Dual Eligibles Special Needs Plan (HIDE-SNP) model on January 1, 2026. This board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized. The 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 2). **Motion:** It was moved by Dr. Taueg and supported by Mr. Phillips to move BA #26-46 (Revised 2) to the Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried.** B. **BA #26-50 (Revised) – Summer Youth Employee Program (SYEP) FY26** – Staff requesting board approval for $700,000 to fund the continuation of the DWIHN Summer Youth Employment Program ("SYEP") Partner City Connect Detroit from June 1-September 30, 2026**.** City Connect has been funded for the last six (6) fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents -- focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months. The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14-24 living in the city of Detroit. Mr. Glenn called for a motion on BA #26-50 (Revised). **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #26-50 (Revised) to Full Board for

	approval. Mr. Phillips recused himself. Mr. Glenn opened the floor for discussion. Discussion ensued. It was announced that Shelia Young will be the Interim Community Engagement Officer for the Network Innovation and Community Engagement department until a director is hired. **Motion carried with Mr. Phillips recusing himself due to his company having a contract with the organization.**

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS	***There was no New Business to review this month.***

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	1. Dayna Clark, Director of Communications, announced DWIHN's Annual Meeting, June 17, 2026, Wayne County Community College District Northwest Campus at 11:00 a.m. 2. James White, President/CEO, announced that today marks the two-year anniversary of the 707 Crisis Care Center. For this year, there have been 3,400 presentations. In its first year, there were 2,380 presentations. This year, 85 more lives per month are being impacted by this operation for a total of over 5,000 people being served. 3. The committee commended Mr. White and his staff for a job well done with the Mental Health Walk. The committee also commended staff a job well done at the 707 Crisis Care Center. Dr. Taueg requested that something be written up on the Crisis Center.

Action Items	Responsible Person	Due Date
1. **Quality Review(s) - QAPIP Work Plan FY26 –** Provide more information on Quality Improvement's oversight of inpatient psychiatric hospitals.	April Siebert	***July 8, 2026***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Dr. Taueg to adjourn the meeting. **Motion carried.**
ADJOURNED: 2:25 p.m.
NEXT MEETING: Wednesday, July 8, 2026, at 1:00 p.m.

CHIEF MEDICAL OFFICER'S REPORT
PROGRAM COMPLIANCE COMMITTEE

July 8, 2026

Updates and Highlights

- **Wayne State Child & Adolescent Psychiatry Annual Clinical Skills Evaluation:** Participated as faculty evaluator and mentor. Provided guidance on CMH career pathways and shared contact information to strengthen the early-career **psychiatry recruitment pipeline**.
- **Humana Quality Committee Appointment:** Invited to join as an **external voting psychiatrist**. Attended first meeting in June, strengthening payer collaboration and quality alignment opportunities.

CRISIS SERVICES

Board Follow-Up: Discharge Planning & Outpatient Appointment Completion: ***Reporting period: October 1 – March 30 (to allow for outpatient claim lag).***

1. Discharge Volume

- Total Discharges: 729
- Unique Members Discharged: 531
    - Indicates repeat utilizers account for a significant share of overall crisis and inpatient episodes.

2. BEST Program Linkage

- 22 members were discharged to BEST services.
    - Reflects either narrow eligibility criteria or limited provider referral patterns.

3. Outpatient Follow-Up Engagement

Early connection remains modest, while longer-term follow-up improves substantially:

Follow-Up Window	Count	% (Using All Discharges = 729)
7-Day	**222**	**30.5%**
60-Day	**406**	**55.7%**
90-Day	**433**	**59.4%**

Analysis: Recidivistic Members Have Lower Follow-Up Rates

Follow-up rates appear significantly higher when calculated using unique members; however, when recalculated using all discharges (which include repeat utilizers), follow-up engagement declines sharply.

This shift indicates that:

- Members with multiple discharges have substantially lower outpatient follow-up.
- These members repeatedly add to the denominator while rarely contributing to the numerator.
- High utilizers do not connect to outpatient care even months after discharge.
- This group disproportionately drives:
    - repeat crisis visits
    - readmissions

- lower follow-up performance

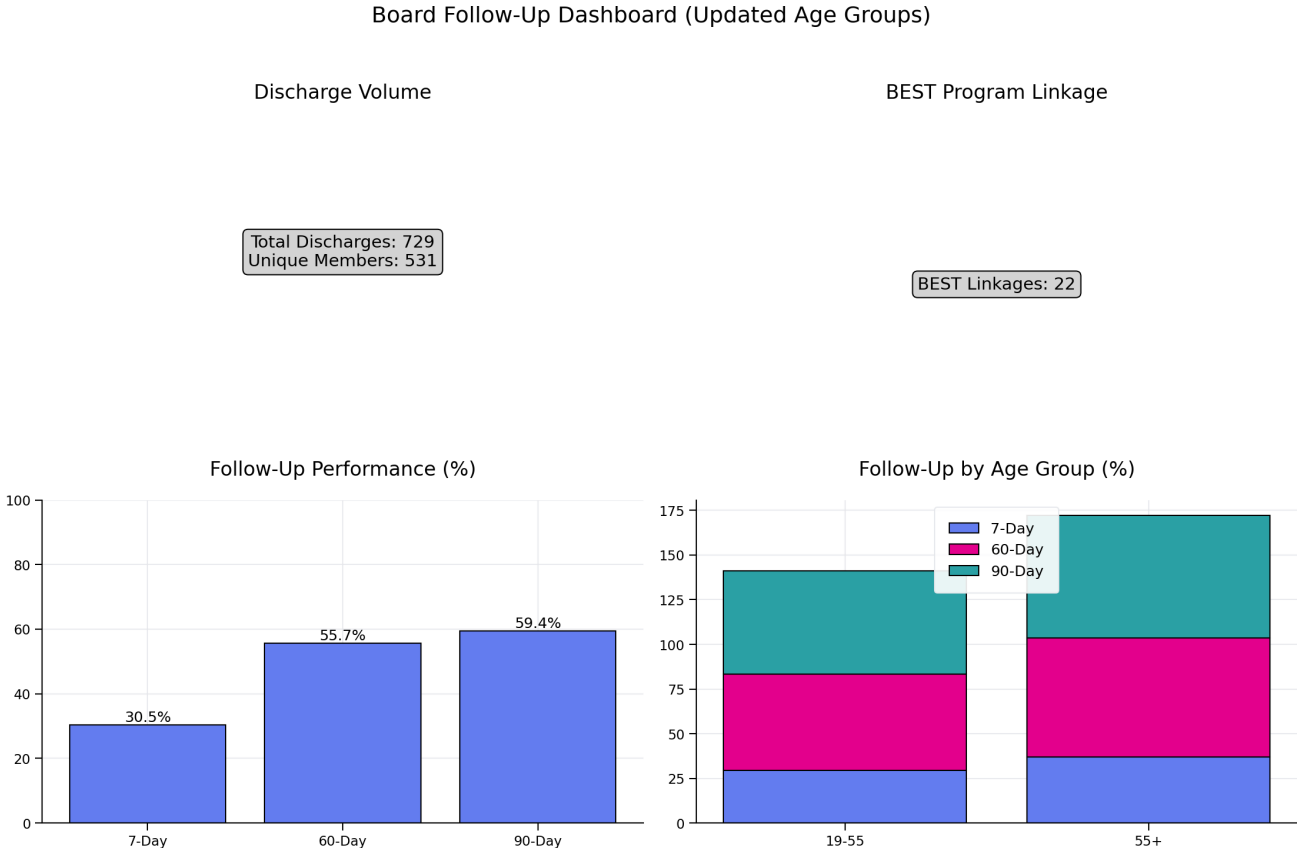
Unique individuals are 531. If repeat admissions are excludedPercentage drops when including recidivists:

- **7-day:** 41.8% → 30.5%
- **60-day:** 76.5% → 55.7%
- **90-day:** 81.5% → 59.4%

Implication:
Addressing barriers for high-utilizing members is essential to reducing recidivism, improving quality, and supporting stabilization.

Age-range analysis:

- Of 729 crisis discharges shows that adults (ages 19–55) represent the overwhelming majority of crisis utilization (619 discharges) and also have the lowest early follow-up engagement, with only 29.4% completing outpatient visits within 7 days, rising to 53.8% at 60 days and 57.8% at 90 days.
- Older adults (55+) demonstrate stronger follow-up continuity across all timeframes, while youth (0–18) represent a very small subset (n=2) and do not meaningfully influence system trends.
- These findings reinforce that the follow-up performance gap is primarily driven by adults 19–55.



CHIEF MEDICAL OFFICER'S REPORT
PROGRAM COMPLIANCE COMMITTEE

QUALITY

HEDIS Performance-Based Measures (P4P)

- FUM – Adult: 65% (exceeds 62% target; up from 60.15% last year)
- FUH – Child: Improved from 76.97 → 79%, but still below benchmark
- PI2a – Access Timeliness: 61.04%, exceeding state benchmark for the first time

Strategic Focus Areas:

- FUH 30-Day (Total)
- ADHD Medication Adherence

2. Systemwide HEDIS Trends

- 12 measures improving, 2 declining
- FUH & FUM improving across all populations
    - ADD initiation up
    - ADD continuation down
    - APP strong at 71.67% (above benchmark)
- Medication monitoring improving but still affected by lab result reporting gaps
- SAA remains below target and requires ongoing monitoring

DISENROLLMENT UPDATE

Operational Area	Status	Notes
Planning & Compliance	🟢 Green	All planning steps complete; Recipient Rights review finalized
Provider Network Preparedness	🟢 Green	All communications issued; CRSPs notified
Clinical Discharge Workflow	🟡 Yellow/Green	75% complete; requires continued weekly monitoring
IHC/MHP Transition Work	🟢 Green	Coordination ongoing and effective
Member Notification (ABD	🟢 Green	ABD coding completed; July notices in progress
Appeals Process (August)	🟡 Yellow	Begins 8/1; volume unknown but manageable
IT Bulk Closures including (BH-TEDs)	🟡 Yellow	Work through Aug; timelines remain achievable
Final September Closure	🟢 Green	No critical risks identified
Overall Project Completion	🟡 Yellow	On track; moderate-level risks appropriately mitigated

Mild-to-Moderate Disenrollment Project – Executive Summary

The disenrollment project remains on track toward final completion by September 2026, with all major planning and regulatory requirements completed and operational processes functioning reliably.

CHIEF MEDICAL OFFICER'S REPORT
PROGRAM COMPLIANCE COMMITTEE

Key Achievements

- Recipient Rights, policy, and regulatory reviews complete
- Network-wide provider notification executed
- CRSP-level member files for adults and children distributed
- ABD issuance and PCE coding workflows operational
- Member lists finalized; transitions initiated
- Clinical discharge monitoring at 75%, with strong provider engagement

Current Work (On Track)

- ABD preparation and cross-department transition workflows (50–75% complete)
- Health plan list generation and MHP coordination (75% complete)
- Member advance notices (July) progressing as expected
- Provider and MHP transition coordination underway

Critical Path Milestones

- Appeals Window: August 1–31 (no risks at this time)
- Final BH-TEDS/IT Closure: September 1–30 (contingent on clinical steps; all dependencies currently green)

Risk Summary

- No high-severity risks identified
- Moderate risks include:
    - Provider discharge delays
    - Appeals processing volume
    - High-volume BH-TEDS/MH-WIN IT workload

Mitigation: Weekly clinical review, built-in buffer for appeals, BH-TEDS task force monitoring.

Overall Assessment

The project is well-managed, timely, and stable, with strong cross-functional alignment.
The organization remains fully positioned to complete the disenrollment process on schedule by September 2026. No immediate executive action is required.

GRANTS

- Began oversight of the grants portfolio including analysis, triage, and resolution of previously pending items.
- Next phases include establishing a standardized New Opportunity Review Process and Active Grant Management framework.
- June saw 13 new federal opportunities; approximately one-third are being prioritized based on:
    - Strategic alignment
    - Funding level
    - Organizational capacity
    - Match requirements
    - Reporting burden
    - Likelihood of award

Program Compliance Committee
Adult Initiatives Third Quarter Report
Marianne Lyons, LMSW, CAADC
7/8/2026

Main Activities during quarterly reporting period:

- Assisted Outpatient Treatment (AOT)
- Evidenced Based Supported Employment (EBSE)/Individual Placement and Support (IPS)

Progress on Major Activities:

Activity 1: Assisted Outpatient Treatment (AOT)

- *Description:* Assisted Outpatient Treatment (AOT) is a civil commitment process for individuals diagnosed with severe mental illness who have a history of non-adherence to treatment. Through a court order, participants are required to follow a prescribed treatment plan while continuing to live in the community.

- *Current Status:* AOT orders increased in FY26 Q3, averaging 874 orders compared with 780 orders in FY25 Q3. This increase is driven by several factors: an increase in new DWIHN members; current DWIHN members receiving their first AOT orders; and greater hospital reliance on petitions for combined orders when members are not fully compliant while hospitalized.

  Hospitalization days increased slightly, from an average of 20 days in FY25 Q3 to 21 days in FY26 Q3. However, total hospitalization costs decreased from $1,806,922 to $913,318. This reduction is related to the decrease in the number of hospitalizations during an AOT order, which declined from 149 to 69.

  Comparatively, looking at the total number of adult members served from April 1, 2026, to June 23, 2026, there were 24,178. Total number of adult members hospitalized during this same time frame was 3,320, equaling a baseline hospitalization rate of 13.73%. By comparison, both our Assisted Outpatient Treatment (AOT) and Assertive Community Treatment (ACT) frameworks successfully demonstrated lower rates of hospitalization than this general baseline. For the 874 members on an AOT order during this same period, there were 101 hospitalizations, reducing the rate to 11.55%. Meanwhile, our most intensive community-based intervention, ACT, showed the most significant impact on stabilization: of the 170 members on ACT teams, only 15 were hospitalized, equaling a rate of 8.82%. While we continue to identify parameters for the completion of a successful AOT, this look at hospitalization rates proves that both legal accountability (AOT) and intensive community care (ACT) are viable, successful pathways for reducing hospital recidivism, with ACT serving as our most effective community-based deterrent.

- *Significant Tasks:* Review of hospitalizations that occurred during time of order; the first 60 days post hospitalization have shown to be the most critical as 44% of new hospitalizations occurred during this timeframe. Two significant contributing factors were homelessness and med refusals even when in group homes

- *Major Accomplishments:* Adult Initiatives completed training with MiSide to provide more in-depth guidance on monitoring AOTs. We also reviewed and revised our AOT policy and procedure, as well as our MHWIN Court Orders tab to assist providers and our AOT team in capturing and collecting data.

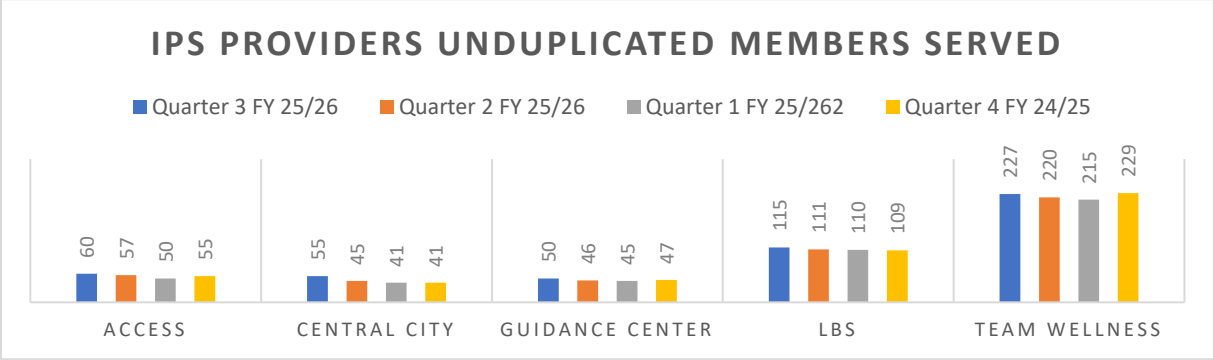
- *Needs or current issues:* The hospitalization review indicates a need for providers to increase their efforts at engagement while the member is hospitalized, as well as add Med drop for members who are homeless. The review also revealed that medication compliance is still an issue even in supervised settings as a member cannot be forced to take medications. The order's solution to non-compliance is rehospitalization leading to hospital recidivism.

- *Plan*: Adult Initiatives continues to work with utilization management and the procedure code group to provide clear instructions on case management billing for members in the hospital without an active IPOS. Medication Administration Records will be reviewed at the upcoming NGRI/AOT Workgroup meeting in July to discuss a more pro-active approach and possibly look at Peer involvement from our AOT team.

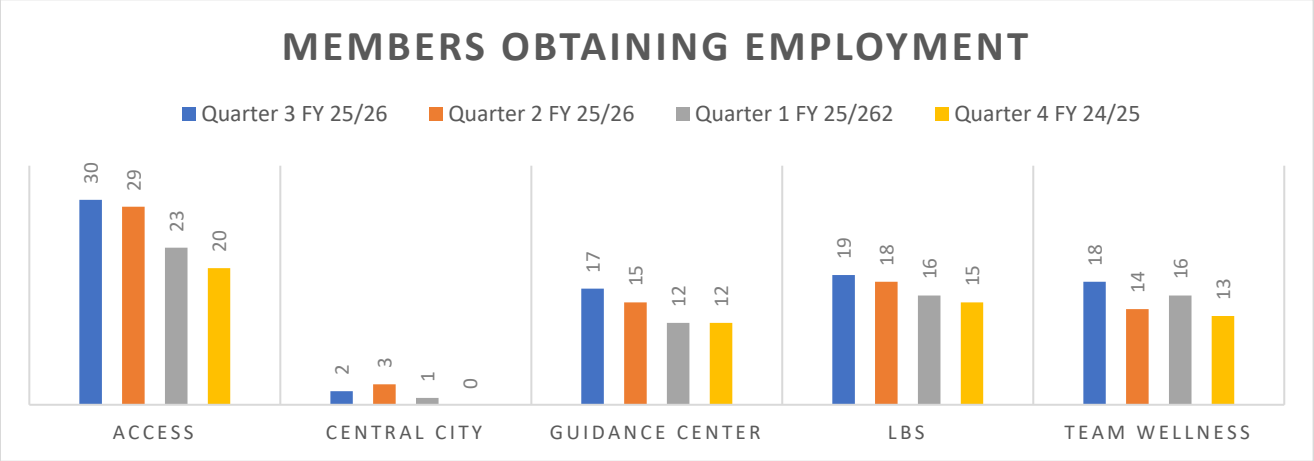
Activity 2: Evidenced Based Supported Employment (EBSE)/Individual Placement and Support (IPS)

- *Description:* Individual Placement and Support is a specific type of employment service. DWIHN utilizes the IPS model as research shows it to be the most effective evidence-based employment program. This approach allows for individuals with severe and persistent mental illness and/or substance use disorders to obtain and maintain gainful employment, at any stage of change in outpatient treatment.

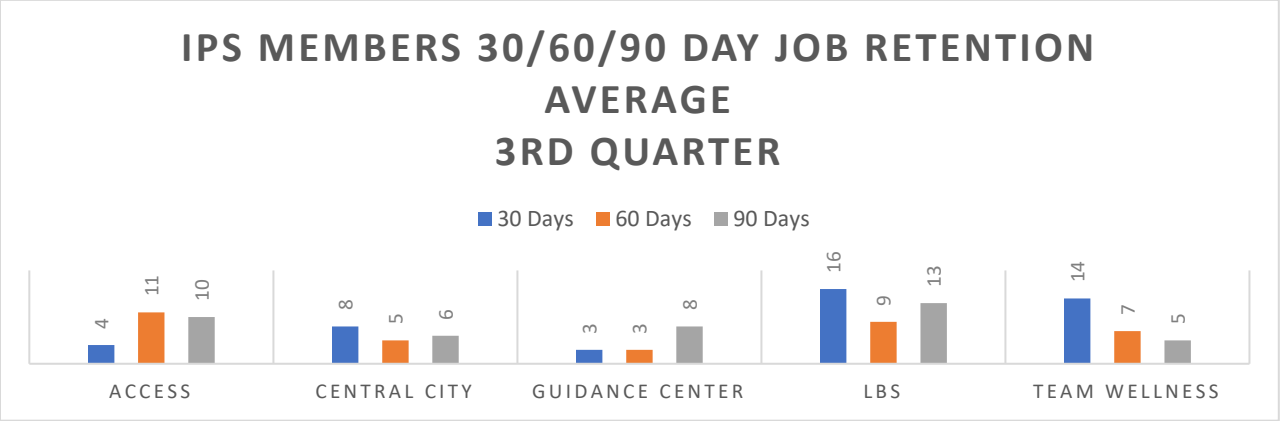
- *Current Status:* The total number of unduplicated individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from IPS providers, and data gathered internally on MHWIN. To reflect appropriately, this data takes the number of members served in the first month of the quarter, adds the new admissions over each month of quarter, and then subtracts discharges from each month of the quarter. The following data is based on the total number of members receiving IPS services during the 3rd quarter of the 25/26 FY from the 9 CRSPs providing IPS: **Growth of 33.8%**



The following additional data presents the total number of members who obtained employment while receiving IPS services during the 3rd quarter:



Growth of obtained employment: 43.3%



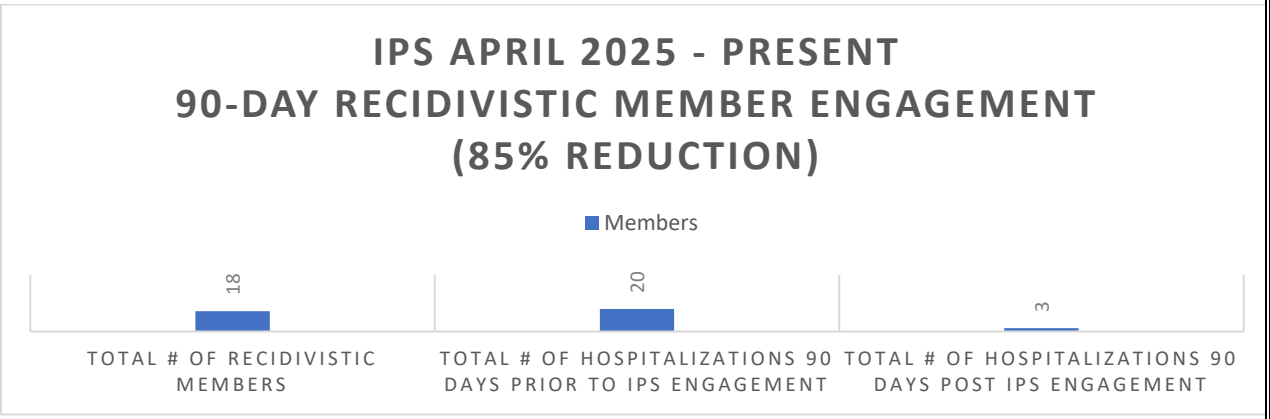
- *Significant Tasks:* Adult Initiatives met with Central City following significant management and supervisory changes related to IPS services. Central City has added new oversight at both the manager and director levels; however, these leaders do not have prior IPS experience.

  To support this transition, Adult Initiatives provided an overview of IPS, shared the related fidelity standards, and connected Central City with MDHHS representatives for additional IPS guidance and support.

- *Major Accomplishments:* Adult Initiatives attended the fidelity review for MiSide and provided valuable information on the success of the previous quarter's presentation regarding appropriate referrals and communication between IPS and clinical teams.

Adult Initiatives continues to monitor the relationship between IPS engagement and hospitalization rates. Current data suggests that members engaged in IPS services experience reduced hospitalization rates.

The analysis is based on the past year and includes members who attended more than two IPS appointments. Hospitalization totals were reviewed for the 90 days before IPS engagement and compared with hospitalization totals for the 90 days after engagement.



- *Needs or Current Issues:* Michigan IPS programs have witnessed a reduction in successful closures, as reported by MDHHS. This is an area of fidelity which aims to encourager successful closures. Successful closures are marked by the IPS program after a member independently decides that they are content with their job and able to continue without IPS employment specialist engagement or follow up. This correlates to a barrier of the area of "follow up," specifically, which programs indicate reduced communication from members after they are engaged with their employers.

- *Plans:* Adult Initiatives will present on IPS to NSO in July following a recent conversation with NSO management and their expressed interest in expanding to provide IPS services for their expanding SMI population. Adult Initiatives will connect NSO to MDHHS representatives for IPS services accordingly.

  Adult Initiatives reinforced to all agencies at the monthly supervisory meeting providing IPS services to increase effort in scheduling members promptly with anticipation of authorization approval to shorten wait time. Waitlists are against fidelity and members have a need to be seen promptly upon the desire for IPS engagement, and we must make every effort to reduce the average 15 day wait time.

  Adult Initiatives will utilize satisfaction surveys to gauge the level of member satisfaction during/following completion of IPS services, beginning in August 2026. The survey may offer further insight into member engagement in outpatient services and overall quality of life due to receiving IPS services.

Highlight: Cass Community Social Services, (CCSS)

Cass began creating jobs for people with significant barriers to employment during the recession of 2007. When you shop with Green Industries, you are helping to provide work for adults who have developmental disabilities, mental illnesses, physical restrictions or who have formerly experienced homelessness, war, or prison.

Green Industries products include mud mats, Detroit Treads (both made from recycled tires), recycled glass coasters, and Old English D keychains.
Cass Community Social Services collects illegally dumped tires from vacant lots in Detroit and recycles them into indestructible mud mats. To date, Cass has picked up over 200,000 tires from the streets of Detroit. Formerly homeless men are employed in this program.



Detroit non-profit Cass Community Social Services unveils its newest enterprise, One Cup Car Wash and Detailing, and on Monday, June 8, 2026, I attended a ribbon cutting, and press conference.

Under the agency's Green Industries umbrella the innovative initiative is focused on job creation and environmental sustainability.

• Uses only ounces of water to clean cars, vans and trucks. Home, commercial and self-serve car washes use anywhere from 10 to 100 gallons per vehicle.
• Job training and employment.
• 10 part-time jobs for people with intellectual and developmental disabilities.
• Designed to emit zero pollutants.
• Solar panels power the operations.
• Uses rainwater collection system to save and distribute water for landscaping
• Permeable pavers manage rainwater run-off during storms.

CCSS' One Cup Car Wash and Detailing uses 1-cup of water to clean cars, trucks and vans. The combination of steam and pressure makes this possible.

Starting on Friday, July 10, 2026, the car wash will be open to the public weekly on Fridays and Saturdays with reservations taken online. No money will be exchanged at the business. CCSS anticipates the cost of a wash and detailing will be $40.

Follow up (Mr. Phillips)-Provide an update on the plans that are being implemented and how success will be defined to confront the issue of the highest rate of suicides amongst adults aged 85 years and older, and to include R. Taylor, SUD board member and an employee of the Detroit Area Agency on Aging, in the plan.

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

DWIHN OUTPATIENT CLINIC

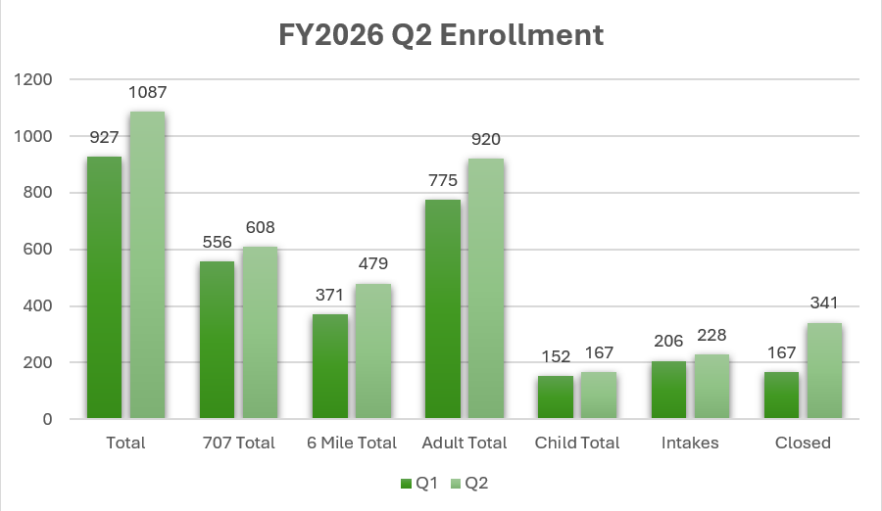
DWIHN Outpatient Clinic (DOC) PCC Update
July 2026
Melissa Peters – Interim Senior Director of Outpatient Services

Main Activities For Fiscal Year 2026 Q2 Reporting Period:

- Member Enrollment and Services
- Performance Indicator #2a
- Infant and Early Childhood Mental Health (I-ECMH)

Total Number Served FY 2026 Q2:

For FY26 Q2, the DOC had 228 intakes completed, which contributed to increased enrollment. See chart below for specific information.



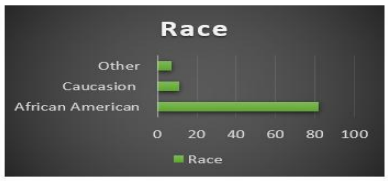
FY26 Q1
Unique # Served: 506
Notices Sent: 154
Unique Member Unkept appt: 178

FY26 Q2
Unique # Served: 572
Notices Sent: 23
Unique Member Unkept appt: 161

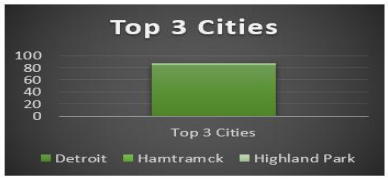
For Q3, the DOC anticipates a lower enrollment rate, due to capacity management. As of 6/26/2026, the DOC has had about 145 Intakes.

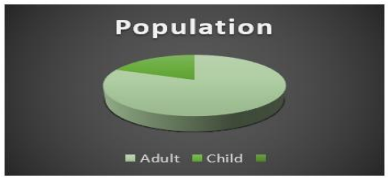
Demographic Data FY2026 (through Q2):

The charts below remain consistent with the member demographic being served:

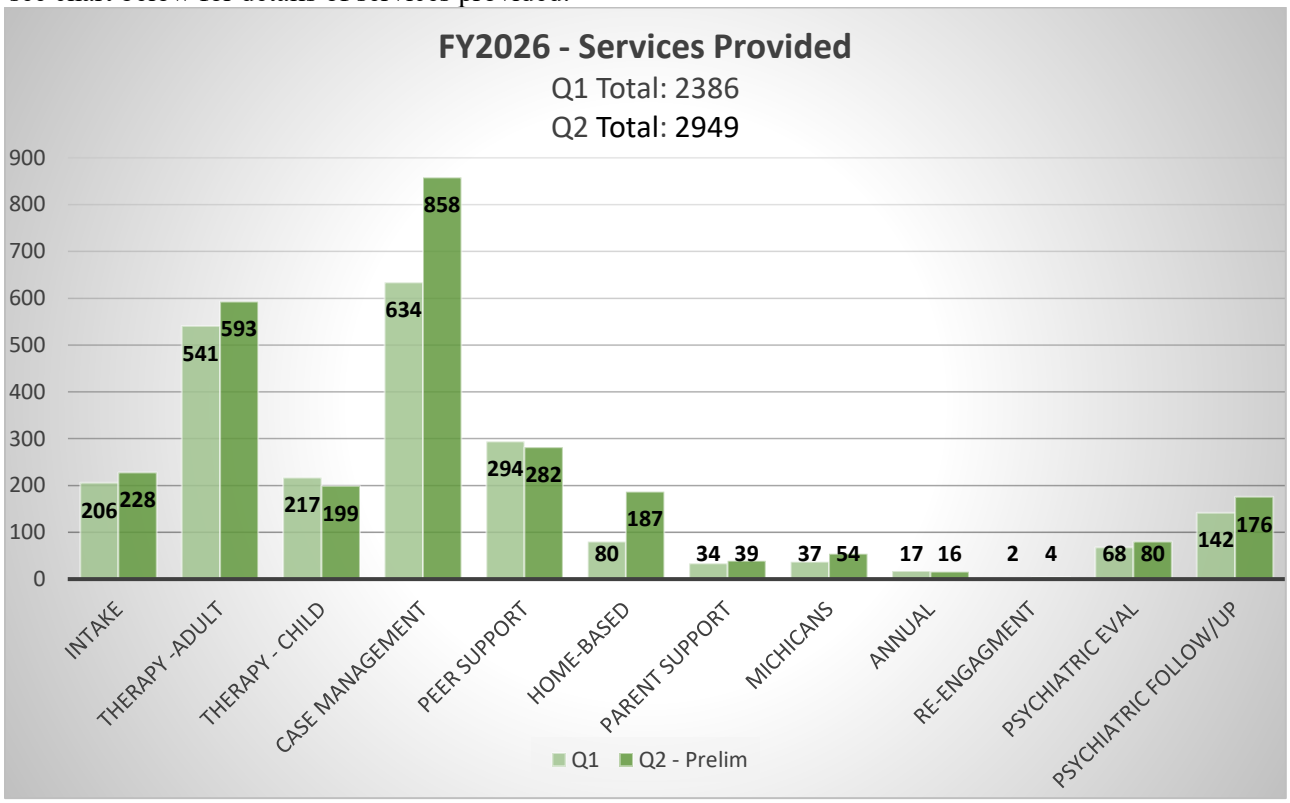








Services Provided:
Please see chart below for details of services provided:



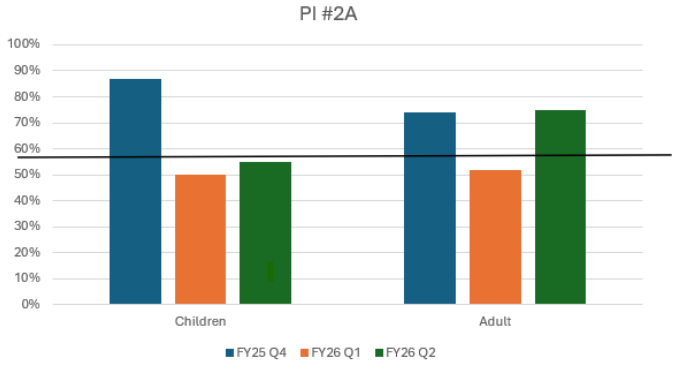
Trending Q3 data is not included because of issues related to EMR setup that is impacting staff's ability to sign documentation. This is in the process of being resolved with the support of Procedure Code Work Group and IT. It should be noted that there were staff changes during Q2 that will impact total services provided for Q3. This is specific to case management, child therapy and overall intake/enrollment.

FY26 Q1 - Performance Indicator #2a
As a directly operated service provider, the DWIHN Outpatient Clinic (DOC) is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows:

- Indicator #2a - Access/1st Request Timeliness-Benchmark 57%

Indicator #2a: This benchmark measures if the provider completes the initial intake assessment within 14 days of a non-emergent request for service. For FY26 Q2, DOC made significant improvement from Q1 and exceeded the benchmark for the adult population.

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



Infant and Early Childhood Mental Health (I-ECMH):

- Staffing:
  - Supervisor hired 12/8/2025
  - Original designated staff left DOC 3/6/2026
  - New staff started 3/17/2026
  - Hiring for second staff currently
- Referrals and Program Implementation:
  - Outreach events
    - Early Childhood schools
    - MDHHS
  - Baby Court referral pathway established
  - Access partnership
- Current Enrollment:
  - 11 open cases, with 6 active
  - 6 scheduled screenings (as of the writing of this report)
- Services, as of 6/26/2026:
  - Home Visits provided: 31
  - Time spent in person with families: 3615 minutes or 60.25 hours
  - Out of active cases, two are expectant mothers

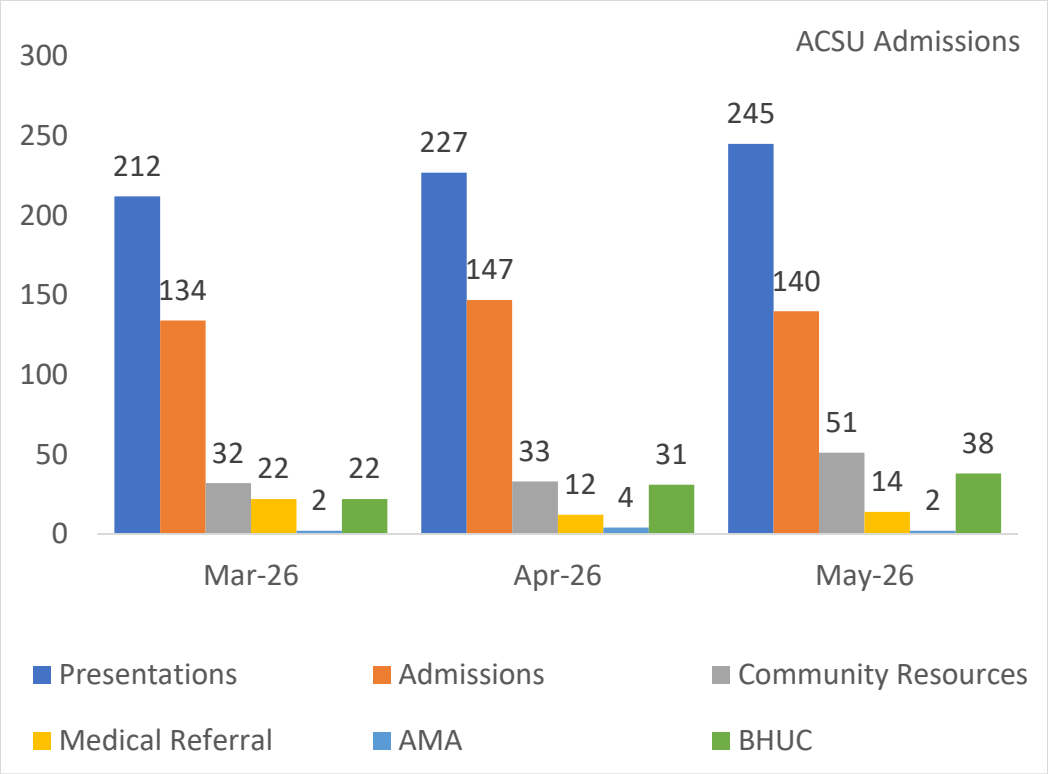
NOTE: Ongoing qualitative and operational improvement continues to be a focus of the DOC Leadership Team and Staff for all services.

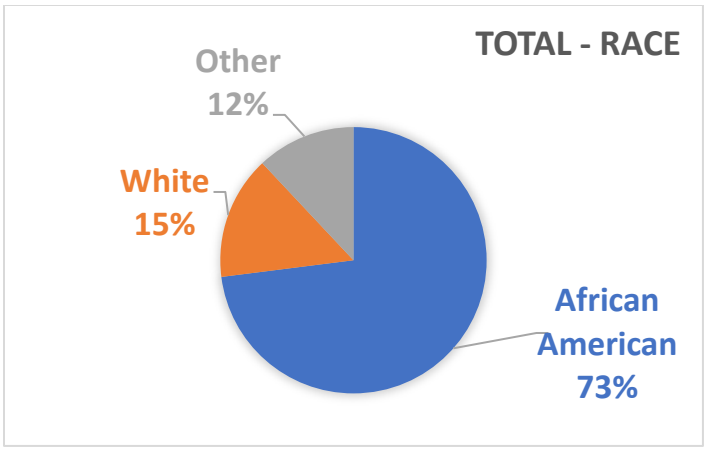
Program Compliance Committee Meeting
Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report
July 8th, 2026

Main Activities during March 2026 – May 2026, Reporting Period:

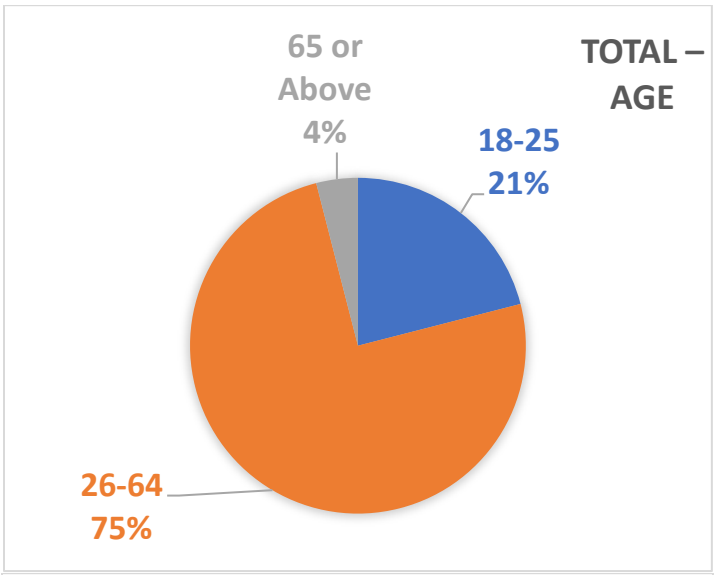
<u>Activity 1:</u> Adult Crisis Stabilization Data

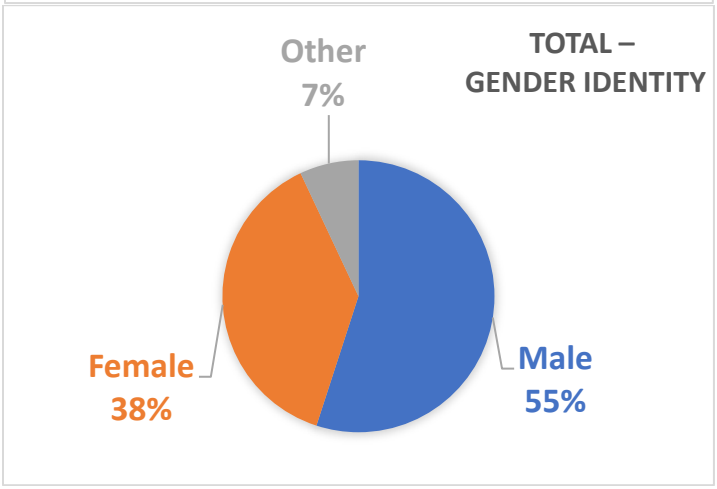
- *Description:* The ACSU serves individuals 18 years or older, regardless of their insurance status, who are seeking mental health or substance use services. Individuals can receive services on an involuntary or voluntary basis. The unit is open 24/7/365 and accepts referrals, walk-ins and police drop-offs. The occupancy of the ACSU is 12 individuals at one time, and the length of stay on the ACSU is 72 hours.
- *Current Status:*



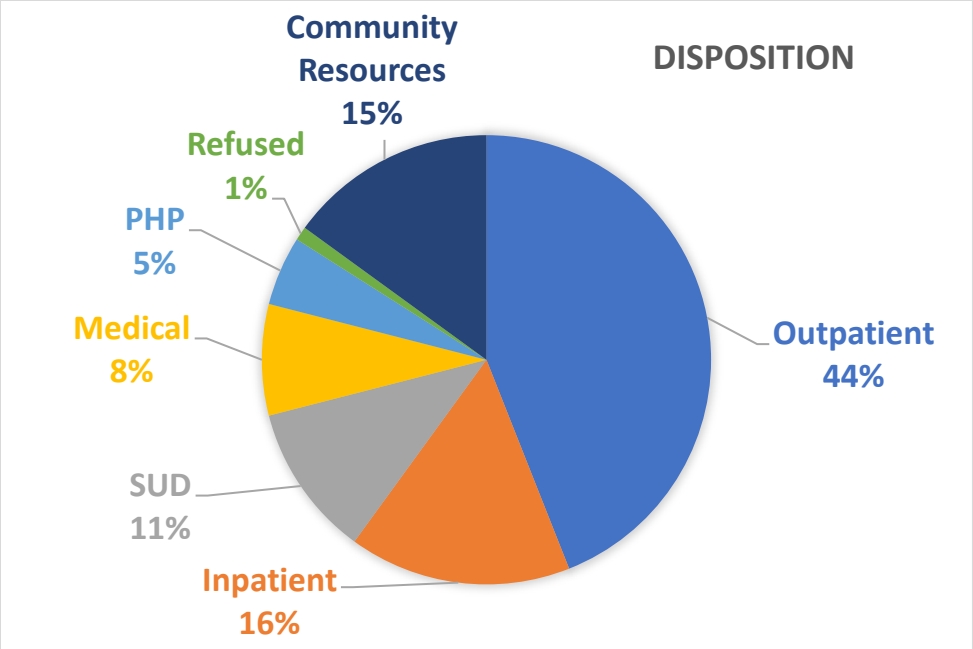


*Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific

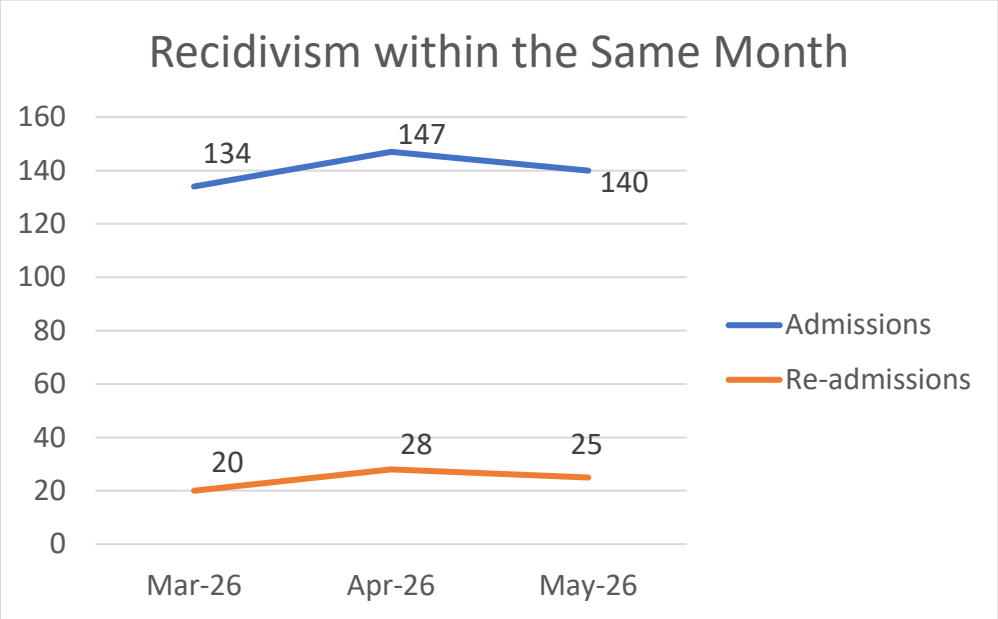




*Other includes: transgender man, transgender woman, and non-binary

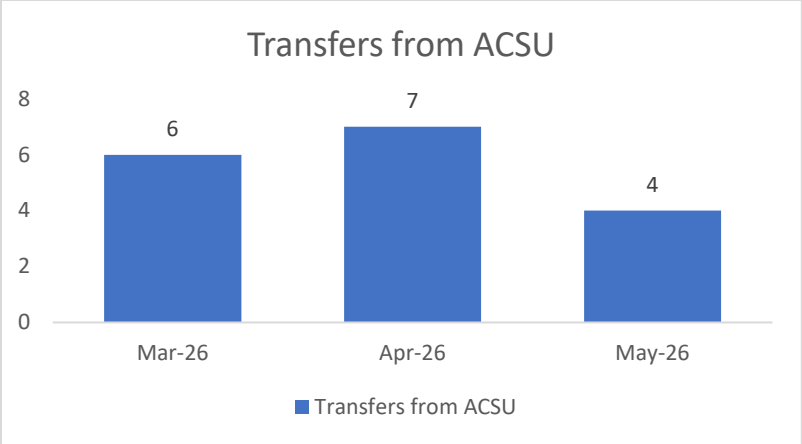


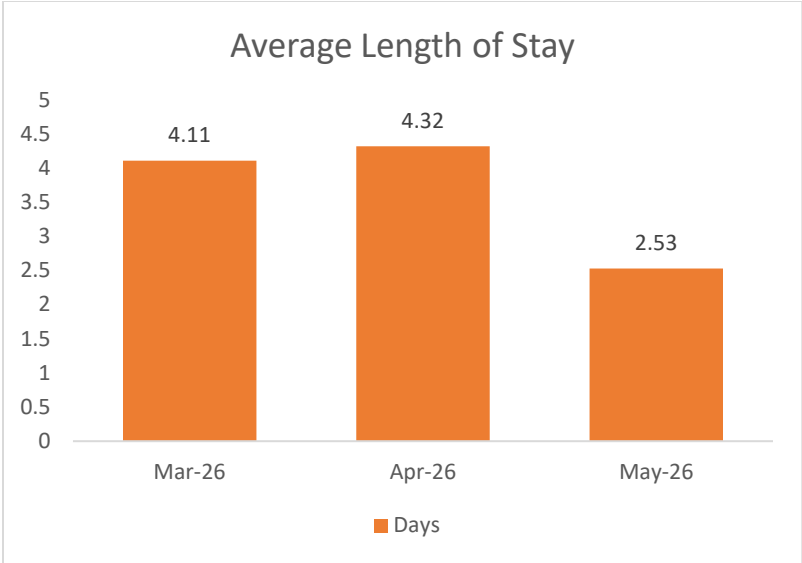
**Outpatient includes transfers to BEST Unit*

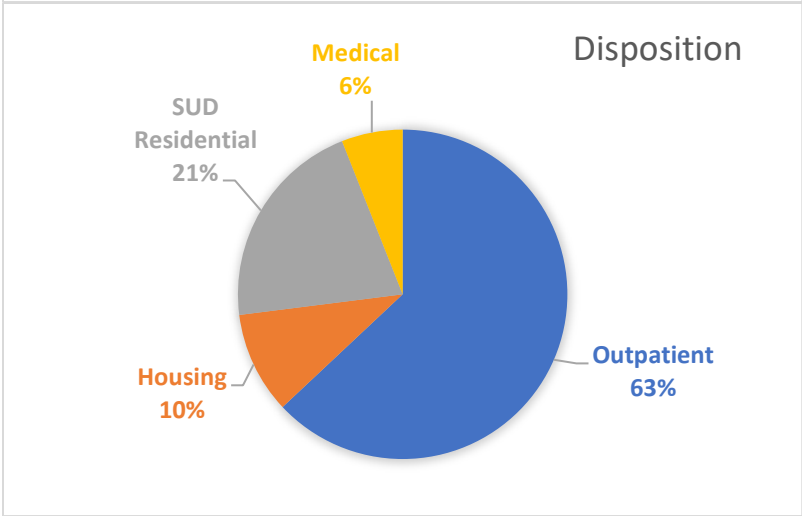


<u>Activity 2:</u> Building Empowered and Supportive Transitions Unit (BEST) Data

- *Description:* The BEST Unit is a post-crisis transitional unit. The BEST unit is run by our Peer Support Specialists and focuses on continued support and services post crisis intervention. The goal of the BEST unit is to reduce recidivism and provide continued support to vulnerable individuals. The occupancy of the BEST unit is 6 individuals at a time and the length of stay is 7 days.
- *Current Status:*





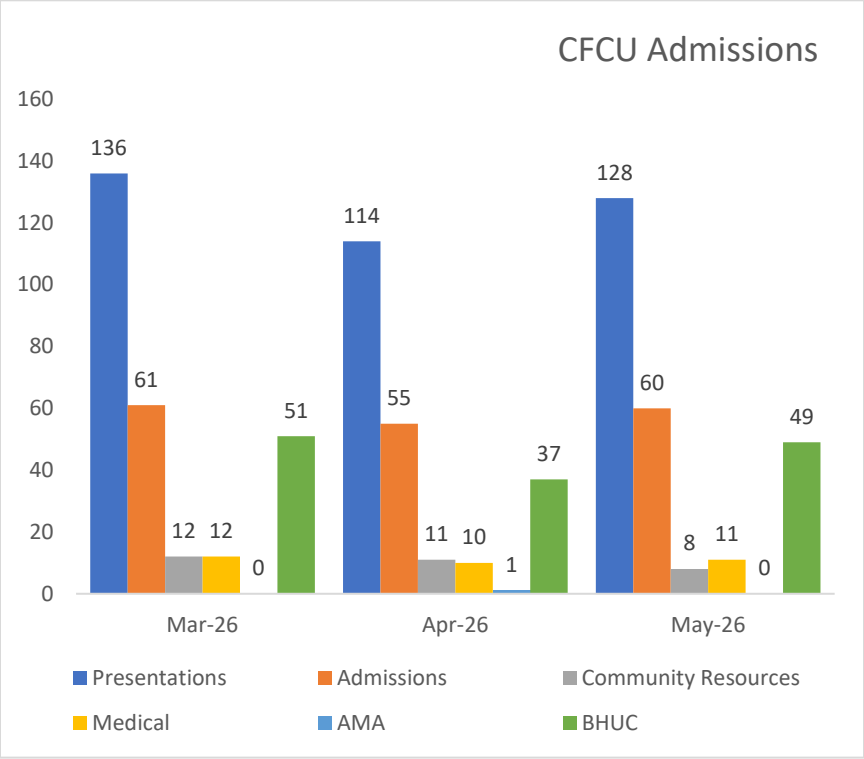


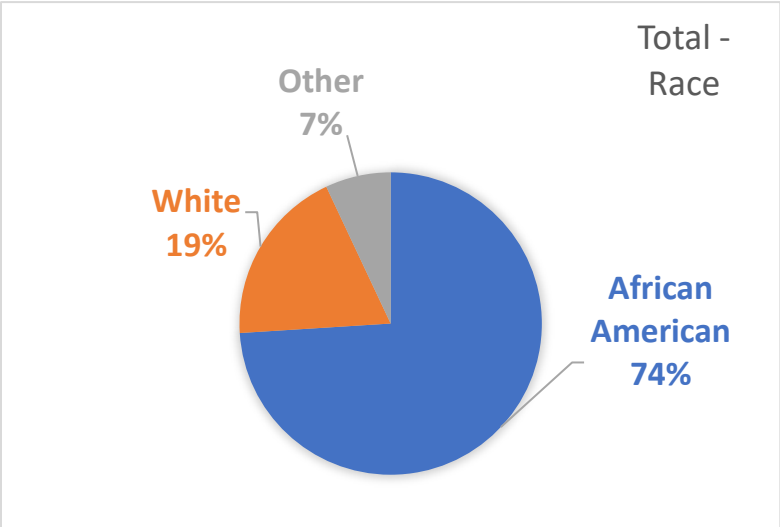
<u>Activity 3:</u> Child and Family Crisis Unit (CFCU)

- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. The unit is open 24/7/365 and accepts

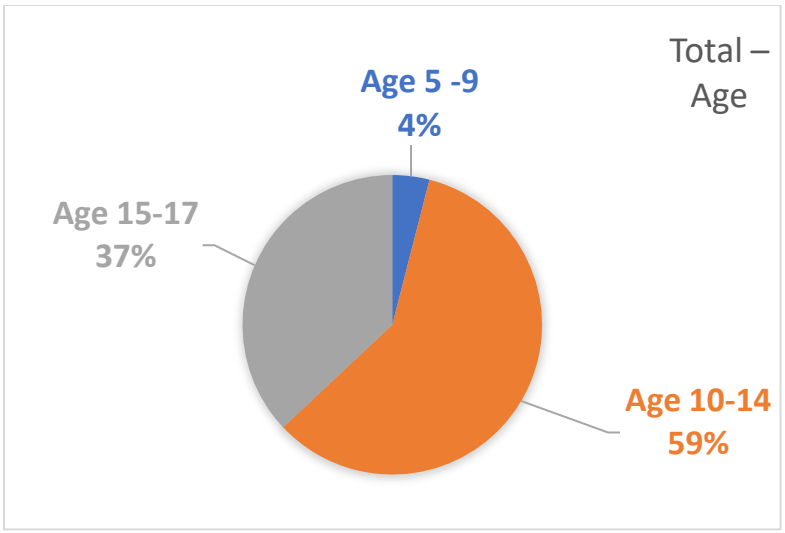
referrals, walk-ins and police drop-offs. The occupancy of the CFCU is 14 individuals at one time, and the length of stay on the CFCU is 72 hours.

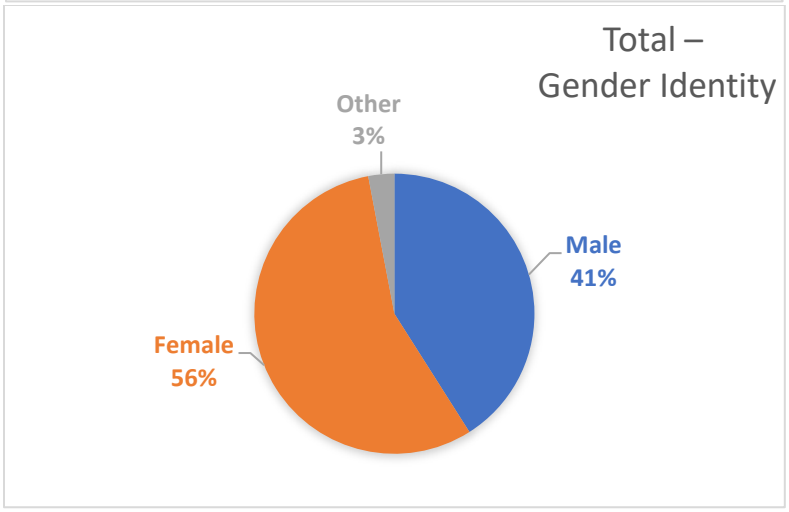
- *Current Status:*





**Other includes: two or more races, American Indian, Arab American, or Asian*





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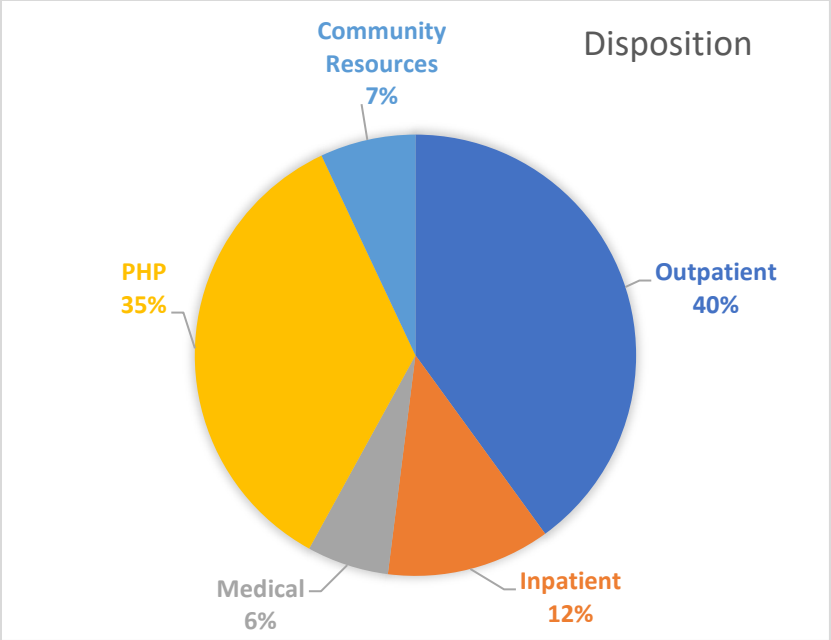


Quarterly Update:

- **Things the Department is Doing Especially Well:**
  We celebrated our 2nd year anniversary during June 2026 – completing 3,399 requests for services in our second year. An additional 1,019 request for services than our first year of operation!

- **Identified Opportunities for Improvement:**
  Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules.

- **Progress on Previous Improvement Plans:**
  No current plans of improvement/correction.

Program Compliance Committee Meeting
PAR Services Department, Quarterly Report, 3rd Quarter FY26
Daniel West, Director of PAR Services
Date: 7/8/26

Main Activities during 3rd Quarter Reporting Period: FY26

- **PAR Clinician Data Baseline Determinations.**
- **PAR Dispatch Data Baseline Determinations.**

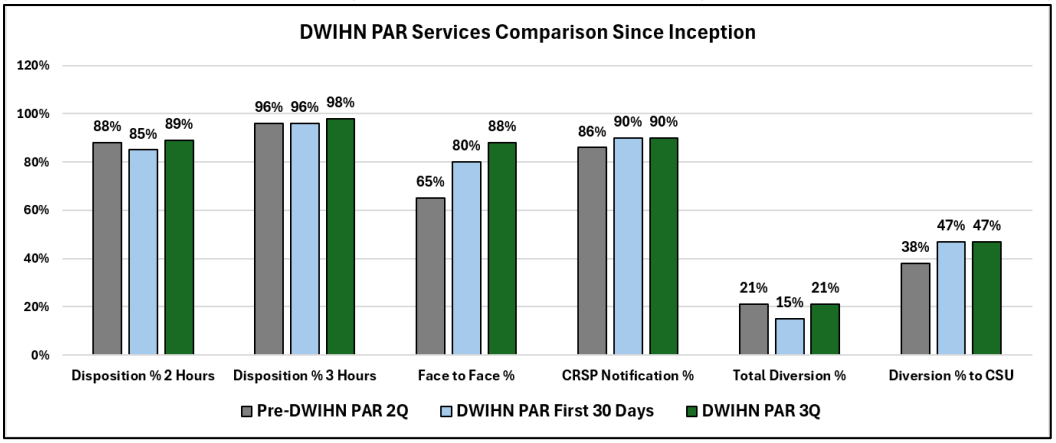
Progress On Major Activities:

<u>Activity 1:</u> PAR Clinician Data Baseline Determinations.

- ***Description***: On April 1, 2026, the PAR Services Department went live with Adult Pre-Admission Review (PAR) screenings in-house. The initial priority is to gain a set of data to establish a baseline of indications to intervene toward continuous quality improvement.

- ***Current Status:***

Pre-DWIHN (2nd Q 2026)	DWIHN (First 30 Days, April)	DWIHN (3rd Q 2026)
Disposition Percentage Within 2 Hours	Disposition Percentage Within 2 Hours	Disposition Percentage Within 2 Hours
88%	85%	89%
Disposition Percentage Within 3 Hours	Disposition Percentage Within 3 Hours	Disposition Percentage Within 3 Hours
96%	96%	98%
Face to Face Percentage	Face to Face Percentage	Face to Face Percentage
65%	80%	88%
CRSP Notification Percentage	CRSP Notification Percentage	CRSP Notification Percentage
86%	90%	90%
Total Diversion Percentage	Total Diversion Percentage	Total Diversion Percentage
21%	15%	21%
Diversion to CSU	Diversion to CSU	Diversion to CSU
38%	47%	47%



- ***Major Tasks and Accomplishments During Period:*** In the first 90 days, the team has increased the percentage of members who were provided a disposition within 3 hours/2 hours, the percentage of members seen face to face, and the CRSP notification percentage, and the percentage of members diverted to CSU.

- ***Needs or Current Issues:*** The team has found there to be a need to increase the percentage of members whose case was provided with a disposition within 2 hours (DWIHN standard of 95% within 3 hours). This will entail strategic and targeted shift modifications to ensure coverage

during high volume periods. With the addition of a midnight PAR Manager, key performance indicators are now established to ensure accuracy of medical necessity documentation and decision making to increase diversion percentages. The team also recognizes this data is a result of being understaffed for PT PAR Clinicians.

- ***Plan:*** The team is now fully staffed with PAR Managers who developed and will execute Key Performance Indicators for PAR Clinicians. The team is also analyzing data for high volume call timeframes to ensure accurate and sufficient coverage is available. Finally, the team is working to become fully staffed in all areas. This plan aims to increase diversion percentages with a goal of 30% diversion by end of FY.

<u>Activity 2:</u> PAR Dispatch Data Baseline Determinations.

- ***Description:*** The PAR Dispatch Team is in place to answer all calls from stakeholders in the emergency department, and to process the requests for crisis screenings. Within Genesys, the "Service Level" is measured by the number of calls answered within 30 seconds. As a team, since inception on April 1, 2026, it is important to monitor this indicator and others to ensure our stakeholders have an immediate response when requesting services for DWIHN members in crisis.

- ***Current Status:***

Quarterly PAR Dispatch Data	Calls Offered	Average Speed of Answer (Seconds)	Service Level
Q1	5,306	16s	89%
Q2	5,721	18s	88%
Q3 (Inception of PAR)	11,976	26s	88%
Quarterly PAR Dispatch Data	**% Calls Answered**	**% Abandoned**	**Total Requests**
Q1	95%	5%	3,533
Q2	96%	4%	3,588
Q3 (Inception of PAR)	92%	7%	3,240

- ***Major Tasks and Accomplishments During Period:*** The team has absorbed a substantial increase in calls coming in for requests since taking on all adult PARs. The service level has been maintained above the DWIHN standard of 85% even after an increased volume of calls.

- ***Needs or Current Issues:*** The team has recognized the need to decrease the abandonment percentage to be below the DWIHN standard of 5% as maintained prior to PAR coming in house.

- ***Plan****:*PAR leadership is monitoring staffing schedules during peak hours, and stagger breaks to ensure adequate coverage is in place. The goal is to decrease the abandonment percentage to below 5% by August 1, 2026. The team will be hiring 2 additional PT PAR Dispatch Coordinators to fill vacancies to improve staff availability.

Quarterly Update:

- ***Things the Department is Doing Especially Well:*** The PAR Dispatch team has absorbed a substantial number of calls coming in since inception, and maintained a 88% service level. The team is in the process of establishing quarterly town hall meetings in August to discuss current

events and to provide a forum for information sharing with emergency department and inpatient hospital providers.

- ***Identified Opportunities for Improvement:*** The team has recognized the need to adhere to developed Key Performance Indicators with PAR Clinicians in order to connect members to the appropriate level of care. The goal is to establish a 30% diversion rate by the end of this FY.

- ***Progress on Previous Improvement Plans:***

    - PAR Services presented on the outpatient provider meeting on 5/22/26, ensuring the provider network is aware of changes in PCE to reflect a goal of increasing the percentage of DWIHN members in service who have a crisis plan in place.

Program Compliance Committee Meeting
Utilization Management – Quarterly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
July 8, 2026

Main Activities during Quarterly Reporting Period:

- Timeliness of UM Decision-Making
- NCQA UM Standards Readiness

Progress On Major Activities:

<u>Activity 1:</u> Timeliness of UM Decision-Making

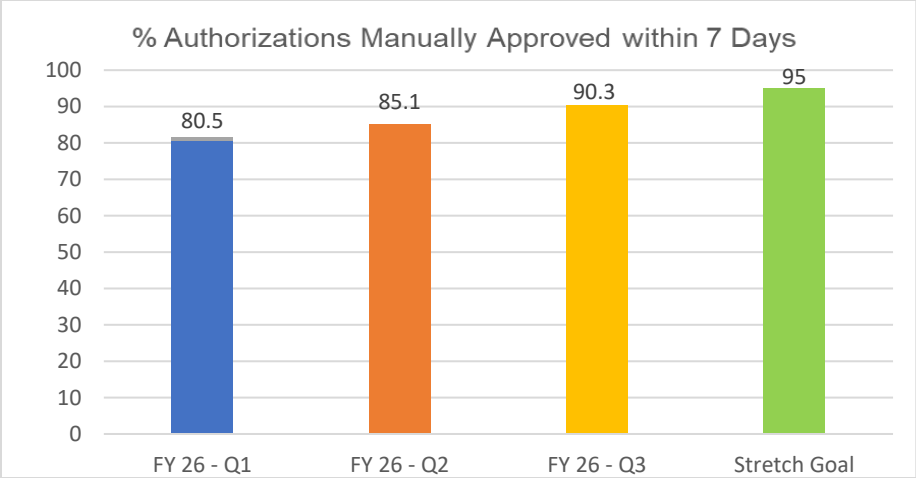
- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including (but not limited to) outpatient services, substance use disorder (SUD) services, General Fund, Autism services, and Waiver programs.

  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.

- *Current Status:* As of January 1, 2026, payers are required to make decisions for all standard, non-urgent requests within seven (7) calendar days. While MDHHS has received a waiver extending this mandate to October 1, 2026, DWIHN standards are in alignment with health plan contractual requirements for consistency and benchmarking.

- *Significant Tasks During Period:*
  - Participated in the Humana Initial and Annual UM Delegation Audit on June 17, 2026; the exit interview is tentatively scheduled for July 9, 2026.
  - Successfully hired and onboarded a new Clinical Specialist – Self-Determination.
  - Following the retirement of a long-time staff member, we are actively recruiting for a new UM Clinical Specialist.
  - UM Administrator works with IT to improve the authorization queue, including the development of ticklers to alert staff at designated intervals when dispositions are due.

- *Major Accomplishments During Period:*
  - Review and update of Standard Operating Procedures (SOP) for all UM lines of business to optimize performance.
  - UM Committee approval of a revised Post-Service/Retrospective Review Procedure, which will reduce administrative burden and improve overall staff efficiency.
  - In Q3, we manually approved 90.3% of standard prior authorization requests within seven (7) days.



***Data does not include Residential Services authorizations*

- *Plans:*
  - Review of Key Performance Indicators (KPI) to ensure alignment with new timeliness standards.
  - Coordinate with IT to update all current dashboards and reports to reflect new regulatory requirements.
  - Work with area administrators to create standard verbiage for communication with providers regarding authorization requests.
  - The integration of Residential Services authorization data into the Utilization Management approvals dashboard for continuity of reporting.
  - Continue monitoring individual staff progress with coaching as appropriate.

<u>Activity 2:</u> NCQA UM Standards Readiness

- *Description:* The NCQA Behavioral Health Accreditation standards ensure that UM activities are clinically sound, timely, transparent, and member-focused. They require the use of evidence-based criteria, clear communication of decisions, qualified clinical oversight, and fair appeal processes. The standards also emphasize consistent application of criteria, monitoring of UM decisions for accuracy and equity, and ensuring that UM practices do not create unnecessary barriers to care. These expectations guide our department's approach to maintaining quality, compliance, and accountability in all UM functions.

- *Current Status:* 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.

- *Significant Tasks During Period:*
  - The UM Department, with support from the Director of Strategic Operations, continues weekly meetings with consultants to review department alignment with current standards.

- *Major Accomplishments During Period:*
  - Conducted a comprehensive review of the annual UM information integrity and delegation standards, and accompanying policies, to identify alignment gaps with the new standards.

    - Initiated a request for the use or development of a web-based solution to safely access proprietary medical necessity criteria, in alignment with NCQA and CMS requirements for medical necessity transparency under the 2026 standards.

- *Needs or Current Issues:* Current reporting processes do not fully reflect the scope of UM activity. As part of our work to meet the increased technology requirements of the 2026 standards, we are evaluating options to support consistent monitoring and audit readiness.

- *Plan:*
    - Create and implement a phased plan to evaluate, select, and adopt an improved reporting solution that supports consistent monitoring.
    - Revisit department work plan with UM leadership, Strategic Operations, and consultants to ensure the most efficient preparation for reaccreditation.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
    - The Self-Directed (SD) Services team attended the Michigan Self-Determination Conference on May 4-5, 2026. Lucinda Brown, Program Administrator, participated in conference planning and co-presented "Navigate the Self-Directed Journey: A Collaborative Path Forward" with a provider, Financial Management Service (FMS) agency, and parent in the SD program.
    - Continued interdepartmental collaboration to assist with improving UM program efficiencies with particular emphasis on Integrated Care, Substance Use Disorders, Strategic Operations, and Autism Services.

- **Identified Opportunities for Improvement:**
    - Conducting a comprehensive assessment of existing technology barriers and developing a clear workplan in partnership with IT.

- **Progress on Previous Improvement Plans:**
    - No current department improvement plans.

Program Compliance Committee
Vice President of Clinical Operations' Executive Summary
July 8, 2026

CLINICAL OPERATIONS UPDATES

AUTISM SERVICES

The Autism Services Department completed the RFQ 2023-005 REBID process and is working towards launching RFQ 2026-007 to streamline provider procurement and communications. Pathway tracking identified 163 members awaiting next steps, supported by the rollout of the new Pathway Preference Form to improve status updates. Network oversight efforts advanced through provider evaluations and corrective action planning, including focused quality interventions with two ABA providers. Numerous provider and stakeholder meetings strengthened coordination, capacity planning, and quality monitoring across the network.

CHILDREN'S INITIATIVES

MichiCANS Disenrollment Project: The department launched a large-scale review to ensure children and youth receiving community mental health services continue to meet medical necessity and level-of-care requirements. A review of SED members ages 6–20 identified *2,921 cases* requiring provider assessment and feedback. Providers received disenrollment reports and participated in a virtual Q&A session attended by *55 participants.*

Youth United Initiatives: Youth United continued to promote youth leadership, advocacy, and community engagement. Highlights included participation in **Mental Health Advocacy Hill Day** – 2 Youth United staff and DWIHN Board Member Mr. Parker attended the Advocacy Hill Day in Washington, DC. **Youth Mental Health Council Meeting** - During this meeting, the youth received a presentation about financial education from Michael Cheatham at Fifth-Third Bank. Also, celebrated the high school seniors' graduation. *(9 attendees).* **Roncelli Gala** – 5 representatives from the Children Initiative Department attended the Roncelli Gala to share accomplishments from 2025, including providing 20 scholarships to youth and young adults to support their transition to college/trade school, totaling $2,000 each. Received a donation of $27,280 from Roncelli to support 2026 youth and young adult activities.

HEALTH HOME INITIATIVES

DWIHN's Behavioral Health Homes were awarded 2/3 FY2025 pay for performance measures for a total award of **$111,580.92** in pay for performance incentive dollars. An Action Plan is in progress to meet FUH-7 in future performance years. The Special Projects team is in the July Advance Notice stage of the Mild to Moderate evaluation and care transfer project. As for this writing, 300 people have been closed from DWIHN's services or are in the final step of closure.

INTEGRATED HEALTH CARE

During the March 2026 reporting period, significant progress was made across key activities to improve healthcare quality and access for individuals with complex needs. The Complex Case Management (CCM) program successfully expanded its caseload to 24 individuals, with a focus on ensuring that members on antipsychotics receive metabolic screenings. The Omnibus Budget Reconciliation Act (OBRA) assessment process demonstrated efficiency, processing 704 referrals and exceeding the number of reviews compared to the previous year, although an increasing demand for assessments for individuals with intellectual/developmental disabilities highlights resource needs. In collaboration with Medicaid Health Plans, the Highly Integrated Dual Eligible Service Needs Plan (HIDE-SNP) initiated care coordination efforts, despite ongoing audit requirements from Humana. Lastly, the Healthcare Effectiveness Data and Information Set (HEDIS) efforts showcased improved follow-up rates after hospitalizations for both adults and children, though barriers remain for children's access. Overall, the activities during this period reflect a commitment to enhancing care coordination and health outcomes for vulnerable populations.

RESIDENTIAL SERVICES

The Residential Services department has ensured that all new and existing members have an up-to-date Residential Assessment that is clinically appropriate and medically necessary for the members' needs. This Assessment should be completed at least annually. Authorization timeframes have changed from 14 days to 7 days to process authorizations submitted to DWIHN by the CRSP. The authorization team is meeting the seven-day standard. All authorizations are reviewed for clinical appropriateness before being approved.

SUBSTANCE USE DISORDER INITIATIVES

The SUD department continues to evaluate current workflows and processes for efficiencies and improve ways that outcomes are measured. Dashboards have been established for measuring priority populations. Screenings have been integrated into MhWIN for FASD, post-partum depression, and communicable disease - referrals from these screenings will be tracked and members flagged for outcome analysis.

VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, July 8, 2026

ACCESS CALL CENTER – Director, Yvonne Bostic
Please See Attached Report

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons
No Monthly Report

AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps/Rachel Barnhart
Please See Attached Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
Please See Attached Report

HEALTH HOMES – Director, Emily Patterson
Please See Attached Report

PAR SERVICES – Director, Daniel West
No Monthly Report

COMMUNITY ENGAGEMENT – Director, Andrea Smith
Please See Attached Report

CUSTOMER SERVICE – Director, Dorian Johnson
Please See Attached Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, Rai Brown
No Monthly Report

RESIDENTIAL SERVICES –Director, Ryan Morgan
Please See Attached Report

SUBSTANCE USE DISORDER (SUD) – Director, Matthew Yascolt
Please See Attached Report

UTILIZATION MANAGEMENT – Director, Marlena Hampton
No Monthly Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: May 2026
Program Compliance Committee: 7/8/2026

Main Activities during May 2026:

- **Call Center Performance – Call detail report**
- **Appointment Availability – Intake appointment and Hospital Discharge Follow up**
- **Special Projects – Monitor Walk-ins Timeliness**

<u>Activity 1:</u> Call Center Performance – Call Detail Report

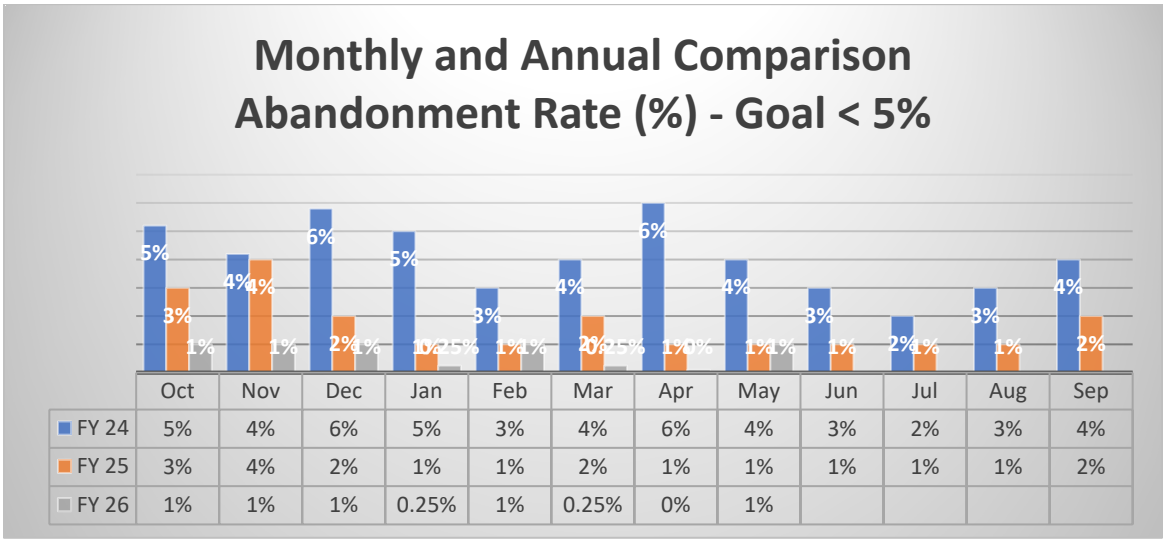
- **Description**: Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- **Current Status**:
  - MDHHS Standards and Call Center Performance for May 2026:
    - % Abandoned Goal is < 5% **(1.0%)**
    - Avg. speed to answer Goal <30 sec. **(5 sec)**
    - % of calls answered Goal > 80% **(98.0%)**
    - Service level Goal >80% **(97.0%)**

Queues	Incoming Calls	Calls Handled	Calls Abdoned. /Hang Ups	% Abdoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	14,609	14,341	83	1%	5s	4m 42s	98%	97%
SUD Techs	3,759	3,382	107	3%	36s	15m 9s	94%	89%
Clinical Specialist	2,106	1,587	316	15%	3m 32s	19m 54s	75%	51%
April 2026 Totals	14,815	14,574	72	.10%	5s	4m 38s	98%	97%
May 2025 Totals	16,736	16,214	229	1%	10s	5m 1s	97%	93%

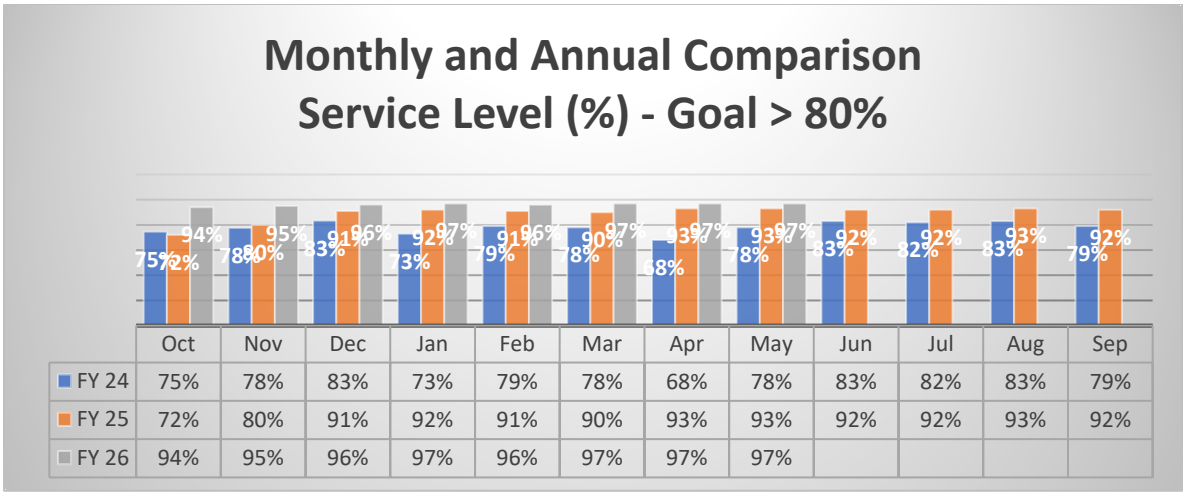
- For the month of May 2026 there were 14,341 calls handled by the Access Call Center. This is 233 less calls than the previous month (April 2026 – 14,574 handled calls).
  - Of the total number of calls handled (14,341) for the month of May 2026:
    - (24.0%) calls handled for SUD services
    - (11.0%) calls handled for MH services

- (65.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental, (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, PAR, CCBHC, Customer Service, Grievance, etc.)

- In an annual comparison of May 2025 and May 2026, there were 1,873 less calls handled in 2026.



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 24	5%	4%	6%	5%	3%	4%	6%	4%	3%	2%	3%	4%
FY 25	3%	4%	2%	1%	1%	2%	1%	1%	1%	1%	1%	2%
FY 26	1%	1%	1%	0.25%	1%	0.25%	0%	1%				



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 24	75%	78%	83%	73%	79%	78%	68%	78%	83%	82%	83%	79%
FY 25	72%	80%	91%	92%	91%	90%	93%	93%	92%	92%	93%	92%
FY 26	94%	95%	96%	97%	96%	97%	97%	97%				

- **Plan**:
  - Monitor call flows, Smartsheets and fax queue; Make adjustment to staff schedule to ensure coverage during high volume times to maintain compliance with timeliness (ongoing)

<u>Activity 2:</u> Appointment Availability – Intake appointments (MH and SUD) and Hospital Discharge Follow up Appointments

Description: The Access Call Center schedules the following types of appointments:

- **Hospital discharge/ follow up appointments** (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.
- **Mental Health initial intake appointments** (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed (SMI, SED, I/DD).
- **SUD intake appointments** for routine (within 14 days), urgent /emergent (within 24-48 hours) levels of care (Outpatient, Withdrawal Management, Residential, Recovery Support Services, MAT).

The Access Call Center schedules these types of appointments based on the CRSP (Clinically Responsible Service Providers) availability and ability to provide services, timely.

The appointment availability is based on the number of appointments scheduled within the allotted timeframe.

Rescheduled appointments often impact the data recorded for appointments scheduled within the standard timeframe (7 days and 14 days).

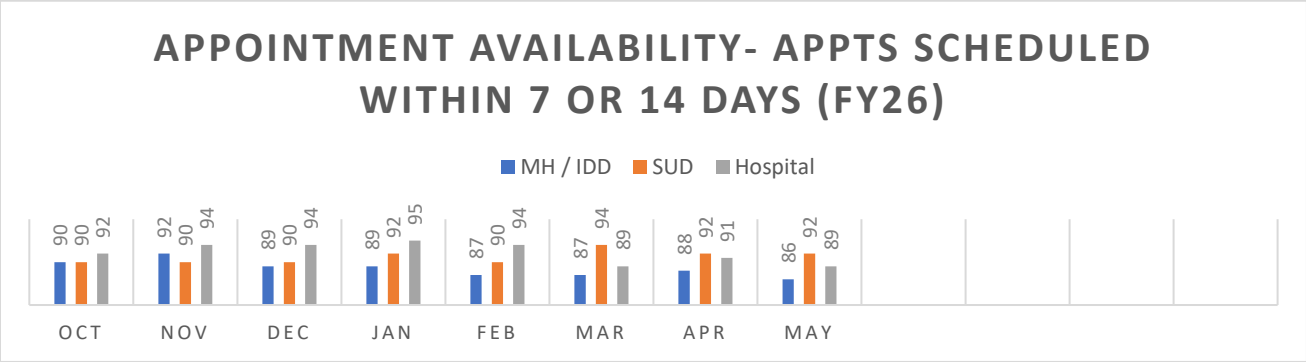
If an appointment cannot be scheduled within the prescribed timeframe, Access Call Center staff will engage in communication with CRSP providers (via phone call and/or email) to coordinate an intake appointment within 30 days or less, when possible

<u>Summary:</u>

This report will also include the appointment availability and timeliness of scheduling the appointments for Hospital Discharge Appointments, MH and SUD services.

- **Appointment Availability Summary for May 2026**:
  - There were 1080 MH (SMI - 540, SED – 246, I/DD- 37 (adult) / 102 (child), ASD Eval – 155 appointments scheduled. Percentage of appointment availability decreased from April to May by 2%. (Sep 90.3%, Oct 90%, Nov 92%, Dec 89%, Jan 89%, Feb 87%, Mar 87%, Apr 88%**, May 86%).**
  - There were 960 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 867, Child 93); appointment availability was 89%, which is a 2% decrease from last month. (Sep 97.5%, Oct 92%, Nov 94%, Dec 94%, Jan 95%, Feb 94%, Mar 89%**,** Apr 91%, **May 89%)**
  - There were 1271 SUD appointments scheduled; SUD appointment availability was 92% for routine appointments, which is the same as last month. (Sep 90%, Oct 90%, Nov 90%, Dec 90%, Jan 92%, Feb 90%, Mar 94%, Apr 92%, **May 92%).**

Monthly Comparison Chart:



- **Significant Tasks During Period:**
  - DWIHN staff engage in regular follow up meetings with identified CRSP, every 30-45 days to discuss interventions and review data (Meeting Attendees – MCO, Quality, Adult/Child Initiatives, Integrated Care, Access Call Center)
  - DWIHN Access Committee review network service availability and make recommendations for network revisions and expansion, monthly.
  - Onboarding of new providers

- **Plan**:
  - Ask providers to monitor appointment availability more frequently and add appointments daily or weekly instead of monthly.
  - Access Call Center will offer alternate providers if the provider of choice does not have immediate availability
  - Start pilot in June 2026 for warm transfer to CRSP at the time of referral

Activity 3: Special Projects

Description: Monitor Walk-ins timely access to services

Summary and Monthly Comparison Chart:

- This report will show the % of Walk-ins that receive access to services within the standard MDHHS guidelines (within 30 mins or less) for routine services and immediate connection to Crisis Services for urgent/emergent services. 'Walk-ins' are individuals that physically walk into a DWIHN CRSP provider seeking enrollment in CMH services and they are connected to the 800# to get screened for routine services. Walk-ins seeking urgent/emergent services are referred to the DWIHN Crisis Line, DWIHN Mobile Crisis, DWIHN Crisis Care Center, DWIHN Urgent Care or 9-1-1
- From April to May:
  - SUD walk-ins timeliness to access services improved by 1%.
  - Urgent / Emergent walk-ins timeliness to access to services remained the same, 97%

(FY 26) % Walk-ins processed timely	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
MH Routine (access within 30 mins or less)	94%	95%	96%	96%	93%	94%	94%	93%
SUD Routine (access within 30 mins or less)	81%	83%	85%	84%	85%	87%	91%	92%
Urgent/Emergent immediate transfer to Crisis Srvcs	98%	99%	98%	98%	97%	98%	97%	97%

- **Significant Tasks During this Period:**
  - Remind staff to use the escalations queue when a screener is not available
- **Plan:**
  - 3rd quarter goal is 95% or higher for walk-in access to services through the access call center

Children's Initiative Department – Autism Services

Program Compliance Committee
Monthly Report - June 2026
7.8.2026

Main Activities during the Reporting Period:

- Activity 1: Request For Qualifications (RFQ)
- Activity 2: Pathway Preference Form

Activity 1: Request for Qualifications

Description:

The Autism Services Department finalized implementation of the Behavioral Health Treatment (BHT) provider procurement process through RFQ 2023-005 REBID. The last Special Needs Based evaluation committee meeting was scheduled for April 27, 2026.

Why is this Important*?*

The 2023-005 REBID Special Needs bid came to completion June 15, 2026.

Current Status/Census:

The final Special Needs Based evaluation committee concluded on June 15, 2026, with a total of 17 responses submitted, 13 responses not meeting minimum qualifications, and 4 responses meeting scoring criteria.

Significant Tasks and Major Accomplishments:

Autism Services developed RFQ 2026-007 to clarify submission instructions, procedures, procurement timelines and procurement notification. Corrected BidNetDirect submission instructions and procurement notification requirements. Collaborated with Procurement and Clinical Operations to ensure consistency of provider communications throughout the RFQ process.

Needs or Current Issues*:*

Continued outreach is necessary to ensure all interested providers complete procurement requirements prior to evaluation deadlines. Ongoing education is needed regarding BidNetDirect submission procedures and procurement timelines. As the final scheduled RFQ review approaches, continued monitoring of provider participation will be necessary to ensure adequate network capacity and geographic access for members.

Plans:

With the completion of the final RFQ 2023-005 REBID evaluation process, the Autism Administrator will support newly qualified providers with the next steps of completing pre-screening questions to confirm through onboarding and implementation activities.

Activity 2: Pathway Preference Form

Description:

The Autism Pathway Preference Form was developed to improve how member and family preferences are documented following an approved diagnostic evaluation and throughout autism services within DWIHN. It provides one central place to collect pathway updates from Independent Evaluators and Support Coordinators so member status can be tracked more consistently.

Why is this Important?

The form captures the family's service preference, referral status, provider selection, barriers to moving forward, and any follow up needs.

Current Status/Census:

As of June 2026, the current pathway tracking identifies 163 members requesting to participate in autism services after the independent evaluation has been completed.

Significant Tasks and Major Accomplishments:

Training on the Pathway Preference Form was provided on 6/9/26 and 6/11/26 to review the purpose of the form, when updates should be submitted, and how the information will be used to support pathway monitoring, referral coordination, and care coordination.

***Needs or Current Issues**:*
The current need is to obtain updated status information from Support Coordinators for members who have completed a diagnostic evaluation and seeking to begin autism services.
Plans:
The Autism Services team will continue collecting and reviewing Pathway Preference Form information.

Additional Updates

What is Going Especially Well:

- The Pathway Preference Form data collection has helped organize member information in one place, allowing the team to clearly see where members are after completing the independent evaluation. This makes it easier to identify who still needs an update, who may need support connecting to autism services, and where follow-up is needed.

Clinical & Quality Provider Oversight

- Standardized tool was utilized to evaluate the seven (7) Qualified List providers to determine ability to support network needs. Early Autism Services was selected with a score of 89% due to servicing two high-need locations, adequate BCBA (board certified behavior analyst) staffing, and established business longevity. Submitted request for board action approval during the July 2026 board meeting.
- Autism Service Team evaluated 11 ABA providers below the 50 minimum enrolled requirement in February which resulted in a reevaluation in June to determine follow-up meetings.
- At the end of May, the Quality Department initiated the next progressive action step for Peak Autism Center as they demonstrated persistent non-compliance and insufficient progress following technical assistance and corrective action planning. Over the course of June, the Autism Service team met with the provider twice to complete a Root Cause Analysis & Directed Plan. The deliverables will be submitted throughout the month of July for compliance monitoring by the Autism Department.

Meetings and Trainings: Various meetings were held this month with Autism Providers to discuss the following:

Meetings:

- **Status of referrals to autism services**: Apex, Illuminate, Centria, Zelexa, Brightview Care, Gateway, and Hegira
- **Corrective action plans:** Peak, Illuminate, Lumen
- **Independent Evaluator Quarterly Meeting:** Facilitated the quarterly meeting to focus on upcoming changes for independent evaluators to complete the autism screenings.
- **Autism Provider Monthly Meeting:** Facilitated monthly Autism Provider meeting focusing on the new authorization memo sent to Providers informing effective 7/1/26 the MHWIN system will not allow any billing over exceeding the approved authorization of services.

Trainings:

- 6.8.2026: Onboarding Presentation to the Network
- 6.9.2026: ABA Pathway Preference Form Training
- 6.10.2026: Onboarding Presentation
- 6.11.2026: ABA Pathway Preference Form Training
- 6.29.2026: Orientation Training DWIHN (PSA) Non-Contracted, credentialed BCBA single case agreement

Progress on Previous Improvement Plan:

Description: The DWIHN Autism Department is focused on improving timely access to ABA services for eligible individuals diagnosed with autism from birth to 20 years of age with active Medicaid in Wayne County. A key area of improvement is reducing delays in receiving diagnostic evaluation reports, which are required to determine eligibility for the Autism Services. Historically, delays of up to three months were common, significantly impacting how quickly members could begin services.

Expectation: As of January 2025, Independent Evaluators are to complete diagnostic evaluations within the following timeline expectations:

- Evaluations resulting in an ASD diagnosis - 15 business days for report completion
- Non-spectrum evaluations - 7-calendar day requirement for non-spectrum evaluations

Progress: In FY26/Q2, 593 out of 624 reports were completed on time, resulting in a 95% on time rate (1% increase from the previous quarter).

Fiscal Year/Quarter	Total Completed Evaluations met Eligibility (Numerator)	Total Requests for ABA Services (Denominator)	Percentage of Reports On Time (Goal = 70%)
FY 24 / Q1	285	427	**67%**
FY 24 / Q2	325	384	**85%**
FY 24 / Q3	527	578	**91%**
FY 24 / Q4	479	525	**94%**
FY24 Total			**84.25%**
FY 25 / Q1	411	465	**88%**
Performance Measure Modification (New Goal = 95%)			
FY 25 / Q2	513	528	**97%**
FY 25 / Q3	558	572	**98%**
FY 25 / Q4	645	683	**94%**
FY25 Total			**94.25% (+)**
FY 26 / Q1	619	652	**94%**
FY 26 / Q2	593	624	**95%**
FY26 Total			**94.5% (+)**

Program Compliance Committee Meeting
7/8/2026

Children's Initiative Department
June 2026 Report

Main Activities during the Reporting Period:

- Activity 1: MichiCANS Disenrollment Project
- Activity 2: Youth United Events

Progress On Major Activities:

Activity 1: MichiCANS Disenrollment Project

Description: DWIHN Children's Initiative Department implemented the MichiCANS Disenrollment Project this month to ensure children, youth, and families receiving community mental health services meet criteria for services according the Michigan Mental Health Code.
Why is this Important*?* Children and youth with mild to moderate level of care do not qualify for community mental health services.
Current Status: DWIHN Children's Initiative Department completed a review of SED members ages 6 to 20, among 19 Children Providers whose MichiCANS Level of Care Disposition recommendation was a score of 0 or 1.

- 0 = No services recommended
- 1 = Mild/Moderate services recommended

A total of 2,921 cases were identified for the Children Providers to review and provide feedback regarding criteria for community mental health services.
Significant Tasks and Major Accomplishments:

1. Children Providers were emailed Disenrollment Reports of SED members ages 6 to 20 DWIHN is considering disenrollment due to not meeting medical necessity to remain in CMH services.

   The following categories were excluded from this project:

- *Members ages 0 to 5* – unless member(s) are inactive with no recent claim for the past 120 days
- *Members with IDD* - unless member(s) are inactive with no recent claim for the past 120 days
- *CCBHC (Certified Community Behavioral Health Clinic)* – unless member(s) do not have an active CCBHC Policy in MHWIN

2. Children's Initiative Department held a MichiCANS Disenrollment Q&A Session virtually on 6/16/26 in which 55 attendees were present.

Needs or Current Issues*:* Throughout the MichiCANS Disenrollment Project three (3) main barriers were identified:
Barrier 1: Members are classified as not having a Clinically Responsible Service Provider (CRSP); however, members are actively receiving services.

- Solution: Meet with IT Department to determine how the electronic health record is classifying members as NO CRSP. – *Timeline: 7/11/26*

Barrier 2: Providers can submit authorizations for services if member does not meet community mental health level of care.

- Solution: Request the MHWIN electronic health record is updated to prevent authorization submissions if member does not meet MichiCANS Level 2 qualifying for community mental health services. – *Timeline: 7/11/26*

Barrier 3: There is a high number of members with incomplete disenrollments from the CRSPs.

- Solution: Send communication to the CRSPs requesting to complete the disenrollment process for inactive cases. – *Timeline: 7/30/26*

Plans: CRSPs are to submit MichiCANS Disenrollment sheets with feedback by 6/26/26 confirming discharge summaries have been completed for members discharging from community mental health services.

Activity 2: Youth United Events

Description: Youth United (YU) is an initiative within Children's Initiative system of care that promotes advocacy and action among young people ages 14 to 26 years old by using positive values and philosophy.
Why is this Important? Youth United is staff by Lead Youth Advocates who are charged with engaging other youth, promoting youth involvement at the community level, participating in system of care activities and educating stakeholders through their work.
Significant Tasks and Major Accomplishments During Period:

- **Mental Health Advocacy Hill Day** – Two (2) Youth United staff and DWIHN Board Member Mr. Parker attended the Advocacy Hill Day in Washington, DC.
- **Youth Mental Health Council Meeting** - During this meeting the youth received a presentation about financial education from Michael Cheatham from Fifth-third bank. Also, celebrated the high school seniors graduating from high school. *(9 attendees)*
- **Leadership Academy Applications** – In preparation for the 2-week Leadership Academy scheduled for July 2026, accepted 31 out of 38 applications from teenagers residing in Wayne County. *(21 teenagers attended the orientation session)*
- **Roncelli Gala** – Five (5) representatives from Children's Initiative Department attended the Roncelli Gala to share accomplishments from 2025 providing 20 scholarships to youth and young adults to support transitioning to college/trade school of $2,000 each. Received a donation of $27,280 from Roncelli to support 2026 youth and young adult activities.
- **Stigma Busting Bash: The Art of Brushing It Off** – Hosted the annual stigma busting bash event with the focus of youth and young adults expressing understanding of stigma through art *(22 registered to attend)*
- **Detroit Rotary Club –** Four (4) representatives from Children's Initiative Department attended the Detroit Rotary Club meeting with two (2) Youth Mental Health Council members to experience collaboration among various professionals to address prevention and interventions for youth homelessness.

Plans: Prepare for summer events/activities (Leadership Academy, Transitional Age Forum)

Monthly Update

Conferences/Trainings: Children's Initiative Department hosted the following trainings this month -

- Accessing Community Mental Health Services – Autism Providers *(202 attendees)*
- Leadership Training Series: Don't Mistake Boundaries for Beef
- 14th Annual Fatherhood Forum
- Initial CAFAS Training (Child and Adolescent Functional Assessment Scale)
- Initial PECFAS Training (Preschool and Early Childhood Functional Assessment Scale)
- Children Mental Health Lecture Series: The Invisible Load - Burnout, Depression, and Trauma in Caregivers

Community Engagement and Outreach: Children's Initiative Department participated in the following outreach events this month -

- Youth United: Listening Session with Youth MOVE Detroit
- Resource Table held at University of Michigan 2026 Connections Conference

43 Bridges to Safety Coalition: Attended the monthly coalition meeting with Wayne County, Police Departments, Community Providers, and Community Agencies to discuss the *strategic plan* for the coalition. The focus will be on domestic violence, human trafficking, youth engagement, men support, transitional housing, and personal protection orders.

- Next Steps: 1). Schedule subcommittees, 2). Develop and finalize memorandum of understanding

Children Evidenced Based Practices: Published Bulletin of the updated codes and modifiers for the endorsed evidenced based practices for children and youth ages 0 to 20 years old.
Reference: https://cmhebps.org/ebp-modifiers/

Policies/Procedures: Children's Initiative Department worked on the following policies/procedures this month:

- **Draft Juvenile Justice Services Policy** – Approved at the Improving Practices Leadership Team (IPLT) and scheduled to be presented to the Quality Improvement Steering Committee (QISC) on 6/30/26.
- **Draft Juvenile Restorative Program (JRP) Procedure** - Approved at the Improving Practices Leadership Team (IPLT) and scheduled to be presented to the Quality Improvement Steering Committee (QISC) on 6/30/26.
- **SED Waiver Procedure** – Updated procedure informing the process and flow of receiving referrals for SED Waiver and the disenrollment process.
- **Children Waiver Procedure** - Updated procedure informing the process and flow of receiving referrals for Children Waiver and the disenrollment process.

Next Steps: Scheduled to present the following policies/procedures during the July 2026 IPLT meeting:

- Children Transition Procedure -Members transitioning to adult services
- PHQ2 (Patient Health Questionnaire) – Discuss implementing PHQ2 for members with intellectual developmental disabilities.

Performance Improvement Plans:

Children's Initiative Department oversees various Performance Improvement Plans quarterly.

Performance Indicator 2a: Timely access to services - It is the expectation for children aged 0 to 21st birthday to receive an intake assessment within 14 days of the screening date.

Child Population	FY25	FY26/Q1	FY26/Q2	Goal
IDD	35.34%	39.45%	54.89% (+) *Increased by 16.85%*	57%
SED	58.46%	51.29%	56.33% (+) *Increased by 3.66%*	57%

- **Progress:** Increased compliance rate for SED members (by 3.66%) and for IDD members (by 16.85%).
- **Current Interventions:** Individualized Provider data results are discussed during the bi-monthly individual interdepartmental Provider meetings. Children's Initiative Department launched a performance improvement project for the children requesting IDD services specifically. Expanded IDD services providers among the network to increase capacity. For the FY26 Statement of Work required Providers to offer daily availability to accept new intake referrals for children's services.
- **New Intervention:** Effective June 2026, Children's Initiative Department provides a monthly overview Performance Improvement Plan report to Children Providers during the monthly Children System Transformation Meeting and bi-monthly Cross System Management Meetings.

Program Compliance Committee Meeting
7/8/26
Emily Patterson, Director
Health Homes and Special Projects Monthly Report

Main Activities during Quarter/Month Reporting Period:

- Health Homes FY2025 Pay for Performance Update
- Special Projects: Mild to Moderate Evaluation & Transfer of Care

Progress On Major Activities:

<u>Activity 1:</u> Health Homes FY2025 Pay for Performance Update

- *Description:* DWIHN's Behavioral Health Home (BHH) and SUD Health Home (SUDHH) programs each can earn a 5% performance incentive on top of the monthly per member, per month rate paid for the Health Home service. Each Health Home type has three performance measures:
    - BHH:
        - **Follow Up After Psychiatric Hospitalization (FUH-7):** 50% of pay for performance budget
        - **Access to Preventive/Ambulatory Health Services (AAP):** 30% of pay for performance budget
        - **Increase in Controlling High Blood Pressure (CBP-HH):** 20% of pay for performance budget
- *Current Status:*
    - DWIHN has received pay for performance results for BHH and will distribute payments to Health Home Provider Partners.
        - DWIHN's Behavioral Health Homes were awarded 2/3 pay for performance measures for a total award of **$111,580.92** in pay for performance incentive dollars, to be distributed as follows:

Provider	Provider FY25 BHH Claims	Total FY25 BHH Claims	%	Award amount
CLS	2499	11201	22.31%	$23,649.56
NSO	216	11201	1.93%	$2,044.14
CNS	1332	11201	11.89%	$12,605.53
Hegira	2331	11201	20.81%	$22,059.67
PsyGenics	1431	11201	12.78%	$13,542.42
The Guidance Center	751	11201	6.70%	$7,107.17
Team	259	11201	2.31%	$2,451.07

Needs or Current Issues: The measure the BHH program did not meet is Follow Up After Psychiatric Hospitalization (FUH-7). The Health Home team performed a deep dive on all people who counted toward this measure to determine a root cause. Upon examination of all 41 people who met the parameters to be counted toward this measure in FY2025, 31 of them (75.6%) were seen by their Health Home provider within 7 days of discharge. The critical factor in not meeting the measure is that in 13 of the 31 follow-up visits were performed with service codes which do not count to meeting the HEDIS standard which the state follows for FUH-7 (for example, targeted case management does not meet this measure). This represents a learning curve for providers, as in the past FY2025 and previous), MDHHS followed Michigan's Mission-Based

Performance Indicator System (MMBPI) standards for FUH-7, which was more generous with which service codes and provider credentials met the measure (for example, targeted case management *did* meet the MMBPI standard, and bachelor's-level clinicians could also meet the measure).

- *Plan:* The Health Home team has created an action plan focused on re-educating the BHH providers and measure monitoring to ensure this measure is met in the future. The team has shared a resource toolkit on HEDIS measures, and shared individualized FY2025 reports with providers of individuals in their Health Home program who did and did not meet the FUH-7 measure, and why, so all can learn from this P4P cycle. The Health Home team also hosted a training on this measure to debrief on FY2025 results and educate provider partners on how to meet this measure in the future. The Health Home team is collaborating with the DWIHN Quality and MCO team to leverage existing 45-day provider meetings and utilize review of HEDIS measures to focus BHH providers on their FUH-7 performance.

Activity 2: Special Projects: Mild to Moderate Evaluation & Transfer of Care

- *Description*: DWIHN is in the process of identifying individuals that no longer meet criteria for PIHP services. These individuals will be disenrolled from DWIHN and transitioned to appropriate services. DWIHN Finance identified services provided to individuals with apparent mild to moderate needs delivered over the last year. Individuals with a LOCUS level of 3 or higher, or a MichiCANS of 2 or higher, define the priority population for specialty behavioral healthcare at DWIHN. Individuals with a LOCUS level of 0, 1, or 2 and children with MichiCANS of 0 or 1 are defined as mild to moderate in their level of care and are provided services through their Medicaid Health Plan. The project team has identified 2,006 individuals (1,060 adults and 946 children/youth) with mild to moderate needs to be disenrolled from DWIHN's services and transitioned to the care of their Medicaid Health Plans.
- *Current Status:* The June phase of this project involves notifying and preparing providers of this transition, provider completion of discharge summaries, transition planning for individuals, informing the Medicaid Health Plans of this project, and preparing for advance notices to be sent to individuals in July. A memo was sent to the CRSPs on June 2nd to inform them of this project, and each CRSP received a list of in individuals with mild to moderate levels of care. Providers were instructed to communicate with DWIHN's Adult and Children's clinical teams to inform the team of any circumstances in which individuals' level of care needs to be updated. Absent extenuating circumstances, providers complete discharge summaries. As of June 24th, 300 people have been closed from DWIHN's services or are in the final step of closure.
- *Plan:* Advance notices will be issued to people in July, and August will be the 30-day waiting period to receive and resolve appeals sent to DWIHN Customer Services. Final closures will occur in September. DWIHN's Integrated Care Team will continue to work with the Medicaid Health Plans and providers on care coordination and transitions.

Executive Summary: FY26 Community Engagement Monthly (May) Report

Submitted by Tinetra Burns

June 30, 2026

Mission: Lead organizational innovation through workforce development, educational outreach, and community engagement with a focus on recovery and resilience.

Justice-Involved Initiatives: Justice-involved outreach, produced **622 total encounters** across seven areas. Key programs included DPD (203) and HP Co-Response (4) (207 encounters), Detroit Homeless Outreach Team (319 encounters), and Behavioral Health Specialist at the Detroit 911 Communications Center (36 individuals). The Wayne County Jail saw 186 releases with 82 assigned to community re-entry support.

Community Engagement: The Mobile Outreach Clinic resumed active community service promotion, touch points, impacting 14 zip codes throughout Wayne County. DWIHN sponsored and supported various events, DWIHN Mental Health Walk, City of Detroit's City Council Mental Health Awareness "Touch Your Crown" Initiative, touring various high schools, targeting 9th thru 12th graders, Detroit Police Department Walk-a-Mile Wednesday, 36th District Specialty Court Community Day and Children's Youth United.

Workforce Development: The DWC Training Portal hosted **11 events** (10 virtual, 1 in-person) with **340 participants**. DWIHN also hosted several Executive Leadership and Board of Directors Zoom 120 meetings and 10 webinars, reaching nearly 1,713 total participants.

Key Opportunities for Improvement

- Expand housing resources and creative funding solutions
- Strengthen follow-up tracking and outcomes measurement
- Broaden prevention/early intervention programming before justice system involvement
- Build provider workforce capacity for justice-involved populations

Community Engagement
FY26 May Report
Submitted by Tinetra Burns
June 30, 2026

Department Mission: To lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide continuous support to the community through educational outreach and engagement while emphasizing and supporting recovery and resilience.

Main Activities during Reporting Period:

- Justice-Involved Activities
- Community Engagement
- Workforce Development

Progress On Major Activities:

<u>Activity 1:</u> Justice-Involved Initiatives
During this quarter, the Detroit Homeless Outreach Team (DHOT) encountered 319 individuals. DWIHN conducted outreach to Detroit Homeless Shelters including Cass Community Services, St. John, Lakeridge Village, and Detroit Rescue Mission Ministries Oasis.

While DWIHN has not had a staff permanently stationed at the Detroit Police Communications Center for quite some time, a Behavioral Health Specialist resumed follow-up with the 911 communication center; 36 individuals received follow-up support. Along with this, Co-responders assigned to DPD had approximately 204 encounters. DWIHN's Highland Park Police Department Co-Response partnership connected 4 individuals to community resources. The Wayne County Jail Navigator referred approximately 11 individuals to treatment providers. The 36th District Court Clinical Assessor connected 49 individuals to behavioral health and veteran treatment services.

Justice-Involved Encounter Summary:

Justice-Involved Initiative	Encounters
DPD Co-Response Teams	203
Highland Park Embedded Co-Response	4
Mental Health Jail Navigator	51
Communications Behavioral Health Specialist	16

Justice-Involved Initiative	Encounters
Detroit Homeless Outreach Team (DHOT)	319
Detroit Homeless Peer Support Specialist	N/A
36th District Mental Health Court	49
TOTAL - All Justice-Involved Teams	

Major Accomplishments: 642 total encounters from all justice-involved teams, with 212 individuals connected to a DWIHN resource.

Needs / Current Issues: Lack of adequate housing resources throughout Detroit and Wayne County. Individuals are placed on CAM waitlists for up to 2 years regardless of urgency. Housing shelters are inadequately staffed with poor conditions, causing individuals to decline available resources.
Plan: DWIHN continues to build justice-involved partnerships throughout Wayne County, increasing mental health awareness and narrowing gaps in access to treatment through a strategic marketing campaign.

Returning Citizens: Jail quarterly statistics: 186 releases; 82 assigned to CRSP. Mental Health Court has 26 current participants utilizing All Well Being Services and Hegira as the CRSP. The majority of returning citizens now regularly attend meetings at Lawton Parole. Hegira is developing a post-release group and curating topics for discussion. PCS has set employment as the expectation for all returning citizens who are able to work, as it supplements income and provides structure and socialization.

Specialty Meetings: The Wayne County Sheriff's Office Community Engagement meeting was canceled.

<u>Activity 2:</u> Community Engagement
Description: Engage with community organizations and spaces supporting the 8 dimensions of wellness for Wayne County residents, increasing awareness and accessibility of DWIHN services.

Significant Tasks:
The Mobile Outreach Clinic resumed active community service promotion, touch points, impacting 14 zip codes throughout Wayne County. DWIHN sponsored and supported various events, DWIHN Mental Health Walk, City of Detroit's City Council Mental Health Awareness "Touch Your Crown" Initiative, touring various high schools, targeting 9th thru 12th graders, Detroit Police Department Walk-a-Mile Wednesday, 36th District Specialty Court Community Day and Children's Youth United.

Activity 3: Workforce Development and Retention
Current Status:
The DWC Training Portal hosted **5 events** (10 virtual, 1 in-person) with **340 participants**. DWIHN also hosted several Executive Leadership and Board of Directors Zoom 120 meetings and 10 webinars, reaching nearly 1,713 total participants.

DWC Calendar Events Monthly May - Total 5 Events	Events	Attendance
In-Person	1	340
Virtual	10	1,713
TOTAL	11	2,053

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Identified Opportunities for Improvement:
- Housing shortage and access remains the critical barrier to success. Continue to seek creative solutions and funding for expanded housing resources with Clinical Operations.
- Enhance follow-up tracking and outcomes measurement for individuals connected to services through collaboration with Adult Initiatives.
- Expand prevention and early intervention programming to reach at-risk populations before justice system involvement.
- Continue to build workforce capacity among providers to serve justice-involved populations with community partners.

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- Enhance follow-up tracking and outcomes measurement for individuals connected to services through collaboration with Adult Initiatives.
- Expand prevention and early intervention programming to reach at-risk populations before justice system involvement.
- Continue to build workforce capacity among providers to serve justice-involved populations with community partners.

Program Compliance Committee
July 8, 2026
Customer Service Department
Dorian Johnson, Customer Service
June 2026

Unit Activities

1.) Customer Service Calls
2.) Grievances and Appeals
3.) Member Engagement

Activity 1: Customer Service Calls

The Customer Service Call Activity is inclusive of the Call Center and Reception/Switchboard. MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

Reception/Switchboard Reception/Switchboard

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
June FY 26	972	914	15	2%	10 Sec	96%	94%
June FY 25	837	808	7	1%	7 Sec.	98%	97%

Customer Service Call Center

	Number of Offered	Number Of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
June FY 26	1,158	1069	79	7%	11 sec.	89%	92%
June FY 25	830	786	31	4%	11Sec.	94%	95%

Significant Activities:

Reception/Switchboard Reception/Switchboard

Data Analysis and Summary

- 16% growth in call volume year over year
- Call answered 13% improvement, which is a positive sign of response capability
- While there was a slight decline, the actual service level performance remains significantly above the target of 80%.
- In FY 26, 94% of calls were answered**, which is a decrease from **97%** in FY 25. Even with the decline, this remains above the 80% standard.

Also, the welcome center is implementing a new guest sign-in process.

Overall, June FY 26 shows robust performance compared to the previous fiscal year, despite the challenges posed by increased call volume. The team has maintained a satisfactory level of service, with abandonment rates, answering percentages, and service-level metrics all well above set standards. Implementing a new guest sign-in process may also improve future call-handling efficiency. Continuous monitoring and possible adjustments to staffing or processes may be needed to improve response times moving forward.

Customer Service Call Center

Data Analysis and Summary
In June FY 26, the call center experienced a significant increase in call volume, rising from 830 calls in June FY 25 to 1,158 in June FY 26. This 39% increase in the total number of calls offered places considerable strain on resources.

While the number of calls answered increased proportionally (from 786 to 1,069), the abandonment rate rose sharply to 7%, exceeding the acceptable standard of less than 5%. The increase in abandoned calls from 31 to 79 indicates that some callers were unable to reach an agent, likely due to escalated call volume and staffing challenges.

Several factors contributed to the elevated abandonment rate:

- Increased Call Volume: The primary driver was the withdrawal of a transportation provider for DWIHN members, leading to more customers seeking assistance.
- Staffing Issues: New hire training and scheduled PTO resulted in fewer available agents during peak call times.
- In-House Meetings: An internal staff meeting on June 12, 2026, caused unexpected call drops as phones were not logged off, leading to abandoned calls that could have otherwise been answered.

In conclusion, after reviewing the contributing factors, we will take a closer look at developing strategies to address the identified factors.
By addressing these areas, the call center can aim to improve both abandonment rates and customer service levels in the future while maintaining a timely response to all incoming calls.

Activity 2: Grievances, Appeals, and State Fair Hearings

Customer Service ensures that members are provided with the means to due process. Due process includes Complaints, Grievances, Appeals, Access to Mediation, and State Fair Hearings.

Complaint and Grievance Related Communications

	June FY 26	June FY 25
Complaint/Grievance Correspondence	283	301

Grievance Processed

Grievances	June FY 26	June FY 25
Grievances Received	3	5
Grievances Resolved	2	5

Grievance Issues by Category

Category	June FY 26	June FY 25
Access to Staff	0	1
Access to Services*	1	1
Clinical Issues	0	0
Customer Service	0	2
Delivery of Service*	2	2
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	0	1
Interpersonal*	0	0
Org Determination & Reconciliation Process	0	1
Program Issues	0	0
Quality of Care	0	1
Transportation	0	0
Other	0	0
Wait Time	0	1
Overall Total	3	10

Grievance Trends

Grievance may contain more than one issue. For **June 2025,** the trend of the only categories for grievances was in the areas of Delivery of Service and Quality of Care**.** For June **2026**, the trend of the top 2 categories for grievances were in the areas of Interpersonal and Delivery of Services

Definitions

Interpersonal: *Any personality issue between the enrollee/member and staff member (Therapist, Doctor, Program Director, etc.)*

Delivery of Service: *Any issue that reflects how services are being delivered to the enrollee/member (i.e., how long did the enrollee/member have to wait before he/she was seen for scheduled appointments? How long did the consumer have to wait before he/she was able to receive a specified or requested service? The consistency of case management or therapy.*

Access to Services: *Services that the enrollee/member requests which is not available or any difficulty the enrollee/member experiences in trying to arrange for services at any given facility (i.e., reasonable accommodation, difficulty scheduling initial appointments or subsequent ones).*

Access to Staff*: Problems that the enrollee /member experiences in relation to staff's accessibility [return of phone calls, staff's availability].*

HIDE SNP Grievances

Grievance	June FY26	June FY25
Overall Total	0	0

Appeals: Advance and Adequate Notices

	May FY 26		June FY25	
Notice Group	**Adequate**	**Advance**	**Adequate**	**Advance**
MI	328	1224	218	1195
ABA	0	22	9	63
SUD	52	90	80	108
I/DD	50	317	43	234
Overall Total	430	1653	350	1600

*The numbers for FY'26 are delayed a month due to provider reporting not complete.

Appeals Communications

	June FY26	June FY25
Appeals Communications Received	67	94

**Communications include emails and phone calls to resolve appeals.*

Appeals Filed

Appeals	June FY26	June FY25
Appeals Received	0	0
Appeals Resolved	1	2

**Although the appeals numbers are lower, the Appeals department has reconnected many members with services through the coordination of care efforts. **

DWIHN State Fair Hearings

SFH	June FY26	June FY25
Received	0	0

- For the month of **June** '26, there was no State Fair Hearing. There was Mediation in **June 2026**.

HIDE SNP State Fair Hearings

SFH	June FY26	June FY25
Received	0	0

MI Health Link (Demonstration Project) Appeals and State Fair Hearings
In both fiscal years for the month of April, there were **0** MI Health Link Appeals and State Fair Hearings filed by MI Health Link members.

Significant Activity/Accomplishments:

Grievance:

Grievance:

- IDPM Barb Hedgepeth collaborated with Children's Initiative on a member grievance.
- SOP Member Grievance, Member Appeals, Member Mediation
- IDPM conducted two disenrollment trainings in June
- Conducted the first Due Process Lunch and Learn

Trends:

- There has been an increase in grievances in June

Appeals:

- Appeals training for Merakey
- Community Administrators Services, Inc. ABD Notices (no longer contracted with DWIHN)
- Mediation for an appeal case

Activity 3: Member Engagement and Experience

Member Engagement is a sub-unit of the Customer Service Department. The unit functions with three primary operations: Member Experience, Member Engagement, and Peer Services. The goals are to assist in facilitating member activities, promote advocacy and member rights, and collect feedback and data essential to better understanding members' experiences throughout our system. The Office of Peer Services also facilitates essential training, initiatives, and interactions within Peer development, focusing primarily on the Certified Peer Support Specialists, Certified Recovery Coaches, and Peer Mentors in the internal and system-wide workforces.

Significant Activity:

The Member Engagement Unit facilitated activities during June 2026, which included the following:

- A live Peer Chat is hosted on the second Thursday of every month to provide opportunities for socialization, encouragement, and human interaction. Peer Chat is a casual forum for Peer Support Specialists, Peer Recovery Coaches, and Peer Mentors. The Peer Chat provides opportunities to discuss self-care, self-development, and services for those in care. The Peer Chat remains an active Zoom event that allows for casual, relevant conversation for those who may otherwise feel isolated. The Live Peer Chat was attended by seven (7) Peers on May 14, 2026.

- Wayne State University Center for Urban Studies continues to conduct interviews for the Experience of Care & Health Outcomes (ECHO) Surveys for children and adults. Members who participate in the survey have an opportunity to win one of three gift cards for $100, $250, or $500.

- The Constituents' Voice (CV) met on June 18, 2026. The CV is currently recruiting new members. The CV Actions Committees: Advice/Advocacy, Engagement, and Empower met during the month. Dwight Harris, Certified Peer Support Specialist at Mobile Crisis Operations, was the DWIHN Guest Speaker.

- The Constituents Voice Annual Summer Gathering was held on June 26, 2026, and seventy-five (75) Constituents' Voice members, clubhouse members, and staff attended. It was held at Warrendale Park in Dearborn Heights. A picnic luncheon was provided. It was a successful event for CV and clubhouse members.

- The Dreams Come True Fund Application is open from May 1 to June 30, 2026. Members are invited to apply, and ten (10) will be awarded a $500 gift card at the Dreams Come True Luncheon on September 18, 2026.

- Customer Service Engagement Manager, Quality Improvement Administrator and Integrated Health Manager developed a protocol for follow-up calls following post discharge from inpatient hospitalization to remind members of their upcoming 7-day appointment with a CRSP/Provider. Customer Service Member Engagement Peer Agent continued to make the weekly calls in June.

- The Rapid Response Report for June 2026 reported 72 e-mails received, with an average of 2 e-mails a day as of June 29, 2026.

- The Arc Detroit, in collaboration with DWIHN and SEIU, is hosting a Legislative Candidate Forum that will focus on the future of care in Michigan. It will be held on Saturday, July 18, 2026, from 2 p.m. to 6 p.m. at Sacred Heart Church, 3154 Rivard, Detroit, Michigan 48207. The church is located in Eastern Market.

Submitted by: Dorian Johnson, Customer Service Director

Program Compliance Meeting
Integrated Healthcare Monthly Report
Vicky Politowski, Integrated Healthcare Director
July 8, 2026

Main Activities during June 2026 Reporting Period:

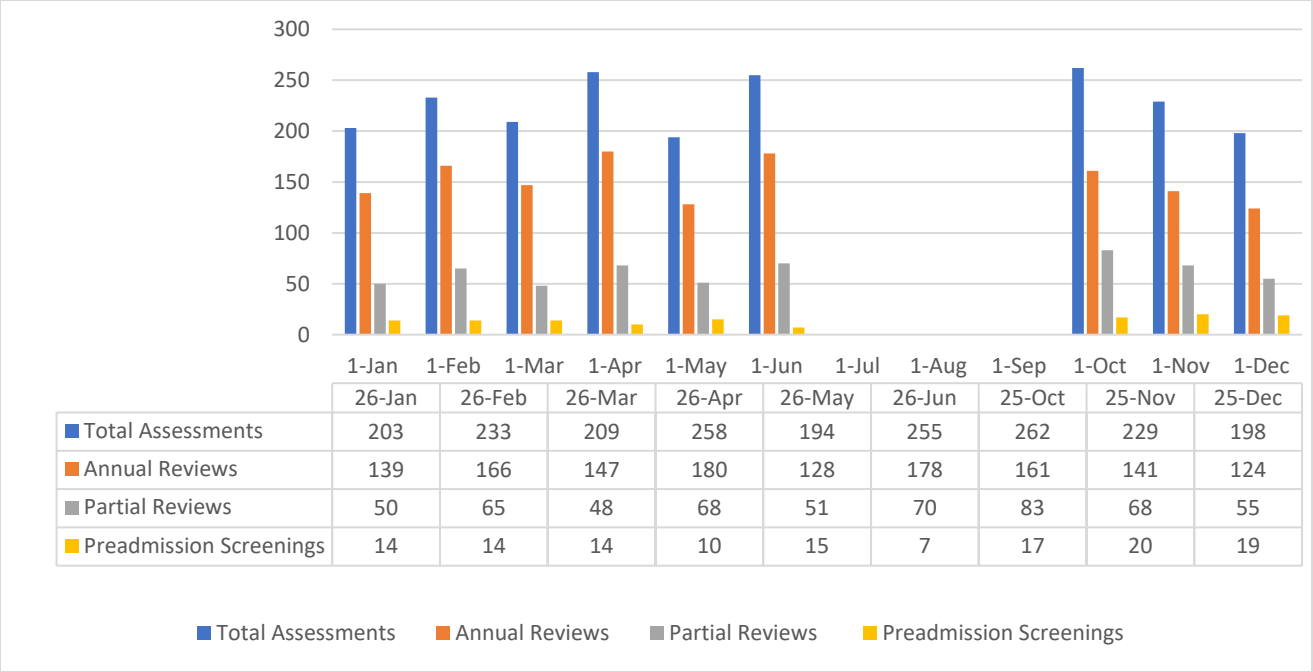
- **Complex Case Management (CCM)**
- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Highly Integrate Duel Eligible Service Needs Plan (HIDE-SNP) and Care Coordination with Medicaid Health Plans**
- **Health Effectiveness Data and Information Set (HEDIS)**

Activity 1: Complex Case Management

- ***Description****:* Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals.
- ***Current Status****:* Complex Case Management is actively expanding the caseload of our staff, which currently includes **24** individuals. In June, Complex Case Management successfully added **5** new cases: **2** from Care Coordination with the Health Plans and **3** from proactive outreach. Complex Case Management is dedicated to effectively managing these cases and enhancing outcomes for the individuals we serve.
- ***Significant Tasks During Period***: ***Major Accomplishments During Period****:*
  CCM is ensuring that members who are on antipsychotics have metabolic panel labs completed yearly. Out of the **24** open members, **10** are taking antipsychotics, **7** have completed screenings, and a primary care physician is assigned.
- ***Needs or Current Issues****:* CCM to work with the **3** individuals who do not have metabolic testing completed with a primary care physician.
- ***Plan***: CCM will assist the member in obtaining a primary care physician and receiving metabolic screening.

Activity 2: Omnibus Budget Reconciliation ACT (OBRA)

- ***Description:*** OBRA Assessments are completed for members who have behavioral health or I/DD diagnoses who may need nursing home services. Preadmission reviews are to be completed within 4 days of referral, and annual reviews within 14 days of referral. These referrals come from hospitals, community referrals, or nursing homes.
- ***Current Status:*** In June, OBRA processed **704** referrals, **349** were assigned to be completed, with **354** fully completed, and **350** were triaged and provided with exemption letters stating they did not need an OBRA Assessment.
- ***Significant Tasks During Period****:* OBRA Trainer has increased training due to nursing homes not following the OBRA process. **31** nursing homes and one hospital received training in June.



	26-Jan	26-Feb	26-Mar	26-Apr	26-May	26-Jun	25-Oct	25-Nov	25-Dec
Total Assessments	203	233	209	258	194	255	262	229	198
Annual Reviews	139	166	147	180	128	178	161	141	124
Partial Reviews	50	65	48	68	51	70	83	68	55
Preadmission Screenings	14	14	14	10	15	7	17	20	19

- ***Major Accomplishments During Period****:* June usually has fewer referrals for reviews, but staff completed 86 more reviews than in June 2025.
- ***Needs or Current Issues***: OBRA referrals for individuals with intellectual/developmental disabilities are increasing, and OBRA only has one occupational therapist (OT).
- ***Plan:*** IHC director has submitted a request to HR for a contingent OT.

Activity 3: Highly Integrate Dual Eligible Service Needs Plan (HIDE-SNP) and Care Coordination with Medicaid Health Plans

- ***Description:*** DWIHN has fully executed contracts with HAP CareSource, Humana, and AmeriHealth for the new HIDE-SNP Plans. Care Coordination with all Medicaid Health Plans and Hide-SNP has started.
- ***Current Status:*** DWIHN underwent an audit by Humana in June for Utilization Management.
- ***Significant Tasks During* Period**: The IHC and Utilization Management are working on the areas that need correction and will have a second meeting to review on July 9th.
- ***Major Accomplishments During Period***: DWIHN is working with Humana on the audit process, which is new to DWIHN and Humana.
- ***Needs or Current Issues:*** Complete areas needed for audit.
- ***Plan:*** Integrated Health Care and Utilization Management will work together for the final submission in July.

Activity 4: HEDIS

- ***Description*:** HEDIS stands for Healthcare Effectiveness Data and Information Set. It is a national system in the United States that measures healthcare quality. HEDIS is created and maintained by the National Committee for Quality Assurance (NCQA). The goal of HEDIS is to improve healthcare quality, encourage preventive care, and promote better health outcomes. The IHC department has four quality improvement plans: Follow-up After Hospitalization (FUH), Medication Monitoring for Antidepressants (AMM), Diabetes Testing for Individuals

with Bipolar or Schizophrenia (SSD), and Medication Monitoring for Individuals on Antipsychotics (SAA).

- ***Current Status:*** DWIHN has made great strides in follow-up after hospitalization rates. For the calendar year 2025, 23 of the 28 CRSP providers met the goal of 62% for adults, and 13 out of 26 CRSP providers met the goal of 79% for children. Five children CRSP providers were within 5% of the goal.
- ***Significant Tasks During* Period**: IHC is working with Children Initiatives on the barriers that Children CRSP are having in meeting the goal.
- ***Needs or Current Issues:*** Increasing the ability of Children CRSP to ensure the proper follow-up is completed after a hospitalization.
- ***Plan:*** IHC and Children's Initiatives will investigate the need for more clinicians in providers of intellectual and developmental disabilities to meet this goal.

Things the Department is Doing Especially Well:

- *Omnibus Budget Reconciliation Act (OBRA*)- OBRA team is working with a CRSP and Access on how to put OBRA referrals on the calendar.
- *Complex Case* Management: CCM is ensuring individuals have primary care and metabolic monitoring to increase health outcomes.
- Medicaid Health Plans and HIDE-SNP: DWIHN has a collaborative relationship with Humana.
- HEDIS: The HEDIS Specialist is finishing up documentation for NCQA and has 3 of the 4 QIP reviewed by the NCQA consultant.

Identified Opportunities for Improvement:

- *Omnibus Budget Reconciliation ACT (OBRA)*- OBRA needs another OT to ensure better timeliness on assessments.
- Complex Case Management- CCM to keep members engaged longer in the program.
- Medicaid Health Plans and HIDE-SNP- Providers continue to struggle with the HIDE-SNP changes.
- HEDIS: Continue working with Children's Initiatives to increase follow-up appointments after hospitalizations.

Program Compliance Committee Meeting
Kate Mancani, Interim Director of Residential Services Report
Date: 7/8/2026

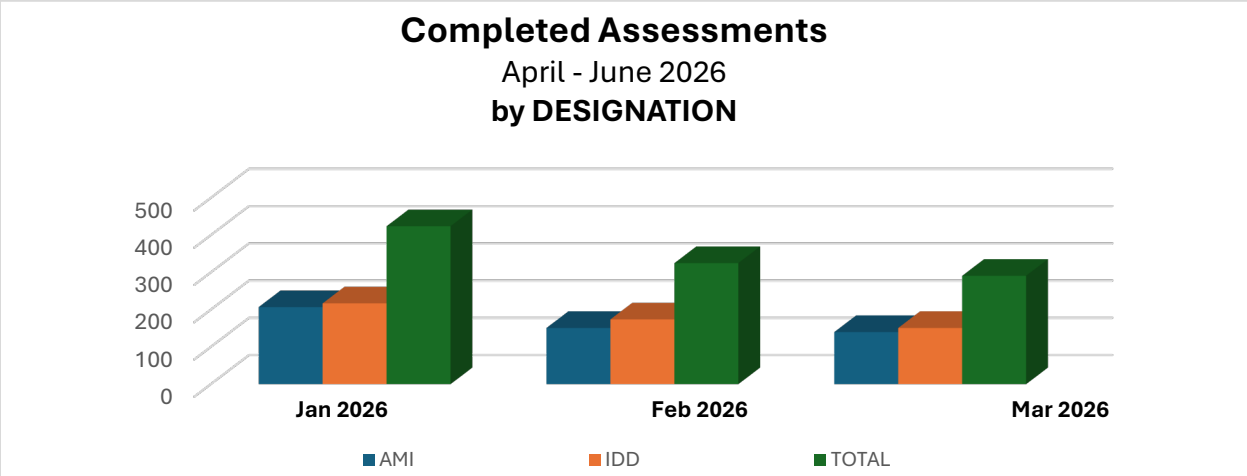
Main Activities During Reporting Period: June 2026

- **Maintaining Updated Residential Assessments**
- **Monitoring Residential Authorization Data**

Progress On Major Activities:

<u>Activity 1:</u> Maintaining Updated Residential Assessments

- *Description:* Throughout the month of June, the Residential Services Department continued the process of ensuring that all new and existing members have up to date Residential Assessments. Each member receiving Residential Services should have an assessment completed annually or at any time there is a change in the member's condition. It is important that each member has an up-to-date Residential Assessment to ensure that members are receiving medically necessary services that match their needs and abilities.
- *Current Status:*



	April 2026	May 2026	June 2026
AMI	207	151	140
IDD	217	174	151
TOTAL	**424**	**325**	**291**

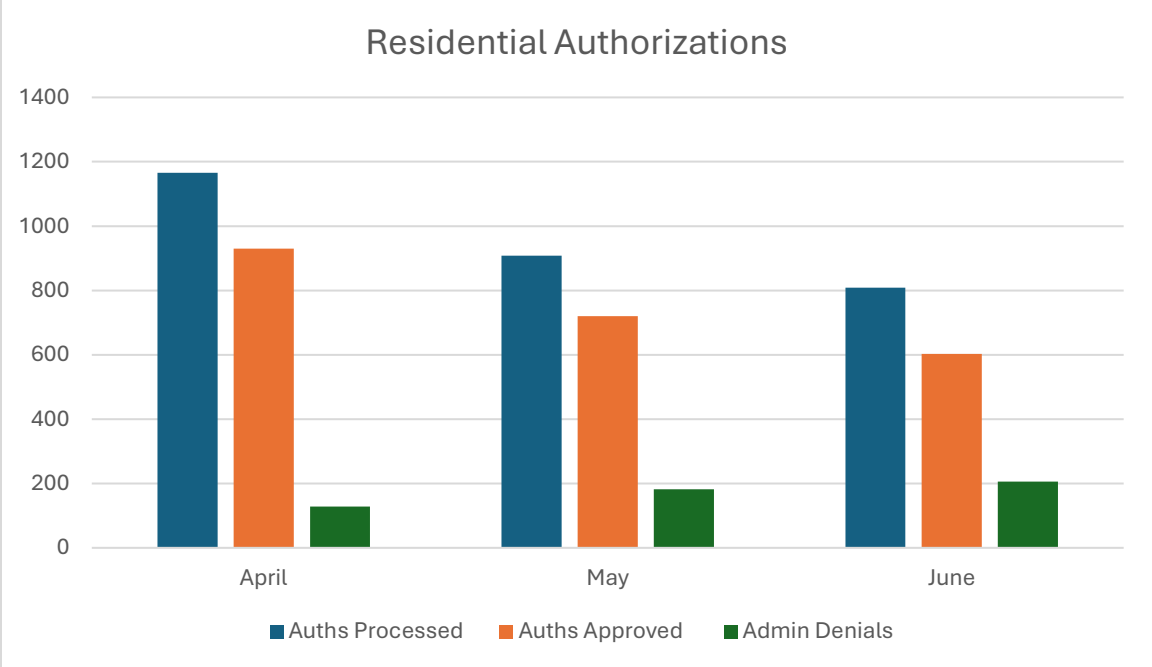
- *Significant Tasks During Period:* Throughout the month of June the Residential Services Department completed (291) Residential Assessments; (140) were completed with Adults with Mental Illness (AMI) and (151) assessments were completed with individuals with Intellectual and Developmental Disabilities (I/DD).
- *Major Accomplishments During Period:* In the month of June the Residential Services Department met with Clinically Responsible Service Providers (CRSP) to conduct a clinical alignment of documentation training. This training was attended by 35 participants from multiple

CRSP organizations. This training is designed to ensure that the needs identified in a member's Residential Assessment are carried over into the member's Individual Plan of Service (IPOS) and other clinical documents.

- *Needs or Current Issues:* It is important that the case holder from the CRSP is present and involved in the Residential Assessment process. This helps improve coordination and ensures there is no disruption in the member's service authorizations.
- *Plan:* The Residential Services Department sends out monthly IPOS reports to the CRSP indicating which members' IPOS are coming due within the next (90) days. This helps case holders align the IPOS with the Residential Assessment. We also email each case holder to inform them when an assessment is scheduled so they can be present. We run another IPOS report at the beginning of the month for the previous month and send out emails to CRSP Supervisors for follow up.

<u>Activity 2:</u> Monitoring Residential Authorization Data

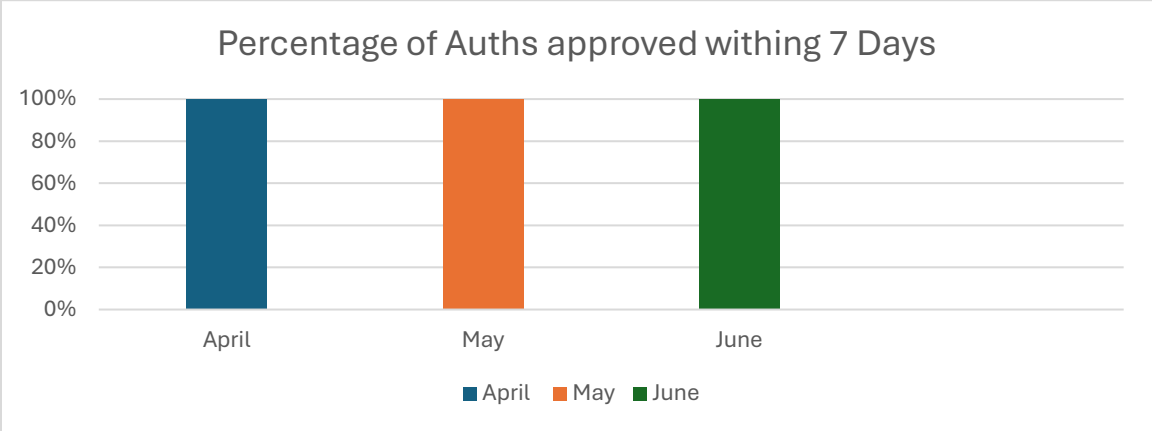
- *Description:* Throughout the month of June, the Residential Services Department continued the process of monitoring the number of authorizations processed. Additionally, we were able to review the amount of time it took for authorizations to be approved. It is important that members maintain up to date authorizations in order to avoid a disruption in services and ensure that the services being rendered are reflective of the members' needs.
- *Current Status:*



	April	May	June
Auhs Processed	1166	908	809
Auth Approved	930	720	603
Admin Denials	128	182	206

- *Significant Tasks During Period:* During the month of June the Residential Services Department Processed (809) Residential Authorizations. Of those authorizations (93%) were approved within

seven (7) days. All authorizations are reviewed for clinical appropriateness before being approved.



	April	May	June
Percentage of Auths Approved within 7 days	**94%**	**94%**	**93%**

- *Major Accomplishments During Period:* In June of last year the Residential Department's Authorizations unit approve approximately (56%) of authorizations within seven (7) days. Now, over (93%) of authorizations are being approved within seven (7) days and the average amount of time it takes for an authorization to be approved is (1.96) days.
- *Needs or Current Issues:* In January of this year the expectation for the amount of time to approve an authorization changed from fourteen (14) days to seven (7) days. The department has adjusted well to this change and has shown consistent improvement. Residential Authorization Team is complaint with the 7-day expectations.
- *Plan:* The Residential Authorization Team was transferred to the Utilization Management (UM) Department on May 25th, 2026, and will continue to monitor Residential Authorization data while in the UM Department.

Substance Use Disorder Initiatives Report, July SFY2026
Matthew Yascolt, Director of Substance Use Disorder Initiatives
Program Compliance Committee July 8, 2026

Main Activities during July 2026:

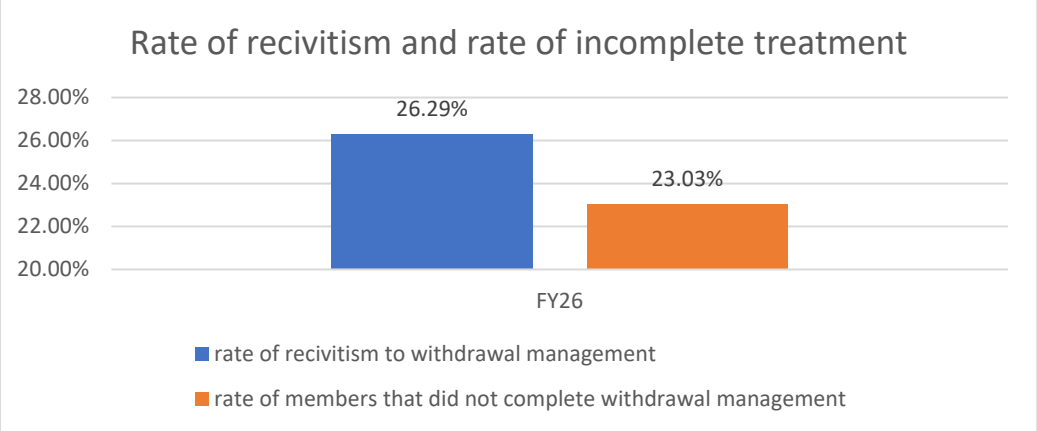
- **An analysis of withdrawal management recidivism**
- **An analysis of level of care progression from withdrawal management**

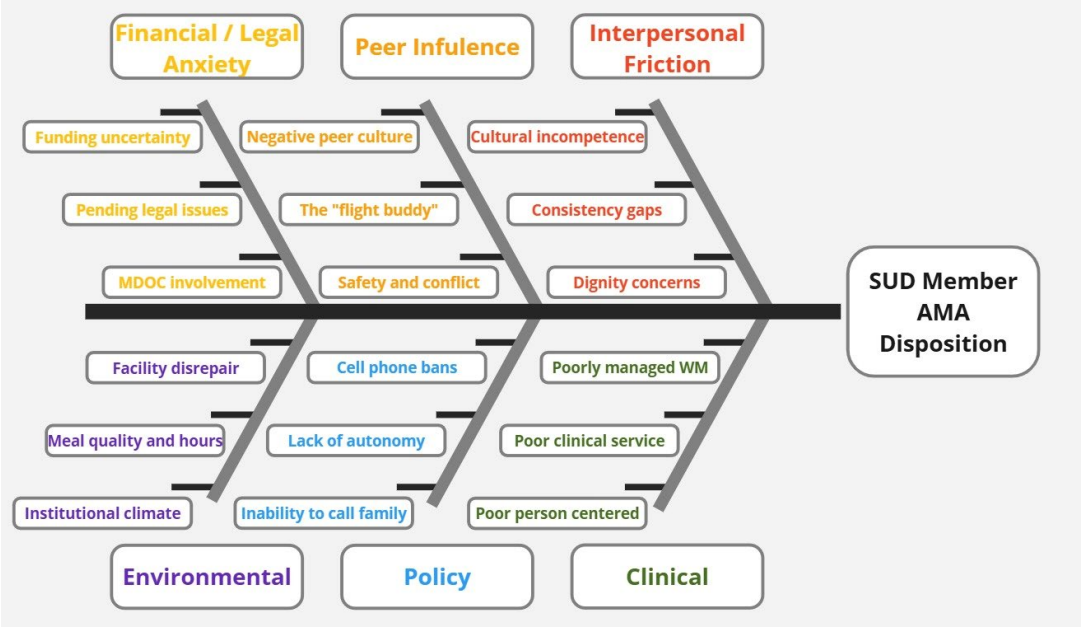
Progress On Major Activities:

<u>Activity 1:</u> An analysis of withdrawal management recidivism

- ***Description:*** Withdrawal management refers to the medical and clinical stabilization of members experiencing the acute physical and psychological symptoms of ceasing substance use. It serves as a critical step to safely clear substance from the members body and prepare the member for ongoing treatment. This analysis measures the rate at which members return to withdrawal management within a one-year timeframe. High recidivism (readmission rates) typically signal fragmentation in care coordination, where a member is not transitioned from acute stabilization into lower, sustainable levels of care.

- ***Current Status:***

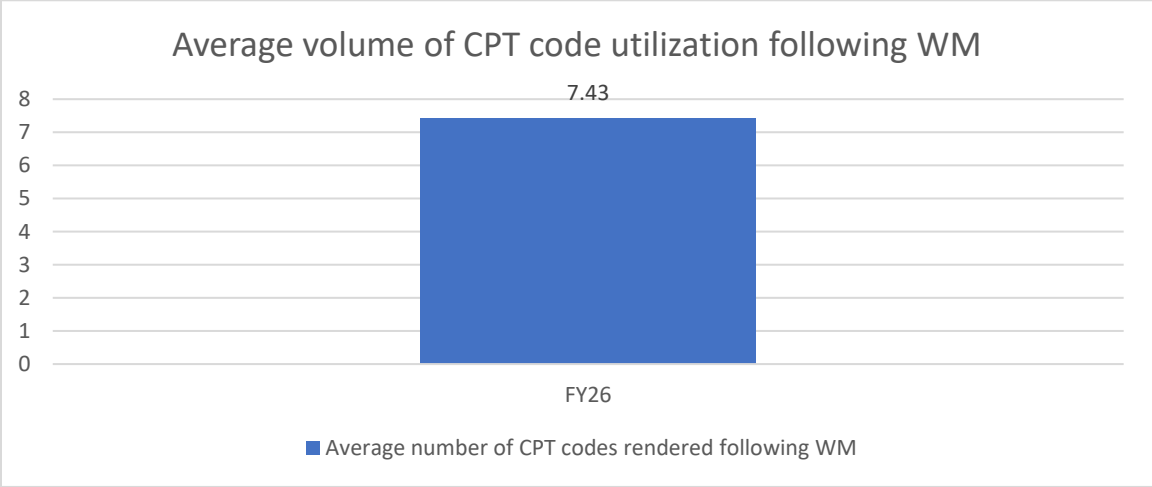




- ***Significant Tasks and Major Accomplishments During Period****:* The SUD department has begun to implement our root cause analysis interventions, listed above to positively impact the trends of withdrawal management recidivism and AMA rates (treatment discontinuation).
- ***Needs or Current Issues:*** Continue to monitor trends and impact of interventions on withdrawal management recidivism and AMA
- ***Plan****:* Continue to implement interventions listed in the root cause analysis to pinpoint system bottlenecks, and shift operational focus from expensive, revolving-door crisis intervention to long-term, sustainable recovery outcomes.

<u>Activity 2:</u> An analysis of level of care progression from withdrawal management

- ***Description****:* To break the cycle of recurring crises and support long-term recovery, a member's journey must extend far beyond initial stabilization. Withdrawal management crisis clears the immediate physical crisis, but it does not address the underlying behavioral, psychological, or social drivers of addiction. For recovery to take root, the care network must actively facilitate seamless transitions into subsequent, lower levels of care based on clinical appropriateness. The below analysis looks at care utilization following withdrawal management based on CPT code.
- ***Current Status:***



- ***Significant Tasks and Major Accomplishments During Period****:* The SUD department has begun to implement our root cause analysis interventions, listed above to positively impact the trends of withdrawal management recidivism and AMA rates (treatment discontinuation) and subsequently increase utilization of lower levels of care.
- ***Needs or Current Issues:*** Continue to monitor trends and impact of interventions on withdrawal management recidivism and AMA and subsequent utilization of lower levels of care.
- ***Plan****:* Continue to implement interventions listed in the root cause analysis to pinpoint system bottlenecks, and shift operational focus from expensive, revolving-door crisis intervention to long-term, sustainable recovery outcomes. We have provider capacity for comprehensive multi-step transition plans for members following withdrawal management, so we need to ensure that the clinical care is person centered and meets the unique needs to each member as they transition through treatment and maintain engagement in the recovery process.

Monthly Update:

- ***Things the Department is Doing Especially Well:***
  As we work collaboratively with SUD providers to address system needs, barriers and operational challenges helping to alleviate administrative burden we have been touring service provider locations with our SUD OPB chairman, getting feedback from our providers and members on our services and programs. We have also initiated a treatment provider workgroup alongside our prevention provider workgroup to address system changes and solicit provider feedback to operational efficiencies and administrative burden.
- ***Identified Opportunities for Improvement:*** SUD is actively implementing NCQA Quality Improvement Projects (QIPs) related to members leaving treatment against medical advice (AMA) and the Initiation and Engagement of Substance Use Disorder Treatment (IET) measure. Current analysis shows variation in performance across ASAM levels of care, and additional review is needed to understand provider-specific IET scores and identify opportunities to improve discharge processes and follow-up appointments.
- ***Progress on Previous Improvement Plans:*** In summer 2025, the SUD Department established a Prevention Workgroup composed of DWIHN staff and Prevention Providers to collaboratively address system needs, barriers, and operational challenges. One significant accomplishment has been the elimination of redundant quarterly and monthly reporting requirements, which has improved the efficiency, clarity, and timeliness of reporting across the prevention network.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 24-67R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/15/2026

Name of Provider: Chance for Life Organization

Contract Title: SUD Opioid Settlement - Leg Up Carry Forward Extension

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 7/8/2026

Proposed Contract Term: 7/1/2026 to 6/30/2028

Amount of Contract: $ 1,280,000.00 Previous Fiscal Year: $ 1,080,000.00

Program Type: Continuation

Projected Number Served- Year 1: 954 Persons Served (previous fiscal year): 477

Date Contract First Initiated: 7/1/2024

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).

This board action requests the extension of contract and addition of funds to the Opioid Settlement Leg Up program for Chance for Life. The initial contract amount for the two -year period July 1, 2024 through June 30, 2026, totaled $1,080,000; an estimated $400,000 remains unspent. The board action is requesting to carryover the unspent funds and **increase the contract for an additional $200,000 for the two-year period July 1, 2026 through June 30, 2028, which brings the total amount not to exceed $1,280,000.**

Chance for Life will continue to provide oversight and fiduciary responsibility for the leg up program developed by Detroit Wayne Integrated Health Network (DWIHN) that utilizes Opioid settlement funds.

The “A Leg Up” program is designed to provide evidence-based wraparound services to individuals transitioning out of the criminal justice system with Opioid Use Disorder (or a history) and any co-occurring Substance Use Disorder (SUD) or Mental Health condition. DWIHN will invest in the staffing at Chance for Life to support collaboration and cross-system coordination with other prevention and treatment providers in the DWIHN network to reduce the likelihood of recidivism.

In addition, the program is designed to provide participating members with resources to reduce barriers to care and employment including but not limited to clothing, transportation, permanent housing, and scholarships for educational and employment opportunities.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
SUD Opioid Settlement	$ 1,280,000.00	$ 1,280,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,280,000.00	$ 1,280,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64932.822107.00000

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

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-14R6 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/15/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY26

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 7/8/2026

Proposed Contract Term: 7/1/2026 to 9/30/2026

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2026

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the addition of the following provider to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. **Note: Total amount of Board Action remains the same not to exceed amount of $837,791,038 for FY 2026.**

Outpatient Provider:

1. Lunexa Health LLC: (Credentialed 5/11/2026 for Supports Coordination; Case Management)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Multiple	$ 837,791,038.00	$ 837,791,038.00
	$ 0.00	$ 0.00
Total Revenue	$ 837,791,038.00	$ 837,791,038.00

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

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-21R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/15/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Autism Providers

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 7/8/2026

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

Amount of Contract: $ 104,955,784.00 Previous Fiscal Year: $ 102,905,784.00

Program Type: Continuation

Projected Number Served- Year 1: 5,100 Persons Served (previous fiscal year): 5,000

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? Y

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

Requesting board action for DWIHN Board to approve revision for the Autism Providers to receive a (1) one year contract for FY26 (October 1, 2025 - September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. **The total projected budget for autism services for FY26 to remain at $104,955,784.**

Requesting to add **Early Autism Services, LLC** , one additional provider to the network to provide autism services who passed the autism Request for Qualifications (RFQ).

In addition, Strident Healthcare contract ended April 2026 due to non-renewal and to allow for transition planning.

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

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

Source of Funds: Medicaid,General Fund

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	$ 104,080,784.00	$ 104,080,784.00
General Fund	$ 875,000.00	$ 875,000.00
Total Revenue	$ 104,955,784.00	$ 104,955,784.00

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

6/24/2026 1:01:41 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

6/23/2026 3:53:49 PM

Board Action #: 26-21R3

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-54 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 7/15/2026

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

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

Address where services are provided: Various locations throughout Wayne County

Presented to Program Compliance Committee at its meeting on: 7/8/2026

Proposed Contract Term: 5/1/2026 to 12/31/2028

Amount of Contract: $ 2,880,715.00 Previous Fiscal Year: $ 2,773,935.50

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)?

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

DWIHN is requesting Board approval of the renewal, acceptance, and disbursement of the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) grant funds in the amount of **$2,733,549.00**, along with the required general fund/ local match of **$113,390.50** for a total amount not to exceed **$2,846,939.50**.

The providers listed below submitted renewal applications and have been awarded funding for the HUD 2025 grant cycle. Program dates and details are as follows:

Central City Integrated Health:

a.) 6/1/2026 – 5/31/2027 (Rental Assistance Program - RAP)

$513,415.00

b.) 5/1/2026 – 4/30/2027 (Permanent Supportive Housing) $627,476.75

Southwest Counseling Solutions:

1/1/2027 – 12/31/2028 (Rental Assistance Program - RAP) $450,897.00

Development Centers Inc.:

11/1/2026 – 10/31/2027 (OMEGA) $215,969.00

Coalition on Temporary Shelter:

11/1/2026 – 10/31/2027 (OMEGA) $487,725.25

Wayne Metro Community Action Agency: 8/1/2026 – 7/31/2027 (Permanent Supportive Housing) $516,364.00

DWIHN Administrative Costs: $35,092.50

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

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

Source of Funds: General Fund,HUD

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
HUD	$ 2,733,549.00	$ 2,733,549.00
General Funds	$ 113,390.50	$ 113,390.50
Total Revenue	$ 2,846,939.50	$ 2,846,939.50

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Multiple

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant