



**Detroit Wayne
Integrated Health Network**

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**FULL BOARD
Wednesday, April 16, 2025
Detroit Wayne Integrated Health Network
Administration Building
8726 Woodward Avenue
Detroit, Michigan 48202
1:00 p.m.
AGENDA**

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES – March 19, 2025**
- VI. RECEIVE AND FILE –** Approved Finance Committee Minutes – March 5, 2025
Approved Program Compliance Committee Minutes – March 12, 2025
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) City of Detroit and Wayne County Reappointments
 - 2) Update Metro Region Meeting – Oakland Community Health Network Host (Hybrid) – March 27, 2025
 - 3) Board Chair Committee Appointments
 - 4) Annual Meeting - June 18, 2025
 - 5) Metro Region Meeting – Macomb County Community Mental Health (Virtual) – July 24, 2025
 - 6) National Council for Mental Well Being – NATCON 25 – Philadelphia, PA (May 5th -7th 2025)
 - 7) Regional Chamber of Commerce Mackinac Policy Conference 2025 – Mackinac Island, Michigan (May 27th – May 30, 2025)
 - 8) Community Mental Health Association of Michigan Annual Summer Conference –Grand Traverse, Michigan (June 10 -11 2025)

Board of Directors

Dr. Cynthia Taug, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO

9) Community Mental Health Association of Michigan Annual Fall Conference – Grand Traverse, Michigan (October 27 – 28)

B) Executive Committee

1) Update Annual Report to the Commission - March 20, 2025

2) Board Study Session (April, June, October)

C) Finance Committee

D) Program Compliance Committee

E) Recipient Rights Advisory Committee

F) Policy/Bylaw Committee

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

X. UNFINISHED BUSINESS

Staff Recommendations:

A. BA#25-02 (Revision 2)–Substance Use Disorder Treatment Provider Network FY25 (*Program Compliance*)

B. BA#25-14 (Revised)- Credentialing Verification Organization (*Program Compliance*)

C. BA#25-24 (Revision 2) – Autism Service Provider FY25 (*Program Compliance*)

D. BA#25-51 (Revision 2) – Detroit Wayne Integrated Health Network Provider Network System FY25 (*Program Compliance*)

XI. NEW BUSINESS

Staff Recommendations:

A. BA #25-57 – RFP#2025-01: SOC2+ Type Cyber Security Audit (Plante & Moran) (*Finance*)

B. BA#25-61 – Mechanical/HVAC Contract (*Finance*)

C. BA#25-62 –Janitorial Services – Milwaukee Building (GDI Service, Inc.) (*Executive*)

D. BA#25-63 – Janitorial Services – Woodward Building (STEP) (*Executive*)

XII. AD HOC COMMITTEE REPORTS

A. Strategic Plan Committee

B. Board Building Committee

XIII. PRESIDENT AND CEO MONTHLY REPORT

A. Update Crisis Care Center

B. Update Integration Pilot

C. Update CCBHC

D. Update Long Term Residential Care

XIV. PROVIDER PRESENTATION – Detroit Rescue Mission

XV. REVIEW OF ACTION ITEMS

XVI. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

Members of the public are welcome to address the Board during this time for no more than two 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 that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public 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 rather responded to on an individual basis).

XVII. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD
Meeting Minutes
Wednesday, March 19, 2025
1:00 p.m.**

BOARD MEMBERS PRESENT

Kevin McNamara, Vice Chairperson
Dora Brown, Treasurer
Eva Garza Dewaelsche, Secretary
Kenya Ruth, Immediate Past Chair
Angela Bullock

Lynne F. Carter, M.D.
Angelo Glenn
Commissioner Jonathan C. Kinloch
Bernard Parker
William Phillips

BOARD MEMBERS ATTENDING VIRTUALLY: None

BOARD MEMBERS EXCUSED: Dr. Cynthia Tueg, Board Chair and Ms. Karima Bentounsi

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD ATTENDING VIRTUALLY: Mr. Thomas Adams, Chair

GUEST(S): Mr. Odie Fakhouri, COO; Dr. Luay Haddad, Medical Director and Ms. Faten Bazzi, Director of Behavioral Health America's Community Council (ACC)

CALL TO ORDER

The Board Vice Chair Mr. McNamara welcomed and thanked everyone for attending the meeting and called the meeting to order at 1:09 p.m. It was also stated that he would be acting as Board Chair. A roll call was requested.

ROLL CALL

Roll call was taken by Board Secretary, Ms. Garza Dewaelsche and a quorum was present.

APPROVAL OF THE AGENDA

The Acting Board Chair, Mr. McNamara called for a motion on the agenda. **It was moved by Ms. Brown and supported by Ms. Ruth approval of the agenda.** There was no further discussion. **Motion carried.**

MOMENT OF SILENCE

The Acting Board Chairperson, Mr. McNamara called for a moment of silence. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes from the Full Board meeting of February 19, 2025. **It was moved by Mr. Parker and supported by Ms. Garza Dewaelsche approval of the Full Board minutes of February 19, 2025.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

The approved minutes from the Finance Committee meeting of February 5, 2025 and the Program Compliance Committee meeting of February 12, 2025 were received and filed.

ANNOUNCEMENTS

Network Announcements

Mr. M. McElrath, Public Affairs Manager, Communications Department, reported on several upcoming events. Hard copies of the events were distributed to the board. It was reported that the Mental Health Youth Ambassador Scholarship would be issued for the 3rd year. We are excited to offer that to young people within Wayne County. The scholarship was offered to young people that are considering college or trade school opportunities. The letter has a flyer with a QR code for young people to apply.

There will also be a March Madness event that is hosted by the Children's Center at the Ford Community Center – East where fathers whose children are receiving services will come and receive support, share stories and enjoy March Madness. We have been participating in this event for some time.

The month of April is Autism Awareness month. This is our second year of hosting a virtual Town Hall – we refer to it as “Building Community”. During this Town Hall we communicate and connect with a number of parents, providers, share stories and build a really strong community. for Autism Services

Board Announcements

Acting Board Chair, Mr. McNamara called for Board Announcements. Mr. Parker noted that Ms. Garza Dewaelsche was the recipient of the social service award given at the Martin Luther King Rainbow Coalition Event at the Fox Theater a few weeks ago. Congratulations were given by the Board. There were no additional Board Announcements.

BOARD COMMITTEE REPORTS

Board Chair Report

The Acting Chair, Mr. McNamara provided a verbal report. The Metro Region meeting has been scheduled for March 27th with Oakland County hosting; the meeting will be hybrid so there is an opportunity to attend virtually. There are four board members scheduled to attend. Board members were encouraged to attend.

Board Committee appointments will be made by the Chair, Dr. Taueg. An email will be sent by the Board Liaison to all board members requesting their preferences. Board members are to send their requests to the Chair and appointments will be made accordingly. The Chair will try to accommodate requests as best as possible.

The Acting Chair, Mr. McNamara requested Ms. B. Blackwell, VP of Government Affairs, to provide an update on the City of Detroit and Wayne County Commission reappointments. It was reported the Wayne County appointments which are Ms. Dora Brown and Ms. Kenya Ruth are slated to go before the Wayne County Commission on Thursday, March 20, 2025. The City of

Detroit reappointments, which are Mr. Glenn and Lynne Carter, M.D., are slated to go before the Wayne County Commission on April 4, 2025.

The Annual Meeting for Detroit Wayne Integrated Health Network is scheduled for June 18th. Board members were encouraged to place the dates on their calendars, more information will be forthcoming as to the location and time. This will be our largest meeting for the year.

Acting Board Chair, Mr. McNamara, reported that the National Council for Mental Wellbeing (Natcon25) Conference was being scheduled in Philadelphia in early May, and there are three board members attending the conference.

The Regional Chamber of Commerce Mackinac Policy Conference will be held at the end of May, and we will be represented there. There are still some logistics that are still being worked on.

The Community Mental Health Association Annual Summer Conference will be held June 10th and 11th and the Community Mental Health Association Annual Fall Conference will be held in October on the 27th & 28th 2025. Both conferences will be held in Grand Traverse, Michigan. Interested board members were encouraged to notify the board liaison of their interest in attending either conference.

Executive Committee

The Acting Chair, Mr. McNamara provided a verbal report. The Executive Committee met on Wednesday, March 19, 2025.

Mr. McNamara requested an update from Ms. B. Blackwell, VP of Government Affairs. It was reported that the Annual Report to the Commission for Detroit Wayne Integrated Health Network is scheduled for March 20, 2025. Per the Enabling Resolution with the Wayne County Commission, this organization is slated to give an annual report to the Wayne County Commission sometime between February and March every year. So tomorrow at 10:00 a.m. Mr. White and leadership will be giving an annual report to discuss our strategic initiatives for DWIHN before the Wayne County Commission.

Mr. McNamara, noted the Board Chair and Executive Committee reports were received and filed and called for the Finance Committee report.

Finance Committee

Ms. Brown, Chair of the Finance Committee, provided a verbal report. It was reported that the Finance Committee met on Wednesday, March 5, 2025. Detroit Wayne Integrated Health Network has \$13 million in Medicaid savings carried over to FY25, although we had to utilize \$20 million over the amount of revenue received to support the shortfall at fiscal year; in 2024 the shortfall was primarily due to the increased autism and hospitalization expenses. There was \$69 million in Medicaid ISF which is the maximum allowed; the PA 2 balance increased by \$600,000 at fiscal year end 2024; \$13 million was incurred in excess General Funds that was absorbed by the 2025 local revenue; no local reserves were utilized. We advanced three board actions. The liquidity remains strong, and our cash flow is sufficient to support operations. There was no further discussion. The committee report was received and filed.

The Acting Chair, Mr. McNamara called for the report of the Program Compliance Committee report.

Program Compliance Committee

Commissioner Kinloch, Chair of the Program Compliance Committee provided a verbal report. It was reported the committee met on Wednesday, March 12, 2025. Corporate Compliance gave a follow-up on the tiered Corrective plan which noted the level the board is informed of when a Provider is non-compliant. The Committee requested additional information to determine if the board can be notified differently. There were follow-up items provided by the Chief Medical Officer, the Access Call Center and Innovation and Community Engagement. Monthly reports were provided by the Chief Medical Officer and the Corporate Compliance Report was deferred. Quarterly reports were received from the Autism Spectrum Department, Children's Initiatives, Customer Service and Integrated Health Care. The Direct Clinical Services quarterly report was deferred to next month's meeting. The Strategic Plan – Customer Pillar Report was provided by the Customer Service department; it was reported that they have achieved 70% completion of this goal and there are three Strategic Objectives which ranged from 65% - 75% completion. The VP of Clinical Operations provided an Executive Summary which highlighted the Behavioral Health Homes (839 members); the SUD Health homes (680 members) and the CCBHC which has a total of 19,534 members. The Committee reviewed and moved for Full Board Approval two Board actions under Unfinished Business and one board action under New Business. All of the quarterly reports were very informative. The complete reports can be found in the Program Compliance agenda packet that was sent to each board member and posted to the website. It was also noted that next month is Autism Awareness Month. There was no further discussion. The Program Compliance Committee report was received and filed.

Recipient Rights Advisory Committee

Mr. Glenn, Chair, Recipient Rights Advisory Committee (RRAC) reported that the committee did not meet during the month of March. The next meeting is scheduled for April 7, 2025. There was no further discussion.

Policy/Bylaw Committee

Mr. Phillips, Chair, Policy/Bylaw Committee reported that the committee met on Wednesday, March 12, 2025 and provided a verbal report. It was reported there was a follow-up discussion regarding the request for the legal department to review the policy surrounding the Interim CEO and procedures of a succession plan. There was a robust discussion on several options that could be taken should the CEO become incapacitated, placed on medical, personal, or family leave. It was suggested that a special meeting be called and a timeline of no later than three business days be used should there be a vacancy. There was much discussion around the number of days and if three days was enough time to meet the Open Meetings Act and have a quorum available. The committee considered the language that would indicate that a special meeting be called within three days or as soon as we could assemble. The committee discussed the organization being without a leader during the gap and the role the organization would take. There was discussion regarding the board Chair acting as a CEO; or whether the Board Chair could appoint someone and to determine whether the Enabling Resolution prevented this from occurring, Legal was asked to provide a privileged opinion by the next Policy and Bylaws Committee meeting.

The committee added to the agenda a review of board stipends and disadvantaged business enterprises. There was prior review of board stipends about two years ago, the Human Resources and legal department were requested to review the stipends and share the information by the next committee meeting as there are some guidelines that drive the stipends, it was stated the stipends cannot be higher than the board of Wayne County and the City of Detroit and those results will be shared at the appropriate Full Board meeting.

The committee discussed disadvantaged business enterprises and whether we could provide some type of incentive for same. There was discussion on whether it was appropriate for the Policy Committee to have this discussion or should it be the Finance Committee; it was determined that the Finance Committee should discuss it and would return to the Policy Committee instructions on creating a policy surrounding their decision. The Policy committee would take it back to the Finance Committee and then jointly bring before this board. It was requested that the Human Resources and Legal department review and see if there was something that we could actually do or not; an opinion has been received for discussion at a later date. It was noted it was not on the agenda and will be discussed at their next meeting and that it was sent out to outside counsel for review; the opinion was received today; there will be more information presented. There was no further discussion. The report of the Policy/Bylaw Committee was received and filed.

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Mr. Adams, SUD Oversight Policy Board Chair provided a verbal report. It was reported that the SUD Oversight Policy Board met on Monday, March 17, 2025. The annual report on the PA2 funds was provided and there was also a presentation from Smart Approaches to marijuana. There were two boards that were both unanimously approved. The Nominations Committee for the selection of new officers for the upcoming year was appointed; the Chair is Commissioner Kinloch and committee members are Mr. Glenn and Mr. Fielder. There was no further discussion. The report was received and filed.

RESOLUTION #2 – FY2024-2025 RESOLUTION APPOINTING MEMBERS TO THE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD

The Acting Chair, Mr. McNamara called for the FY2024-2025 Resolution appointing members to the Substance Use Disorder Oversight Policy Board which was noted as Mr. Kevin McNamara; Mr. Antoine Jackson and Dr. Kenzoni Asabagi. A copy of the Resolution was included in the Board members' agenda packets. It was stated the Resolution was ratifying their previous action at the last meeting of reappointing members to the Substance Use Disorder Oversight Policy Board. The Acting Chair, Mr. McNamara called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of Resolution #2 -FY2024-2025 Resolution Appointing Members to the Substance Use Disorder Oversight Policy Board.** There was no further discussion. **Motion carried.**

The Acting Chair called for unfinished business. It was requested that the board actions under unfinished business be bundled and approved by committee. **It was moved by Ms. Brown and supported by Mr. Glenn to bundle and approve the board actions under unfinished business. The board actions were taken by committee beginning with the Finance Committee board actions which were items A, C, and F on the agenda – A. BA#21-72 (Revision 4) Plante & Moran PLLC; C. BA#23-59 (Revised) Diligent Corporation; and F. BA#BA#25-25 (Revision**

3) FY2025 Detroit Wayne Integrated Health Network Operating Budget. Motion carried, all Finance Committee board actions were unanimously approved.

It was moved by Commissioner Kinloch and supported by Ms. Bullock to bundle and approve the Program Compliance Committee board actions under unfinished business. The board actions are items H and I on the agenda – H. BA#25-51 (Revised) DWIHN Provider Network System FY25; I. BA#25-55 (Revised) Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant. Motion carried, both Program Compliance Committee board actions were unanimously approved.

It was moved by Ms. Ruth and supported by Ms. Garza Dewaelsche to bundle and approve the Executive Committee board actions under unfinished business. The board actions are items B; D; and E - on the agenda – B. BA#22-57 (Revision 3) Professional & Strategy Development – Purposeful Consulting; D. BA#24-44 (Revision 2) Direct Care Worker Training Program – Community Living Services; E. BA#24-58 (Revised) Accounting System Maintenance and Support -TM Group. Motion carried items B, D, and E were unanimously approved.

Item G. BA#25-39 (Revised) 7 Mile Behavioral Wellness Campus Construction – Mig Roncelli Construction was taken as a separate item.

Unfinished Business

Staff Recommendations:

A. BA#21-72 (Revision 4) Plante & Moran PLLC Annual Financial Statement Audits - Ms. S. Durant, VP of Finance reporting. This board action is requesting approval to increase contractual audit costs by \$39,000 to include the testing of two additional major programs subject to Single Audit requirements (now five major programs in total) at a cost of \$12,000 each (\$24,000 for both); plus a one-time cost of \$3,000 for each of the five single audit programs (\$15,000 in total) to implement the requirements of SAS 145. The new total not to exceed contract amount is \$404,000 and covers audits for the fiscal years ending September 30, 2024 and 2025. The additional \$39,000 expense will be reflected on the next budget adjustment. There was no further discussion. **Motion carried.**

B. BA#22-57 (Revision 3) Professional & Strategy Development – Purposeful Consulting Mr. White, CEO reporting. DWIHN Administration is requesting approval to extend the agreement with Purposeful Consulting, LLC for a \$10,417 flat monthly fee, for a total not to exceed \$125,004, effective March 1, 2025 through February 28, 2026. With this extension, the cumulative contracted amount will be \$453,704. Under the revised contract, Purposeful Consulting will continue to provide executive coaching for the ELT Team, Associate Vice Presidents and Director level team leaders, a series of professional coaching and development sessions for DWIHN clinical leadership. There was no further discussion. **Motion carried.**

C. BA#23-59 (Revised) – Diligent Corporation – Board Portal Renewal 2025 M. Singla, Executive VP of Operations reporting. This Board action is requesting board approval and modification for additional funds to continue the Board Portal Service subscription (BoardEffects) with Diligent 2025-2028. After the first year, there is a 3% increase each additional year: First year \$10,706 (3/20/25 – 3/19/26); Second year \$11,027.18 (3/20/26 – 3/19/27) – Auto-renewal; and third year \$11,358.00 (3/20/27-3/19/28) – Auto-renewal. Total cost for the three (3) year subscription is \$33,091.18. total contract modification not to exceed

\$95,394.18 – previous amounts paid total \$62,303.49. It was noted that we were able to procure additional licenses at no additional charges. There was no further discussion. **Motion carried.**

D. BA#24-44 (Revision 2) Direct Care Worker Training Program – Community Living Services Ms. R. Williams, Director of Managed Care Operations reporting. DWIHN is requesting a 6-month extension for an amount not to exceed \$300,000 from April 1, 2025 through September 30, 2025 for Direct Worker Training Program contract with Community Living Services. This revision will enable DWIHN to issue a Request for Participation and have a contract in place by September 30, 2025. CLS provides training that meets the educational and credentialing requirements for staff working in Specialized Residential Settings and Adult Foster Care Homes according to State Training Guidelines curriculum recommendations and DWIHN Training Grid requirements. By the end of the 1st quarter in FY2024/2025, CLS has trained over 3,299 students with over 1,207 total number of attendees. CLS also partnered with DWIHN in order to produce new monthly PCP/QIDP trainings that are open to Wayne County. In FY 2023/2024, the program have included in-person sessions for medication theory for staff successful completion of medication demonstration requirement. The term of this contract is as follows: initial contract: BA#24-44, October 1, 2023-September 30, 2024 - \$600,000; 1st modification: BA#24-44 (Revised) October 1, 2024 – March 31, 2025 - \$300,000; 2nd modification: BA#24-44 (Revised 2), April 1, 2025-September 30, 2025 - \$300,000; Total budget for FY 2023/2024 & FY 2024/2025, not to exceed \$1,200,000. There was no further discussion. **Motion carried.**

E. BA#25-58 (Revised) – Accounting System Maintenance and Support – TM Group – Mr. C. Hardin, Financial Systems Administrator reporting. This board action is requesting approval to amend the two year extension of our contract with the TM Group to provide system support services for our Microsoft Dynamics GP enterprise resource planning system, handling our accounting, purchasing and payment responsibilities among other things. As a result of additional support services that needed to be provided by the TM Group to assist in applying fixes to our infrastructure to safeguard our systems and information the original projections for the amount of their time that was needed has been exhausted. In addition, billing period changes made by some of the vendors covered by this contract would have created a shortfall by December 2025. Finally, current year support costs for some of the applications were estimated at the time the original contract was drafted, because actual costs were not available. In some instances, the actual costs turned out to be higher than the estimate that was used. As a result of those issues, an estimated additional \$45,323 is needed to cover our Dynamics GP support requirements through March 31, 2026, contract end date. The 3-year contract consists of the following: Licenses and software (pass through to Microsoft) \$81,180; Consulting support - \$70,650. The initial contract totaling \$43,639 was procured via a competitive purchase under \$50,000 for the period of April 1, 2023 through March 31, 2024. This amendment adds \$45,323 to the cost of the extension. The two-year contract extension runs from April 1, 2024 through March 31, 2025 with a revised amount of \$113,190. This brings the total contract amount not to exceed \$156,829 through March 31, 2026. There was no further discussion. **Motion carried.**

F. BA#25-25 (Revision 3) FY2025 Detroit Wayne Integrated Health Network Operating Budget. S. Durant, VP of Finance reporting. Detroit Wayne Integrated Health Network is requesting approval to certify additional Medicaid revenue totaling \$34,905,137 and aligning budgeted expenses in accordance with actuals as follows: A. \$34,905,137 for projected changes in Medicaid and HMP funded

programs, anticipated based on actuals through January 31, 2025. Note that annual projected revenues are not inclusive of Milliman autism rate adjustments received in March, 2025. Increases/(decreases) to program expenses are as follows: 1. Autism services - \$10,255,812; 2. Adult services - \$11,740,573; 3.Children's services – (\$8,250,418); 4. i/DD services - \$19,028,263; 5.Substance use disorders – (\$3,086,105); 6. IPA Tax - \$82,134 7. Additional full-time (FT), part-time (PT), and contingent (CT) Community Care Clinic (direct services) positions - \$3,993,027; 8. Additional administrative costs totaling \$1,141,851; B.) \$3,227,253 reduction in the use of reserves, directly related to reduced state hospital costs.

The revised FY 2025 Operating Budget totaling \$1,245,397,529 consists of the following revenues: \$939,112,718 Medicaid, DHS Incentive, Medicaid-Autism, Children's/SED Waiver, HAB, CCBHC Supplemental - \$152,829,019; Healthy MI Plan - \$12,552,243; MI Health Link - \$21,460,905; State General Funds- \$21,460,905; Wayne County Local Match Funds - \$23,533,633; County PA2 Funds - \$4,723,521; State Grants (MDHHS/ MDHHS SUD, OBRA) - \$38,197,515; Federal Grants (MDHHS/ MDHHS SUD, SAMHSA) - \$1,608,743; Local Grants; \$1,608,743; Interest Income - \$6,760,000; Miscellaneous Revenue - \$40,000; \$15,770,081-Medicaid/ Local Reserves. Discussion ensued regarding the deductions to the budget. There was no further discussion. **Motion carried.**

G. 25-39 (Revised) – 7 Mile Behavioral Wellness Campus Construction – Mig-Roncelli Construction Mr. M. Maskey, Sr. VP of Facilities reporting. **It was moved by Mr. Parker and supported by Mr. Glenn approval of BA#25-39 (Revised) 7 Mile Behavioral Wellness Campus Construction – Mig-Roncelli Construction.** Facilities is requesting board approval to modify the existing 7 Mile Clinical Care Center contract with MiG-Roncelli Construction Services, LLC to include the additional Phase II costs as outlined in the original Request for Proposal (Control #2025-006). Proposals were received and vetted using design/specification documents provided by Tetra Tech of Michigan for the Phase II construction of the 7 Mile Facility. The solicitation details are as follows: Advertisement: 01/08/25 – 01/23/25 Electronic, Building Connected; Days on Street:15 days; Notices Sent: 199; Number of Subcontractor Proposals Received: 74; Included 21 trades: Concrete, Masonry, Steel, Carpentry, Waterproofing, Roofing, Metal Panel, Overhead Doors, Glazing, Tile, Flooring, Painting, Elevator, Fire Suppression, Plumbing, HVAC, Electrical, Sitework, Paving, Fencing and Landscaping. Phase 2 of the project adds \$37,086, 045 to the contract for the period beginning 4/1/2025 and ending 12/16/2025. The revised not to exceed contract values totals \$39,844,457 which includes the contingency estimate. The \$60 million state grant appropriation is the funding source for the project. Discussion ensued regarding the increase to the contract amount, it was noted that contract increase date would go to December 15, 2025 and not 2026 as indicated in the board action – a correction will be made to the date. There was also discussion regarding the description of Phase 2 which is the actual build out of the facility itself, parking lot and associated finishes for the facility. Ms. Brown noted that a full Source and Use Analysis from Day 1 was requested by the Board Building Committee. Discussion ensued regarding the impact of the board action if not approved until the full accounting was received, it was reported that there would be a delay in construction as there would be some significant lead times with mechanical and electrical equipment for the facility. Mr. Parker noted that it was noted this information was recommended at the Building Committee and the board action was presented at the Executive Committee meeting. It was requested that there be some discussion around the disadvantaged businesses that are involved in this contract. It was stated that there were three tiers; under Tier 1 would be 100% award because the contractor Roncelli is a Detroit based business; Tier 2 would be more of the subcontractors, which equates to 23% which would be awarded to those business and Tier 3 would be suppliers. Discussion

ensued regarding the amount of money received from the State of Michigan; the amount of the contingency; whether the money has been received from the State and the project completion date. There was no further discussion. **Motion carried.**

H. BA#25-51 (Revised) – DWIHN Provider Network System FY25 – R. Williams, Director of Managed Care Operations reporting. DWIHN is requesting the addition of the following three providers to the DWIHN provider network as outlined below, without change to the total provider network amount. Residential Providers: 1. Davis Care Networks Inc. (credentialed 2/27/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support); 2 U & I Home Care, LLC (credentialed 2/27/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support); 3. MidSouth Development Inc. (credentialed 1/30/2025 for Staffing Agency for Community Living Support; Respite). Board approval will allow for the continued delivery of behavioral health services for individuals with : Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders. The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated and are subject to change. There was no further discussion. **Motion carried.**

I. BA#25-55 (Revised) – Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant - Ms. C. Phipps, Director of Children’s Initiative reporting. This board action is a revision of BA#25-55 and is requesting the approval of a one year contract for an amount not to exceed \$114,598 with Starfish Family Services. Note this is an increase of \$22,236 from BA#25-55. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. A sum of an amount not to exceed \$114,498 (\$96,882 clinical and \$17,716 administrative) will be provided to Starfish Family services to offer behavioral consultant services for the FY 2025 period. This provider was selected because they were already implementing integrated health care services through a Flynn Grant. When the grant ended, MDHHS asked that DWIHN continue to use this organization. The remaining \$10,157 is allocated to DWIHN for administrative (\$2,657) and indirect (\$7,500) costs. Starfish Family Services Behavioral Health Consultant will act as the liaison with the primary care physician staff and the University of Michigan psychiatric staff. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Service provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. Regional Outreach to eligible providers to ensure utilization of the MC3 program; Linkage between Primary Care Providers and MC3 Psychiatrist; Coordination of care for children, adolescents, and perinatal women; Behavioral Health Consultant provides consultation services in designated primary care site; and Collection of required data and local utilization to facilitate the project evaluation. There was no further discussion. **Motion carried.**

New Business

Staff Recommendations:

A. BA #25-58 – Secretary of State Returning Citizens Voucher Pilot Program– S. Durant, VP of Finance reporting. **It was moved by Commissioner Kinloch and supported by Ms. Garza Dewaelsche approval of BA#25-58 Secretary of State Returning Citizens Voucher Pilot Program.** This Board action is requesting approval for a two-year contact (via a MOU) for an amount not to exceed \$100,000 with the Secretary of State Voucher Program. The program is a pilot to assist active DWIHN members that were incarcerated for at least ninety days (90) with paying fees and fines assessed and/or owed to the Secretary of State in order for members to obtain their driving license or state identification. The member must be transitioning from the criminal justice system with an Opioid Use Disorder (or a history) and any co-occurring Substance Use Disorder (SUD) or Mental Health condition. Members must be actively receiving treatment with DWIHN to qualify for the voucher program. DWIHN recognized that returning citizens' ability to succeed and retain employment is essential to their success and transportation is a significant barrier. The program will be funded with proceeds DWIHN received directly from the Opioid Settlement. DWIHN to evaluate the will re- effectiveness of the program after two year. The contract is effective on May 1, 2025 and will continue through April 30, 2027. Discussion ensued. **Motion carried.**

B. BA#25-59 – Janitorial Services (RNA) – M. Maskey, Sr. Director of Facilities reporting. **It was moved by Commissioner Kinloch and supported by Ms. Bullock approval of BA#25-59 Janitorial Services (RNA).** DWIHN is requesting board approval to modify an existing emergency blanket order that was issued to continue 24-hr emergency janitorial services for our Milwaukee Care Center. Facilities recommended that RNA Facilities Management provide the temporary janitorial services at a price of \$33,120 for the eight weeks of September 9, 2024 through November 3, 2024. The emergency contract was under \$50,000 and therefore did not require board approval. Subsequent to the eight weeks, DWIHN entered into a cooperative contract with RNA Facilities Management under MIDEAL, however upon a detailed review of the MIDEAL services, RNA did not meet the specific scope of services to qualify for the MIDEAL terms and conditions. The board action is requesting to pay for services performed through May 31, 2025 for an amount not to exceed \$286,488. DWIHN will issue an RFP and expects to select a contractor for janitorial services by May 31, 2025. Note: A budget adjustment will be forthcoming to account for additional expenses. Discussion ensued regarding the amount of the contract and whether DWIHN had exceeded the authority it had to take action on the board action; the scope of services and receiving additional information as it relates to what was spent. **It was moved by Commissioner Kinloch and supported by Ms. Bullock to amend the motion to move the date to extend the contract to April 30th and the amount not to exceed \$250,000.** Administration to make modification on the board action. There was no further discussion. **Motion carried with Mr. Phillips voting Nay.**

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

The Acting Chair, Mr. McNamara requested the Strategic Plan Committee report. Dr. Carter, Committee Chair reported that the Strategic Plan Committee did not meet during the month of March and there was no report.

The Acting Chair, Mr. McNamara requested the Board Building Committee report.

Board Building Committee

Mr. Parker, Committee Chair, provided a verbal report. It was reported that the committee met on Wednesday, March 5, 2025, and received updates on the various buildings. It was reported that the contract for Roncelli had been approved earlier in the meeting; however, the committee was notified that the lease for the Wyandotte building that would be used for direct services that was approved by the board was withdrawn and we are looking for another location. We are looking at using the same model that is in place at the Greenfield location to provide services for the CCBHC. All the other buildings are operating as expected. The Catholic Service Building will take a little longer period of time before becoming operational and there is someone coming in and determining what needs to be done in order to meet the requirements. There is also an elevator that needs to be placed into the building which will be the highest cost. Ms. Y. Turner, VP of Legal Affairs provided clarity for the record and noted that the Full Board approved the lease contingent upon us being able to come to an agreement on the terms and conditions; so, we did not have to withdraw it; we were not able to come to an agreement. There was no further discussion. The Board Building Committee report was received and filed.

The Acting Board Chair, Mr. McNamara called for the President and CEO Monthly Report.

PRESIDENT AND CEO MONTHLY REPORT

Mr. White, President and CEO provided a written report for the record. It was stated that updates on the Crisis Care Center; the Integrated Health Pilot Program; CCBHC and long-term Residential Care project would be provided. It was reported that DWIHN remained committed to ensuring the quality of care accessibility of our members and we continue to be diligent in our efforts to enhance these vital services to the community. The Adult Crisis Stabilization Recertification documents have been completed and were due by March 18, 2025; there is a site review to follow; we have applied for a new accreditation called the Joint Commission Accreditation with a review of the scheduled documents; there will be a site review for April 14th through 15th an anticipated follow-up is expected soon and the upload of documents has been completed. The accreditation is mandated by the Michigan Department of Health and Human Services, their crisis stabilization rules and the Joint Commission represents the gold standard for healthcare facilities. The Crisis Stabilization Unit continues to show itself as a valued asset not only in the city of Detroit, but the county as a whole and the staff are doing great work.

The Integrated Healthcare Pilot partner and our IHC hold monthly meetings for coordination in February. There were 20 members reviewed; eight of these members had their care gaps resolved within 30 days; two cases that were resolve were carried over to March 2025 and additionally there are two members who had unresolved gaps in January that were successfully addressed in February. Partner two had 25 members that were discussed, nine members had their care gaps resolved in 30 days while two members with unresolved gaps were carried over to March. The unresolved issues for the two members in January were also resolved in February. Health partner 3 is unable to allocate staffing and resources to our current project. We are discussing what other providers are available to carry out the work as originally planned. Health Partner 3 is interested in exploring a collaborative initiative that focuses on diabetes management; however at the February 24th meeting they have not yet received a response from the diabetes clinic and an update is expected by next week. The integrated healthcare unit is engaging with two FQHCs in the community to develop strategies for addressing diabetes. Diabetes is one of the top three co-occurring conditions that impact health and it exacerbates the use of psychotropic drugs; this will be a good value add to the process.

Leadership continues to actively pursue the status of a certified CCBHC; we are currently working with the Michigan Department of Health and Human Services (MDHHS) on this endeavor and consulting with CMS to address any outstanding questions related to the application certification; we had expected certification by now, however we have encountered some issues that we are now working through. There was a meeting today with MDHHS to discuss some things that can be resolved relatively quickly. They provided great technical assistance, and we think we are still on track, however the April 1st deadline is no longer feasible as we move forward. We are meeting today to discuss the next steps.

The long-term residential care discussion has been finalized with a public-private partnership with Pioneer Health Systems, the contract has been brought before the board. We are working through finalizing the build and what that will look like, there is an ambitious timeline of late summer, early fall. The board will be updated as we continue to strategize.

Ms. B. Blackwell, Vice President of Government Affairs provided a verbal update. It was reported that we continue to have ongoing support and work with our lobbyist Public Affairs Associates (PAA) on the changes taking place in Lansing with newly elected lawmakers and the landscape shift in the legislature. We are working to educate key governmental stakeholders on DWIHN's policy priorities, CCBHC, direct care services and access to care initiatives. Meetings have been held with Director Hertel, other members of the legislature, Representatives Carter and Green. On March 14th 2025 Congress signed a bill to avoid a government shutdown, and in at least 15 states, including Michigan more than 40% of people on Medicaid reported experiencing a mental illness. Nationwide, Medicaid covers nearly 1 in 3 adults who live with mental illness, or about 15 million people. The US House of Energy and Commerce Committee, which oversees Medicaid, is looking for at least \$880 billion in budget savings over the next decade and this creates a lot of uncertainty for members we serve, our provider network and for community mental health associations across the state. DWIHN has been working with a lot of our legislators, community stakeholders, lobbyists, providers and persons served to help educate them on what we know and when we know it, since so much is in transition right now. The Michigan local budget probably won't come to fruition for the next several months. A lot of the meetings that we have scheduled over these next several weeks and months will be addressing the critically necessary things that need to take place. Conversations will be held at the upcoming Mackinac Policy Conference. The Legislative breakfast will be held on May 9th from 9:30 a.m. to 11:30 a.m. at the Detroit Wayne County Port Authority. We will work with our lobbyists to invite legislators from around the state to talk about the impact and the advocacy that is needed here in the Detroit Wayne Metropolitan area and the community mental health system on the importance of the critical services we offer. We will be focusing on the immediate needs rather than long-term investments; therefore, we can still focus on a lot of our systematic issues like infrastructure and public health. Last week we posted a video on our MedDrop programs which is a partnership with Genoa Healthcare; the program helps the individuals we serve receive their medications when and where they need it to ensure they are taking their medication, the video received roughly 2,000 views. This will help increase access to care to a lot of our specialty programs. Discussion ensued regarding lobbyists' efforts in Washington, DC. It was noted that our lobbyists are working with a lot of our congressional constituents in DC. Discussion ensued regarding the current Presidential administration going after foreign aid and their recent activity of going into the U.S. Institute of Peace, which is a non-profit organization and looking at the books and its attempt to remove all of the board members. The noted concern was the \$800 billion dollars that legislators had approved and Medicaid being next

as a way to save money in large sums and whether there is any type of plan if DOGE walked into the building. Mr. White noted that there have been talks about the funding issues that could happen, but has not examined what something that extreme would look like. It was noted that the Federal government would be looking for the \$800 billion and not only would our recipients suffer but also agencies that provide service to Medicaid individuals. There was no further discussion on the government report.

Mr. White, CEO noted that he had an opportunity to meet with Black Family Development, Children's Center, Goal line Detroit; Hegira, Henry Ford Psychiatric Hospital to name a few; his next visits would be to our SUD Providers. There were also meetings with Leaders Advancing and Helping Communities; Lincoln Behavioral; Southeastern Michigan Health Association and Team Wellness who have a ribbon cutting tomorrow at the facility located on Jefferson which will be a great add to the community; however, he did not meet with Stonecrest as previously stated at the SUD meeting, that meeting was cancelled. It was also stated that he was pleased to announce that our study on Clubhouse data has been published, and congratulations was given to Dr. Fahim, Ms. Moody, Ms. Lyons, and Ms. S. Sharp on their great work; they allowed him to place his name on the work. There was a great virtual staff meeting held today with over 370 participants in attendance, this was a great response from our staff particularly when you look at the business model of DWIHN changing over the last year to a 24/7 operation in the service delivery business and recognizing the importance of healthy staff morale. We are going to do things to increase that morale and make sure our staff understands how much we appreciate their work and commitment to service. It was stated that some of things that were going to be implemented was enhancing our social media platforms so staff will have more information; there was going to be a build out on our intranet of an Advisory Group for staff to meet with him on a monthly basis to talk through some issues that have happened or that are coming up. It was also noted that one of the biggest impediments to morale is communication and he was going to do everything he could to make sure with all things happening and all the changes and some of the uncertainty out of Washington that there will be increased communication with staff. Lastly, Mr. White noted that in honor of National Women's Month he wanted to acknowledge and celebrate all the women, including board members of DWIHN and thanked them for their service. Discussion ensued regarding the status of the forum on "How To Do Business with DWIHN." It was reported that we are still in the early stages of planning. It was stated that the website was not very user friendly, and improvements were going to be made; the program will be enhanced and there will be flyers on our social media as well. We are in a bit of transition with our communications department, but we are still on track to get that done; the goal is early summer to have an open forum kind of conversation, invite some folks and talk it through. The President and CEO Monthly Report was received and filed.

PROVIDER PRESENTATION –America's Community Council (ACC) provided a PowerPoint presentation. A written presentation was provided for the record. Mr. O. Fakhouri, Chief Operating Officer; Dr. L. Haddad, Medical Director and Mr. F. Bazzi, Director of Behavioral Health presenting. An overview was provided on "Who We Are"; the organization was established in 1979 and has grown into the most trusted and comprehensive human-service organization focused on minority and multi-cultural populations in Michigan -those native to Michigan as well as those just arriving in Michigan from countries around the world. They have provided 45 years of service, served 61,956 clients; hold 34 professional licenses; have 142 staff members; speak 17 languages; 73% of their workforce is women; have provided 398,594 services; 45% of staff have worked there over 10 years; have redistributed \$18.5 million and distribute 60,000 pounds of food weekly. They

are in three counties; they have 17 locations across 10 cities and have 12 unique programs with nearly 100 different services available. It was reported that 73% of ACC clients are served through Wayne County; and some of their common client barriers are affordable housing & homelessness; employment, transportation, education and workforce training and others. Their ACC one stop shop on their 7 Mile campus provides a vast range of services Behavioral Health; Substance Use Prevention; WIC; Marketplace; Youth; Refugee Health; DHHS; basic needs, primary care and dental care. A map of ACC's 94 lots that were received as part of the land swap agreement with the city of Detroit was shared with the Board and staff along with pictures of the Marketplace; and the ACC Development Center. It was reported that ACC's Wayne County Outpatient Program provides accessible, culturally competent, community-based behavioral health services across Wayne County, to individuals of all ages and there have been 20,000 services provided to DWIHN members during FY24 ensuring members had the tools and care they need in their journey toward sustainable recovery. Information was provided on their Infant Mental Health and Early Childhood Homebased Program; being a collaborating partner of DWIHN's School Success Initiative Program; and the SUD/Prevention Program. Discussion ensued. It was noted that ACC partnered with Forgotten Harvest who awarded them an expansion grant. ACC has acquired 94 lots south of Seven Mile where they want to develop affordable residential housing for the neighborhood so that they can have people live there and leverage our client base and spark economic development. The neighborhood is largely vacant, and they want to bring it back to life. The board commended ACC on its work in the community and noted they were helping a lot of people. A request was made by the Board to receive program descriptions of their youth recreational programs, youth peer support services and after school programs. There was no further discussion on the presentation.

REVIEW OF ACTION ITEMS

1. BA#25-39 (Revision 3) 7 Mile Behavioral Wellness Campus Construction -Mig-Roncelli Construction provide a full Source and Use Analysis that was requested at the Board Building Committee meeting.
2. ACC was requested to send a full description of their youth recreational program; youth peer support services – after school program.

GOOD AND WELFARE/PUBLIC COMMENT

The Acting Chair Mr. McNamara called for Good and Welfare/Public Comment. The Good and Welfare/ Public Comment Statement was read. There was one written Qualtrics form submitted by Ms. T. Taylor who noted that she looked forward to attending the meeting; however, she was not in attendance at the meeting or virtually on Zoom. There was no public comment or Good and Welfare.

ADJOURNMENT

There being no further business, Mr. McNamara Acting Chair called for a motion to adjourn. **It was moved by Mr. Phillips and supported by Ms. Ruth to adjourn. The motion carried unanimously.** The meeting was adjourned at 2:40 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

MARCH 5, 2025

1:00 P.M.

8726 WOODWARD AVE.
DETROIT, MI 48202
(HYBRID/ZOOM)

MEETING CALLED BY	Ms. Dora Brown, Chair called the meeting to order at 1:08 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Ms. Nicole Smith, Management Assistant to VP of Finance
ATTENDEES	<p>Finance Committee Members Present: Ms. Dora Brown, Chair Ms. Kenya Ruth Mr. Angelo Glenn Ms. Karima Bentounsi</p> <p>Finance Committee Members - Virtual Ms. Eva Garza Dewaelsche</p> <p>Committee Members Excused: Mr. Kevin McNamara, Vice Chair</p> <p>Board Members Present: None</p> <p>Board Members Attending Virtually: Dr. Cynthia Taueg, Board Chair</p> <p>SUD Oversight Policy Board Members Attending Virtually: None</p> <p>Board Members Excused: None</p> <p>Staff: Mr. James E. White, President and CEO; Mr. Manny Singla, Executive VP of Operations; Ms. Stacie Durant, VP of Finance; Ms. Brooke Blackwell, VP of Governmental Affairs; Ms. Yolanda Turner, VP of Legal Affairs; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Sheree Jackson, VP of Corporate Compliance; Mr. Jody Connally, VP of Human Resources; Ms. Melissa Moody, VP of Clinical Services; Mr. Mike Maskey, VP of Facilities; Dr. Shama Faheem, Chief Medical Officer; Ms. Grace Wolf, VP of Crisis Care; Ms. Rai Williams, Director of Contract Management; and Mr. Kieth Frambro, VP of Information Technology</p> <p>Staff Attending Virtually: Ms. Dhannetta Brown, Associate VP of Finance; Mr. Jeff White, Associate Vice President of Operations; Ms. Sheree Jackson, VP of Compliance; and Ms. Ebony Reynolds, VP of Direct Services</p> <p>Guests: None</p>

AGENDA TOPICS

I. Roll Call Ms. Lillian Blackshire, Board Liaison

II. Roll Call

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

III. Committee Member Remarks - None

IV. Approval of Agenda

The Chair, Ms. Brown called for a motion on the agenda. **Motion:** It was moved by Mr. Glenn and supported by Ms. Ruth approval of the agenda. There were no changes or modifications requested to the agenda. **Motion carried.**

V. Follow-up Items

The Chair called for any follow-up items. Committee members request DWIHN staff (Procurement & Legal) to give an explanation on how to improve the Policies and Procedures and increase purchasing goods and services within Wayne County. It was reported that Legal and Procurement are still working on and reviewing this item to determine if anything can be done.

Board Action 25-53 -AI Models: Development and Implementation -The Committee members requested an Executive Summary – a written one-page explanation from the CEO/IT Department. Summary was presented at PCC meeting 2/12/25 and the board action was approved at Full Board meeting 2/19/25.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown called for approval of the minutes from the meeting on Wednesday, February 5, 2025. **Motion:** It was moved by Mr. Glenn and supported by Ms. Ruth approval of the Finance Committee minutes from the meeting on Wednesday, February 5, 2025. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

S. Durant, VP of Finance presented the Monthly Finance report. A written report for the four months ended January 31, 2025, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

DWIHN has finalized its Financial Status Report and submitted it to MDHHS on February 28, 2025 for the fiscal year ended September 30, 2024. The following is a summary of the results:

\$13 million of Medicaid savings carried over to FY25; prior year amount was \$32 million therefore DWIHN spent \$20 million over the amount of revenue received (i.e. structural operating deficit); \$69 million in Medicaid ISF (maximum allowed under contract); \$13 million incurred in excess General Fund; budget contemplated \$5 million. Current year local revenue was able to absorb the shortfall. DWIHN did not have to use local reserves. Attached is summary of costs as compared to budget; Approximately \$530,000 in PA2 covered block treatment expenses. All grant funds were expended for the fiscal year; \$9.9 million PA2 balance @ 9/30/24; beginning balance \$9.3 million.

Discussion ensued regarding the \$20 million overspent, and the committee requested breakdown of the amount. Per S .Durant, the overspend was largely due to Autism services and the ending of the Public Health Emergency funds.

DWIHN offers several value-based incentives to the provider network. The following are additional payments received above and beyond the normal FFS revenue. Amounts per quarter are as follows **AMI** Q1 \$507,778.00, Q2 \$354,511.24, Q3 \$582,746.00, Q4 \$636,784.74, Total \$2,081,819.98. **SED** Q1 \$247,107.00, Q2 \$240,047.00, Q3 \$294,049.00, Q4 \$173,678.13 Total \$954,881.13. **IDD** Q1 \$204,000.00, Q2 \$124,760.00, Q3 \$280,321.00, Q4 \$251,720.00 Total \$860,801.00. **HSW** Q1 \$49,000.00, Q2 \$20,000.00, Q3 \$22,000.00, Q4 \$23,000.00 Total \$114,000.00; overall total \$4,011,502.11. HSW incentive paid directly to supports coordinators.

Finance has prepared a budget adjustment for approximately \$30 million in additional Medicaid revenue based on actual cash receipts through January 31, 2025. The FY25 budget included approximately \$20 million use of Medicaid reserves therefore the additional anticipated revenue will absorb a significant portion.

Due from other governments – comprise various local, state and federal amounts due to DWIHN. Approximately \$2.8 million in SUD and MH block grant due from MDHHS. Approximately \$18.9 million for Quarter 1 and January 2025 pass-through HRA revenue. The remaining \$7 million relates to fiscal year 2024 outstanding receivables due from MDHHS.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through January 31, 2025, was approximately \$311.8 million. However, actual payments were approximately \$240.9 million. The difference represents claims incurred but not reported and paid \$70.9 million.

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

IX. Unfinished Business – Staff Recommendations:

a.Board Action #21-72 (Revision 4) – Plante & Moran PLLC. Presented by Ms. S. Durant, VP of Finance. This board action is requesting approval to increase contractual audit costs by \$39,000 to include the testing of two additional major programs subject to Single Audit requirements (now five major programs in total) at a cost of \$12,000 each (\$24,000 for both); plus a one-time cost of \$3,000 for each of the five single audit programs (\$15,000 in total) to implement the requirements of SAS 145. The new total not to exceed contract amount is \$404,000 and covers audits for the fiscal years ending September 30, 2024 and 2025. The additional \$39,000 expense will be reflected on the next budget adjustment. **Motion:** It was moved by Ms. Bentounsi and supported by Ms. Ruth approval of BA #21-72R4 –Plante & Moran PLLC to Full Board. There was no further discussion. **Motion carried.**

b.Board Action #23-59 (Revised) – Diligent Corporate. Presented by Mr. Singla, Executive VP of Operations. This Board action is requesting board approval and modification for additional funds to continue the Board Portal Service subscription (BoardEffects) with Diligent 2025-2028. After the first year, there is a 3% increase each additional year:(3/20/25 - 3/19/26) First year is \$10,706.00; (3/20/26 - 3/19/27) Second year is \$11,027.18. (Auto-renewal); (3/20/27 - 3/19/28) Third year is 11,358.00. (Auto-renewal) Total cost for the three (3) year subscription is \$33,091.18. Total Contract Modification not to exceed \$95,394.18. (Note: previous amounts paid total \$62,303.49.) **Motion:** It was moved by Ms. Ruth and supported by Ms. Bentousi approval of BA #23-59R – Diligent Corporate to Full Board. There was no further discussion. **Motion carried.**

c.Board Action #25-25 (Revision 3) – FY 2025 DWIHN Operating Budget. Presented by Ms. Durant, VP of Finance. This board action is requesting approval to certify additional Medicaid revenue totaling \$34,905,137 and aligning budgeted expenses in accordance with actuals as follows: A.) \$34,905,137 for projected changes in Medicaid and HMP funded

programs, anticipated based on actuals through January 31, 2025. Note that annual projected revenues are not inclusive of Milliman autism rate adjustments received in March 2025. Increases/ (decreases) to program expenses are as follows:

Autism services – \$10,255,812; Adult services – \$11,740,573; Children’s services – (\$8,250,418); i/DD services – \$19,028,263; substance use disorders – (\$3,086,105); IPA Tax – \$82,134; Additional full-time (FT), part-time (PT), and contingent (CT) Community Care Clinic (direct services) positions – \$3,993,027; Additional administrative costs totaling \$1,141,851. B.) \$3,227,253 reduction in the use of reserves, directly related to reduced state hospital costs. The revised FY 2025 Operating Budget of \$1,245,397,529. Discussion ensued regarding the budget adjustment item number seven, Additional full-time (FT), part-time (PT), and contingent (CT) Community Care Clinic (direct services) positions amount. A clerical error was discovered and a correction will be made prior to presentation at the Full Board meeting. **Motion:** It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA #25-25R3 – FY 2025 DWIHN Operating Budget to Full Board. There was no further discussion. Motion carried.

X. New Business – Staff Recommendations: None

XI. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public requesting to address the committee.

XII. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Mr. Glenn and supported by Ms. Bentounsi to adjourn, **Motion carried.** The meeting was adjourned at 1:45 p.m.

a. Committee members request DWIHN staff (Procurement & Legal) to give an explanation on how to improve the Policies and Procedures and increase purchasing goods and services

FOLLOW-UP ITEMS within Wayne County.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

MARCH 12, 2025

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	Committee Members: Angela Bullock; Dr. Lynne Carter; Commissioner Kinloch; Bernard Parker; and William Phillips
	Board Member(s): Dr. Cynthia Tauog, Board Chair
	SUD Board Member: Thomas Adams, SUD Board Chair Staff: Brooke Blackwell; Yvonne Bostic (Virtual); Stacie Durant; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Bonnie Herndon; Sheree Jackson; Dorian Johnson; Margaret Keyes; Melissa Moody; Cassandra Phipps; Vicky Politowski; Manny Singla; Andrea Smith; Yolanda Turner; James White; and Rai Williams

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Commissioner Kinloch called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Commissioner Kinloch called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Mr. Parker and supported by Mr. Phillips to approve the agenda. Commissioner Kinloch asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS

- A. **Corporate Compliance Report** – Provide information on which tier level the Board is informed of a provider being noncompliant – It was reported that that provider is still a part of a plan of correction, those investigations are still opened and upon closure and review of the investigation, meaning if it needs to go to the OIG or regulatory body is when the Board will be notified. The Chair opened the floor discussion. Discussion ensued. The committee requested additional information to determine if the Board can be notified of a provider being non-compliant before the investigation is closed. **(Action)**

The record reflects that Dr. Taueg and Ms. Bullock joined the meeting at 1:13 p.m.

- B. **Chief Medical Officer's Report** – Provide an analysis of relying on a virtual psychiatrist; provide a breakdown of Detroit law enforcement and departments from other cities/communities using the Crisis Care Center; provide the percentage of people coming to the Crisis Care Center that get referred to the hospital; and provide data greater than six months on hospital recidivism – It was reported that the CSU Recidivism of 9% is lower than the inpatient recidivism rate of 16-17%; CSU Recidivism does not have a financial cost associated with it as compared to inpatient recidivism because we have a 24/7 opened and staffed facility; CSU Recidivism in a way is a financial benefit to use because those individuals who decide to come back to CSU repeatedly rather than going to the emergency department for disposition, have a higher chance for a lower level of care disposition (70-80%) as compared to if they presented to emergency departments (30%). The Police District is an optional field to be collected in the drop-off form but is typically not collected when the drop-off information was reviewed. The Chair opened the floor for discussion. Discussion ensued. The Committee requested a deeper dive to determine reasons individuals are returning to hospital for services-are they not receiving the services they need. **(Action)**
- C. **Access Call Center's Quarterly Report** – Provide information on how many calls have been transferred to the State's system (988) – It was reported that a look back was done for the last six months and there was approximately five (5) calls on average transferred per month and for the last 90 days we did not show any transfers to the State's system. This information will be included in the regular monthly reports going forward. The Chair opened the floor for discussion. There was no discussion.
- D. **Innovation and Community Engagement's Quarterly Report** – Provide information on how many people need housing but cannot get it – It was reported that as of January 2024, the U.S. Department of Housing and Urban Development reported that over 770,000 individuals were experiencing homelessness nationwide on a single night, marking an 18% increase from the previous year. In Michigan, the 2024 Point-in-Time Count identified nearly 10,000 individuals experiencing homelessness, an increase of almost 1,000 from the prior year. This uptick is attributed to factors such as the conclusion of COVID-19 assistance programs and a shortage of affordable housing. While comprehensive data for all of Wayne County is limited, the Out-Wayne County Continuum of Care (CoC) provides some insights. Their 2023 Gaps Analysis indicates ongoing challenges in addressing homelessness in the region. In the city of Detroit, which is part of Wayne County, the 2024 Point-in-Time (PIT) Count reported 1,691 individuals experiencing homelessness. Beyond homelessness, housing insecurity remains a significant concern. A safe, affordable, and stable home is often the foundation for

	<p>economic stability. Yet, housing insecurity currently affects almost every community in the nation, and for millions of Americans, an affordable place to call home remains out of reach. HUD defines unsheltered homelessness as someone whose primary nighttime residence is a place that is not typically used for sleeping. These include cars, parks, abandoned buildings, bus or train stations, airports and campgrounds. Wayne County (not including Detroit) had 224: 181 sheltered and 43 unsheltered. In 2023 there were 199 homeless people: 176 sheltered, 23 unsheltered. Detroit's PIT Census showed there were 1,725 people experiencing homelessness in 2024: 1,420 were sheltered and 305 unsheltered. In 2023 there were 1,482 homeless people: 1,280 sheltered, 202 unsheltered. The Chair opened the floor for discussion. Discussion ensued. The committee requested the percentage of DWIHN's members that are experiencing homelessness in Detroit and Wayne County. (Action)</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve February 12, 2025, meeting minutes. Motion: It was moved by Dr. Tauog and supported by Mr. Phillips to approve the February 12, 2025, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the March 12, 2025, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

17B DISCUSSION/ 18B CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer's report. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1 – Crisis Center Medical Director Updates – The Crisis Care Center opened on June 10, 2024 and serves individuals ages 5 and older 24/7. DWIHN has received provisional State certification for the Adult Crisis Stabilization Unit. After discussing barriers to treating minors, the State granted us approval to implement new protocols, including not requiring a guardian to stay with the minor if there is a documented barrier to remaining on the unit throughout the duration of admission, providing emergency involuntary medication if clinically indicated, and physical management if clinically indicated. Updates went into effect on 2/7/2025. Since then, as of 3/2/2025, out of 31 admissions, 16 guardians did not stay due to a documented barrier. The top diagnoses for children and adolescents include Depressive Disorders and Adjustment Disorders. The top diagnoses for adults include Psychotic Disorders, Depressive Disorders and Alcohol Use Disorders. Policies and documentations have been updated to reflect the new CFCU updates and trained staff on the CFCU updates. <p>Activity 2 – Outpatient Clinic/CCBHC Medical Director Update – The Community Care Clinic staff was featured on Fox News, Friday, February 14, 2025. The second clinic location officially opened on Monday, February 17, 2025 at the corner of Six Mile and Greenfield Rd. The clinic provided a total of 217 outpatient behavioral health visits to 101 unique individuals for the month of February 2025. A total of 795 visits have been offered to 178 members since the inception of the clinic (July/August 2024). The clinic welcomed three new staff members in February and three in March 2025. The clinic served 34 new individuals for the month of February</p>
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	<p>2025. Ongoing preparatory work for the Joint Commission visit. The date has yet to be determined.</p> <p>The Chair opened the floor for discussion. Discussion ensued.</p> <p>B. Corporate Compliance – Deferred to April 9, 2025, Program Compliance Committee Meeting</p> <p>The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
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VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Autism Spectrum Disorder – Cassandra Phipps, Director of Autism Spectrum Disorder submitted and gave highlights of the Autism Spectrum Disorder’s quarterly report. It was reported that:</p> <ol style="list-style-type: none"> Activity 1: Expansion of Autism Services (RFQ) - To address provider capacity shortages affecting beneficiaries seeking Autism Services in Wayne County a 5-year Request for Qualifications (RFQ) was posted to increase the number of ABA providers available in Detroit Wayne Integrated Network (DWIHN) provider network. The RFQ started in 2023 and expected to continue until 2028. A total of 2,152 members were actively enrolled in autism services. During FY25/Q1, there were a total of 428 new eligible members enrolled and 102 members were discharged. The three Providers with the highest number of enrollments were Centria Healthcare with a total of 184 enrollments, IOA with a total of 72 enrollments, and Gateway Pediatric Therapy with a total of 47 enrollments. On the other hand, the three Providers with the lowest number of enrollments were Strident Healthcare with 0 enrollees, HealthCall with one enrollee and Peak ABA Center with one enrollee. During FY25/Q1, two evaluations were completed. The 2nd Evaluation REBID resulted in the addition of 6 new providers be placed on the Qualified List. The 1st Special Needs Evaluation for 2023-005 REBID resulted in the addition of 3 new providers. As a result, DWIHN Autism Service Department requested 7 new providers to be presented to DWIHN’s Access Committee from the qualified list. The Autism Service Department expanded by awarding Downriver Therapy Associates LLC dba Success on the Spectrum a contract as well as expansion site request to Acorn Health of Michigan and Zelexa with an additional 6 sites. There are 2 ABA Providers selected from the Qualified List to complete credentialing requirements prior to receiving the final contract. Activity 2: Timely Access to ABA Services (Performance Indicator) - It is the goal of the Autism Services Department to ensure timely access to Applied Behavior Analysis (ABA) services for eligible individuals with autism ages 0 to 21st birthday residing in Wayne County. This is measured by collecting data on services that start within 14 days of the effective authorization date. The baseline of this measure indicated only 68% of members started services within 14 days of being authorized during FY 2022. On average, 88% of members began services within 14 days of the ABA authorization effective date, which is above the goal of 70%. The new goal is 95%. Activity 3: ABA Treatment Outcomes - To be eligible for Behavior Health Treatment (BHT) symptoms must cause clinically significant impairment in social, occupational, and/or other important areas of current functioning. Autism Services are medically necessary to reduce or improve symptoms
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such as building adaptive behaviors, and/or reduce maladaptive behaviors to enhance the member's health, safety, and overall functioning and/or to prevent deterioration or regression. Treatment outcomes are re-assessed on a semi-annual basis with the goal of reaching at or above 70% progress. In FY25/Q1 ABA Providers achieved 84.3% of treatment outcomes that exceeded the goal.

Mrs. Phipps informed the committee that April is Autism Awareness Month. Commissioner Kinloch 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 during FY25/Q1 DWIHN served a total of 13,056 unduplicated children, youth, and families in Wayne County ages 0 up to the 21st birthday: including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY24/Q1 of 11,526 members served as well as higher than the previous quarter of 12,711 from FY24/Q4. It is noted during FY24 that the average children, youth, and families served was 12,249 and total of 48,996.

1. **Activity 1: Annual Report to the Community** - On 12/5/24, Children's Initiative Department hosted the Annual Report to the Community "Shine Brighter Together" as a deliverable for the System of Care Block Grant. Children Providers, community partners, stakeholders, and Michigan Department of Health and Human Services (MDHHS) representatives were in attendance (76 total). In addition, Dr. Eddie Connor was the keynote speaker who spoke on the message "Win Within." In addition, 6 awards were given to recognize those in the community who have been influential in the advancement of children services. The award categories included: Stakeholder, Fatherhood, Youth, and Caregiver awards. Former Chief Executive Officer, Kari Walker from The Guidance Center, was also an award recipient as well. The department will continue to complete the goals and deliverables associated with the System of Care Block Grant and prepare for the next Report to the Community event scheduled for December 2025.
2. **Activity 2: Access to Children Services (DHHS MichiCANS Screener)** - Michigan Department of Health and Human Services (MDHHS) developed the MichiCANS screener for community mental health providers to administer to children and youth ages 0 to 21st birthday. This universal screening tool is used to support Family Driven/Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. In addition to children providers administering the MichiCANS screener, DHHS health liaison officers (HLO) also complete the screener for youth involved in the foster care system. Effective 10/1/25, DHHS expanded the referral process for youth involved in foster care system to begin submitting referrals to DWIHN Access Center in addition to directly with the children's providers to streamline the referral process and promote a "no wrong door" approval to behavioral health services. One hundred percent (100%) of the baseline data for DHHS MichiCANS Screenings submitted to DWIHN Access Center met eligibility criteria for community mental health services (scored at least two or three on the MichiCANS Screener). During FY, 25 (Q1), there were 122 MichiCANS screenings submitted from DHHS, 120 screenings completed, two screenings pending screening and zero discontinued screenings.
3. **Activity 3: GOAL Line** - Community Education Commission (CEC) is the provider promoting the GOAL Line program to meet the behavioral health, social emotional learning, and integrated health needs of students

enrolled in grades K-8. During FY25/Q1, there were 604 students enrolled in the program. This is an increase from FY24 enrollment of 497 students enrolled. There is a significant increase in enrollment of students due to accepting more students in the program considering there was a waitlist from the previous school year. Also, CEC expanded the program into additional locations as well and offered social emotional learning and tutoring services to students at multiple library and recreation center locations.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested the attendance data for students enrolled in the GOAL Line program. **(Action)**

C. **Customer Service** – On behalf of Michele Vasconcellos, Director of Customer Service, Bonnie Herndon, Dorian Johnson and Margaret Keyes submitted and gave highlights of the Customer Service’s quarterly report. It was reported that:

1. **Activity 1: Customer Service Calls** - In comparing the first quarter of FY 24/25 with that of last year’s first quarter calls for our Reception Switchboard, there was a decrease in the number of calls offered and an increase in the number of calls answered. The abandonment rate was slightly lower as well as the speed to answer was relatively the same. Our service level was 95% which exceeded the 80% standard. In comparing the Customer Service Call Center data for FY24/25, there was a significant increase in the number of calls offered and answered. There was also a decrease in the abandoned calls and percentage rate from 8.9% to 3%. Our speed of answering also improved as well as an increase in percentages in the service level and calls answered standards at 95% and 96% both exceeding the 80% standard.
2. **Activity 2: Grievances and Appeals** - The Due Process department continues to service our network by providing education to both members and providers as it relates to the processing of grievances, appeals, mediations and state fair hearings. The grievance comparison data for Quarter 1 of FY '24 and FY'25 remains steady. The top 4 categories remain Access to Staff, Access to Service, Delivery of Service and Interpersonal. For the Adverse Benefit Determinations, also known as ABDs, the numbers remain consistent across the quarters with adequate notices showing a slight trend upward and advance notices showing a slight decrease. Members’ appeals show a slight decline in Q1 for FY '25 however this may be attributed the ability to reconnect more members with service.
3. **Activity 3: Member Engagement** – Staff coordinated DWIHN’s annual participation in the State’s Walk-A-Mile In My Shoes at the Capital. Over 300 DWIHN members were present. This is the second year that one of our members was asked to MC the agenda. We are involved with the launch of the 2024 National Core Indicators Survey (NCI)- Focus on DD population. We provided 311 statewide family samplings of 638. Completed the evaluative stage of the Adult and Children’s 2024 ECHO surveys. Assisted Peers with various opportunities to obtain necessary continuing education credits to meet the States mandated continued certification requirements.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

C. **Direct Clinical Services – Deferred to April 9, 2025, Program Compliance Committee Meeting**

	<p>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.....</p> <ol style="list-style-type: none"> 1. Activity 1: Omnibus Budget Reconciliation ACT (OBRA) – Staff has reduced the back up of referrals in the INP queue; developed Specialized Services Training; collaborating with Residential to begin regularly scheduled meetings to improve communication and discuss placement alternatives; and sent out all Nursing Homes Agreements. There was an increase in referrals from FY 24, Q1 (1,527) to FY 25, Q1 (1,766). The overall improvement noted in productivity and increased referrals in comparison to last year. The number of assessments completed has increased and staff are working diligently to meet the needs and 100% completion of PAS within four days of referral. 2. Activity 2: Complex Case Management (CCM) – To progress movement towards recovery, enhance wellness, and build resiliency through self-care and empowerment for members with medical and behavioral health concerns. The goal is to reduce hospitalizations, connect with PCPs, reduce gaps in care and increase participation in outpatient visits, improve screening measurements and satisfaction scores. CCM is free, voluntary and provided directly by DWIHN. The screening tools used for CCM are PHQ, depression screening and the WHO-DAS, screening for level of difficulty of symptoms and activities of daily living. There are currently 10,432 CCM eligible members based on the criteria; 23 members enrolled; no new members enrolled this month; no members referred through ED; seven (7) referred through a provider; 13 members referred internally; two (2) CCM staff and an average of 7.6 CCM Caseload per staff. 3. Activity 3: Special Care Coordination with Medicaid Health Plans - <p>The Chair noted that the Autism Spectrum Disorder, Children’s Initiatives, Customer Service and Integrated Health Care’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan – Customer Pillar

DISCUSSION/ CONCLUSIONS	<p>On behalf of Michele Vasconcellos, Director of Customer Service, Margaret Keyes submitted and gave highlights of the Strategic Plan Customer Pillar. It was reported that they are at 70% completion on this pillar. There are three (3) Strategic Objectives under this pillar, and they range from 65% to 75% completion and on target:</p> <ol style="list-style-type: none"> 1. Enhance the Provider experience by 1st Sep 2025 – 65% completion 2. Ensure inclusion and choice of members by 1st Sep 2025 – 75% completion 3. Improve member’s experience of care and health outcomes by 1st Sep 2025 – 71% completion <p>The Chair opened the floor for discussion. Discussion ensued. Commissioner Kinloch noted that the Strategic Plan Customer Pillar report has been received and placed on file.</p>
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X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<p><i>There was no Quality Review(s) to report this month.</i></p>
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XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the Clinical Operations executive summary. It was reported:</p> <ol style="list-style-type: none">1. Health Home Initiatives – <u>Behavioral Health Home (BHH)</u> - 839 members enrolled as of February 28, 2025 (no significant change in enrollment from the previous month); <u>Substance Use Disorder Health Home (SUDHH)</u> – 680 members enrolled as of February 28, 2025 (6.25% increase since Dec. 2024); and <u>Certified Community Behavioral Health Clinic (CCBHC)</u> – 19,534 members enrolled as of February 28, 2025 (24.92% increase since Dec. 2024). It is DWIHN's goal to expand access to members in both the Behavioral Health Home and SUD Health Home programs to reach 1,000 respectively in FY2025. Health Homes focus on integrating care, generate cost-efficiencies, and increase a member's health status. Health Homes provide: Comprehensive Care Management, Care Coordination, Comprehensive Transitional Care, Health Promotion, Individual and Family Support, and Referral to Community Social Support Services. The Health Home Team, led by Emily Patterson, facilitated a CMHA Winter Conference session titled "Behavioral and SUD Health Homes: Keys to Success and Context in the CCBHC Demonstration" was very well received and had very positive audience feedback. Behavioral Health Home and SUD Health Home success stories were shared with the committee.2. Crisis Services – Hospital recidivism continues to be a major area of focus at DWIHN as we have seen an overall increase in FY 24 (remaining above 15% for adults). The second quarter's data show much lower but it is incomplete as it is partial quarter data.3. Clinical Updates - <i>Conflict Free Access and Planning (CFAP)</i>: Centers for Medicare and Medicaid Services (CMS) require States to implement CFAP policies that will directly impact the provision of behavioral health services across the State and in our region. CFAP states that CMHSPs, in their role as a provider, may not offer both service planning and direct services to the same member. DWIHN does know that this will impact those members receiving Home and Community Based Waiver Services and are meeting internally to develop a plan around this structure. DWIHN is awaiting receipt of MDHHS' implementation plan and timeline to provide more guidance on specific requirements and technical details. DWIHN is still waiting for a CMS response regarding the certification to be a CCBHC. <p>The Chair opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the VP of Clinical Operations' executive summary has been received and placed on file.</p>
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XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #25-51 (Revised) – DWIHN Provider Network System FY 25 – Staff requesting board approval to add three residential providers (Davis Care Networks, inc., U & I Home Care, LLC and MidSouth Development, Inc.) to the DWIHN Provider Network System FY 25 for continued delivery of behavioral health services for individuals with SMI, I/DD and SED and Co-Occurring Disorders without change to the total provider network amount. The Chair called for a motion on BA #25-51 (Revised). Motion: It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-51 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p>
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	<p>B. BA #25-55 (Revised) – Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant – Staff requesting board approval of a one-year contract for an amount not to exceed \$114,598.00 (\$96,882.00 clinical and \$17,716 administrative) with Starfish Family Services. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child adolescent and prenatal psychiatrists. This is an increase of \$22,236.00 to this board action. The remaining \$10,157.00 is allocated to DWIHN for administrative (\$2,657.00) and indirect (\$7,500.00) costs. The Chair called for a motion on BA #25-55 (Revised). Motion: It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-55 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #25-58 – Secretary of State Returning Citizens Voucher Program – Staff requesting board approval for a two-year contract (via a MOU) for an amount not to exceed \$100,000.00 with the Secretary of State Voucher program. The program is a pilot to assist active DWIHN members that were incarcerated for at least 90 days with paying fees and fines assessed and/or owed to the Secretary of State in order for members to obtain their driving license or state identification. The program will be funded with proceeds DWIHN received directly from the Opioid Settlement. DWIHN will re-evaluate the effectiveness of the program after two years. The contract is effective on May 1, 2025 through April 30, 2027. The Chair called for a motion on BA #25-58. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-58 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIV. Good and Welfare/Public Comment

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>There was no Good and Welfare/Public Comment this month.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
1. Follow-Up Items from Previous Meeting: A. Corporate Compliance – Provide additional information to determine if the Board can be notified of a provider being non-compliant before the investigation is closed. B. Chief Medical Officer's Report - The Committee requested a deeper dive to determine reasons individuals are returning to hospital for services-are they not receiving the services they need C. Innovation and Community Engagement's Quarterly Report – Provide the percentage of DWIHN's members that are experiencing homelessness in Detroit and Wayne County.	Sheree Jackson Dr. Shama Faheem Andrea Smith	 April 9, 2025
2. Children's Initiatives' Quarterly Report – Provide the attendance data for students enrolled in the GOAL Line program.	Cassandra Phipps	April 9, 2025

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

ADJOURNED: 2:36 p.m.

NEXT MEETING: Wednesday, April 9, 2025, at 1:00 p.m.



Detroit Wayne Integrated Health Network

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TTY: 711

PUBLIC NOTICE OF DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD MEETING AND COMMITTEE SCHEDULE - 2025

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

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

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

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

January 13 th	July 2 nd
February 5 th	August 6 th
March 5 th	September 3 rd
April 2 nd	October 1 st
May 7 th	November 5 th
June 4 th	December 3 rd

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

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

FULL BOARD MEETINGS- 3rd Wednesday at 1:00 p.m.

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

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Kevin McNamara, Vice-Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, M.D.
William Phillips

Eva Garza Dewaelsche
Angelo Glenn
Kenya Ruth

James White, President and CEO





**PUBLIC NOTICE OF DETROIT WAYNE INTEGRATED HEALTH NETWORK
SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD AND
RECIPIENT RIGHTS ADVISORY COMMITTEES- 2025**

RECIPIENT RIGHTS ADVISORY COMMITTEE- (Bi-Monthly) 1st Monday at 1:00 p.m.

February 3rd
April 7th
June 2nd

September 8th
November 3rd

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

January 20th
February 17th
March 17th
April 21st
May 19th
June 23rd

July 21st
August 18th
September 15th
October 20th
November 17th
December 15th

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-02R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder-Treatment Network

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 4/16/2025 to 9/30/2025

Amount of Contract: \$ 6,334,593.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: New

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 4/16/2025

Provider Impaneled (Y/N)? Y

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

The SUD Department was awarded funds from MDHHS totaling \$442,488 in Block Grant for the Recovery Incentive Pilot Program; of this amount \$384,772 will be allocated to providers while the remaining \$57,716 will be retained by DWIHN to cover administrative costs.

This program is designed to reinforce positive behavior change consistent with meeting treatment goals, including abstinence and continued engagement, through the provision of motivational incentives of small rewards that participating beneficiaries receive when they demonstrate adherence to their treatment goals through negative drug tests and treatment attendance. The small rewards, in the form of gift cards are provided to members in outpatient services for either a stimulant use disorder or opioid use disorder. Members are eligible to receive incentives when they can demonstrate abstinence from substances verified by a negative urine drug screen and continued engagement in services. The maximum yearly incentive amount is \$599 per beneficiary. Members receive instant reward for negative urine drug tests, and incentive amounts increase weekly for consecutive negative tests as outlined in the schedule attached.

Providers were selected for this initiative based on members that they serve and the members eligibility.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on

Board Action #: 25-02R2

utilization without further board approval, provided the total does not exceed the approved budget of \$384,772.

The revised not to exceed contract for SUD Treatment totals \$6,334,593 for the fiscal year ending September 30, 2025.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Block Grant	\$ 4,563,493.00	\$ 4,563,493.00
PA2	\$ 1,771,100.00	\$ 1,771,100.00
Total Revenue	\$ 6,334,593.00	\$ 6,334,593.00

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

Signed: Friday, April 4, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of

Signed: Friday, April 4, 2025

Board Action #: 25-02R2

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

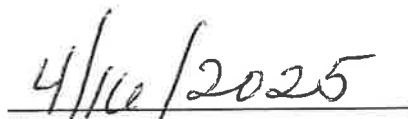
€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature


Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-14R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: HealthStream Inc.

Contract Title: Credentialing Verification Organization

Address where services are provided: 500 11th Avenue North Suite 1000, Chicago, IL 60606

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 4/1/2025 to 3/31/2028

Amount of Contract: \$ 766,912.00 Previous Fiscal Year: \$ 0.00

Program Type: Modification

Projected Number Served- Year 1: 3,400 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 4/1/2025

Provider Impaneled (Y/N)? N

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

DWIHN is requesting approval to add \$266,912 to the existing three (3) year contract effective April 1, 2025 through March 31, 2028 for the addition of services to transition of primary source verification process to the DWIHN credentialing team. **The revised contract amount shall not to exceed \$766,912** with HealthStream, Inc, in response to the Credentialing Verification Organization RFP #2025-010 issued in February 2025, for a National Committee for Quality Assurance accredited Credentialing Verification Organization.

HealthStream will initially provide primary source verification for DWIHN's contracted providers and practitioners, including verification of Medicaid and Medicare sanctions, licensure, work history, malpractice history, education, and training. HealthStream will also conduct continuous monitoring of DEA licenses, Office of Inspector General (OIG) and System for Award Management (SAM) sanctions, and licensure. All HealthStream activities are electronic.

After the implementation phase, HealthStream will transition the primary source verification process to the DWIHN credentialing team. This will allow DWIHN's team to independently manage the verification process while continuing to utilize the HealthStream platform for ongoing support. HealthStream will send credentialing/re-credentialing letters and certificates to providers and practitioners once the DWIHN Credentialing Committee has made its final disposition.

The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

Board Action #: 25-14R

Currently DWIHN is under contract with Medversant to assist with credentialing. DWIHN will remain in contract with the vendor and will transition the services over the course of the year.

Note: A budget adjustment will be forthcoming to account for the additional funds needed in FY25.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 766,912.00	\$ 766,912.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Friday, April 4, 2025

Dhannetta Brown on behalf of

Signed: Friday, April 4, 2025

Board Action #: 25-14R

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

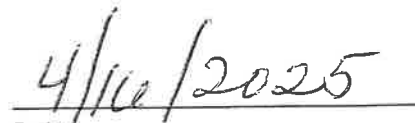
€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature


Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-24R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: Acorn Health

Contract Title: Autism Service Providers

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 92,649,972.00 Previous Fiscal Year: \$ 91,807,643.00

Program Type: Continuation

Projected Number Served- Year 1: 2,600 Persons Served (previous fiscal year): 2,473

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 revision to board action for DWIHN Board to approve two (2) new ABA Providers to receive a (1) one year contract for FY25 (October 1, 2024 - September 30, 2025) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. **The total projected budget for autism services for FY25 remains unchanged and is not to exceed \$92,649,972.**

The 2 new ABA Providers are: Apex Therapy Services and Golden Steps ABA.

23 Current ABA Providers: Acorn Health of Michigan, LLC, Advanced ABA Care, Affable Home Healthcare (DBA Attendant Care Autism Services), Akoya Behavioral Health, LLC, Autism Spectrum Therapies of Michigan (DBA Total Spectrum), Behavior Frontiers, Centria Healthcare, Chitter Chatter P.C., Dearborn Speech and Sensory Center, Inc. (DBA Metro EHS), Downriver Therapy Associates LLC, Emagine Health Services, LLC, Gateway Pediatric Therapy, HealthCall of Detroit, Illuminate ABA Services, LLC, IOA, LLC, Lumen Pediatric Therapy, LLC, Open Door Living Association Inc., Patterns Behavioral Services Michigan, Inc, Peak Autism Center, Positive Behavior Supports Corp., SEB Connections (DBA Merakey Inc.), Strident Healthcare, and Zelexa, LLC.

3 Current Independent Evaluator Providers: Social Care Administrator's, LLC (DBA McCrory Center), Sprout Evaluation Center, LLC, and The Children's Center of Wayne County.

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 24/25	Annualized
Medicaid	\$ 92,149,972.00	\$ 92,149,972.00
State General Funds	\$ 500,000.00	\$ 500,000.00
Total Revenue	\$ 92,649,972.00	\$ 92,649,972.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Dhannetta Brown on behalf of

Signed: Thursday, April 3, 2025

Signed: Thursday, April 3, 2025

4/3/2025 8:38:33 PM

4/3/2025 12:59:59 PM

Board Action #: 25-24R2

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here:_____


Board Liaison Signature


Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-51R2 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 3/1/2025 to 9/30/2025

Amount of Contract: \$ 863,911,342.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting the addition of the following 5 providers to the DWIHN provider network as outlined below, **without change to the total provider network amount.**

Residential Providers:

1. Love Touch Care LLC

(Credentialed 2/27/2025 for Community Living Support)

2. Tender Hearts Inc

(Credentialed 2/27/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

Outpatient Providers:

1. Majestic Therapies LLC

(Credentialed 1/30/2025 for Community Living Support; Respite; Recreational Therapy)

2. Optimum Adult Day Services

(Credentialed 2/14/2025 for Skill Building; Therapy (Mental Health) Child & Adult, Individual Family Group)

Board Action #: 25-51R2

SUD Provider:

1. Premier Services of Michigan LLC dba CMS Dearborn Heights
(Credentialed 2/14/2025 for SUD Outpatient Services; SUD Methadone)

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

The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated 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 24/25	Annualized
Multiple	\$ 863,911,342.00	\$ 863,911,342.00
	\$	\$
Total Revenue	\$	\$

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

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Dhannetta Brown on behalf of

Signed: Friday, April 4, 2025

Signed: Friday, April 4, 2025

Board Action #: 25-51R2

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature


Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-57 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: Plante & Moran, PLLC

Contract Title: RFP# 2025-01: SOC 2+ Type CyberSecurity Audit

Address where services are provided: None

Presented to Finance Committee at its meeting on: 4/2/2025

Proposed Contract Term: 5/1/2025 to 4/30/2026

Amount of Contract: \$ 107,500.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 5/1/2025

Provider Impaneled (Y/N)?

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

DWIHN is requesting approval of the board action to enter into a one-year contract effective May 1, 2025 for an amount not to exceed \$107,500 for a SOC 2+ Type 2 audit with a CyberSecurity Addon to ensure that our cybersecurity program aligns with best security practices and controls, safeguarding the DWIHN network, servers, and our data assets. Additionally, due to the current state of cybersecurity incidents within the healthcare sector, the Board of Directors have recommended that we have our cybersecurity program reviewed by an external entity.

Pursuant to RFP Control #2025-011, Purchasing Division recommends award of the contract to P&M Holding Group, LLP dba Plante & Moran, PLLC, the most responsive and responsible Proposer.

A SOC 2+ Type 2 audit provides a comprehensive evaluation of DWIHN's information security practices and controls, specifically focusing on how we protect our data over a defined period. This audit is conducted by an independent third-party auditor based on the AICPA's (American Institute of Certified Public Accountants) Trust Service Criteria (TSC).

A budget adjustment is forthcoming.

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

Board Action #: 25-57

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 107,500.00	\$ 107,500.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.815000.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, March 28, 2025

Signed: Thursday, March 27, 2025

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

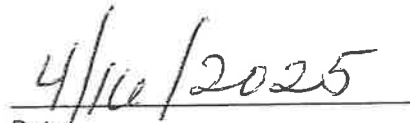
€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature


Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-61 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: Rene Vanassche & Sons Co. Inc.

Contract Title: Mechanical/HVAC Contract

Address where services are provided: None

Presented to Finance Committee at its meeting on: 4/2/2025

Proposed Contract Term: 4/17/2025 to 4/16/2028

Amount of Contract: \$ 180,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 4/17/2025

Provider Impaneled (Y/N)?

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

DWIHN is requesting approval to enter into a HVAC maintenance contract with the vendor Rene Vanassche as they hold the existing equipment warranties for HVAC and mechanical systems at both buildings. Depending on the part, the warranty may cover parts and/or labor. This contract would be applied in the event there are HVAC maintenance repairs needed for parts and service outside the warranty. This would allow DWIHN to expedite the building repairs without interruption of services to members and/or staff.

Facilities is recommending a total contracted amount of \$180,000 to be billed on an as-needed basis, for a 3-year term ending April 16, 2028.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Board Action #: 25-61

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 180,000.00	\$ 180,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.932000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Thursday, March 27, 2025

Signed: Thursday, March 27, 2025

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature


Date

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-62 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: Pending

Contract Title: Janitorial Services at Milwaukee Care Center

Address where services are provided: None

Presented to Executive Committee at its meeting on: 4/14/2025

Proposed Contract Term: 5/1/2025 to 4/30/2028

Amount of Contract: \$ 938,808.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 5/1/2025

Provider Impaneled (Y/N)?

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

DWIHN Facilities is requesting board approval to enter into a Janitorial Services contract with the vendor GDI Services, Inc. for our 707 W. Milwaukee facility. GDI was vetted and recommended for a three-year contract with two (2) one-year optional renewals as part of a solicited Request for Proposal (RFP) process. The solicitation received 14 proposals with a total distribution time of 14 days. The proposal will be inclusive of janitorial cleaning and maintenance services on a continual 24hr/7 day a week basis for the Milwaukee facility.

The contract total for the initial 3-year term will not exceed \$938,808.00, with an expiration of 4/30/28.

A budget adjustment is forthcoming to account for additional expenses.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Board Action #: 25-62

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 938,808.00	\$ 938,808.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Thursday, April 10, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Wednesday, April 9, 2025

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature


Date

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-63 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: Services to Enhance Potential

Contract Title: Janitorial Services at Woodward Building

Address where services are provided: None

Presented to Executive Committee at its meeting on: 4/14/2025

Proposed Contract Term: 5/1/2025 to 4/30/2028

Amount of Contract: \$ 149,836.80 Previous Fiscal Year: \$ 32,500.00

Program Type: New

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

Date Contract First Initiated: 5/1/2025

Provider Impaneled (Y/N)?

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

DWIHN Facilities is requesting board approval to enter into a Janitorial Services contract with the vendor Services to Enhance Potential (STEP) for our 8726 Woodward Administration facility. STEP was vetted and recommend for a three-year contract with two (2) one-year optional renewals as part of a solicited Request for Proposal (RFP) process. The solicitation received 14 proposals with a total distribution time of 14 days. The proposal will be inclusive of janitorial cleaning and maintenance services on a Monday-Friday work week basis for the Woodward facility.

The contract total for the initial three-year term will not exceed \$149,836.80, with an expiration of 4/30/28.

A budget adjustment will be forthcoming to account for additional expenses.

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

Source of Funds: Multiple

Fee for Service (Y/N):

Board Action #: 25-63

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 149,836.80	\$ 149,836.80
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.817010.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Thursday, April 10, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Wednesday, April 9, 2025

Board Action Taken

The following Action was taken by the Full Board on the 16th day of April, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature


Date



President and CEO Report to the Board

April 2025

James E. White

LEGISLATIVE EFFORTS

Ongoing support from PAA as we look at the changes taking place in Lansing with lawmakers and the landscape shift in the legislature. Working to educate key governmental stakeholders on DWIHN's policy priorities, CCBHC, direct care services and access to care initiatives.

Meetings include: County Executive Warren Evans, Mayor Mike Duggan, Rep. Ron Robinson, Rep. Donovan McKinney, and staff from Congressman Shri Thanedar's Office.

Michigan State Budget Director Jen Flood highlighted the potential impact of federal funding cuts on key programs such as Medicaid and education, emphasizing that while the state can manage short-term losses, long-term reductions would be unsustainable:

Short-term Solutions, Long-term Challenges

Flood acknowledged that Michigan could cover some federal funding cuts in the short-term using the state's \$2.2 billion rainy day fund. However, she warned that major reductions, especially to essential programs like Medicaid and education, would not be sustainable in the long run.

Budget Adjustments Based on Federal Decisions

Michigan's budget is currently based on existing federal funding levels, but Flood noted that any significant cuts from Washington would require adjustments. The state is monitoring potential changes to federal programs, particularly Medicaid, which serves around 2.8 million people in Michigan. The governor's budget reflects current funding, but if cuts occur during the year the state would need to revise the budget accordingly.

The Michigan State Housing Development Authority (MSHDA) recently testified before the House Appropriations subcommittee discussing key initiatives and funding needs for the upcoming fiscal year. Amy Hovey, Executive Director of MSHDA, emphasized the significant impact of steady funding on housing, noting that recent grants have successfully helped local governments update land use policies to encourage housing development. She also discussed the Employer Housing Toolkit, and a pilot program designed to incentivize employers to support housing efforts with a dollar-for-dollar matching fund. The initiative leverages \$10 million in state funding to create a \$20 million impact on affordable housing across Michigan. MSHDA officials emphasized the importance of sustained funding for workforce development and housing initiatives, while expressing concerns over the uncertainty of federal funding for future projects.

On March 27, the US Department of Health and Human Services announced that SAMHSA would be absorbed into a new agency, called the Administration for a Healthy America (AHA). Divisions of AHA include Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce, with support of the U.S. Surgeon General and Policy team. CMS will decrease its workforce by approximately 300 employees, with a focus on

reducing duplication across the agency. We are hopeful that this reorganization will not drastically impact Medicare and Medicaid services.

While it's difficult to know exactly how this shift in federal public health administration will impact individual organizations, we will continue to monitor, be mindful and advocate for all critical federally funded services.

Thus far, the following programs and services receive federal funding and will be impacted:

1. A reduction of overall grant-making for addiction treatment organizations from the federal government
2. Cuts to or elimination of federal educational and training programs for addiction treatment providers, nonprofits, and state-level organizations
3. A discontinuation for population-specific addiction treatment services, including programs that are designed specifically for the LGBTQ community and/or patients of a particular race, such as programs designed to meet the specific needs of people of color.
4. A possible expansion for faith-based programs, that fall outside the evidence-based best practices.

Background: SAMHSA had a comprehensive mandate for advocating for people with mental health and Substance Use Disorders throughout the country. They direct grants to state-based programs to treat mental and behavioral health concerns to providers on evidence-based best practices for addiction treatment and advocate for policy, trained non-profits and state agencies in best practices.

ADVOCACY AND ENGAGEMENT

We continue to work with MDHHS and CMHs around the state in disaster response training and strengthening the role of the CMHSPs in local emergency operations centers to promote evidence-based disaster-specific trainings and resources for behavioral healthcare staff to respond to man-made or natural disasters.

DWIHN is working with MDHHS to recruit members for the Michigan Beneficiary Advisory Council (BAC) that will work to advise MDHHS on Medicaid policy and help improve Medicaid services.

Full Board Members Angelo Glenn and Dr. Lynne Carter were reappointed by the Wayne County Commission at their meeting on April 1, 2025.

Upcoming Items

- April 17: SUD Impact Conference for Employers and Providers. This conference is hosted annually by DWIHN and MPHI
- April 24: Building Community Conversation – a virtual event for parents with children with Autism
- May 4–6: NatCon 25 Conference, Philadelphia, PA

CCBHC UPDATE

We are currently working with MDHHS to submit the revised CCBHC cost report as well as additional information based upon feedback received from CMS.

INTEGRATED HEALTH PILOT UPDATE

The Detroit Wayne Integrated Health Network (DWIHN) continues to make progress with integrating with Medicaid Health Plans. Below is a list of updates of the collaborations with Medicaid Health Plan Partners One, Two, and Three.

Care Coordination is completed monthly with Health Plans One and Two. Historically, Data Sharing was completed with all Health Plans, which included member address and phone numbers. In 2020, DWIHN met with two health plans to discuss a care coordination pilot. This is a service where DWIHN and the Health Plans actively search out and consult on members who have physical and behavioral health gaps in care. The goal of care coordination is to close the identified gaps in care within 90 days. Examples of gaps in care include not engaging with a primary care provider, untreated diabetes and on antipsychotics, high hospitalization rates (medical and psychiatric), not taking medications as prescribed, or not engaged with CRSP agency.

MDHHS has set a standard that all PIHP are to have 25% of care plans open in CC360 when the easy risk stratification is tab is used. Historically the Medicaid Health Plans decided if a care plan was to be open. DWIHN has decided to open 40% of members who are in the easy risk stratification tab as these members have a higher need of care and could benefit from care coordination. For FY 2025, 201 members were served in this care coordination.

Health Plan Partner One

Health Plan Partner One and Integrated Health Care meet monthly for care coordination, In March, DWIHN opened forty members for care coordination. Twenty-five of those were opened jointly with Health Plan One. Fifteen were opened only by DWIHN due a psychiatric hospitalization or emergency room visit. Twenty-five had gaps in care resolved in March. Eight members were unable to be reached and DWIHN letters were sent out. Seven cases will carry over to April because they have not had their appointment at the Clinically Responsible Service Provider (CRSP). There were two cases that carried over from February and those gaps in care were resolved in March.

Health Plan Partner Two

Health Plan Two had thirty-one members discussed in the March meeting. Twenty-four were opened with Health Plan Two. Seven were opened by DWIHN due to psychiatric hospitalization. Twelve had gaps in care resolved during the month of March. Five members were unable to be reached and DWIHN letters were sent out. Eight members will carry over to April because they have not had their appointment at the Clinically Responsible Service Provider (CRSP). The two cases from February had gaps in care resolved in March.

Health Plan Partner Three

For the original project that was with Health Partner Three, DWIHN is actively looking and discussing with other providers to do this. The Integrated Health Care director and Mr. Singla discussed another Health Plan Partner.

There has been a change in direction with original Health Plan Partner Three. They are no longer able to commit staffing resources to continue with this project. DWIHN and Health Partner Three want to continue to work on a project together and discuss a possible joint project for diabetes.

We are currently in discussions with Corwell Health and will discuss if they have the capacity to become Health Plan Three. We continue our talks with the Henry Ford Health Diabetes Clinic regarding a potential joint diabetes project. These discussions are ongoing and aim to enhance our collaborative efforts in diabetes care.

Current Health Plan Three and DWIHN met with their Diabetes Clinic on March 24, 2025. The Diabetes Clinic is only able to assist members who are referred by a primary care doctor after they are diagnosed with diabetes; they do not offer prevention. Therefore, DWIHN will be meeting with two local FQHCs who work with a DWIHN Clinically Responsible Service Provider (CRSP).

The Health Plan Three project requires the hospital system to have staff to follow up with individuals who come into the emergency room for medical and then call one of our CRSP's to set a follow up appointment. It's a big task and that is why Henry Ford stopped and realigned their staff.

Shared Platform and HEDIS Scorecard

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important areas of care. DWIHN has developed an HEDIS scorecard based on claims from our CRSPs, and claims pulled from the MDHHS claims warehouse CC360. DWIHN is following the guidelines set by the National Committee for Quality Assurance (NCQA) as to the behavioral health HEDIS measures to monitor and report on. These measures are a combination of medical interventions and behavioral health interventions that affect one's recovery and independence in the community.

MDHHS has rolled out a three-year plan beginning 2025 where all quality metrics a PIHP will be monitored on are HEDIS. This will encompass 11 HEDIS measures. DWIHN has 10 of these measures built and in use currently.

The HEIDS Scorecard is also used to track HEDIS Measure needed for Certified Behavioral Health Clinics (CCBHC) and Behavior Health Homes (BHH). DWIHN and Vital Data are working on adding substance abuse data to the Scorecard in the next few months for Substance Use Disorder Health Home (SUDHH).

DWIHN Community Care Clinic is included in the CRSP's that have access to the scorecard. This data will be used to report to MDHHS for CCBHC certification.

During the month of February, the HEDIS scorecard was reviewed at eighteen CRSP monthly meetings.

The DWIHN Integrated HEDIS Specialist started on March 31. They will be focusing on the four HEDIS Measures that Integrated Health has NCQA quality plans on.

LONG TERM RESIDENTIAL CARE UPDATE

Trillium Health is currently working to obtain necessary permits from the City of Detroit to finish the construction of the site. The DWIHN Team continues to work closely with them to track the progress of the project.

CHIEF MEDICAL OFFICER

The Crisis Center Psychiatrist and Advanced Practice Providers (Nurse Practitioners and Physician Assistants) meet with Dr. Mammo and Dr. Faheem on a monthly basis to discuss updates and quality improvements. They were given a biannual satisfaction survey. The Psychiatrist (1FT, 10PT) had a 91% response rate. The APPs (8FT, 3PT) had a 72% response rate. Overall, 60% of them rated as being very satisfied and 40% as satisfied working at Crisis Center, with no one as dissatisfied. For the ones who are moonlighters and in the last years of their Psychiatry trainings, they were asked if they would consider future permanent opportunities at DWIHN. For all those where this question was applicable, 90% indicated their interest, which is encouraging given our plans on expanding Crisis Centers. One of the areas of improvement that they highlighted was to revise the Children's Unit admission process as that could sometimes result in delayed admission. Dr. Mammo has been meeting with the Child Unit administrator to revise the procedure to make it more efficient.

Assisted Outpatient Treatment (AOT) is a court-ordered program designed for individuals with serious mental illness who need ongoing support but may not voluntarily seek or comply with treatment. DWIHN's total member's on AOT ranges between 800-900 at any given time. This include individuals who are put on new initial orders as well as the 6-month 2nd order and the annual continuation orders. AOT is also used by MDHHS to step down persons who are not guilty by reason of insanity (NGRI) when discharged from a State hospital on an AOT order. DWIHN monitors approximately 70-80 NGRI cases at any given time, in collaboration with NGRI Committee. The person's NGRI status, and the scope of NGRI Committee, currently ends if a person's AOT expires. Medical Directors of PIHPs and CMHSPs have advocated for expansion of role of NGRI Committee to continue to be involved in getting a person back on AOT in case their AOT expires as well as to expand the role to be involved in cases that are deemed non-restorable. Dr. Pinals stated that she is working with State on potential expansion of scope.

Schizophrenia Spectrum disorder is one of most common diagnoses that contribute to psychiatric admissions and recidivism. Medication nonadherence is a barrier in individuals with Schizophrenia and hence an important HEDIS measure. DWIHN saw a decrease in compliance in FY 24 and revised some interventions. Discussed the importance with CRSP Medical Directors meeting in March. Preliminary Compliance (claim lag) until March 2025 has shown improvement with a rate of 86.25% while FY 24 rate was 47.71%. Integrated Health Department has worked on defining HEIDS expectations for CRSP, increasing education to community through mobile app and trainings and DWIHN has focused on assisting members with re/applying for Medicaid as that contributed to members losing prescription coverage. We have also worked on alerts in PCE to remind prescribers to assess if an injectable antipsychotic is appropriate for members who are non-compliant with oral antipsychotics.

CLINICAL OPERATIONS

Health Home and Integrated Healthcare Services:

There are currently 19,650 enrollees in the Certified Community Behavioral Health Clinic (CCBHC) State Demonstration. MDHHS recently held listening sessions regarding the current CCBHC funding model, which included the consideration of MDHHS paying CCBHCs for services directly. The CCBHC Demonstration is set to end at the conclusion of FY2027 unless it is federally extended or MDHHS makes policy changes. DWIHN's direct service clinic is still waiting on final CMS approval to become a certified CCBHC.

The DWIHN OBRA team (Omnibus Budget Reconciliation ACT) processed 580 referrals in the month of March and assigned 275 of those for assessments. The number of preadmission reviews and annual reviews have continued to rise in recent months. Members who are in the hospital are at higher risk and therefore must be assessed first, which impacts timeliness of annual reviews. The Integrated Healthcare Department will be hiring more contingent evaluators to assist in this area.

Michigan Department of Health and Human Services (MDHHS) Updates:

Conflict Free Access and Planning (CFAP): Centers for Medicare and Medicaid Services (CMS) require States to implement CFAP policies that will directly impact the provision of behavioral health services across the State and in our region. CFAP states that CMHSPs, in their role as a provider, may not offer both service planning and direct services to the same member. DWIHN was recently informed this will go beyond Home and Community Based Services and includes State Plan services, which is much more expansive and will impact most providers (excluding CCBHCs who are exempt from this standard). DWIHN is meeting internally to develop a plan around this structure while we are awaiting receipt of MDHHS's implementation plan.

Care Coordination: In 2024 the State of Michigan published an RFP for health plans to bid on provision of health insurance for the dual eligible population in Michigan. Currently there are five (5) health plans working with dual eligibles, but as a result of the RFP, this will increase to eight (8) health plans starting in FY2026.

CRISIS CARE SERVICES

During the past month, 325 individuals were admitted to the adult unit and 88 individuals were admitted to the child and family unit. The largest discharge disposition with Outpatient/CRSP at 40% for the adult unit and 64% for the child and family unit. There was a reduction in inpatient referral rates from the previous quarter – reducing from 25% to 11% on the adult unit and from 10% to 8% on the child and family unit.

The Joint Commission accreditation review will be held on April 14-15, 2025. Accreditation is a requirement under the MDHHS Crisis Stabilization rules. The Joint Commission is the gold standard for healthcare facilities.

ADULT INITIATIVES

Assisted Outpatient Treatment (AOT) is court-ordered treatment for members with a mental illness. All AOT orders must be supervised by a psychiatrist/psychologist and an outpatient treatment provider. An AOT order can include case management, psychiatric/therapy services, and medication. A petition for an AOT is filed with the Probate Court which results in one of

three options including: waiving the hearing and stipulating to treatment order, request to defer the hearing for up to 180 days and voluntarily comply with treatment recommendations or agrees to a hearing with or without a jury. There were 435 new AOT orders filed from January 1, 2025, to March 21, 2025. Of those, eighty-three (83) agreed to engage in the recommended treatment plan set forth by the provider and forty-six percent (46%) of those 83 were successful in connecting and following through with treatment. To increase member engagement, DWIHN has started utilizing Peer Supports to meet with members and provide education on treatment orders, options available, assist with engaging with treatment providers, and providing transportation to outpatient services. DWIHN, in partnership with PCE, is expanding and enhancing our court service module in MHWIN that will greatly increase DWIHN's ability to track deferrals and court orders and identify and address trends.

CHILDREN'S INITIATIVES

The Children Initiatives Department presented "Accessing Community Mental Health in Wayne County" presentation March 5, 2025, and March 6, 2025, at Trinity Health in Livonia, as part of the Hope Empowerment Coalition Lecture Series for 2025. The audience included school professionals and mental health advocates. The goal was to train school partners on ways to connect youth to mental health services in Wayne County and gain awareness of treatment, prevention, and crisis options available. Professionals and attendees reported gaining knowledge of the community mental health system and ways to refer individuals for services. Children Initiatives has been asked to participate in the Suicide Prevention Conference in November 2025.

DWIHN's Youth United participated in multiple events this month including Your Role as a Youth Advocate Mental Health Pep Rally at Cornerstone Lincoln King High School, Vista Maria youth focus group, Courageous Conversation on school safety at University of Detroit Mercy, 10th Annual March DADness at the Ford Community Center, and Ask the Messengers interview on teen bullying and suicide prevention.

CRISIS SERVICES

DWIHN continues its ongoing efforts to reduce inpatient hospitalizations and recidivism. The Crisis team developed an intervention for members who have had a repeat crisis screening within 30 days of discharge from an inpatient facility. Members who present to an emergency department for crisis screening within this parameter are identified, and efforts are made to transfer these members to Crisis Stabilization Units (CSU) to avoid unnecessary inpatient hospitalizations and promote service connection where medically appropriate. The team analyzed 30 randomly selected adult cases from October to December 2024, comparing ongoing service engagement between members transferred to a CSU and those who were not. Findings indicate that members transferred to CSU had better outcomes, including a lower likelihood of repeat crisis contacts, a reduced likelihood of hospitalization, and a higher likelihood of service connection post-transfer. These results suggest that CSU transfers play a critical role in improving crisis stabilization and continuity of care.

HUMAN RESOURCES

DWIHN HR is still in negotiations with GAA. Supervisory Institute Group D held their last session this month. Group E is scheduled to begin on April 24, 2025.

HR is finalizing the approval process for the next Cohort of the Harvard Business School Online. Once approved, ten additional DWIHN staff members will be selected to participate in this round, bringing the total number to 30.

UTILIZATION MANAGEMENT

In accordance with State standards, DWIHN has 14 days to provide a disposition on prior authorization service requests. This timeliness standard will be changing to a 7-day requirement starting in FY2026. In Quarter 2, 47.57% of prior authorizations were completed within 7 days. To improve current timeliness and move toward meeting the 7-day standard, the UM Department developed an internal performance improvement plan. This plan includes a complete review of the UM review process, development of key performance indicators, updating Service Utilization Guidelines, and implementing electronic system improvements to improve efficiency.

COMMUNICATIONS

Media Outreach

For the 24/25 fiscal year, the Communications team recently acquired Critical Mention, an online media analytics, monitoring, and search tool. It is used to measure earned media impact for stories, gather clips of broadcast segments and print articles, and search for media contacts to reach more outlets. Quarterly Reports will provide a comparison of Audience, Mentions, and Publicity Values from the previous quarter in the same categories.

Monthly Highlights

On March 1 the comms department issued a statement from the CEOs desk in response to online rumors about Crisis Care Center admissions. It was immediately quelled and no additional outlets picked up the misinformation. [Fox 2](#) ran our response to provide truth to the public.

DWIHN Youth Mental Health Ambassador Scholarship

Janell Hearn was featured on the Fox 2 News LiveNow streaming newscast on March 25th to share the third year of the Youth Mental Health Ambassador Scholarship with its audience.



Social Media- Influencer Marketing Update

Social Media Influencer	# of Posts	Engagement/Impressions	
The Capital Brand/Randi Rosario	2 Post, 4 Story Posts	90.3k total views	117.8k total views
Kathleen Springer	4 Posts	5.5k total views	5.7k total views

Social Media Performance Report Summary

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	Previous Period (Feb 2025)	Current Period (March 2025)
Total Audience Growth	21,735	21,964
Engagements	7,019	8,266
Post Click Links	2,283	2,266
Engagement Rate	6%	1.9%
Impressions	115,268	440,284

Google Analytics

Google Analytics/Business Profile	Previous Period (Feb 2025)	Current Period (March 2025)
Profile Interactions	2,122	2,227
People Viewed Business Profile	5,405	5,594
Searches	2,578	2,348
Website Clicks	1,521	1,599

Community Outreach

During the month of March, Communications participated in eight events, reaching a potential 150 individuals.

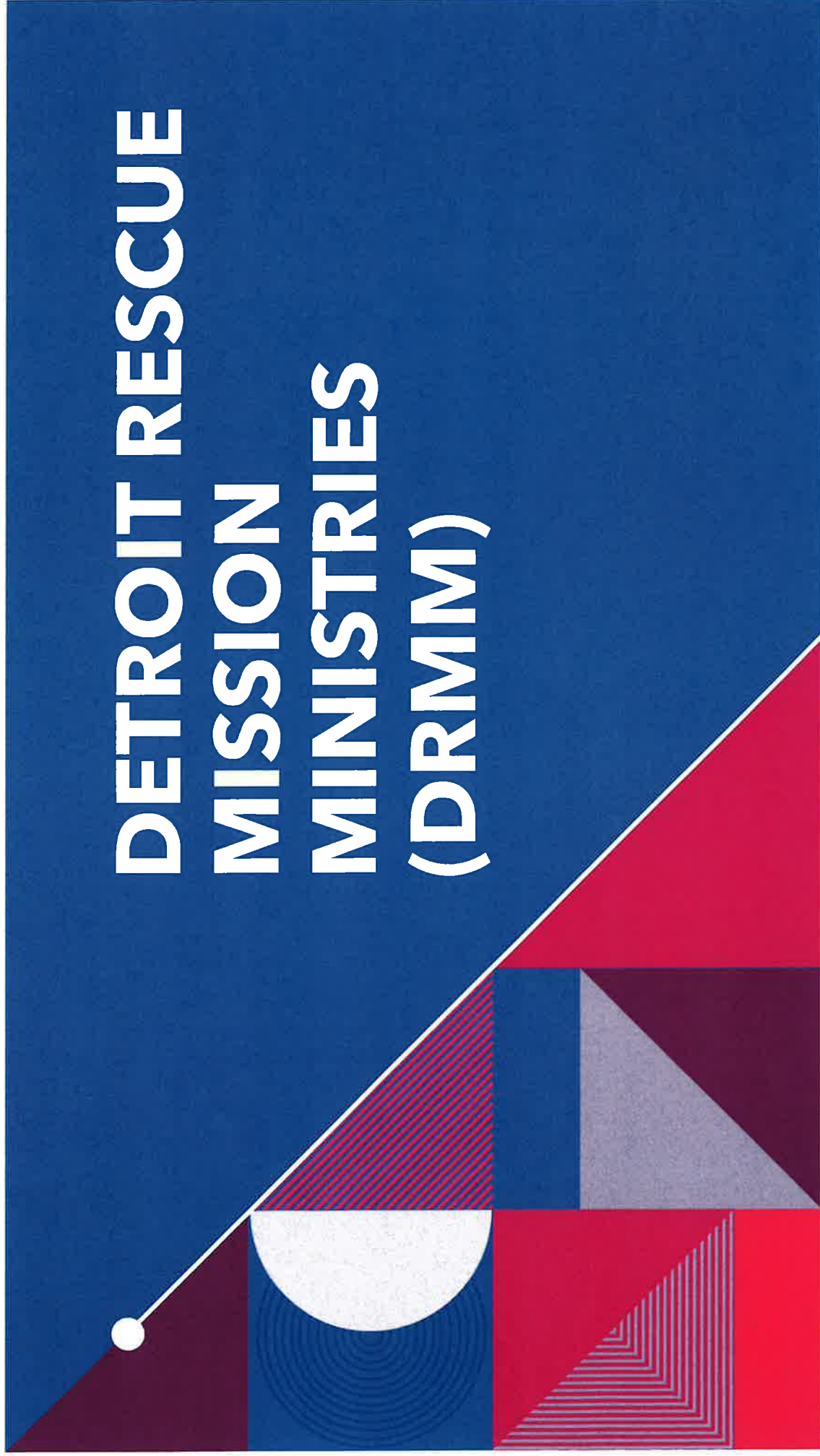
Branding, Visual Design & Outreach Initiatives

The Communications team continues to elevate the DWIHN brand through strategic outreach and cohesive design across internal, external, and digital platforms:

- Internal Staff Communications: We officially launched DWIHN News, a redesigned, consolidated internal newsletter distributed to all staff in March. The format enhances visual consistency and ensures streamlined delivery of organizational updates.
- Provider Communications: All provider-facing newsletters were merged into the newly branded Network News, creating a unified channel for delivering essential information to our provider network.
- PPOV Newsletter Redesign: The PPOV Newsletter was reformatted and refreshed to align with updated brand standards, improving readability and presentation.

- **Outpatient Clinics Branding:** New branding was developed for DWIHN's Outpatient Clinics, including visual identity assets such as logos and signage. These updates ensure a cohesive public-facing presence across clinical locations.
- **Youth Outreach – Mental Health Youth Ambassador Scholarship:** In March, DWIHN launched its 3rd Annual Mental Health Youth Ambassador Scholarship as part of our broader youth engagement strategy. Communications support included branded digital flyers, social media graphics, and a dedicated outreach for schools and partners. The campaign received notable visibility through a segment on Fox 2 News LiveNow, helping raise awareness about the scholarship and DWIHN's youth-focused mental health initiatives.

DETROIT RESCUE MISSION MINISTRIES (DRMM)





WHO WE ARE

Founded in 1909, The Detroit Rescue Mission Ministries (DRMM) has spent over 100 years of continued service providing food, shelter and services to intervene where homelessness and substance use addiction occurs.

DRMM is a faith-based, non-profit organization, recognized by the Commission on Accreditation of Rehabilitation Facilities (CARF) and has devoted a wealth of resources to meet the basic needs of humanity while motivating individuals to rebuild their lives, one life at a time. The DRMM is one of the largest providers in the fight against homelessness and substance abuse in the country.

Mission

DRMM fulfills its mission by providing hope to the hopeless, disadvantaged, and homeless men, women, and children of our community by ministering to the total person – body, soul and spirit – with services and programs designed to address spiritual, physical, emotional, and social needs to those seeking assistance in hopes of them becoming faithful Christians disciplined into a local church, rehabilitated and employed, and living productive and restored lives.



The DRMM provides a comprehensive array of programs and services for men, women, children, and youth who may be homeless or have a substance use disorder and mental health issues. DRMM services are available 24 hours a day, 7 days a week, 365 days a year. The DRMM provides services in 5 counties in Michigan.

These multiple and diverse programs have been organized into a continuum of services model. The model reflects the access, availability, and coordination of services and programs that DRMM has to offer persons in need.

The goal of DRMM is to ensure the appropriateness of services in relation to the person's individualized needs and desires. Therefore, the determination of the need for treatment, housing, and/or other services options occurs at intake.

DRMM PROGRAMS AT A GLANCE



TREATMENT PROGRAMS

Outpatient

Case Management

Recovery Housing

Peer Recovery Support Services

Residential

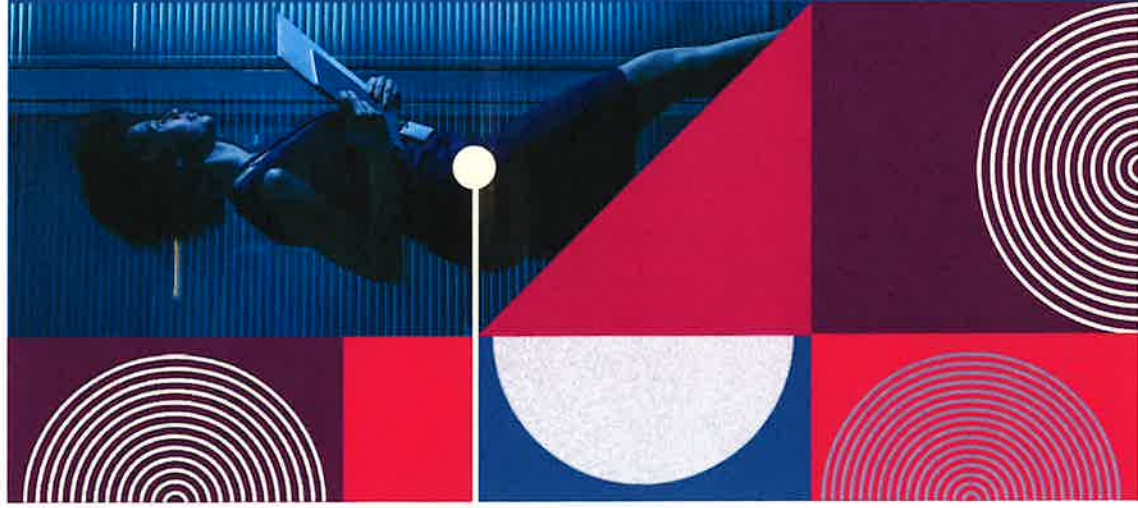
Withdrawal Management

Women Specialty Services

**Screening Brief Intervention Referral to
Treatment**

Medication-Assisted Treatment

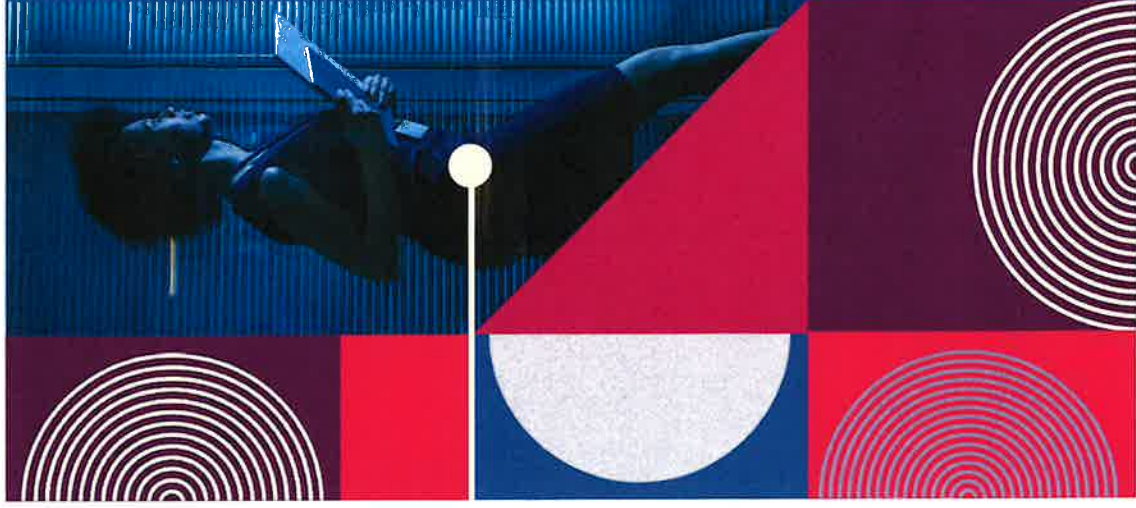




TREATMENT PROGRAMS

CONT.

- **Mobile Unit**
- **State Opioid Response**
- **Harm Reduction**
- **Batter's Intervention Program**
- **CCBHC Services: Primary Care and Psychiatry**
- **Recovery High School Services**
- **Court OP and Peer Services**



TREATMENT PROGRAMS CONT.

Provide Evidenced Practices

Women's Conferences

Yoga

Art Therapy

Acupuncture

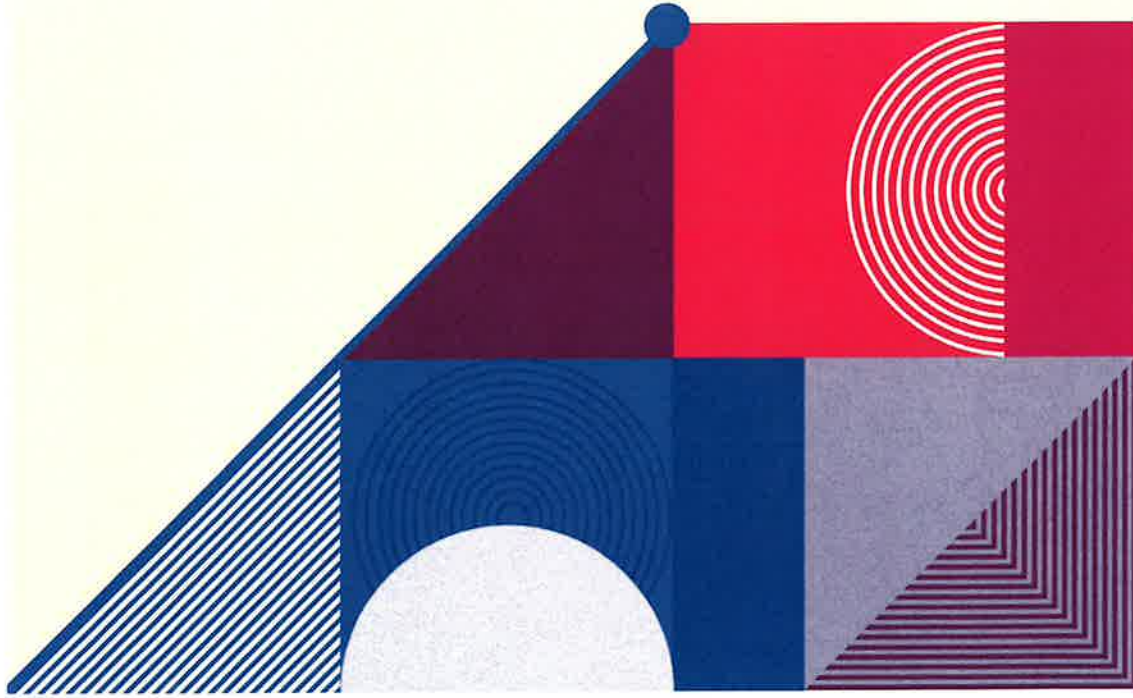
Massage Therapy

Stress Walk

Exercise Therapy

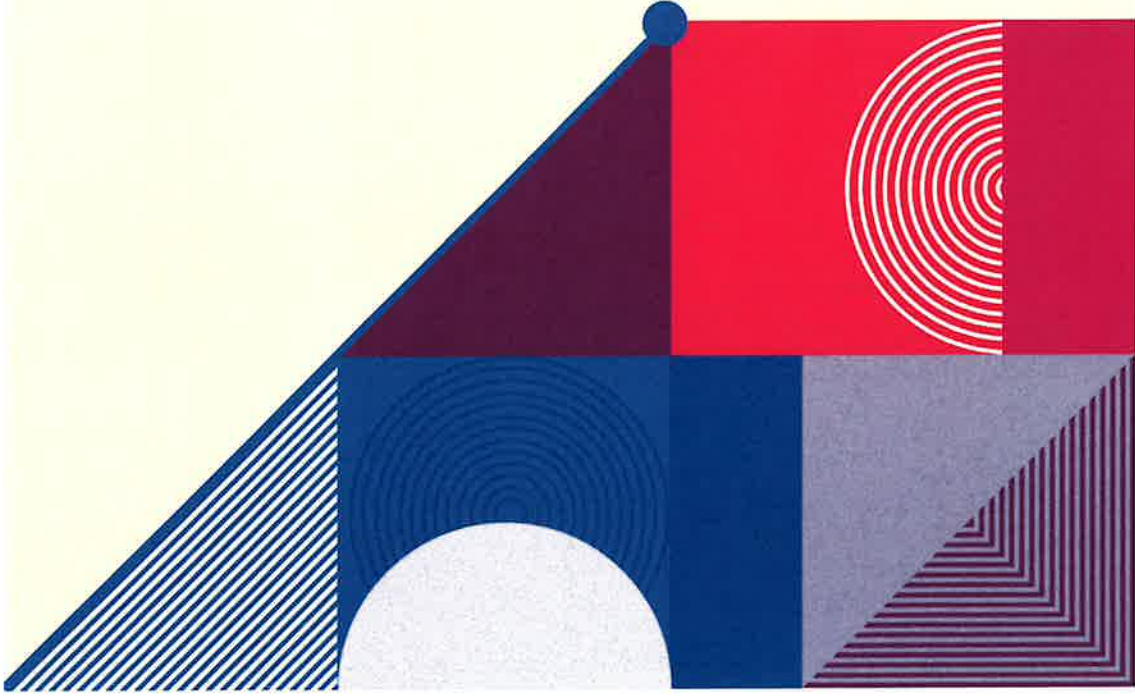
Recovery Outings/Events

STATE OPIOID RESPONSE (SOR) RV



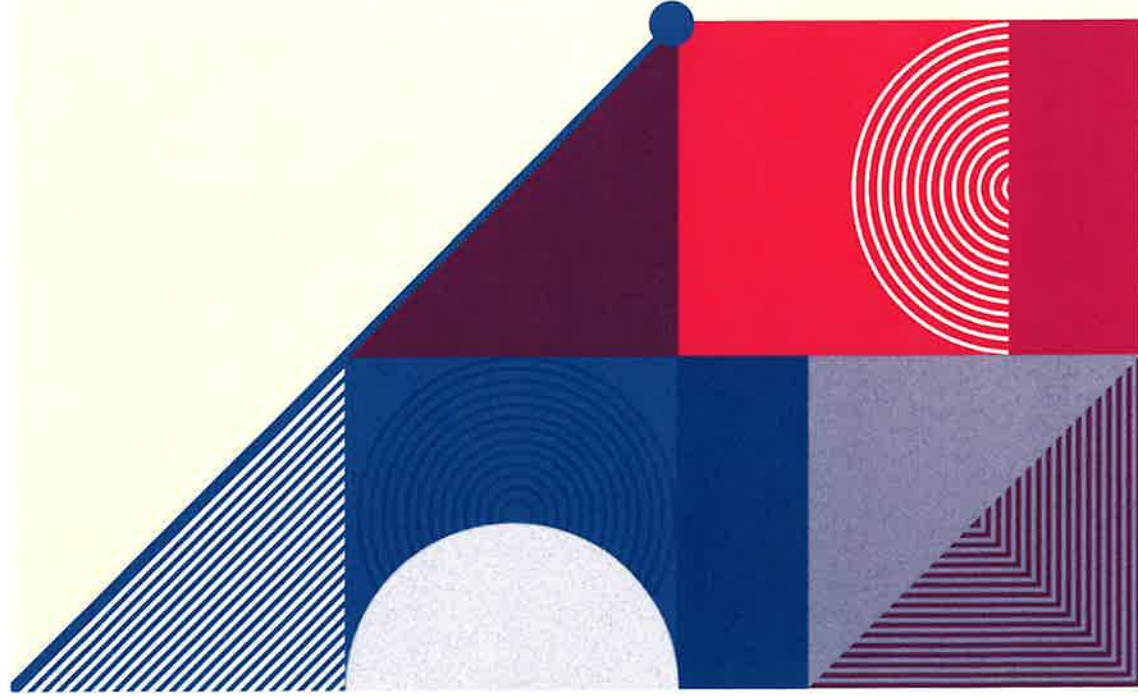


TREATMENT RELAXATION ROOM



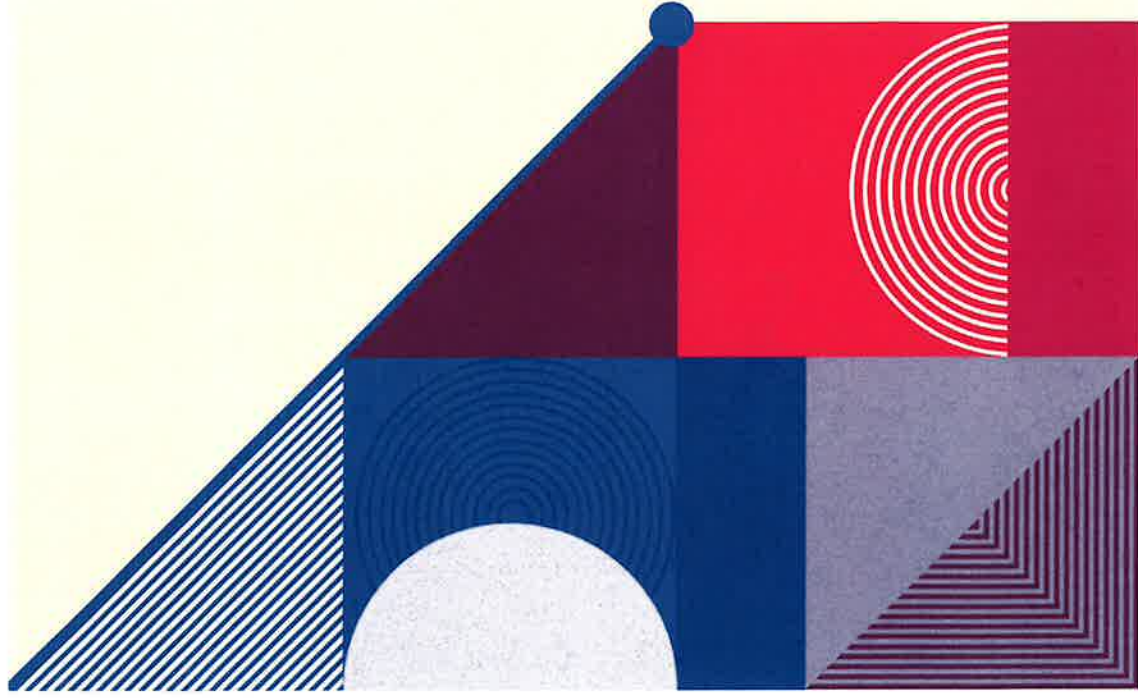


DREAM CENTER OUTPATIENT

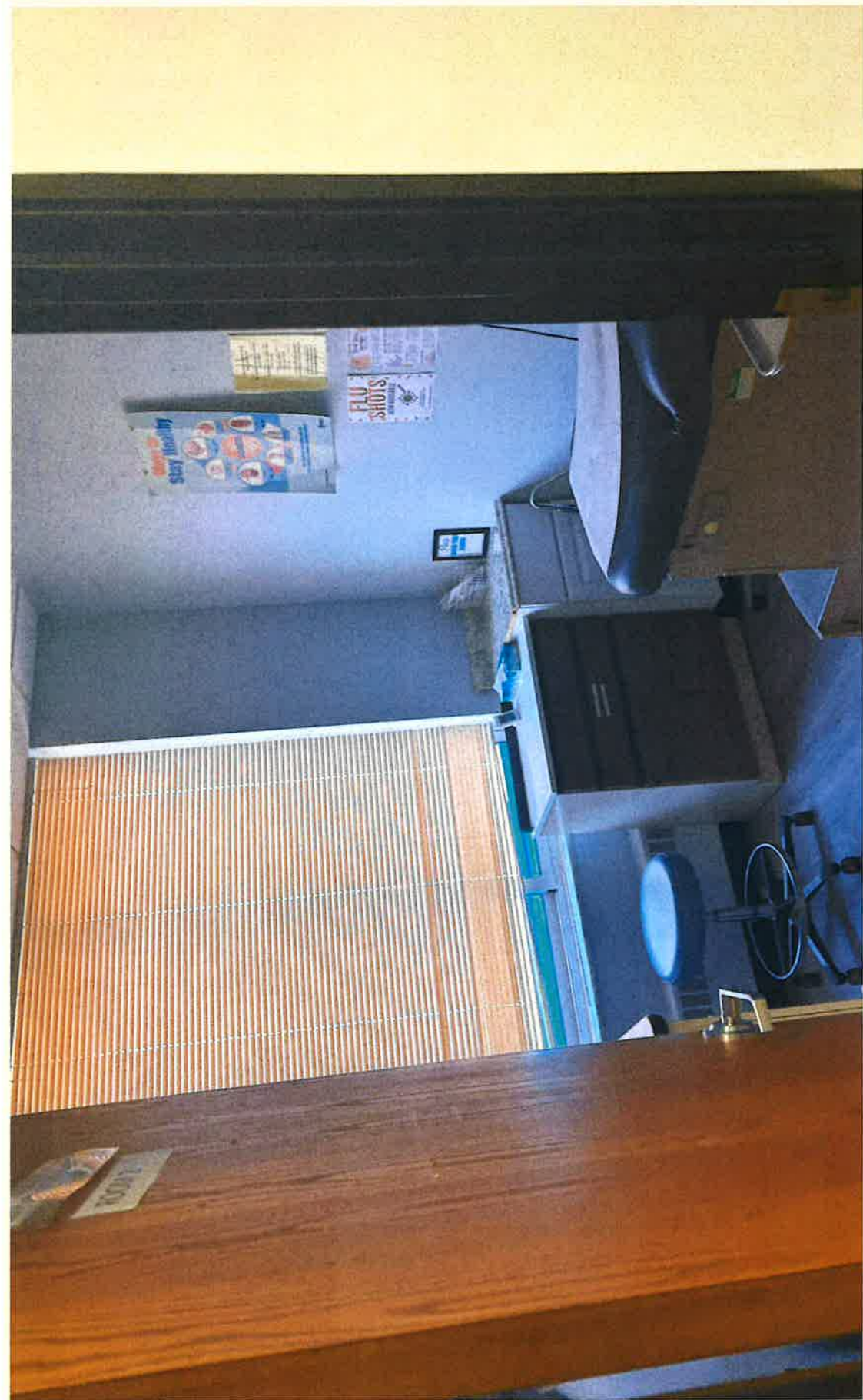




PRIMARY CARE CLINIC







SHELTER/HOUSING PROGRAMS

Shelters

Genesis II

Oasis

Pathways

Mack/Fairview

Gratiot

DRM/3rd Street

Emergency Drop In's

Housing

DeVos

Oasis - MDOC

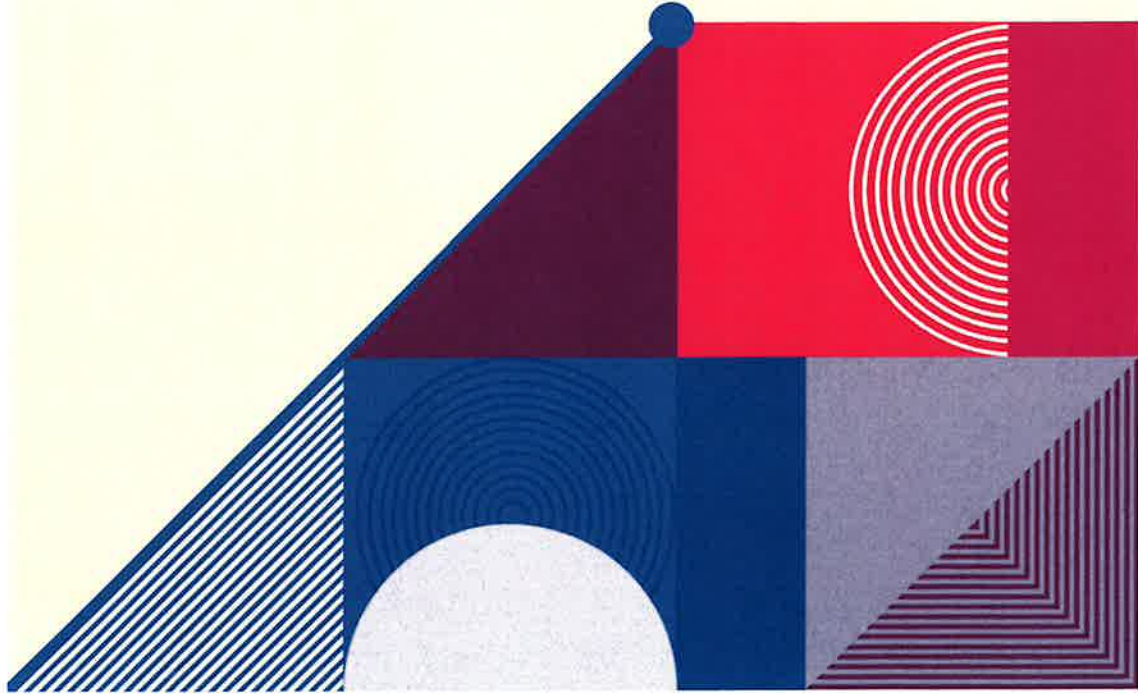
Veteran Housing

335 EGB

Genesis II

**Scattered Housing in
(Detroit)**

DRM/3RD STREET SHELTER CAFETERIA







OTHER DRMM SERVICES

Outreach/Volunteer Services

Food Pantry

Rental of our Two Banquet Halls

FUNDERS

- **City**
- **Local**
- **State**
- **Federal**
- **Private**



THANK YOU

Detroit Rescue Mission Ministries

313-993-4700