



**Detroit Wayne
Integrated Health Network**

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**FULL BOARD
Wednesday, May 21, 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** – April 16, 2025
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – April 2, 2025
Approved Program Compliance Committee Minutes – April 9, 2025
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. PRESENTATION OF FY24 FINANCIAL STATEMENT, SINGLE AUDIT, AND COMPLIANCE EXAMINATION REPORT (Plante Moran)**
- IX. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Annual Meeting - June 18, 2025
 - 2) Metro Region Meeting – Macomb County Community Mental Health (Virtual) – July 24, 2025
 - 3) Update National Council for Mental Well Being – NATCON 25 – Philadelphia, PA (May 5th - 7th 2025)
 - 4) Regional Chamber of Commerce Mackinac Policy Conference 2025 – Mackinac Island, Michigan (May 27th – May 30, 2025)
 - 5) Community Mental Health Association of Michigan Annual Summer Conference –Grand Traverse, Michigan (June 10th -11th 2025)
 - 6) Community Mental Health Association of Michigan Annual Fall Conference – Grand Traverse, Michigan (October 27 – 28)

Board of Directors

Dr. Cynthia Tauog, 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



7) Regional Chamber of Commerce Mackinac Policy Conference 2026 – Mackinac Island, Michigan (May 26th- 29th 2026)

B) Executive Committee

1) Board Study Session (July, October)

C) Finance Committee

D) Program Compliance Committee

E) Recipient Rights Advisory Committee

F) Policy/Bylaw Committee

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

XI. UNFINISHED BUSINESS

Staff Recommendations:

A. BA#23-47 (Revised) Architectural and Engineering Services – 7 Mile Center (*Executive*)

B. BA#25-02 (Revision 3)–Substance Use Disorder (SUD) Health Home Incentive-Based Wellness Challenge (*Program Compliance*)

C.BA#25-24 (Revision 3)- Autism Service Providers FY25 – Acorn Health (*Program Compliance*)

D.BA#25-51 (Revision 3) – Detroit Wayne Integrated Health Network Provider Network System FY25 (*Program Compliance*)

XII. NEW BUSINESS

Staff Recommendations:

A. BA #25-60 – Summer Youth Employment Program (SYEP) (*Program Compliance*)

XIII. AD HOC COMMITTEE REPORTS

A. Strategic Plan Committee

B. Board Building Committee

XIV. PRESIDENT AND CEO MONTHLY REPORT

A. Update Crisis Care Center

B. Update Integration Pilot

C. Update CCBHC

D. Update Long Term Residential Care

XV. COMMUNICATIONS QUARTERLY MEDIA REPORT

XVI. PROVIDER PRESENTATION – Elmhurst Home

XVII. REVIEW OF ACTION ITEMS

XVIII. 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).

XIX. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD
Meeting Minutes
Wednesday, April 16, 2025
1:00 p.m.**

BOARD MEMBERS PRESENT

Dr. Cynthia Taueg, Chairperson	Angelo Glenn
Kevin McNamara, Vice Chairperson	Commissioner Jonathan C. Kinloch
Dora Brown, Treasurer	Bernard Parker
Lynne F. Carter, M.D.	Kenya Ruth

BOARD MEMBERS ATTENDING VIRTUALLY: Ms. Karima Bentounsi

BOARD MEMBERS EXCUSED: Ms. Garza Dewaelsche, Secretary, Ms. Angela Bullock and Mr. William Phillips

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

GUEST(S): Mr. Chad Audi, CEO and Ms. Darlene Owens, Detroit Rescue Mission

CALL TO ORDER

The Board Chair Dr. Cynthia Taueg welcomed and thanked everyone for attending the meeting and called the meeting to order at 1:05 p.m. A roll call was requested.

ROLL CALL

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

APPROVAL OF THE AGENDA

The Board Chair, Dr. Taueg 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 Board Chairperson, Dr. Taueg, 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 March 19, 2025. **It was moved by Ms. Brown and supported by Mr. Glenn approval of the Full Board minutes of March 19, 2025.** There was no further discussion. **Motion carried.**

RECEIVE AND FILE

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

ANNOUNCEMENTS

Network Announcements

Mr. M. McElrath, Public Affairs Manager, Communications Department, reported on several upcoming events. The flyers will be sent to the board members later today. Tomorrow, Detroit Wayne Integrated Health Network (DWIHN) will co-sponsor the Opioid Impact Conference at the Mint Conference Center in Lathrup Village. Dr. Fahim will provide the welcome, this is an annual event that we will have with all of our Providers and some employers. They will talk about how to integrate opioid reduction and overdose work.

April is Autism Awareness Month. This is our second year 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 and providers, share stories, and build a really strong community for Autism Services. The event will be held from 10:00 a.m. to 11:30 a.m.

The Hamtramck Health Hike, which is a 5K will be held on May 17th and our CEO Mr. White will be the Grand Marshal. The hike begins at 9:30 a.m.

The Children’s Mental Health Youth United Group will hold its meeting in Lansing on May 21st. Previously, it was Children’s Mental Health Awareness Day, but it is now Youth Mental Health Awareness Day. The meeting will be from 9:00 a.m. to 3:00 p.m.

The DWIHN Mental Health Ambassador Scholarship deadline is the 23rd of May. There are a lot of applicants, and we want to make sure we provide opportunities to young people, high school students, who don’t have to go to college, but can also attend a trade school. The scholarship can be used for books, room and board. There are no real restrictions; the only thing we want to know is what your mental health journey is and how you are willing to be an advocate.

Congratulations were given to Mr. Tom Adams as he was the NAMI Faith Leader of the Year, and to Mr. Dwight Harris, who was our NAMI peer support person of the Year at the NAMI Honors event held last week.

Board Announcements

Board Chair, Dr. Tauег called for Board Announcements. There were no Board announcements.

The record reflects that Ms. Bentounsi joined the meeting virtually.

BOARD COMMITTEE REPORTS

Board Chair Report

The Chair, Dr. Tauег provided a verbal report. The committee met on Monday, April 14, 2025. It was announced that the City of Detroit and Wayne County reappointments have been made and are completed, there are no new members on the board, however we are happy that the members were reappointed and will be continuing to serve for the next three years. All of the reappointed board members were thanked for their service. The reappointed City of Detroit board members are

Dr. Carter and Mr. Glenn, and the reappointed Wayne County board members are Ms. Brown and Ms. Ruth.

An update on the Metro Region meeting with Oakland County and Macomb was held in March and was a hybrid meeting. It was very well attended; there was a lot of good information and we were pleased that Mr. White was able to give an update on the activities and what is happening here in DWIHN. Commissioner Kinloch provided an overview of the meeting as well as he attended in the meeting in person.

The Board Chair Committee appointments have been made consistent with the Board Bylaws that notes that when there is a new term starting in April we review all of our committee appointments, board members were requested to submit their preferences and there is a slate of board chair committee appointments that is in the packet for each board member. It was reported that Mr. Glenn will no longer serve as the Chair of Recipient Rights, his schedule does not allow him to continue in that role. Ms. Ruth will chair the committee; Ms. Bullock and Ms. Brown have joined the Recipient Rights Advisory Committee. Mr. Glenn will serve on the Program Compliance Committee and Ms. Bullock will serve on the Strategic Plan Committee along with Mr. Parker and Ms. Bentounsi. The committee is chaired by Dr. Carter. Mr. Parker has joined the Finance Committee.

The Executive Committee continues to be Dr. Taueg as Board Chair, Commissioner Kinloch, Vice Chairperson, Ms. Brown, Treasurer, Ms. Garza Dewaelsche, Secretary and Ms. Kenya Ruth. The chair for the Program Compliance Committee continues to be Commissioner Kinloch; and the Finance Committee Chair will continue to be Ms. Dora Brown. The Chair of the Policy/Bylaw Committee is Mr. Phillips, with Mr. Parker being the Vice Chairperson; Mr. Adams will continue to Chair the Substance Use Disorder Oversight Policy Board and Mr. Parker will continue to chair the Board Building Committee. All of the committee reappointments will be in place beginning next month.

The Annual Meeting will take place on June 18th, the location and other information will be forthcoming.

The next Metro Region meeting will be hosted by Macomb County and will be held virtually on July 24th. Board members were encouraged to mark the date on their calendars.

The National Council for Mental Wellbeing—NATCON 25—will meet in May in Philadelphia, and a few members, including Dr. Taueg, will attend. Mr. Parker and Mr. Glenn will also be in attendance. Mr. White and some key staff members are also planning to attend.

The Regional Chamber of Conference meeting on Mackinac, the Mackinac Policy Conference, is scheduled for May 27th. There are a few people attending that conference from DWIHN, and we will be well represented. We will get more feedback, and the meetings should be interesting.

Lastly, the Community Mental Health Association of Michigan has the Annual Summer Conference that is coming up in Grand Traverse, Michigan in June and we will have representation at that meeting. The Community Mental Health Association of Michigan Annual Fall Conference

will be held in October in Grand Traverse, Michigan during the month of October. Board members interested in attending the conference should notify the Board Liaison.

Executive Committee

The Chair, Dr. Taueg provided a verbal report. The Executive Committee met on Monday, April 14th 2025. An update on the Annual Report to the Commission was requested. Ms. B. Blackwell, VP of Government Affairs reported. It was reported that per the Enabling Resolution with Wayne County the annual report was made to the Commission on March 20th. Mr. White went over some of the objectives of the organization and this information has been shared with the board. Information was provided on the CCBHC; the Crisis Services and the outlay for the rest of this fiscal year.

The Chair, Dr. Taueg, noted that during the Executive Committee meeting, there was a vote and a recommendation to this body not to have a board study session in April. According to the Board Bylaws we are to have a board Study Session in April, June and October. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Ms. Brown to approve the recommendation of the Executive Committee to not have a Board Study Session in April.** There was no further discussion. **Motion carried.**

It was noted that the months of the Board Study Session were April, July, and October, and the correction had been made during the Executive Committee meeting. The Board Chair, Dr. Taueg, also noted that June was the month of the Annual meeting, so the Board may do something in concert with the Annual Meeting and also in October; details will be brought to the board once confirmed.

Dr. Taueg, Board Chair 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 the Finance Committee met on Wednesday, April 2, 2025. In the absence of Ms. S. Durant, VP of Finance, the Deputy CFO, Ms. Dhannetta Brown, reported. It was noted that Ms. D. Brown did a wonderful job. The audit will be presented to the Finance Committee in May. We will also go over the Policy and Procedures to increase purchasing for goods and services within Wayne County at the May Finance meeting. There were two board actions that were forwarded to the Board for consideration. Our liquidity levels were strong, and our cash flow was sufficient to support operations. There was no further discussion.

The Board Chair, Dr. Taueg, 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 that the committee met on Wednesday, April 9, 2025. Corporate Compliance gave a follow-up on whether the board can be notified of a provider being non-compliant before the investigation is closed and the committee requested that the Corporate Compliance report begin to provide a monthly breakdown of what cases are closed. Innovation and Community Engagement

provided information on the percentage of DWIHN members who were experiencing homelessness. The report was provided at the meeting and will be sent to board members.

Monthly reports were provided by the Chief Medical Officer and Corporate Compliance. The Chief Medical Officer, Dr. Faheem reported a study was submitted for publication at Cureus Medical Journal in February, which is a peer-reviewed journal and it was published on March 14, 2025 and will be submitted for PMC indexing on April 13, 2025. A link was provided in the report. The authors of the study were Dr. Fahim, Ms. Moody, Ms. Lyons, Ms. Sharp and Mr. James White. Dr. Tauzeg, during the Program Compliance Committee meeting, congratulated the team on such a noteworthy accomplishment. Quarterly reports were received from Adults Initiatives, Crisis Care Services, Outpatient Clinics Services, PIHP Crisis Services, Managed Care Operations, and Utilization Management. The Quality Department provided an update on the Quality Assurance Performance Improvement Plan FY25. The VP of Clinical Operations provided an Executive Summary, which highlighted the Behavioral Health Homes having a total of 848 members enrolled; the SUD Health homes have a total of 783 members enrolled, and the Certified Community Behavioral Health Clinic (CCBHC) has 19,650 members enrolled. The Committee reviewed and moved for Full Board Approval – four Board actions under Unfinished 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. Dr. Tauzeg publicly acknowledged the good work of Dr. Fahim, Mr. White and the entire team on being published. She noted that DWIHN does such good work and she wanted to make sure that was put out in a way that we would have some national recognition. 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) provided a verbal report. It was reported that the committee met on Monday, April 7, 2025. During the meeting, Mr. Chad Witcher was announced as a new committee member. Dr. McCallister, Director, developed a director's check-in for new and seasoned staff to have a safe space to offer feedback on positive and negative operations within the department. Ms. L. Hicks provided a report card update which noted that during the dates of February 4th through February 17, 2025 the Office of Recipient Rights processed a total of 236 cases with only three cases going over 75 days, which was good; for the period of February 18th through March 3rd, 2025 the office process 182 investigations with only three cases going over the 75-day standard; on March 4th through March 17th the team process 198 cases with only one going over the 75 day period; and on March 18th through March 31st the team processed 204 investigations with four going over the 75-day period.

Also, during the meeting, Ms. G. Jones presented the intake process. She discussed the new manager feedback survey and a new hire survey that she created to provide feedback on ways to improve on training and managers' engagement. Ms. T. McMurray provided training to the Committee on the incident report policy, which is mandated by the state of Michigan. She also honored Heavenly Comfort Homes, operated by Mr. Anthony Wahlberg for providing outstanding service to the members that we serve. There was no further discussion. The Recipient Rights Advisory Committee report was received and filed.

Policy/Bylaw Committee

The Board Chair, Dr. Taueg, reported that the Policy/Bylaw Committee did not meet during the month of April. However, the committee is scheduled to meet on Monday, May 19, 2025, at 2:30 p.m., which is the same day that the Substance Use Disorder Oversight Policy Board and the Executive Committee meet. There was no further discussion.

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Mr. Adams, SUD Oversight Policy Board Chair reported that the SUD Oversight Policy Board will meet on Monday, April 21, 2025 as well as the Nominating Committee. The Nominating Committee will be putting forth a slate of new officers for the upcoming year. There was no further discussion.

The Chair, Dr. Taueg called for unfinished business.

Unfinished Business

Staff Recommendations:

A. BA#25-02 (Revision 2) Substance Use Disorder Treatment Provider Network FY25. The Chair called for a motion. **It was moved by Mr. Parker and supported by Commissioner Kinloch approval of BA#25-02 (Revision 2) Substance Use Disorder Treatment Provider Network FY25.** Mr. M. Yascolt, Interim SUD Director reporting. 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 consistently 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 continue 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 members eligibility. There was no further discussion. **Motion carried with Mr. Glenn abstaining.**

B. BA#25-14 (Revised) Credentialing Verification Organization. The Chair called for a motion. **It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA#25-24 (Revised) Credentialing Verification Organization.** Ms. R. Williams, Director, Managed Care Operations reporting. Staff requesting board 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 exceed \$766,912.00 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. 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/recredentialing 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 the Michigan Department of Health and Human Services (MDHHS) and the five Integrated Care Organizations. 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. There was no further discussion. **Motion carried.**

C. BA#25-24 (Revision 2) – Autism Service Provider FY25. The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Mr. Glenn approval of BA#25-24 (Revision 2).** Ms. C. Phipps reporting. Staff requesting board approval to add two (2) new ABA Providers (Apex Therapy Services and Golden Steps ABA) 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. There was no further discussion. **Motion carried.**

D. BA#25-51 (Revision 2) Detroit Wayne Integrated Health Network Provider Network System FY25. The Chair called for a motion. **It was moved by Ms. Ruth and supported by Mr. Glenn approval of BA#25-51 (Revision 2) Detroit Wayne Integrated Health Network Provider Network System FY25.** Ms. R. Williams, Director of Managed Care Operations reporting. Staff requesting board approval to add five (5) providers (two residential providers, two outpatient providers, and one SUD provider to the DWIHN Provider Network. 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. Residential Providers: Love Touch Care LLC (Credentialed 2/27/2025 for Community Living Support); Tender Hearts Inc. (Credentialed 2/27/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support). Outpatient Providers: Majestic Therapies LLC (Credentialed 1/30/2025 for Community Living Support; Respite; Recreational Therapy); Optimum Adult Day Services (Credentialed 2/14/2025 for Skill Building; Therapy (Mental Health) Child & Adult, Individual Family Group); SUD Provider: 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. There was no further discussion. **Motion carried.**

New Business

Staff Recommendations:

- A. BA #25-57 – RFP#2025-01 SOC2+ Type Cyber Security Audit (Plante & Moran)** The Chair called for a motion. **It was moved by Commissioner Kinloch and supported by Ms. Brown approval of BA#25-57 RFP#2025-01 SOC2+ Type Cyber Security Audit (Plante & Moran)** Mr. Keith Frambro, VP of Information Technology, reported. DWIHN is requesting approval of the board action to enter 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 has 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 SOC2+ 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. Discussion ensued. **Motion carried.**

- B. BA#25-61 Mechanical/HVAC Contract** The Chair called for a motion. **It was moved by Mr. McNamara and supported by Ms. Brown approval of BA#25-61 Mechanical/HVAC Contract.** Mr. M. Maskey, Sr. Executive Director of Facilities reporting. DWIHN is requesting board 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 services 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 three-year term ending April 16, 2028. There was no further discussion. **Motion carried.**
- C. BA#25-62 Janitorial Services at Milwaukee Care Center.** The Chair called for a motion. **It was moved by Ms. Brown and supported by Mr. Glenn approval of BA#25-62 Janitorial Services at Milwaukee Care Center.** M. Maskey, Sr. Executive Director reporting. 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/7day 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. There was no further discussion. **Motion carried.**
- D. 25-63 – Janitorial Services at Woodward Building.** The Chair called for a motion. **It was moved by Ms. Brown and supported by Commissioner Kinloch approval of BA#25-63 Janitorial Services at Woodward Building.** M. Maskey, Sr. Executive Director reporting. 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 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 Monday-Friday work week basis for the Woodward facility. The contract total for the initial 3-year term will not exceed \$149,836.80 with an expiration of 4/30/28. A budget adjustment is forthcoming to account for additional expenses. There was no further discussion. **Motion carried.**

AD HOC COMMITTEE REPORTS

Strategic Plan Committee

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

The Chair, Dr. Tauег requested the Board Building Committee report.

Board Building Committee

Mr. Parker, Committee Chair, reported that the Building Committee did not meet during the month of April. However, he noted that they have started to pour the foundation for the Seven Mile facility. So work is underway. There was no further discussion.

The Chair, Dr. Taueg 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 noted that he would be providing updates on our crisis services, integrated health pilot, advocacy efforts, and long-term residential care. Our dedication to improving care quality and accessibility for our community remains steadfast. He announced that on Monday and Tuesday of this week, the crisis and outpatient teams underwent an initial Joint Commission Accreditation review, led by Mr. Rahiem Hampton, the Director of Quality and Compliance for the crisis department, Ms. G. Wolf, Ms. E. Reynolds, Dr. Faheem, Dr. Mammo, Ms. C. McGinn and Ms. M. Peters and the entire team.

We are pleased to report that the preliminary findings were extremely positive, with the surveyor identifying zero high or immediate risk issues. The team will now work through the administrative process to respond to the report, and we anticipate receiving our official accreditation later in the coming weeks. This certification represents one of the highest forms of recognition in mental health, and the auditor noted this was one of the best audits conducted for a service delivery program. He commended the entire team for their hard work in preparing for this review, especially Mr. Hampton, who was inadvertently skipped during the all-staff meeting this morning. His organization and leadership were instrumental in guiding the team to a successful outcome. This is a three-year certification and a major accomplishment for DWIHN.

Crisis Services was highlighted by providing an overview of our recent activities and progress in the past month, our adult unit admitted 325 individuals, while the child and family unit welcomed 88 new admissions. Notably, the primary discharge disposition for both units was Outpatient/CRSP, accounting for 40% of discharges in the adult unit and 64% in the child and family unit. We also observed a significant reduction in inpatient referral rates, dropping from 25% to 11% for the adult unit and from 10% to 8% for the child and family unit compared to the previous quarter. Looking ahead, our Joint Commission accreditation review is scheduled for April 14-15, 2025, which is essential for compliance with MDHHS Crisis Stabilization rules and upholds our commitment to the highest standards of care.

The Integrated Health Pilot, in collaboration with the Detroit Wayne Integrated Health Network (DWIHN) and Medicaid Health Plans, was noted for focusing on care coordination to address gaps in members' physical and behavioral health. Monthly care coordination meetings with Health Plans One and Two have resulted in the opening of 40 members for care coordination in March, with 25 gaps in care resolved. DWIHN is now opening 40% of members in the easy risk stratification tab to enhance support. Updates were provided on the Health Plan Partners. Health Plan Partner One collaborated to open 40 members, with 15 initiated solely by DWIHN due to urgent needs. Health Plan Partner Two discussed 31 members, with 12 gaps resolved and with Health Plan Partner Three we are currently in discussions with Corwell Health and will discuss whether 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.

The Health Plan Partner Three project requires the hospital system to have staff 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.

The HEDIS Scorecard Development that DWIHN has developed is a scorecard to measure care performance, aligning with MDHHS's three-year plan. Ten out of eleven HEDIS measures are currently operational, and we are incorporating substance use data for enhanced reporting. The new Integrated HEDIS Specialist will focus on key measures to support quality improvement efforts, and the scorecard continues to be reviewed in monthly CRSP meetings to ensure data-driven decision-making.

An update was provided on our progress regarding the CCBHC initiative. We received our CCBHC approval from the State, which has been shared with the board, and we are now awaiting final approval from CMS to certify the State's approval. Over the past 4-5 months, CMS has requested additional information regarding revised staffing and cost reports to aid in their review of the program we aim to bring to the community. We are currently in the final stages of preparing our responses to both the State and CMS based on their requests this month. While we cannot project a specific date for CMS's decision due to ongoing changes at the federal level, we remain committed to serving our membership and collaborating with our provider network.

Additionally, we are recruiting members for the Michigan Beneficiary Advisory Council to gather valuable insights aimed at improving Medicaid services. He was pleased to announce the reappointment of Board Members Angelo Glenn and Dr. Lynne Carter by the Wayne County Commission and Ms. Ruth and Ms. Brown by the City of Detroit. Their leadership will be vital for our ongoing initiatives.

The SUD Impact Conference for Employers and Providers will be held on April 17th this conference is hosted annually by DWIHN and MPH; on April 24th Building Community Conversation – a virtual event for parents with children with Autism will be held and on May 4th -6th the NATCON 25 Conference will be held in Philadelphia, PA.

Lastly, Trillium Health is currently working to obtain the necessary permits from the City of Detroit to complete the construction of the site. The DWIHN team is collaborating closely with them to monitor the project's progress. There has been considerable conversation at the federal level, and the board will be updated as soon as we receive any information. Currently, we have not received any direct policy changes from the MDHHS. We will continue to stay vigilant and engaged.

It was noted that there was a staff meeting today with over 350 participants, and that number continues to grow. He was really happy to see that, as we strive to provide valuable updates and foster engagement with our staff who are very hardworking and committed to this work, he wanted to make sure that they feel appreciated. We're going to be implementing some additional things going forward, opportunities for them to communicate with him, and a task for Ms. Blackwell, finding a way that we can issue some certificates for those employees who have exemplified the hard work and commitment to DWIHN. We want to make sure that we highlight them. He is not sure how it will be done, but he is looking forward to its implementation. He congratulated

members of the DWIHN family who went to the NAMI Chucks and Tucks event; there was a good turnout from DWIHN; Board member Bullock was there to represent the board and everyone had a really good time. Mr. Tom Adams, SUD Board Chair received the Faith Leader of the Year Award; and Mr. Dwight Harris had an amazing story, we are going to do some work with him and make sure we have more people hear his story and some of the things that he has done to turn things around, he is a great employee for us. Congratulations were given to both of them. Dr. Taueg noted that there was a lot going on, not in Michigan, but throughout the country.

Ms. B. Blackwell, VP of Government Affairs provided the legislative update. It was reported the report was a part of the packet. DWIHN continues to work with our lobbyists at Public Affairs Associates (PAA), our lawmakers in Lansing, also members in DC and educating them on policies and priorities for DWIHN. We had recent meetings with Mr. White and the County Executive, Mayor Duggan, Representative Robinson, McKinney as well as members from Congressman Tandar's office; most recently in Lansing there were meetings with the Michigan State Budget Director, Jennifer Flood to highlight the potential impact of federal funding cuts on key programs such as Medicaid and education and emphasizing that while the state managed short-term losses there will be long-term reduction that would still be unsustainable. Some of the short-term solutions that were acknowledged was that Michigan could cover some federal funding cuts in the short-term using the state's \$2.2 billion Rainy Day fund. However, it was warned that major reductions, especially to essential programs like Medicaid and education, would not be sustainable in the long run. Michigan's budget is currently based on existing federal funding levels. Director Flood noted that any significant cuts from Washington would require adjustments down the road. 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. This is the main reason why DWIHN has been having ongoing conversations with local legislators to emphasize the need for behavioral health care not only in Wayne County, but throughout our state.

On March 27th the U.S. Department of Health and Human Services announced that SAMHSA would be absorbed into a new agency call the Administration for a Healthy America Divisions of AHA, include primary care, maternal and child health, mental health, environmental health, HIV, AIDs, and workforce with support of the US Surgeon General and policy team. The Center for Medicaid and Medicare Services would 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. We are taking a proactive approach as to how we can ensure that behavioral health care services will not be impacted here at home. It is difficult to know exactly how the shift in federal public administration will impact individual organizations. We are continuing to monitor and be mindful as we advocate for all critically federally funded services. To date, we know programs and services receiving federal funding that have been impacted are the following, there has been a reduction of overall grant making for addiction treatment organizations; cuts to or elimination of federal educational and training programs for addiction treatment providers, nonprofits and state level organizations. A discontinuation for population-specific addiction treatment services including programs that are designed specifically for the LGBT community and or patients of a particular race, such as programs designed to meet the specific needs of people of color. There is possible expansion for faith-based programs that fall outside the evidence based best practices. There are a lot of things

that are still in flux and we are continuing to work with our state and federal partners to gain as much information as possible.

It was reported that at the Executive Committee meeting on Monday, it was discussed to have someone from PAA attend our Annual meeting on June 18th to talk about where things stand, not only for Michigan but also the county, as things evolve through many federal changes. We will be sure to have that as an update from our CEO as well as from our legislative partners.

Discussion ensued regarding the discussions taking place in the federal government about any additional cuts that might come down with Medicaid, in particular. It was noted that the state is still looking at the budget, which will not be determined until later in the fall. Discussion ensued regarding the area of substance abuse and addiction, and if it was known how much that represents in funding, it was requested that the information be passed along, and if we are trying to supplement some of those funds, particularly in the areas of substance abuse. It was noted that we are responsible to try to provide services for that population. Mr. White noted that we are monitoring the impact. We know some of the COVID dollars have been affected, and some of the grants have been taken away. We are working right now to understand how that impacts some of our provider network. We are looking at this from a holistic standpoint as to what impact can be made if we have smaller providers that may benefit from working with other providers during this crisis. One of the things that we are not going to be able to do is to absorb the delta that is created by the loss of some of these grants across the network, it is just going to be an impossibility.

Discussion ensued about things we are preparing to do, if there is a provider that is more successful working with a group we are not going to leave them out there, we will work through how we can get them the services that they need and it may be an opportunity to support some providers, but we are just not there yet. It was reported that the cuts in grants have been really minimal in terms of direct cuts to DWIHN that we received from the state. We have until April 30th to submit expenditures through March, so we have very aggressively contacted providers to get their costs and expenses so that we can draw down. It is estimated that there may be less than half a million dollars that may be cut to Providers. The interim Director of Substance Use Disorder did speak about going for the ARPA grant for Substance Use Disorder and potentially going to the SUD Advisory Board and request to use PA2 for any expenses that have been incurred by providers that cannot submit after March 31st. Providers that may have direct contracts with the federal government or with the state may have had cuts. It was noted that we are not in a financial position to subsidize those losses right now, between contracts that exist outside of Detroit Wayne and directly with the provider network and the various entities in government. The Board noted it was hoped that we look at those that have been very successful in working with the population and that although we would not be able to fund all of them at the level they were getting, but we do have reserve funds and that this is a good purpose to continue some of the successful programs that are working with people that have substance problems. It was noted that those concerns can be deferred to the Finance Committee, and VP Durant of Finance can speak to that at the next committee meeting. Dr. Taueg, noted this was a great report. The Board requested some talking points that can be used when running into folks at conferences before the June meeting, so they can be prepared to respond. It was stated that Mr. White is nearing his six months of service and was doing a great job. The President and CEO Monthly Report was received and filed.

PROVIDER PRESENTATION – Detroit Rescue Mission Ministries (DRMM) provided a PowerPoint presentation for the record. Dr. Chad Audi President and CEO and Ms. Darlene Owens VP, of Treatment Services presented. A brief update about Detroit Rescue Mission Ministries was provided. It was reported that DRMM was founded in 1909, is 116 years old, is a faith-based organization, has been providing services in the community in Wayne County and 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. DRRM services are available

24 hours a day, 7 days a week, 365 days a year and services are provided in 5 counties in Michigan. They are a non-profit and are CARF accredited which they were noted as being excellent in their CARF Accreditation in July of 2024. They are one of the largest homeless shelters in the United States and substance abuse. The mission is basically providing hope to the hopeless, disadvantaged in homeless men, women, and children and to feed the mind, body, and spirit, the total body of the individual and try to help them get employed, to have a place to live and also be substance free as well as addressing their mental health issues. They have a comprehensive array of programs and will develop programs for what is needed for the individual or find community partners to help them with it. Their goal is to ensure the appropriateness of services in relation to the person's individualized needs and desires. It is not about what we need; it is about what the person needs, and that is what is addressed. There are case managers who look at treatment, housing, and services options. The services offered include Outpatient, Case Management, Recovery Housing, Peer Recovery Support Services, Residential, Withdrawal Management, Women Specialty Services, Screening Brief Intervention Referral to Treatment; Medication-Assisted Treatment, Yoga, Women's conference, Art Therapy, Acupuncture, Mobile Unit, State Opioid Response, Harm Reduction, CCBHC Services -Primary care and Psychiatry to name a few. It was noted that they do everything other than methadone, they do Vivitrol and Suboxone. The mobile unit was purchased with the assistance of DWIHN and it is out on the road and they are very proud of that service as well as the State Opioid Response which is also from DWIHN. DRMM also has harm reduction services, which teach people how to use drugs safely because not everyone is ready to come into treatment. They believe in dispensing Narcan, xylazine and fentanyl test strips and teaching how to use them. Narcan vending machines are now in their shelters and a post box on Mack and Cass streets. They also did a presentation at the Little Caesars Arena. The Batters Intervention Program works with men and women that batter their opposite gender and end up in prison; this is a 10-week program, 20 sessions which is called the Duluth model which she facilitates. Overviews were provided on their CCBHC services, which they use Wayne State for the psychiatric services; there is a recovery high school that they were awarded from the Michigan Department of Health and Human Services which they still sustain that program providing peer recovery coach services as well as meeting the needs of those kids that are still actively using. They also have court outpatient and peer services in Wyandotte with the 27th District court and helping clients with substance abuse and mental health issues go to outpatient services and provide reports to the court on their status. All programs are evidence-based, and they use Cognitive Behavior Therapy (CBT), motivational interviewing, and medication-assisted treatment to assist clients. The Women's conferences are usually held every month, but there has been so much going on that they have been having fewer conferences. Yoga classes are provided to men and women every Friday which helps folks to relax and they are finding more men like it than women. Art therapy is offered every week; Acupuncture services and stress walks, weather permitting, is done because they believe in a healthy body and a healthy mind as it takes two years for the brain to recover from addiction. There are recovery outings and events, folks were taken to the Detroit Pistons game on February 28 which was enjoyed as a lot of them have never seen a professional event and or been able to attend a drug-free event. DRMM shared pictures of their RV mobile unit which was bought by Detroit Wayne and DRMM. It was noted that they go to some of those high-risk areas where others may not go and offer services. There were also pictures of their treatment relaxation room, the women were recently moved into the men's facility which is now co-ed, but folks are kept separate. The room provides a place where they can center themselves because they start curriculum and treatment services from 7:00 a.m. to 4:30 p.m.; there is a Dream Center is one of their outpatient clinics in Wyandotte, the primary clinic is located in

Highland Park which has six rooms for the doctors to work in, there are pharmacy services, and they also work with the Miller Vein Clinic which comes out every quarter and check folks veins.

It was reported their shelters are Genesis 2, which is for women and children, and families; Oasis treats men; Pathways is for women and children and the Mack and Fairview treats only men; Gratiot treats women, children and families; Dream 3rd Street is the oldest shelter in Detroit and is for men. There is also a new program called Emergency drop-in which is for anyone in need of services that are homeless, they can drop in and we can shelter them and try to triage them out to the proper place and needed services. It was noted they have housing, Devos is their permitted supportive housing for men, Oasis is for our Michigan Department of Corrections folks, there is housing for veterans which can house up to 61 people and those our studio apartments, there are 335 recovery housing and Genesis 2 is for Michigan Department of Corrections clients; there is also scatter housing, there are currently 54 families that housing has been provided to and those are for folks that are working, homeless families that now have a home. There are six more that will be provided to someone that is basically one year as being clean from drugs. There are outreach volunteer services, and if someone is interested in volunteering, one can visit the website. There is also a food pantry program, and there are two banquet halls that are for rent. Funders are city, local, state, federal, and private.

The board thanked both Ms. Owens and Mr. Audi for such a great presentation. Discussion ensued regarding the holistic services, and it was discussed whether a calendar was provided of the yoga and other offered activities. It was noted that the calendars are posted on every floor so clients know what is offered and the services are separate for men and women. Information was provided on the drop-in center, which was provided as 33535 Third Street in Detroit, and 13220 Woodward, Detroit, which are for men, and 1290 West Chicago, Detroit, which is for women and children, the number to DRMM was also provided. It was also noted folks can also call CAM for services and access to DRMM.

Discussion ensued regarding Genesis 2 being closed, which DRRM confirmed that it was not closed. However, Genesis 3, which served women and children, was moved to a different site when Genesis was closed. It was noted that there is another organization called Genesis. Discussion ensued regarding the housing component in terms of duration of stay and the number of homeless people that are housed every day, which was reported to be about 900 people, and it differs between the programs. It was noted that they started with the warming center shelter, and permanent supportive housing. There were a lot of vacant homes in Detroit, and they worked with the City of Detroit Landbank to get the homes and rehabilitate them by the individuals who are residents of their program. Skills were taught, and the homes were given to actual homeless working families. The idea is they have to be homeless originally, be working and have kids to qualify they are assigned a case manager for two years, a lien is placed on the house for two years and if they meet all the requirements, pay the utilities, maintain the house in the same condition that it was given to them for two years, the deed to the home is placed in their name. DRRM has done 54 homes since 2013. Currently, because of the number of homes and market going so high we have a few homes that are being used in different programs where they are made available for individual transitional where one is placed in the house for one or two years until they get back on their feet and then we will move another family into the home. DRMM provides service to 2,400 people under our roof every single day, provides 5,000 meals every single day, and has about 350 full-time staff, most of whom are from Detroit and mostly are from diverse groups, especially

minorities. We give second and third chances to people. DRMM is big on recovery and are very proud of our partnership with DWIHN. They also take 1200 children from the inner cities, specifically Detroit and Highland Park, to spend one week at a time in Howell, Michigan, which has a 240-acre camp. The kids experience outdoor activities, nature center, lakes, climbing walls, zip lines, and this has helped them to excel in their education when they return. We are doing a test this year to see if we take the recovery community for one week, how this will affect their behavior. It was noted that they rely heavily on individual donations. However, they do receive government funds, and they will be doing a campaign to gear up for working without federal grants.

The board thanked them for their presentation and noted it was one of the most heartfelt and best presentations that have been given, encouraged them to keep up the good work and that they were pleased with all the work they have been doing. There was no further discussion.

REVIEW OF ACTION ITEMS

1. Government Affairs to provide information on the federal cuts and the impact on DWIHN. Also that any information on the federal cuts be deferred to the Finance department.
2. Government Affairs to prepare a pocket-sized talking point sheet to assist with questions that may come up at conferences.

GOOD AND WELFARE/PUBLIC COMMENT

The Chair Dr. Taueg called for Good and Welfare/Public Comment. There was no Public Comment or Good and Welfare.

ADJOURNMENT

There being no further business, Dr. Taueg, Chairperson called for a motion to adjourn. **It was moved by Mr. Parker and supported by Ms. Ruth to adjourn. The motion carried unanimously.** The meeting was adjourned at 2:22 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

APRIL 2, 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 1:05 p.m.

TYPE OF MEETING

Finance Committee Meeting

FACILITATOR

Ms. Dora Brown, Chair

NOTE TAKER

Ms. Lillian Blackshire, Board Liaison

Finance Committee Members Present:

Ms. Dora Brown, Chair

Ms. Kenya Ruth

Ms. Karima Bentounsi

Committee Members Excused:

Ms. Eva Garza Dewaelsche

Mr. Kevin McNamara, Vice Chair

Board Members Present:

Dr. Cynthia Taueg

Board Members Attending Virtually: None

SUD Oversight Policy Board Members Attending Virtually:

Mr. Thomas Adams, Chair SUD Oversight Policy Board

Board Members Excused: None

Staff: Mr. James White, CEO and President; Mr. Manny Singla, Executive VP of Operations; Ms. Dhannetta Brown, Associate VP of Finance; Ms. Brooke Blackwell, VP of Government 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; Mr. Mike Maskey, VP of Facilities; and Mr. Kieth Frambro, VP of Information Technology; Mr. Jody Connally, VP of Human Resources; Ms. Ebony Reynolds, Executive Director of Direct Clinical Services; Ms. Rai Williams, Director Managed Care Operations;

Staff Attending Virtually: Mr. Jeff White, Associate Vice President of Operations.

Guests: None

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 Ms. Ruth and supported by Ms. Bentounsi approval of the agenda. No changes or modifications were requested on 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 the purchasing of goods and services within Wayne County. This item was deferred until next month's meeting date, May 7, 2025.

VI. Approval of the Meeting Minutes

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

VII. Presentation of the Monthly Finance Report

D. Brown, Associate VP of Finance, presented the Monthly Finance report. A written report for the five months ending February 28, 2025, was provided for the record. The DWIHN Finance accomplishments and noteworthy items to report were:

There were no noteworthy items reported.

Due from other governments – comprises various local, state, and federal amounts due to DWIHN. Approximately \$6 million in SUD and MH block grants are due from MDHHS. Approximately \$23.7 million for Quarter 1 and January/February 2025 pass-through HRA revenue. The remaining \$12.4 million relates to fiscal year 2024 outstanding receivables due from MDHHS for primarily PBIP and CCBHC cost settlement.

IBNR Payable represents incurred but not reported (IBNR) claims from the provider network; the historical average for claims incurred through February 28, 2025, was approximately \$396.1 million. However, actual payments were approximately \$313.5 million. The difference represents claims incurred but not reported and paid \$82.6 million.

State contracts and contracts—The \$18 million variance consists of \$8.2 million less estimated as compared to the budget related to HRA pass-through payments. The remaining \$9.8 million variance relates primarily to the 7-mile construction project estimated to be underway. DWIHN expects construction to pick up in the latter part of the fiscal year.

Prior year Medicaid savings—The Amount reflects the carryover from FY24. Per the MDHHS contract, this is the first to be spent in FY25. It should be noted that based on the expenses incurred through 2/28, the Medicaid savings will be fully exhausted, and there will be no Medicaid savings at the end of the fiscal year.

Autism, Adult, Children's and IDD services – Although this variance appears to reflect \$5.8 million excess expenses incurred compared to the budget, the variance is \$14 million as the shortfall in HRA pass-through expense (\$9.8 million) referred above is reported in adult services. Utilization appears to continue to increase. Assuming expenses continue to outpace

the revenue, DWIHN will likely use a portion of its ISF. CFO will continue to keep an eye on expenses to determine whether steps should be taken to look at cost-cutting measures. Discussion ensued regarding balance sheet; cash flow; total operating revenues and taking necessary precautions regarding future spending. Discussion ensued regarding Autism costs. There was no further discussion.

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

IX. Unfinished Business – Staff Recommendations: None

X. New Business – Staff Recommendations:

a. Board Action 25-57 – RFP# 2025-01: SOC 2+ Type CyberSecurity Audit. Mr. Keith Frambro, VP of Information Technology, reported. DWIHN is requesting approval of the board action to enter 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 has recommended that we have our cybersecurity program reviewed by an external entity. **Motion:** It was moved by Ms. Ruth and supported by Ms. Bentounsi for approval of BA #25-57 – RFP# 2025-01: SOC 2+ Type CyberSecurity Audit to Full Board. There was no further discussion. **Motion carried.**

b. Board Action 25-61 – Mechanical/HVAC Contract Presented by Mr. Mike Maskey, VP of Facilities reported. 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 if there were 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 are 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. **Motion:** It was moved by Ms. Bentounsi and supported by Ms. Ruth, approval of BA #21-61 – Mechanical/HVAC Contract to Full Board. Discussion ensued regarding a breakdown of costs and warranty coverage. There was no further discussion. **Motion carried.**

XI. Good and Welfare/Public Comment—The Chair read the Good and Welfare/Public Comment statement. No members of the public requested 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 Ms. Ruth and supported by Ms. Bentounsi to adjourn the meeting. **Motion carried.** The meeting was adjourned at 1:36 p.m.

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

FOLLOW-UP ITEMS services within Wayne County.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

APRIL 9, 2025

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY

I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:08 p.m.

TYPE OF MEETING

Program Compliance Committee

FACILITATOR

Commissioner Jonathan Kinloch, Chair

NOTE TAKER

Sonya Davis

TIMEKEEPER

Committee Members: Angela Bullock; Dr. Lynne Carter; Commissioner Jonathan Kinloch; and Bernard Parker

Committee Member(s) Excused: William Phillips

ATTENDEES

Board Member(s): Dr. Cynthia Tauieg, Board Chair (Virtual) and Dora Brown, Board Treasurer

Staff: Brooke Blackwell; Dr. Shama Faheem; Monifa Gray; Marlana Hampton; Sheree Jackson; Melissa Moody; Cassandra Phipps; Ebony Reynolds; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; Daniel West; James White; Rai Williams; Grace Wolf; and Matthew Yascolt

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 informed the committee that there is a correction on agenda item (V), Follow-Up Items from Previous Meeting (B. Chief Medical Officer's Report), which would be deferred to the Program Compliance Committee meeting on May 14, 2025. The correction is to change the word "hospital" to "crisis center". Commissioner Kinloch called for a motion to approve the agenda as amended. **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to approve the agenda as amended. Commissioner Kinloch asked if there were any further

changes/modifications to the agenda. There were no further changes/modifications to the agenda. **Motion carried as amended.**

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS

- A. **Corporate Compliance Report** – Provide additional information to determine if the Board can be notified of a provider being non-compliant before the investigation is closed - It was reported that, in determining whether the Board may be notified of a provider's non-compliance prior to the conclusion of an investigation, several key factors must be carefully considered. First, it is essential to protect the integrity of the ongoing investigation and mitigate potential legal and reputational risks to DWIHN. Prematurely disclosing sensitive information could disrupt the investigative process, compromise confidentiality, and lead to undue harm by prematurely labeling the provider as non-compliant before all relevant facts have been fully examined. Additionally, the PIHP contract explicitly prohibits the Compliance team from disclosing any details of the investigation to the provider if a credible allegation of fraud has been identified, in order to maintain the confidentiality of the investigation and prevent potential interference. Moreover, legal considerations must be taken into account regarding potential reputation risks or privacy violations if premature disclosures are made before an investigation is concluded. Based on these factors, it is advised to withhold notifying the Board of a provider's noncompliance until the investigation is completed and definitive findings are available, ensuring that due process and confidentiality are upheld throughout. Commissioner Kinloch opened the floor for discussion. Discussion ensued.
- B. **Chief Medical Officer's Report** – The committee requested a deeper dive to determine reasons individuals are returning to the hospital for services – Are they not receiving services they need? There was a correction on this agenda item. The request should read, "The committee requested a deeper dive to determine reasons individuals are returning to the Crisis Center for services – Are they not receiving the services they need?" This request has been deferred to the Program Compliance Committee meeting on May 14, 2025.
- C. **Innovation and Community Engagement's Quarterly Report** – Provide the percentage of DWIHN's members that are experiencing homelessness in Detroit and Wayne County. It was reported that for some people, untreated mental illness or substance use disorders can lead to housing instability and eventually homelessness. For others, becoming homeless comes first, and the extreme stress, trauma, and hardship of living unhoused can trigger or worsen mental health conditions and increase vulnerability to substance use as a coping mechanism. In Detroit and similar urban areas, we might find that economic factors, limited health resources, housing affordability crisis, concentrated poverty, and racial inequalities are the contributing factors to being unhoused. The Chair opened the floor for discussion. Discussion ensued. According to the National Alliance to End Homelessness, nearly 80% of communities have a bed shortage, and 38 state and local governments spend more on corrections than housing and community development. Michigan spends \$2,534,543,000 on corrections, which is around 1.3 times the amount spent on housing and community development at \$1,908,153,000. A summarization of the literature comprised of over 100 studies found that criminalization makes the crisis worse. In the summer of 2024, the Supreme Court's ruling in *City of Grants Pass v. Johnson* allowed communities across the country to enact making sleeping in public spaces a legally punishable offense. Law enforcement can fine, ticket, or

	<p>arrest people living unsheltered, even when there is no adequate shelter available. The Access Call Center handled 45,327 calls for the 1st quarter (October 2024-December 2024) and 2,173 were unhoused/unsheltered (4.79%). The Access Call Center handled 44,081 calls for 2nd quarter (Jan2025-March 2025) and 2,547 were unhoused/unsheltered (5.78%). The total individuals screened during this period were 89,408 and there 4,720 individuals identified as homeless/unsheltered (5.28%). The committee requested that a copy of the findings of this agenda item be sent to the Board Liaison for distribution to the committee. (Action)</p> <p>The record reflects that Dr. Carter joined the meeting at 1:30 p.m.</p> <p>D. Children’s Initiatives’ Quarterly Report – Provide the attendance data for students enrolled in the GOAL Line program – It was reported that during FY 24, the school attendance for students enrolled in the GOAL Line program was 93% and 94% for FY 25. The Chair opened the floor for discussion. There was no discussion.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the March 12, 2025, meeting minutes. Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to approve the March 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

<p>17B 18B</p> <p>DISCUSSION/ CONCLUSIONS</p>	<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. Behavioral Health Education, Advocacy, and Outreach – DWIHN participated in a game event at the Michigan Science Center in February 2025 with a discussion time with Dr. Faheem to talk about the impact of gaming. The Communications Department organized Media training for all psychiatrists in March to encourage participation in future advocacy, media appearances, education, and presentations as needed. Twelve (12) leading national mental health and substance use organizations released a statement following the announcement of drastic staffing cuts at the U.S. Department of Health and Human Services (HHS) from Substance Abuse and Mental Health Services Administration (SAMHSA): "As the nation’s leading mental health, suicide prevention, and substance use organizations, we are deeply alarmed by the widespread, immediate staffing cuts and dismantling of entire offices occurring at HHS. HHS’s critical work is vital to increasing access to mental health and substance use disorder care, improving suicide prevention efforts, stemming the opioid epidemic, and reimagining our nation’s mental health crisis response. American Psychiatric Association also released statement on February 14, 2025, Executive Order 14212, establishing the Make America Healthy Again Commission casts doubt on this research by tasking the Commission with “assessing the prevalence of and threat posed by the prescription of
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selective serotonin reuptake inhibitors (SSRIs), antipsychotics, mood stabilizers, stimulants, and weight-loss drugs”. The safety and efficacy of traditional antidepressants, antipsychotics, and mood stabilizers (such as lithium and some anticonvulsants) and stimulant medications have been established through decades of rigorous research, randomized clinical trials, peer-reviewed studies, meta-analyses, national registry studies of thousands of people, post-marketing pharmacovigilance monitoring, and FDA oversight

2. **Research and Scholarly Activities** – We submitted this study for publication at Cureus Medical Journal in February, which is a peer-reviewed journal, and it was published on 3/14/25 and will be submitted for PMC indexing on 04/13/2025. Dr. Shama Faheem, Mrs. Melissa Moody, Ms. Marianne Lyons, Ms. Stacey Sharp, and Mr. James White are the authors of this journal. Staff did a study for clubhouse participants in the last 10 years and narrowed them to include a subgroup that had at least one psychiatric admission 90 days before starting the clubhouse. Eighty-nine members were selected using the selection criteria and process, and their hospitalizations were calculated 90 days before and after clubhouse enrollment. A significant reduction in psychiatric readmission rates was observed, with an eightfold decrease in hospitalizations post-clubhouse enrollment. The difference between the pre- and post-enrollment measurements was statistically significant based on a two-tailed t-test, indicating a notable effect of clubhouses. The 90-day psychiatric hospital readmission rate for clubhouse members was 13.15%, compared to the 5-year average 90-day readmission rate of 27.68 % for the general DWIHN population, which was approximately a 50% decline in recidivism.
3. **Key Quality Improvement Updates – Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) (HEDIS Measure)** – 2025 (93.99% until February); 2024 (47.71%); and 2023 (51.91%). Access to Services in 14 days has been a major barrier for DWIHN's entire MI, especially since the post-pandemic period, when the workforce crisis worsened. However, we have worked consistently to improve our numbers steadily over the last 3 years and have been meeting the State standard of 57% almost consistently for adults in the last FY 24 (except the 4th quarter). We have been improving our compliance with children as well, and the compliance has moved in the upward trend, but has fallen short of meeting the State standard. The Children's Department has been working closely with Access, Managed Care, and the Quality Department to continue to evaluate and improve network adequacy.

The Chair opened the floor for discussion. Discussion ensued.

- B. **Corporate Compliance** – Sheree Jackson, VP of Compliance, submitted and gave an update on the Corporate Compliance report. It was reported that:
 1. **Activity 1: Compliance Investigations** – Seven investigations resulted in the identification of overpayments amounting to \$93,036.04. The top three key findings related to provider non-compliance included billing for services not rendered, failure to provide clinical documentation for claims billed, and misrepresentation of provider qualifications. The average case closure time was 63 days, showing 49% improvement compared to the previous quarter.

Three new compliance staff members were onboard during Q2, leading to an increase in the number of compliance investigators focused on program integrity initiatives. The Compliance Department has facilitated the auditing of the DWIHN Access Department and Care Center. Twelve new contractors have been trained and are currently assigned to audit these services. Successfully implemented the tiered corrective action plan for seven network providers cited for failing to obtain or document efforts to secure signatures for Individual Plans of Service.

2. **Activity 2: Compliance Academy** - The training focuses on adherence to state and federal guidelines and maintaining ethical standards in the delivery of Medicaid services. Upon completion of an investigation, the compliance team delivered targeted training on identified areas of non-compliance, ensuring 100% of affected providers received training within 30 days of the investigation's conclusion; Developed and implemented a new training schedule organized by provider type, achieving 100% provider coverage within 180 days; and provided training and education to 100% of contracted providers within 45 days of contract initiation, applicable exclusively to existing providers who added new services. Compliance has designated a dedicated staff member to handle training and education. The department is currently in the process of reassigning the trainer's existing investigation caseload to facilitate the full implementation of the training program and ensure adherence to contractual requirements.

The Chair opened the floor for discussion. Discussion ensued. The committee requested that open, closed and recoupment investigations be included in future reports for the committee. *(Action)*

The Chair noted that the Chief Medical Officer's and Corporate Compliance reports have been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

- A. **Adults Initiatives** – On behalf of Marianne Lyons, Director of Adults Initiatives, Stacey Sharp, Associate VP of Clinical Operations, submitted and gave highlights of the Adults Initiatives' quarterly report. It was reported that:
 1. **Activity 1: Assisted Outpatient Treatment (AOT) – Enhanced Peer Support** – Peers now meet with members before the deferral conference to educate them on treatment orders, explore their options, and support informed decision-making to improve outpatient engagement. **Expanded Transportation Access** – Through grant funding, the AOT team secured two (2) vans to assist with outreach, engagement, and transportation, addressing a major barrier cited by several members. To assess the effectiveness of treatment orders in improving provider engagement, reducing inpatient hospitalizations, and decreasing crisis encounters, ongoing follow-up data tracking is essential. Additionally, targeted interventions must be developed in collaboration with the AOT team and provider network. To support these efforts, Adult Initiatives is working with the PCE system to enhance the court services tab in MHWIN, scheduled to go live in May 2025. This upgrade will significantly improve our ability to track deferrals and court orders, enabling better identification of compliance trends and patterns. To improve post-discharge engagement and reduce hospital re-admissions, the department will conduct a 12-month data review, enhance support and engagement, and increase inpatient collaboration.

2. **Activity 2: Outcome Improvement Committee (OIC)** - Since its inception in January 2022, 65 members have been referred to OIC. Members graduate from OIC upon demonstrating sustained stability, reduced hospitalizations, and improved PHQ-9/A scores. This structured approach ensures data-driven decision-making and continuous quality improvement in member care. The department developed a spreadsheet to more accurately track progress, data, and ease of referral and transition. For the 3rd quarter of FY25, Adult Initiatives will be developing a post-graduation 90-day survey for the provider to complete, to follow up on the graduate member's progress.
3. **Activity 3: Intellectual/Developmental Disability (I/DD)** - Adult Initiatives is assessing service utilization among members transitioning out of school, focusing on skill-building and supported employment programs for individuals with IDD. Adult Initiatives is conducting a data analysis to assess supported employment and skill-building service utilization among individuals with IDD. Additionally, the team is examining guardianship rates within this population. New reports are being developed to systematically track these factors. Future analyses will focus on identifying the number of members over age 26 who are not enrolled in any program, highlighting gaps in service access and engagement. This data-driven approach aims to inform targeted interventions and improve long-term support for IDD members. Adult Initiatives partnered with Children's Initiatives for the IDD Provider Network meeting, gathering critical insights on guardianship and supported decision-making. To further explore alternatives to guardianship, the team established a dedicated workgroup and engaged legal experts and members of the Michigan Developmental Disabilities Council for their expertise. The department seeks more detailed information on evidence-based supported employment for I/DD members, including specific program models and best practices.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Crisis Care Services** – Grace Wolf, VP of Crisis Care Services, submitted and gave an update on the Crisis Care Services' quarterly report. It was reported that:

1. **Activity 1: Adult Crisis Stabilization Data** - There were 141 presentations, 116 admissions, 19 requested community resources, and six (6) that received a medical referral for December 2024. There were 140 presentations, 100 admissions, 35 requested community resources, and five (5) that received a medical referral for January 2025. There were 144 presentations, 109 admissions, 29 requested community resources, and six (6) that received a medical referral for February 2025. There were 77% African American and 17% White that were serviced during this timeframe; 58% male and 39% female; and the ages ranged from 26-64 years old (76%).
2. **Activity 2: Building Empowered and Supportive Transition Unit (BEST) Data**—The BEST unit is a post-crisis transitional unit run by our Peer Support Specialists. It focuses on continued support and services post-crisis intervention and aims to reduce recidivism and provide continued support to vulnerable individuals. There were six (6) transfers in December 2024, 12 transfers in January 2025, and 15 transfers in February 2025 from the ACSU to the BEST unit. The average length of stay was three (3) days.
3. **Activity 3: Child and Family Crisis Unit (CFCU)**—The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. There were 37

presentations and 28 admissions in December 2024, 32 presentations and 27 admissions in January 2025, and 41 presentations and 33 admissions in February 2025. There were 75% African American, 14% White, and 11% other that were served during this timeframe. The ages 10-14 years old (51%) were the majority, ages 15-17 (34%), and ages 5-9 (15%); 55% male and 41% female.

4. **Quarterly Updates** – Staff continue to work on engagement and discharge and discharge planning. During the previous reporting period, the ASCU inpatient referral rate was 52%. This period, it has dropped to 11%, all while our 30-day recidivism stays under 10% on the adult unit. Additionally, the CFCU, while expanding services to accept a higher acuity level, also lowered its inpatient referral rate from 10% in the previous period to 8% this reporting period; continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested information on what efforts are in place to reach African American boys between the ages of 10 and 14 to help them before they are in crisis in the Children's Initiatives' June quarterly report. **(Action)**

- C. **Outpatient Clinics Services** – Ebony Reynolds, Executive Director of Outpatient Clinics Services, submitted and gave an update on the Outpatient Clinics Services' quarterly report. It was reported:

1. **Activity 1: Met Benchmarks for Performance Indicators** - The DWIHN outpatient clinic began providing services in Quarter 4 of Fiscal Year 2024 (Q4 FY 24). To date, the outpatient clinic has a current enrollment of 215 individuals. **Performance Indicator #2a** - The timeliness standard was not met FY 24, Q4, which was the baseline quarter for the outpatient clinic. The clinic needed to resolve encounter reporting challenges. Once these were remedied, the clinic has met the standard for the subsequent quarters. **Performance Indicator #3** - The percentage of new people starting ongoing service within fourteen (14) days of a non-emergent assessment with a professional (MI Adults, MI Children, Co-Occurring (SUD)). The standard is 83.8% or above. **Performance Indicator #4(a)** - The percentage of discharges from the psychiatric inpatient unit who are seen for follow-up care within seven (7) days. The standard is 95% or above. For Quarter 2, there was one inpatient admission for an adult, and the standard was met. **Performance Indicator #10** - The percentage of readmissions during the quarter to an inpatient psychiatric unit. The standard is 15% or less. The clinic met this benchmark for the quarter.

2. **Activity 2: Established additional site locations at 15400 W. McNichols** – Monday, February 17, 2025, DWIHN Outpatient Clinic expanded its direct services to an additional site location at 15400 W. McNichols Rd within the Federally Qualified Health Center (FQHC), Advantage Health. Services can either be in-person or telehealth and include comprehensive intake assessment, treatment planning, outpatient therapy, case management, psychiatric evaluation, and management for children and adults.

3. **Activity 3: Joint Commission Accreditation survey preparation** - The DWIHN Outpatient Clinic is actively preparing for the Joint Commission Accreditation survey scheduled for April 14-15, 2025. This review will be in partnership with the DWIHN Crisis Care Center team. The team completed a mock survey to prepare for survey readiness. The outcome will be shared in the next quarterly update.

4. **Activity 4: Onboarded key staff for the outpatient clinic** – During Quarter 2, the outpatient clinic welcomed and onboarded additional clinical and administrative staff to the team. This is a major accomplishment. Staff are actively seeing members and providing services.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested a breakdown of how many clients are from each location (707 W. Milwaukee and Greenfield). Provide information on outreach and awareness to get more men into outpatient care instead of going to crisis in the next Outpatient Clinics' quarterly report. **(Action)**

- D. **PIHP Crisis Services** – Daniel West, Director of PIHP Crisis Services submitted and gave an update on the PIHP Crisis Services' quarterly report. It was reported:

1. **Activity 1: Reduce Inpatient Hospitalizations** – Quarterly and monthly admission percentages for adults have decreased. The team has shared this data with internal/external partners to develop interventions to address the rate of inpatient admissions. The team has set goals for the screening agencies to meet and will continue to address barriers. Although the quarterly inpatient admission percentage of children has increased, inpatient admissions for children have decreased from February to March 2025. Inpatient admission rates for both adults and children remain above the best practice benchmark of 30%. For children, claim-based encounters with CRSPs within 30 days of discharge from inpatient facilities have significantly decreased from Q4 to Q2. This decline may help explain the rise in child hospitalizations. Additionally, discussions with children's screeners indicate an increase in suicide attempts, suicidal plans, and aggressive behavior. The team has developed targeted interventions to reduce inpatient hospitalization rates, focusing on both the screening agency and CRSP levels. These interventions are outlined in the following activities.

2. **Activity 2: CRSP Crisis Screening Notifications** – From October to December 2024, the team conducted a sample study of 240 members (120 children, 120 adults) who received an outpatient disposition. The study examined the impact of CRSP notification on crisis outcomes. CRSP notification was associated with a lower likelihood of repeat RFS and a higher likelihood of service connection among adults. However, it did not significantly reduce hospitalization rates. The absence of CRSP notification correlated with higher hospitalization rates, increased repeat RFS occurrences, and lower service connection rates among children. In March, CRSPs for adults were notified 33% of the time (an increase from February), and data is trending toward the goal of 60% for October 2025. 65% of members' CRSPs were notified in March by the Children's screeners, and data is also trending toward the goal of 90% in October 2025, although leveling off between February and March. The team will continue to track the data and share it with the screening entities to ensure goals within the intervention are met. The team will also coordinate with Children's and Adult Initiatives to train CRSP providers on engagement strategies once these notifications are received. The team provided the screening agencies with a goal of 80% of adult members (90% of children) to receive a CRSP notification by October 2025. The team presented this intervention at the CRSP provider meeting on 3/28/25.

3. **Activity 3: CSU Transfers, Recidivistic Requests for Service (RFS)** – 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 RFS occurrences, a reduced likelihood of hospitalization, and a higher likelihood

of service connection post-transfer. The team set a goal of 50% of recidivistic members in the ED to be transferred to CSU in March. The team surpassed this goal (56%). Data is trending toward the October 2025 goal of 75%. The team will track data for members transferred to CSU under these identifying parameters and coordinate with the CSU providers to share this intervention. The team has provided the screening agencies with a goal of 75% of adult members meeting these parameters to be transferred to CSU by October 2025.

4. **Quarterly Update**—Beginning September 30, 2024, the team established a new PAR Dispatch team within the department, dispatching clinicians to complete crisis screenings in the community. Since that time, the team has improved its ability to determine member eligibility to avoid unnecessary billing issues beyond the crisis screening with an 86% service level (DWIHN standard 85%).

The Chair opened the floor for discussion. There was no discussion.

- E. **Managed Care Operations** – Rai Williams, Director of Managed Care Operations submitted and gave an update on the Managed Care Operations’ quarterly report. It was reported that:

1. **Activity 1: Credentialing**—The credentialing committee approved 256 applications for FY 25 (Q1). The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. Credentialing submitted requested documentation and credentialing files for Molina, Meridian, and Amerihealth Delegation Audits. We are currently awaiting the audit's results. The team completed 40 site visits during the quarter. Credentialing received 100% audit score from Amerihealth during the 2024 Annual Delegation Audit. Staff continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion and develop more provider education and resources to be published to the website. We are reviewing and auditing files for NCQA look-back period compliance.
2. **Activity 2: New Provider Changes to the Network/Provider Challenges** – DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Requests for Proposals (RFPs) are also utilized as a means of recruiting new providers, particularly in areas of shortages (e.g., Autism). In FY 25 (Q1), there was a total of 56 provider inquiry forms received, 58 contract expansion requests, 38 provider sites approved at the Access Committee that will be moved through the onboarding process, and three (3) new providers added to the DWIHN network. The department filled three (3) provider network manager positions. Staff collected Disaster Recovery and Cyber Security Assessments from the provider network. The Provider Network Management received 99% audit score from Amerihealth during the 2024 Annual Delegation Audit. The department is currently working on the FY 2025 HSAG Compliance Review Standards. They will also be completing the FY 24 MDHHS’ Network Adequacy Report as well as working on the HAP/CareSource Annual Delegation Audit.
3. **Activity 3: Procedure Code Work Group** – For FY 24/25 (Q1), the PCWG resolved 254 tickets; 3.235 MDHHS’ rate updates; 172 additional codes/rate changes to existing programs or contracts; and 117 providers requested changes. The department added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In addition, the addition and deactivation of provider

locations ensure our provider directory is accurate and accessible for public viewing.

The Chair opened the floor for discussion. Discussion ensued. The committee requested a mapping of providers in Wayne County and Detroit to determine if there is a gap in service. **(Action)**

F. **Utilization Management (UM)** – Marlena Hampton, Director of Utilization Management submitted and gave an update on the Utilization Management’s quarterly report. It was reported that:

1. **Activity 1: Review of Department Processes** – Director of Utilization Management and UM Administrators are collaborating with staff to revise and enhance provider and internal procedures to improve efficiency and compliance with regulatory standards. Key Performance Indicators (KPI) are being developed for all lines of business to track and measure improvements in areas including timeliness and workflow efficiency.

Review of policies and procedures integrated with other DWIHN departments. The Director meets with Outpatient, SUD, and General Fund Exception teams and administrator to review current processes and ideas for improvement. Collaboration with Customer Service Due Process Manager to update member adverse benefit determination notices to reflect HSAG review feedback and Integrated Care Organization (ICO) reporting requirements. Technical assistance regarding members & provider appeals is provided to other clinical departments using this document. UM Administrator for Higher Levels of Care completes the revision of the auditing tool for UM hospital staff completing continued stay reviews and begins revision of the internal audit/inter-rater reliability tool to measure staff consistency.

2. **Activity 2: Timeliness of UM Decision-Making** – Utilization Management is frequently involved with audits and system updates to ensure the department meets various MDHHS regulatory requirements. Services should be of the highest quality and should also be timely, cost-effective, clinically appropriate, and medically necessary. We accomplish this through consistent review and update of our processes, procedures, and documentation. Our goal is to improve the efficiency of utilization review and decrease/eliminate delays in service delivery or authorization. Co-development and implementation of service utilization guidelines for CCBHC with DWIHN Health Homes Department. Successful implementation decreases the administrative burden for UM review staff. Currently, we are not meeting the 95% 14-day timeframe standard for non-urgent requests. In February of 2025 (mid-Quarter 2), the Utilization Management Department implemented a departmental performance improvement plan to address this concern. There has been a demonstrated improvement noted from Q1 (72%) & Q2 (87%) of FY 2025, with the month of March reaching 90%.

The Chair opened the floor for discussion. Discussion ensued.

The Chair noted that the quarterly reports for Adults Initiatives, Crisis Care Services, Outpatient Clinics Services, PIHP Crisis Services, Managed Care Operations, and Utilization Management have been received and placed on file.

IX. Strategic Plan – None

DISCUSSION/ CONCLUSIONS

There was no Strategic Plan to review this month.

X. Quality Review(s)

DISCUSSION/ CONCLUSIONS

- A. **QAPIP Work Plan FY 25 Update** – April Siebert, Director of Quality Improvement submitted and gave an update on the QAPIP Work Plan FY 25. It was reported that:
1. **Activity 1: Quarter 1 Performance Indicators Data** – During the first quarter of this year, DWIHN successfully met the standards for several performance indicators, PI#1, Children and Adults (Crisis Screening within three hours; PI#4a, Children and Adults (Hospital Discharge 7-day Follow-up); PI#4b, Substance Use Disorders (SUD Detox Discharge Follow-up); and PI#10, Children (Inpatient Psychiatric Recidivism). For PI#2a, which looks at the completion of Biopsychosocial assessments within 14 days of a request, we did not meet the target for the first quarter; however, the MI/Adult group completed 57.30% of the assessments, and the DD/Adult group completed 58.82%, surpassing the 57% goal for quarter one. The average completion score for the entire State in FY 2024 was 56.70%. We are thrilled to share that DWIHN has not only met but consistently surpassed the MDHHS standard of 95% for both children and adults over the past year PI#1. There have been significant improvements in completion rates across all groups, especially children, for PI#2. Over 90% of our members receive services within 14 days of intake, well above the 83.80% standard for PI#3. We have maintained an outstanding success rate of 95% or higher for follow-up care after hospitalization and Post-Substance Use Disorder (SUD) detox every quarter for PIs#4a and 4b. Our children's recidivism rates have consistently met the standard for the past two years, with only one quarter not hitting the mark. This exception was in the third quarter of FY 2024. Our average recidivism rate has been just over 16%. Although this is slightly higher than our target standard of 15% or lower, we are committed to our intervention plan to reduce this number. We are confident that through these efforts, we will achieve our goal of lowering the recidivism rate and promoting positive outcomes.
 2. **Activity 2: HSAG Reviews** - Each PIHP undergoes three annual reviews: a Performance Measures validation review, a Performance Improvement Project, and an HSAG Compliance Review. Reducing the Racial Disparity of African Americans in Follow-Up Care within 7 Days of Discharge from Psychiatric Inpatient Unit - In 2022, DWIHN submitted baseline data (4.51%) for the HSAG Racial Disparity Performance Improvement Project. This submission was thoroughly reviewed and accepted by HSAG in November 2022, receiving a perfect score of 100%. As part of our initiative, we focused on identifying specific barriers that affected the effectiveness of the PIP. Additionally, we developed targeted interventions to address these barriers. In fiscal year 2024, these interventions were successfully implemented, marking a significant advancement in our efforts to reduce racial disparities. The chart included in this report displays the data for the calendar year 2024. Although we did not meet our target of 4.51%, we did make progress by reducing the gap from 7.57% in 2023 to 4.93%. The compliance scores for each population group have shown improvements compared to 2023. The Chair opened the floor for discussion. There was no discussion.

XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS

Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Clinical Operations executive summary. It was reported:

1. **Health Home Initiatives (Certified Community Behavioral Health Clinic (CCBHC))** – There are currently 19,605 members enrolled in this initiative. The Health Homes team continues to establish and update procedures and operations in the rapidly changing CCBHC demonstration environment. MDHHS released an updated version of the CCBHC Handbook, which DWIHN is compiling regional feedback on. MDHHS is considering paying the CCBHC sites directly instead of through the PIHPs in the managed care system, which could change DWIHN's administrative role in the demonstration. We are awaiting a decision so the DWIHN team can swiftly transition if necessary. The CCBHC Demonstration is set to end at the conclusion of FY2027 unless it is federally extended or MDHHS makes policy changes.
 2. **Residential Services** - The Residential Services Authorizations Unit processed 1,154 residential authorizations in the month of March, and 95.3% of authorizations were approved within fourteen (14) days. The Residential Services Authorizations Unit has approved these authorizations within an average of 4.09 days this quarter. This is almost a two-day improvement from quarter one, when authorizations were being approved on average of 6.03 days.
 3. **Clinical Update** - 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. Initial reports indicated that this would only impact people receiving Home and Community Based Services, but we received information from MDHHS this week indicating it is for all State Plan enrollees, meaning this will impact almost all DWIHN providers. We also received clarification that CCBHCs are exempt from this requirement. DWIHN is awaiting receipt of MDHHS's implementation plan and timeline to provide more guidance on specific requirements and technical details.
- 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.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS

- A. **BA #25-02 (Revised 2) – Substance Use Disorder (SUD) Treatment Provider Network FY 25** – 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 consistently 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 Chair called for a motion on BA #25-02 (Revised 2). **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #25-02 (Revised 2) to Full

Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested an analysis of the pilot program. **(Action) Motion carried.**

- B. **BA #25-14 (Revised) – Credentialing Verification Organization** – Staff requesting board 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 exceed \$766,912.00 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. 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/recredentialing 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 the Michigan Department of Health and Human Services (MDHHS) and the five Integrated Care Organizations. The Chair called for a motion on BA #25-14 (Revised). **Motion:** It was moved by Mrs. Bullock and supported by Mr. Parker to move BA #25-14 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**
- C. **BA #25-24 (Revised 2) – Autism Service Providers FY 25** – Staff requesting board approval to add two (2) new ABA Providers (Apex Therapy Services and Golden Steps ABA) 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 Chair called for a motion on BA #25-24 (Revised 2). **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #25-24 (Revised 2) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**
- D. **BA #25-51 (Revised 2) – DWIHN Provider Network System FY 25** – Staff requesting board approval to add five (5) providers (two residential providers, two outpatient providers, and one SUD provider) to the DWIHN Provider Network. 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 Chair called for a motion on BA #25-51 (Revised 2). **Motion:** It was moved by Mrs. Bullock and supported by Mr. Parker to move BA #25-51 (Revised 2) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS

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

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS

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

ACTION ITEMS	Responsible Person	Due Date
1. Follow-Up Item from Previous Meeting:		
A. Chief Medical Officer's Report - The committee requested a deeper dive to determine reasons individuals are returning to the Crisis Center for services – Are they not receiving the services they need?	Dr. Shama Faheem	May 14, 2025
B. Innovation and Community Engagement Quarterly Report —Provide a copy of the findings of this agenda item to the Board Liaison for distribution to the committee.	Andrea Smith	COMPLETED
2. Corporate Compliance – Include open, closed and recoupment investigations in future reports for the committee.	Sheree Jackson	Future Reports
3. Quarterly Reports:		
A. Crisis Care Services' Quarterly Report – Provide information on what efforts are in place to reach African American boys between the ages of 10 to 14 to help them before they are in crisis in the Children's Initiatives' June quarterly report.	Cassandra Phipps	June 11, 2025
B. Outpatient Clinics Services' Quarterly Report – Provide information on outreach and awareness to get more men into outpatient care instead of going to crisis in the next quarterly report.	Ebony Reynolds	June 11, 2025
C. Managed Care Operations' Quarterly Report —Provide a mapping of providers in Wayne County and Detroit to determine if there is a gap in services.	Rai Williams	May 14, 2025
4. BA #25-02 (Revised 2) – Substance Use Disorder (SUD) Treatment Provider Network FY 25 – Provide an analysis of the pilot program at a future meeting.	Matthew Yascolt	TBA

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

ADJOURNED: 3:11 p.m.

NEXT MEETING: Wednesday, May 14, 2025, at 1:00 p.m.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 23-47R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/21/2025

Name of Provider: Tetra Tech Inc

Contract Title: Architectural and Engineering Services for 7 Mile Care Center

Address where services are provided: None

Presented to Executive Committee at its meeting on: 5/19/2025

Proposed Contract Term: 12/1/2022 to 12/31/2026

Amount of Contract: \$ 3,394,400.00 Previous Fiscal Year: \$ 3,200,000.00

Program Type: Modification

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

Date Contract First Initiated: 12/1/2022

Provider Impaneled (Y/N)?

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

DWIHN is requesting board approval to modify Tetra Tech of Michigan's existing approved contract to include all the required building material testing contracts that are needed to construct the 7 Mile facility. Material testing was included as part of the original project budget and DWIHN is requesting the budget for such testing be allotted to Tetra Tech as they will facilitate all material testing with the appropriate 3rd party testing agencies, as required by local municipal code, in accordance with their design.

Facilities is recommending the contract be increased in the amount of not to exceed \$194,400.00 with a one-year contract term extension, bringing the not to exceed contract value to \$3,394,400.00 with a term ending December 31, 2026.

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

Source of Funds: Block Grant

Fee for Service (Y/N):

Revenue	FY 24/25	Annualized
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Board Action #: 23-47R

State Grant	\$ 3,394,400.00	\$ 3,394,400.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.158000.00019

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: Wednesday, May 14, 2025

Signed: Wednesday, May 14, 2025

Board Action #: 23-47R

Board Action Taken

The following Action was taken by the Full Board on the 21st day of May, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature

Date

5/21/2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-02R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/21/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Health Home Incentive Based Wellness Challenge

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/14/2025

Proposed Contract Term: 5/21/2025 to 9/30/2025

Amount of Contract: \$ 6,292,732.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: New

Projected Number Served- Year 1: 107 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 5/21/2025

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 is requesting \$43,600 of PA2 funds to support the SUD Health Home Incentive Based Wellness Challenge is a contingency management program designed to encourage our members enrolled in SUD Health Home programming to meet physical health objectives outlined in the challenge. Members incentives will not exceed \$100 per participant per quarter. Incentivized physical health objectives will address and aim to improve HEDIS measures, specifically follow up after emergency department visit for substance use (FUA) which is a pay for performance metric.

Members who are enrolled in the MDHHS Recovery Incentive Pilot program are not eligible for the SUD Health Home Incentive Based Wellness Challenge, controls have been established to ensure that there is no duplication of incentives.

The physical health objectives for the program are: to increase physician visits, dental and eye doctor visits, blood pressure screenings and strategies to address high blood pressure, and strategies to increase physical activities.

The SUD Health Home Providers are:

The Guidance Center
Elmhurst Home

Board Action #: 25-02R3

Metro East
Sobriety House
Hegira Health Inc.
New Light Recovery
Star Center
Nardin Park

The service providers will be responsible for purchasing and distributing gift cards as incentives. Controls are in place to ensure provider compliance with programming and requirements.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$6,292,732.

The revised not to exceed contract for SUD Treatment totals \$6,292,732 for the fiscal year ending September 30, 2025.

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

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Block Grant	\$ 4,478,032.00	\$ 4,478,032.00
PA2	\$ 1,814,700.00	\$ 1,814,700.00
Total Revenue	\$ 6,292,732.00	\$ 6,292,732.00

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: Monday, May 5, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Friday, May 2, 2025

Board Action Taken

The following Action was taken by the Full Board on the 21st day of May, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here:_____


Board Liaison Signature

Date

5/21/2025

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-24R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/21/2025

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: 5/14/2025

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

Amount of Contract: \$ 102,905,784.00 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).

DWIHN is requesting approval to add one (1) new ABA Providers, Karing Kids to receive a seven month contract effective March 1, 2025 through 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 \$102,905,784.**

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: Multiple

Fee for Service (Y/N): Y

Board Action #: 25-24R3

Revenue	FY 24/25	Annualized
Medicaid	\$ 102,405,784.00	\$ 102,405,784.00
State General Funds	\$ 500,000.00	\$ 500,000.00
Total Revenue	\$ 102,905,784.00	\$ 102,905,784.00

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

Stacie Durant

Signed: Monday, May 5, 2025

Signed: Thursday, May 1, 2025

5/5/2025 1:36:01 PM

5/1/2025 11:43:46 AM

Board Action #: 25-24R3

Board Action Taken

The following Action was taken by the Full Board on the 21st day of May, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here:_____



Board Liaison Signature

Date 5/21/2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-51R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/21/2025

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: 5/14/2025

Proposed Contract Term: 4/1/2025 to 9/30/2025

Amount of Contract: \$ 905,684,000.00 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).

DWIIHN is requesting the addition of the following 6 providers to the DWIHN provider network as outlined below, **without change to the total provider network amount. Note: Provider amounts have been updated to align with the budget adjustment on BA 25-25R3.**

Residential Providers:

1. Ability Integrated Care Corporation

(Credentialed 4/4/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

2. Vital Living Home Care LLC

(Credentialed 4/4/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

3. Redefining Beauty Community dba RBC Support Services

(Credentialed 4/4/2025 for Community Living Support; Respite Care Services)

4. Specialized Care and Housing

(Credentialed 4/17/2025 for Community Living Support)

5. R & S Alternative Living

(Credentialed 5/2/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

Board Action #: 25-51R3

Outpatient Provider:

1. Pulse Community Health LLC

(Credentialed 3/21/2025 for Supports Coordination; Targeted Case Management)

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	\$ 905,684,000.00	\$ 905,684,000.00
	\$	\$
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

Signature/Date:

James White

Signed: Monday, May 12, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Monday, May 12, 2025

Board Action #: 25-51R3

Board Action Taken

The following Action was taken by the Full Board on the 21st day of May, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____



Board Liaison Signature

Date

5/21/2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-60 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 5/21/2025

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 25 Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/14/2025

Proposed Contract Term: 6/1/2025 to 9/30/2025

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

Program Type: New

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

Date Contract First Initiated: 6/1/2025

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).

Board approval is requested for \$1.9 million to fund the continuation of the DWIHN Summer Youth Employment Program ("SYEP") from June 1-September 30, 2025.

The SYEP Program has been funded for the last six fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents -- focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14-24 living in Wayne County. In addition to work experience, this funding will ensure that the employed youth receive educational information on prevention, treatment, and access to care. These programs are expected to be both beneficial and preventative for youth otherwise unoccupied during the summer months, who may be at a greater risk for developing behavioral health issues.

The proposed partner cities and organizations include Alkebulan Village, the City of Belleville, Van Buren Township, the City of Dearborn Police Department, Connect Detroit, Downriver Community Conference, the City of Hamtramck, the City of Highland Park, Redford Township, Eastside Community Network, the City of Westland, Wayne State University, and LifeBUILDERS Detroit).

The engagement is beneficial to DWIHN as it promotes workforce development and continued growth in Detroit and Wayne County. Research has shown that healthy youth foster into healthy adults when given appropriate coping mechanisms and protective factors.

Board Action #: 25-60

The total allocation is not to exceed \$1,900,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
State General Fund	\$ 1,900,000.00	\$ 1,900,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Thursday, May 8, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Thursday, May 8, 2025

Board Action Taken

The following Action was taken by the Full Board on the 21st day of May, 2025.

X Approved

€ Rejected

€ Modified as follows:

€ Tabled as follows:

Executive Director -initial here: _____


Board Liaison Signature

Date 5/21/2025



President and CEO Report to the Board May 2025 James E. White

LEGISLATIVE EFFORTS

DWIHN continues to receive ongoing support from PAA as we look at the changes taking place in Lansing with lawmakers working to educate key governmental stakeholders on DWIHN's policy priorities and ensuring access to care after construction of our 7 Mile Behavioral Health Campus. Meetings include: MDHHS Director Hertel, Rep. Farhat, Rep. Glanville, Rep. Whitsett, Sen. Anthony, Sen. Majority Leader Brinks, Sen. Wojno, and Sen. McMorrow.

Excitement is growing as we plan for the 2025 Mackinac Policy Conference, set for May on Mackinac Island, with a growing list of influential leaders confirmed to attend, including top elected officials, corporate executives and civic leaders who will lead discussions on talent development, infrastructure, innovation and economic competitiveness. We are working with PAA to schedule many meetings for our leadership team and board members while on the island.

DWIHN is speaking with legislators, seeking support to ensure there is no interruption of behavioral health supports in our schools, youth programs, crisis care, mental health outreach initiatives, and community law enforcement mental health support initiatives which are critical now more than ever. Conversations are to address our immediate needs, knowing that future discussions would likely be necessary as the landscape continues to change throughout our region, state and country.

On April 17, 2025 Governor Gretchen Whitmer issued an Executive Order that outlined the Impact of Federal Medicaid Cuts as summarized below:

The cuts would be the largest in Medicaid in history, terminating healthcare for millions of Americans. It would force providers in Michigan to close their doors, reduce the quality of services, and strip coverage from millions of the most vulnerable Americans, including children and pregnant and postpartum women. We must understand as many specifics about the impact that terminating healthcare will have on Michiganders who get their insurance through Medicaid.

Medicaid is the largest health insurance program in the U.S., providing coverage for one in five individuals. In Michigan, the coverage rate is even higher: one in four Michiganders receive their health insurance through Medicaid. That coverage enables individuals across the state to access health care so that they can continue to live healthy, productive lives.

Jointly funded by the state and federal government, Michigan's Medicaid program affords health coverage to over 2.6 million Michiganders each month, including: 1 million children; 300,000 people living with disabilities; and 168,000 seniors. Additionally, 45% of births in Michigan are covered by Medicaid.

More than 70% of Michigan's Medicaid budget comes from federal funding. Cuts to federal funding will jeopardize coverage for more than 2.6 million Michiganders and threaten Michigan's

hospitals, community health centers, and nursing homes with closure. These threats are especially acute in small towns and rural communities, where coverage rates are higher than in other parts of the state. 37.3% of small town and rural Michiganders are covered by Medicaid.

ADVOCACY AND ENGAGEMENT

DWIHN leaders and board members attended the recent NatCon Conference in Philadelphia, PA.

Crain's Detroit Magazine recognized Stacie Durant, VP of Financial Services, as a Notable Leader in Finance. Jody Connally, VP of Human Resources Jody Connally, has been recognized as one of the Michigan Chronicle's Men of Excellence for 2025.

UPCOMING ITEMS

CMHA Summer Conference Elections (Metro Region):

1. Malkia Newman, OCHN - Term Expires 6/30/25
2. Linda Busch, MCCMH - *Term Expires 6/30/26 (Vacancy – Retired)*
3. Dana Lasenby, OCHN - Term Expires 6/30/27
4. Traci Smith, MCCMH - Term Expires 6/30/25 (Alternate)
5. Jonathan Kinloch, DWIHN - Term Expires 6/30/25 (Alternate)

CCBHC UPDATE

DWIHN is continuing its effort to receive full certification for the Certified Community Behavioral Health Clinic. The State requested an update on the initial clinical information submitted with the application as well as a new cost report. Both items were required to be submitted to the MDHHS team by May 9, 2025, and were submitted successfully. If any additional clarification is required, DWIHN will have 48 hours to return additional evidence. If full certification is granted, the target date to enter the demonstration would be July 1, 2025.

The Direct Services team has been invited to participate in the state lead cohort for Trauma Focused-Cognitive Behavioral Therapy. This evidence-based practice (EBP) is for youth and adolescents and is a required EBP for the CCBHC certification. Adding this EBP to the DWIHN outpatient service array will help improve outcomes for children and families by addressing the anchor trauma and will also contribute to the 51% requirement of direct service delivery for CCBHC.

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 Plan One and Two. 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 tab is used. DWIHN has aimed 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. Currently in the risk stratification in CC360 for the past six months there are 244 members that could benefit from care coordination, 134 of them have an open case with DWIHN care coordination.

For FY 2025, 265 members were served in care coordination program with Health Plan One and Health Plan Two.

Health Plan Partner One

Health Plan Partner One and Integrated Health Care Services (IHC) met for care coordination in April. DWIHN opened thirty-six (36) members for care coordination. Thirteen (13) of those were opened jointly with Health Plan One. Twenty-three (23) were opened only by DWIHN based on a psychiatric hospitalization or emergency room visit. Twenty-eight (28) had gaps in care resolved in April. The seven (7) cases that carried over from March made their follow-up appointment with the CRSP in April.

Health Plan Partner Two

Health Plan Two had twenty-eight (28) members discussed in the April care coordination meeting. Fourteen (14) were opened with Health Plan Two. Fourteen (14) of those were opened by DWIHN only as they had an emergency room visit. Three (3) of them were given resources on housing, food, and transportation. The eight (8) members that carried over from March attended their follow-up appointments in April.

Health Plan Partner Three

DWIHN met with Health Plan Three on 4/7/2025 and it was discussed that if the primary care doctors at the FQHC are credentialed with Health Plan Three then the number of referrals can be tracked. Health Plan Three can tell us how many members from the two FQHC's attended appointments at the diabetes clinic and what type of services were provided. DWIHN met with two local FQHCs who work with DWIHN's Clinically Responsible Service Provider (CRSP) in April. Both FQHCs agreed to work with DWIHN on diabetes monitoring.

DWIHN is actively discussing potential care coordination partnerships with other providers. Integrate Health Care Director and Executive Vice President of Operations, Mr. Singla, has spoken to another Health Plan in April, and they have agreed to meet.

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.

The HEIDS Scorecard is also used to track HEDIS Measures needed for Certified Behavioral Health Clinics (CCBHC) and Behavioral 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). In April it was decided that the SUD data will only be able to be added in the HEDIS Scorecard for DWIHN to see.

During the month of April, the HEDIS scorecard was reviewed at seventeen (17) CRSP monthly meetings. In these meetings, and through emails, DWIHN shared HEDIS scores from 2023-2024 with CRSPs. Each CRSP was asked for a plan of action by the new HEDIS Specialist on how they will meet the measures in 2025. All CRSPs but one submitted a plan.

LONG TERM RESIDENTIAL CARE UPDATE

Project Milestones and Status Updates: The city permit walkthrough was successfully completed with no changes required. The review by the State Health Engineering Section, including walkthrough, has now been completed as well and was approved with no modifications. These are significant milestones that help minimize delays related to reviews and permit issuance.

Upcoming Activities: Permit will be issued within three weeks of the walkthrough. The general contractor is finalizing a detailed project timeline with key due dates.

CHIEF MEDICAL OFFICER

DWIHN has completed its Joint Commission Accreditation Process and had minimal findings. The surveyor was impressed at how well the programs were prepared for its first year. We are working on addressing the small areas of low/medium areas of findings that we had so we could receive our Certificate.

DWIHN has been working with MDHHS to go through our re-certification. We have submitted all the documentation and have been receiving feedback on it. Our site visit is scheduled at the end of the month. The State has appreciated DWIHN on several of our policies and protocol, many of them are related to Substance use withdrawal management at a Crisis Center and have asked our permission to include them in their Best Practice Handbook.

To improve the discharge process for members with elevated risk, Intensive Crisis Stabilization Services through our Mobile Crisis Teams have been incorporated within the Crisis Center where those cases would be referred to the ICSS teams to help them stabilize and connect with outpatient services until follow-up is established which is one of allowable scope of ICSS in Michigan.

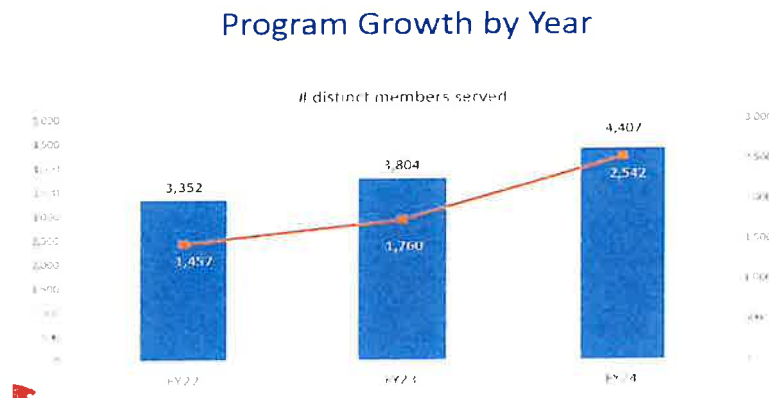
ADULT INITIATIVES

Assisted Outpatient Treatment (AOT) is court-ordered treatment for members with a mental illness. DWIHN, in partnership with PCE, re-designed the court service module in MHWIN which will greatly increase DWIHN's ability to track deferrals and court orders and to identify and address trends. This provides more real-time data to ensure individuals are connected to services and following treatment orders. DWIHN and PCE hosted three training sessions with our Clinically Responsible Service Provider Network and officially launched this module on May 1, 2025.

AUTISM SERVICES

The Autism Service Department completed a budget analysis to assess and establish a baseline of program growth by year. Autism Services can be provided multiple hours a day, several days throughout the week. The member participates in services with a trained behavior technician who is supervised by a behaviorist. The behaviorist may observe the member's program multiple times a week depending on the complexity of treatment, skill range of member, and/or emergent challenging behaviors. In one day, the Applied Behavioral Analysis (ABA) provider may bill anywhere between 1 to 6 different ABA service types (ABA treatment, observation, parent guidance, behavioral assessment for progress review, social skill group).

There has been a 31% increase in members receiving treatment (blue bar) and a 74% increase in members evaluated for autism (red line) from FY22 through FY24. In response to the rising need of autism services in Wayne County, DWIHN launched a Request for Qualification in 2023 to expand Autism Services over the next five years. As a result, the ABA provider network has grown from 13 to 26 providers.



A thorough analysis of fiscal year 2022 to fiscal year 2024 payments to providers across all Autism Service lines was conducted. Each Autism Service type was evaluated to determine if the growth in payments was due to members served or cost/utilization. In relation to diagnostic evaluations the increase of cost was directly related to the significant increase in members served. Whereas the modifications made by Michigan Department of Health and Human Services (MDHHS) to the CPT code 97151 had an impact on the cost/utilization of this service line item. Alternatively, the increase observed within ABA direct therapy was directly related to the increase in members served and not cost/utilization. Similarly, the increase in cost/utilization occurred for parent guidance, not due to the increase in members served, but rather due to DWIHN requiring a higher rate of parent guidance. Further discussion is needed to proactively plan for capacity needs and budget alignment for FY26 and beyond.

CHILDREN'S INITIATIVES

Children's Initiatives Youth United participated in a variety of events this month including:

- Youth Mental Health First Aid training hosted by The Children's Center.
- Hezekiah Kidz Paints the D Blue Autism awareness event.
- Spectrum Chat podcast to discuss DWIHN services.
- Phase 4 of the Youth Under Construction Training focusing on Strategic Storytelling.
- Youth MOVE Detroit facilitated Art Therapy class at The Children's Center

- Neutral Zone's 8th Annual Youth Driven Spaces Conference at Eastern Michigan University in Ypsilanti, MI.

There are currently four evidence-based practice cohorts offered through MDHHS and seven of our children's providers are participating. This includes Trauma-focused Cognitive Behavioral Therapy (Starfish, ACC, Ruth Ellis, DWIHN), Motivational Interviewing (Team Wellness, Black Family Development), Caregiver Education (Assured Family Services), and Dialectical Behavioral Therapy (Black Family Development, Team Wellness, The Guidance Center). These cohorts provide training on clinical best practices and strategies to improve quality of care for our members.

CLINICAL OPERATIONS

DWIHN was notified in April that Hegira will be closing their Crisis Stabilization Unit (CSU) on May 9, 2025. Hegira's CSU provided up to 72 hours of intensive clinical supports in a secure setting to assist in de-escalating a crisis. This location had 7 beds available for this specific use.

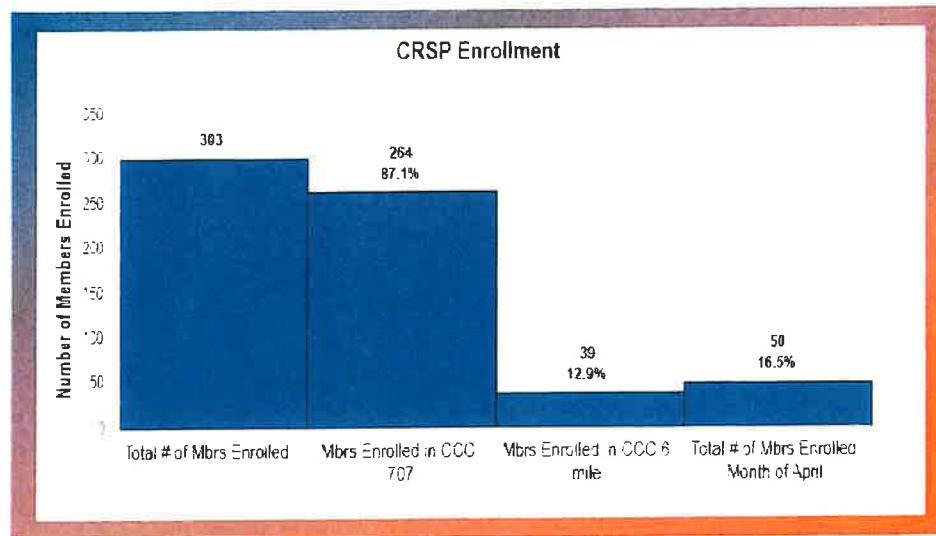
DWIHN held meetings with both Hegira and Team Wellness, which is the closest alternative CSU location in Westland, Mi., to support this overall transition. Team Wellness has 12 CSU beds available to assist in providing this intensive crisis intervention. DWIHN provided information and notification of this closure and transition to local hospitals, police departments, internal staff, and stakeholders. This information was posted on the DWIHN website. In addition, The DWIHN Mobile Crisis Unit will be stationed onsite at Hegira's CSU during this transition to offer and provide additional support.

CRISIS CARE SERVICES

In the month of April, Crisis Services saw 272 presentations to the 707 Crisis Care Center. Both the adult and children's units continue to stay busy. Our adult unit averaged 119% occupancy for the month of April and we have seen significant growth with our children's unit, averaging 49% occupancy for the month of April.

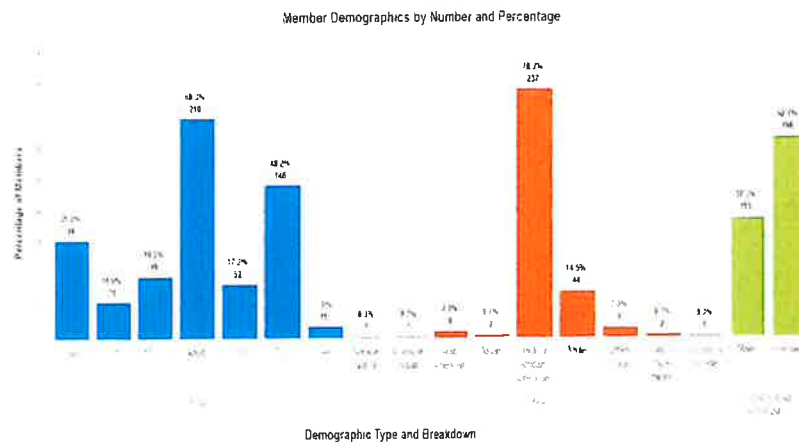
DIRECT CLINICAL SERVICES

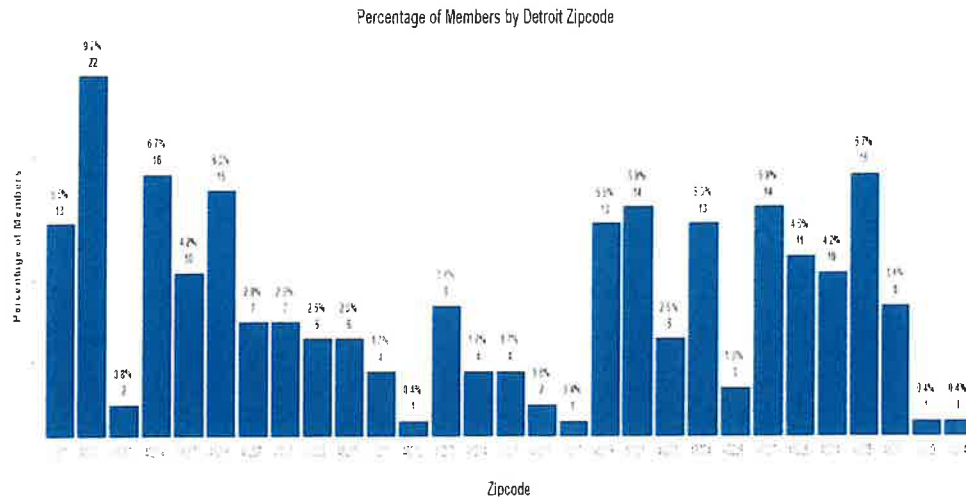
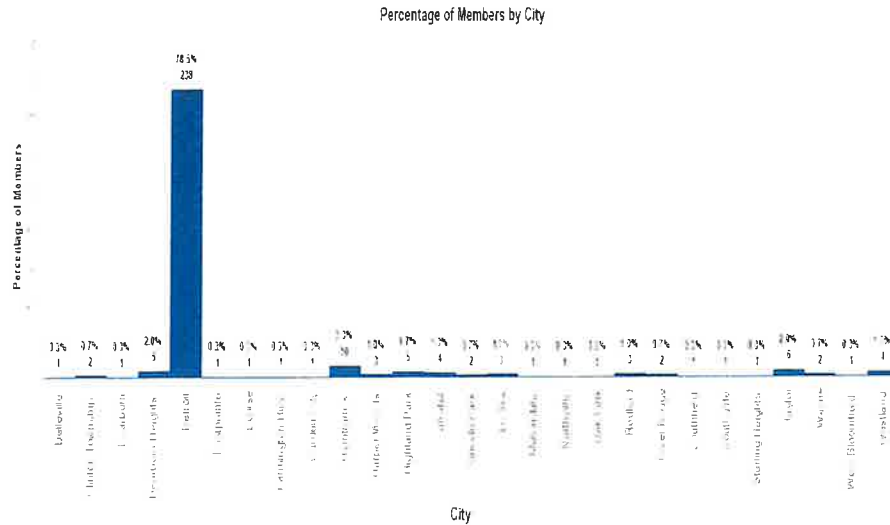
The DWIHN Outpatient Clinic is currently focused on increasing enrollment of members by increasing intake appointments at both 707 Milwaukee and the 15400 W. McNichols locations. To support this effort, the outpatient clinic has hired two full-time ongoing therapists that are now available at the 6 Mile location. The outpatient clinic now has a total of three full-time intake clinicians. Two can serve both adults and children and one intake clinician is specifically for children and families. The outpatient clinic has also increased the number of telehealth appointments as well for both locations. Current enrollment is as follows:



Community Care Clinic Data

The demographic data for DWIHN Outpatient Clinic has shown that most enrollees are adults between the ages of 27-63. This is on target with other clinically responsible service providers that serve both children and adults. Much of the population is female with African Americans being the primary ethnic group. The current enrollment is 303 members. Enrollment consists of all members assigned to the clinic from the point of access screening through discharge or transition to another program or completion of services. Please see the table below for the representation of current demographic data:





Clinical Updates

The DWIHN Outpatient Clinic is also focusing on expanding the use of case managers and peers to actively engage members and to build a talented and competent workforce. The clinic has hired and supported two peers in becoming fully certified to become certified peer support specialists. The clinic has also hired a parent support partner with lived experience, that is undergoing full certification to become a parent support partner through the State recognized Association of Children's Mental Health training cohort. Lastly, regarding peers, the outpatient clinic is focusing on recruiting a peer recovery coach to increase active engagement of the co-occurring population. Regarding case managers, the outpatient clinic has aligned them to members that need support navigating through resources to address social determinants of health.

The DWIHN Outpatient Clinic is now part of the School Success Initiative. The clinic has one full-time clinician embedded in the Old Redford Academy school district. The Outpatient Clinic Executive Director met with the Superintendent of the schools as well as the Executive Director

of Culture and Climate, to support their understanding of what the project is about. As a result, the district has asked that DWIHN participate in a panel and is now fully vested in supporting more screening and services for children in the school district. By next month, data will be provided to show progress made from this partnership.

Lastly, the outpatient clinic had one recent promotion. The outpatient direct services administrator has been promoted to Director of Outpatient Clinics.

Joint Commission

The direct services clinic completed the Joint Commission review in partnership with the crisis care services team. The review went very well with one recommendation for the outpatient clinic that is currently being addressed. The goal is to have the correction made by May 31, 2025, to submit to Joint Commission for full accreditation. This accreditation will expand DWIHN's ability to provide services to individuals with co-occurring disorders, improve member safety, quality of care and quality outcomes.

Next Steps

- The outpatient clinic will be focusing on building out the Infant Mental Health model of service by October 1, 2025. This will expand the children's services model to 0-21 years of age.
- Continue to enhance services to individuals with co-occurring disorder with peer recovery coaches and leveraging adult behavioral health clinicians with the appropriate credentials.
- The clinic is also working to obtain the ability to administer the ASAM to ensure appropriate level of care.
- Complete necessary requirement to receive Joint Commission accreditation to deliver substance use disorder services.

FINANCE

During the May meeting of the Board Finance Committee, Plante Moran presented the three (3) fiscal year September 30, 2024 annual audit requirements as set forth by the Michigan Department of Treasury, US Department of Health and Human Services, and the Michigan Department of Health and Human Services. The audits include (respectively): The financial statement, Single Audit of federal awards and the Compliance Examination. It should be noted that DWIHN did not have any findings reporting in all three reports. The following is a summary of the audit findings since DWIHN inception (excludes MCPN findings):

	Audit Firm	Financial Statement	Single Audit	Compliance Examination	Comment
2014	Rehmann	0	0	0	
2015	Rehmann	0	1	0	CA transition
2016	Plante	0	1	1	CFDA/ICA
2017	Plante	0	0	0	
2018	Plante	0	0	0	
2019	Plante	0	0	0	
2020	Plante	0	0	0	
2021	Plante	0	2	0	HUD review
2022	Plante	1	0	0	HAPICO
2023	Plante	0	0	0	
2024	Plante	0	0	0	

HOME HEALTH AND INTEGRATED HEALTHCARE SERVICES

Health Home and Integrated Healthcare Services:

There are currently 20,144 enrollees in the Certified Community Behavioral Health Clinic (CCBHC) State Demonstration. DWIHN's direct service clinic is still waiting on CMS approval to become a State certified CCBHC.

Behavioral Health Homes currently have 862 enrollees. The program continues to show positive impacts on member's overall health. One example of this success is when a Care Coordinator saw a member's ankle injury, but it did not seem like "just an injury". They proceeded to call the Registered Nurse to assess it. This member was found to have Venous insufficiency. This early identification and treatment will prevent the member from having a complete disability caused by untreated Venous insufficiency.

HUMAN RESOURCES

DWIDN HR is still in negotiations with GAA. The Supervisor Institute Group E held their first session on April 24, 2025. DWIDN HR is in the process of developing the third cohort of the Harvard Business School Online (HBSO) Training Program. To date, 20 participants have participated in the leadership training. The new agreement will allow HBSO to provide leadership training for ten (10) DWIDN staff during the period of June 1, 2025-May 31, 2026, after which they will receive program certification.

IT SERVICES

Grammarly

We have implemented the Grammarly writing tool system, which includes comprehensive style sheets designed to enhance our document presentation. Access to this system has been granted to team members responsible for producing outward-facing documents, with the objective of achieving a consistent and professional style across all DWIDN materials. Furthermore, this system will facilitate the creation of documents tailored to the appropriate reading level for the diverse populations we serve, in accordance with the requirements set forth by the State of Michigan. This initiative aims to improve communication clarity and ensure that our resources are accessible to everyone.

New Ticketing System

The IT department has introduced a new ticketing system designed to enhance our customer service performance for our stakeholders. This new system not only streamlines the process of handling requests and issues but also allows for more effective tracking and management of services provided. By implementing this solution, we aim to significantly improve our response times and overall satisfaction for those we serve. Furthermore, the system will generate more comprehensive Key Performance Indicators (KPIs), enabling better oversight and management of IT processes internally, which will ultimately lead to more efficient operations and improved service delivery.

TTEC/Genesys

We have partnered with TTEC to conduct a comprehensive evaluation of our utilization of the Genesys Phone system within the Access Contact Center. This project aims to enhance how we leverage the system, implement additional features, and streamline our processes for better efficiency. The engagement is projected to last between six and eight weeks, allowing us to thoroughly assess current practices and identify opportunities for improvement.

Plante Moran SOC for Cybersecurity Audit

We are in the final stages of negotiating contracts with Plante Moran to conduct a comprehensive SOC for Cybersecurity audit. This audit represents an extensive assessment of our cybersecurity program and will meticulously examine all processes and procedures that adhere to the five key trust criteria: Security, which ensures that our systems are protected against unauthorized access; Availability, which guarantees that our services are accessible when needed; Confidentiality, which safeguards sensitive information from disclosure; Processing Integrity, which ensures that data processing is accurate and complete; and Privacy, which protects the personal information of our clients and stakeholders. This thorough evaluation will help us strengthen our cybersecurity measures and enhance our overall organizational resilience.

QUALITY

DWIHN showed strong performance on key indicators, particularly crisis screening completion in 3 hours (PI#1), follow-up after hospitalization (after exceptions) (PI#4a all populations), Recidivism for children (PI#10 children), and ongoing services in 14 days after initial intake (PI#3), with ongoing efforts to support improvements in completing intake within 14 days of request for services (PI#2a) for SED children, which rose from 20–30% in FY24 to 62.06% in FY25 Q2. However, PI#2a for IDD children declined from 56.34% in FY24 Q4 to 35.84% in FY25 Q1, driven by staffing shortages and limited intake availability. DWIHN has added new IDD intake providers to address access gaps.

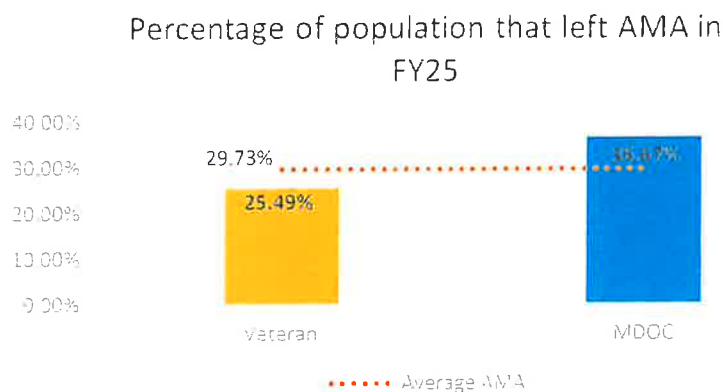
For racial disparity in Follow Up After Hospitalization rates, DWIHN made significant progress, provisionally falling below the 4.51% baseline for the first time in three years. The aftereffects of pandemics and staffing shortages in 2022 and ending of public health emergency and changes in MDHHS telemedicine policy in 2023 widened the disparity, however, targeted interventions such as transport, reinstatement of coverage, expansion of providers, and engagement efforts with providers have helped. The HSAG Compliance Review (June 13, 2025) is underway with mock audits in progress.

The Behavior Treatment Advisory Committee (BTAC) continues to strengthen provider oversight with 350 open plans and expanded technical assistance. Sentinel events in April included 62

incidents with 16 suicide attempts, revealing gaps in crisis/safety plans. Root cause analysis and Improvement plans will focus on safety/crisis plan trainings. Lastly, provider reviews revealed high CAP issuance rates, especially among SUD treatment both this month and year to date, reinforcing the need for continued quality monitoring.

SUBSTANCE USE SERVICES

The SUD department completed an analysis of members leaving services against medical advice (AMA) and looked more specifically at the Michigan Department of Corrections and Veteran populations. Leaving AMA means that members chose to discontinue treatment against the recommendation of the member's treatment planning team. Leaving against medical advice can expose the member to increased risks, including the need for readmission or exacerbation of their condition. Data from 10/1/24 to 5/1/25 was reviewed, and AMA benchmarks were established for the different populations we serve.



The average rate of AMA seen in the general population for this period was 29.73%. Military veteran's AMA rate was below the average AMA rate, but MDOC members AMA rate was higher than the average AMA rate. DWIHN will be providing education for the SUD provider network on population risk factors associated with leaving AMA and what additional supports can be put in place to better serve this population. DWIHN will be working with MDOC partners specifically to ensure they have this information and work to ensure effective communication and ongoing coordination of care.

UTILIZATION MANAGEMENT

A thorough analysis of Utilization Management (UM) processes is being completed with a strong emphasis on improving efficiency and quality. Improvements aim to optimize resource utilization and improve service delivery for both staff and providers. This includes revising internal standard operating procedures to improve efficiency and compliance with regulatory standards, evidenced by updated policies and procedures for single-case agreements and prior authorization review and disposition. Key Performance Indicators (KPI) are being developed for all lines of business to track and measure improvements in timeliness and workflow efficiency. KPIs have been developed for the outpatient and SUD authorization teams. The target implementation date is June 2025, with the completion of the remaining units (continued stay reviewers and self-directing services) within UM.

COMMUNICATIONS

Mental Health Awareness Month – May 2025

In recognition of Mental Health Awareness Month, the DWIHN Communications team is actively leading and supporting a wide range of outreach, media, and branding initiatives focused on education, access, and community engagement. These efforts are visible across the county—on screens, in schools, and in neighborhoods—ensuring mental health remains a central focus throughout the month of May.

Ongoing Mental Health Awareness Month initiatives include:

Detroit Zoo Partnership: Hosting resource tables on the 10th and 17th to promote DWIHN resources, along with discounted tickets throughout the month of May.

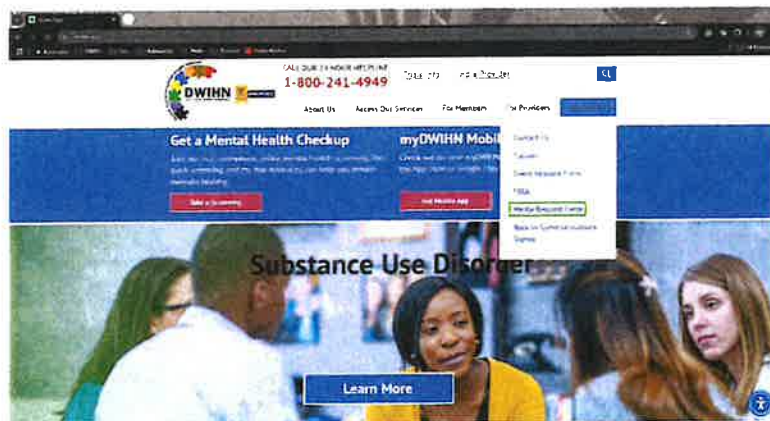
Youth United is hosting Youth Mental Health Action Day (Summit) in Lansing, May 21, 2025. Jarell Farley, a member of DWIHN's Mental Health Youth Council (MHYC), is participating in a YMHAD panel that represents youth leadership in mental health advocacy.

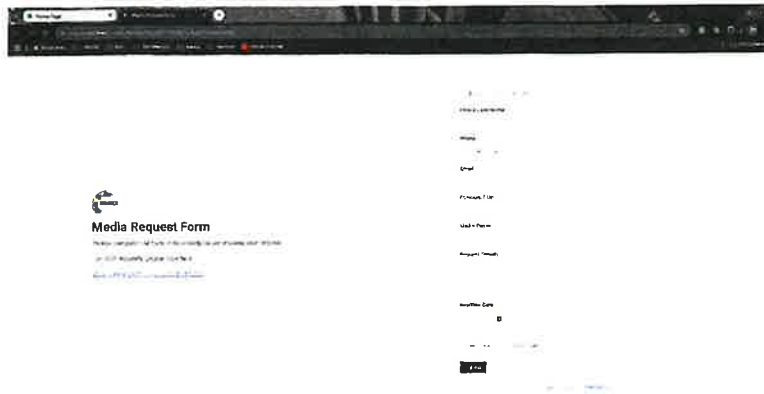
Community Outreach Clinic and Mental Health Mondays: The newly launched mobile clinic is actively delivering integrated care services throughout Wayne County.

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.

The Communications Department has created a new process which will provide an easier way for media to request information or interviews. With the [Media Request Form](#) link on the website which will go directly to the communications team to process, follow up, and track requests.





Monthly Highlights

During this month the Communications department garnered multiple earned media stories including the below examples (Hyperlinks connect to stories and interviews):

Community Outreach Clinic

On Monday, May 5th DWIHN unveiled the Community Outreach Clinic and Mental Health Mondays for the month of May. The clinic is a 37-foot Ford F-550 that provides integrated care on the go. This media outreach for this campaign garnered **49 mentions** with the following total analytics provided by Critical Mention.

Lloyd Jackson, from the [WJR JR Mornings](#) team interviewed Andrea Smith to discuss the vehicle and the services it brings. [WWJ](#) also did an in-depth interview with Andrea. Channels 2, 4 and 7 all covered the news with mentions from the anchor desk throughout the day.

	844k Total TV Audience	\$145k Total Publicity Value
	5.07M Total Radio Audience	\$7.669k Total Publicity Value
	682k Total Online Audience	\$19k Total Publicity Value

Second Quarter Media Metrics:

(Includes earned and paid media)

Category	Mentions	Audience	Publicity Value
Radio	58	2.2M	\$3,407
Television	29	65,683	\$114,095
Print/Online	19	1.2M	\$17,390
Total	106	4.1M	\$134,892

Quarterly Comparison

(Includes earned and paid media)

Category	2 nd Quarter	1 st Quarter
Total Mentions	106	206
Total Audience	4.1M	18.4M
Total Publicity Value	\$134,892	\$582,715
Note: 1st quarter numbers are abnormally high, due to residual mentions of Mr. White connected to multiple outside stories from DPD Chief Bettison appointments.		

Access Call Center Calls Related to Outreach

Each quarter the Access Call Center asked callers "How Did you Hear About Us?" During the 1st quarter of FY '24-'25, the total number of calls managed by the Call Center. The numbers show a significant increase in awareness due to advertising.

Category	2 nd Quarter	1 st Quarter
Total Number of Calls	44,081	45,327
Callers who Answered the Question	42,774	44,125
Billboard / Bus Advertisement	123	277
Website/Online/Flyer/Hotline/TV/Radio/internet/ Google/ social media /MyDWIHNA app	538	579

Social Media- Influencer Marketing Update

Social Media Influencer	# of Posts	Engagement/Impressions 2 nd Quarter	Engagement/Impressions 1 st Quarter
The Capital Brand/Randi Rosario	7 Post, 10 Story Posts	330.7k total views	280k total views
Kathleen Springer	12 Posts	37.2k total views	10.5k total views

During this quarter, influencer Randi Rossario conducted a short interview with Dr. Mammo on seasonal depression, which strongly connected with both of our audiences. [The post](#) performed exceptionally well, generating high engagement and bringing in 40+ new followers to DWIHN's Instagram, further expanding our reach and impact.

Social Media Performance Report Summary

Social Media Performance (Facebook, Instagram, LinkedIn, X and YouTube)	2 nd Quarter	1 st Quarter
Total Audience Growth	21,963	20,736
Engagements	17,927	17,814
Post Click Links	5,378	6,694
Engagement Rate	2.8%	8%
Impressions	634,467	219,794

This quarter, our social media was driven by a strategic increase in content that spotlighted our involvement in the community. By consistently highlighting events, and services we boosted visibility and maintained steady engagement with our audience.

Google Analytics

Google Analytics/Business Profile	2nd Quarter	1st Quarter
Profile Interactions	6,484	3,791
People Viewed Business Profile	16,359	8,664
Searches	5,131	3,826
Website Clicks	4,631	2,669

Community Outreach

Report on community events DWIHN is requested to attend to provide resources or presentation. We will compare outreach efforts quarter to quarter as with other areas of Communications.

	2nd Quarter	1st Quarter
Community Events	23	31
Estimated Individuals Reached	970	1520

Youth Outreach – Mental Health Youth Ambassador Scholarship

As part of our youth outreach efforts, DWIHN launched its **3rd Annual Mental Health Youth Ambassador Scholarship** in March. This initiative supports youth leadership in mental health advocacy and was promoted through branded flyers, updated social media graphics, testimonial videos and targeted communication.

Branding and Visual Design

This quarter, the Communications team made significant strides in unifying DWIHN's internal and external communications while strengthening outreach through consistent visual branding.

Outpatient Clinics Branding

New branding elements were created for DWIHN's Outpatient Clinics, including logo development, and signage to support consistent visual identity across locations and increase recognition in the community.





COMMUNICATIONS REPORT

DWIHN Full Board Meeting

Monthly Report

May 2025

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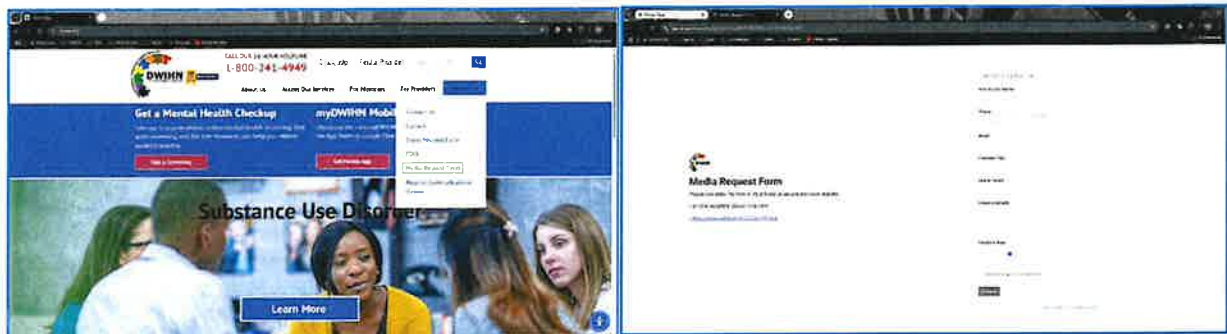


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Monthly Highlights

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President and CEO James White sat with Carol Cain of [Michigan Matters](#) for a roundtable discussion that included NAMI Michigan Executive Director, Kevin Fisher and Eric Hipple, former Detroit Lions quarterback and mental health advocate.

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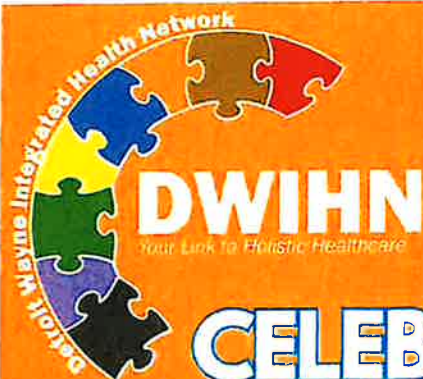
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**DWIHN IS BACK FOR
YEAR TWO AT THE ZOO!**

CELEBRATE MENTAL HEALTH AWARENESS MONTH

Enjoy discounted \$20 admission to the Detroit Zoo all month long when you purchase through our special portal.

Plus, stop by our resource tent near the zoo entrance on May 17th from 10 a.m. – 2 p.m. to learn more about our services and resources.

Get your tickets at www.dwihn.org – just click the Detroit Zoo banner on the homepage.



Detroit ZOO

MAY 19, 2025



MENTAL HEALTH MONDAYS

THE JEFFERSONIAN IN DETROIT

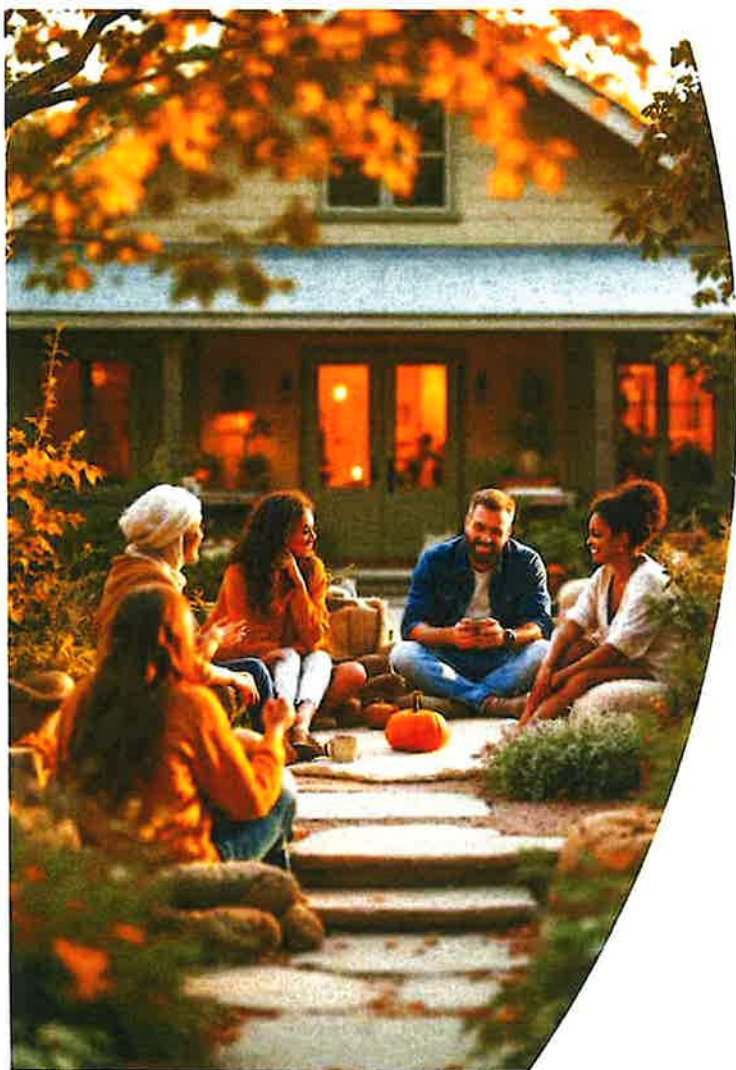
11 AM TO 1 PM

CLARK PARK IN SOUTHWEST DETROIT

2 PM TO 4 PM

COMMUNITY STROLL THROUGH MIDTOWN

DETROIT — 4 PM TO 6 PM



Elmhurst Home: Transforming Lives Through Recovery

For over 50 years, Elmhurst Home has been a beacon of hope for those struggling with substance use disorders. Our compassionate approach combines evidence-based practices with personalized care.

Presenter: Sarina C. Oden
Chief Operating Officer



Our Mission

Person-Centered

We focus on each individual's unique needs, strengths, and challenges. Every recovery journey is different.

Evidence-Based

Our treatment approaches are grounded in proven research and clinical expertise.

Recovery-Oriented

We build systems of care that support long-term recovery and improved quality of life.

Our Founding Story



Before 1970

James and Naomi Oden hosted meetings in their home to support those "down on their luck."



1970

The Odens recognized Detroit's growing drug epidemic and founded Elmhurst Home.



Growth Years

From one contract and building to a multi-campus regional facility under the leadership of John C. Oden - CEO

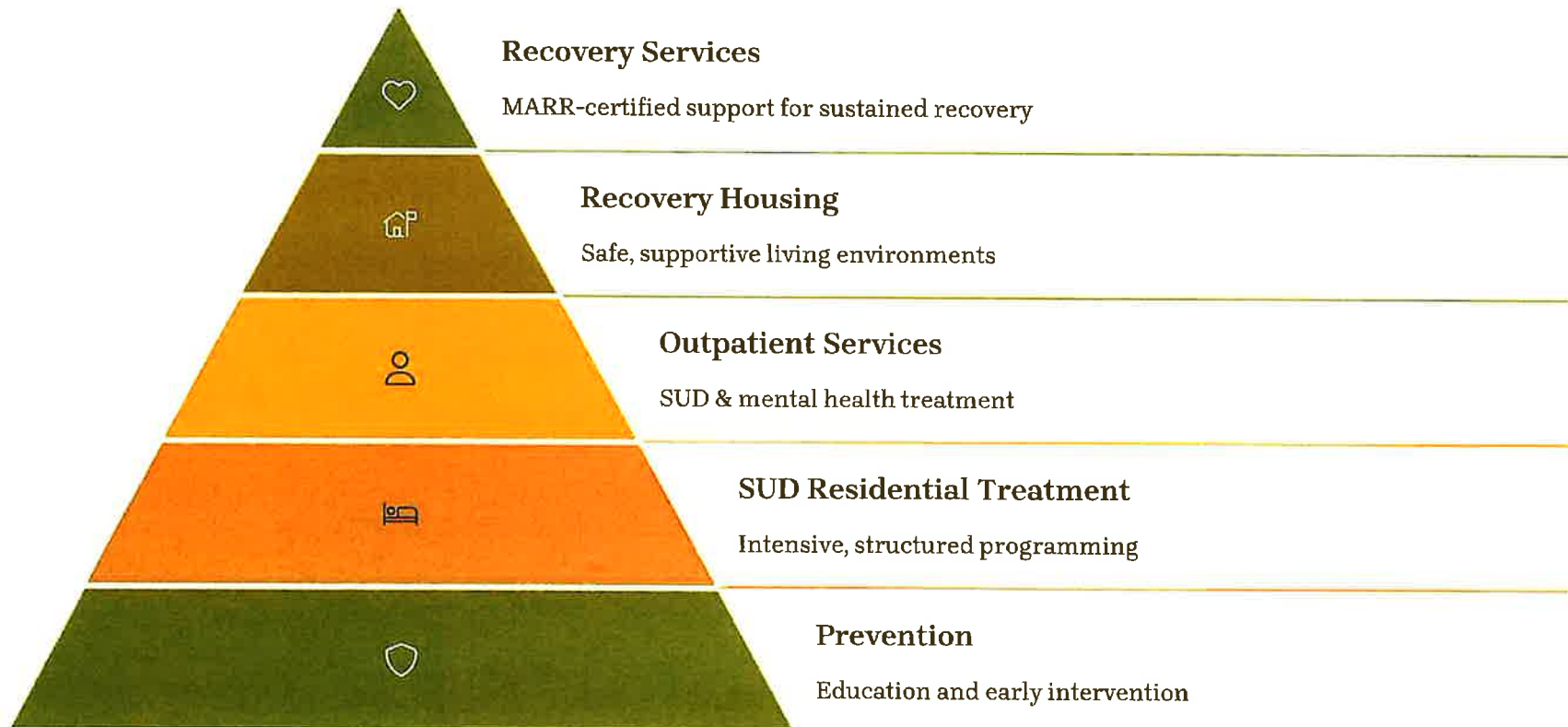


Since 1992

Maintained CARF accreditation with the gold star standard of 3-year accreditation.



Our Comprehensive Programs





Specialized Services



Women's Specialty Programs

Gender-responsive care addressing women's unique recovery needs.



Case Management

Targeted and SUD-specific support to navigate recovery resources.



Certified Community Behavioral Health Clinic

Comprehensive care as a CCBHC demonstration site.



ACT/IDDT Programs

Integrated dual disorder treatment for co-occurring conditions.

Community Partnerships (DCOs)



Starfish

DCO agreement for youth services



DWHIN

Crisis services support



Hegira

Mental health urgent care services



Criminal Justice Collaborations

Michigan Department of Corrections

We provide SUD residential treatment for probationers or parolees. These programs typically last 90-180 days.

Our evidence-based approach supports rehabilitation and reduces recidivism rates.

Wayne County Jail Program

We partner with jail programs to identify and treat inmates struggling with substance use disorders.

This crucial intervention helps break the cycle of addiction and incarceration.



The Journey Through Treatment...

Intake Assessment

Comprehensive evaluation to determine appropriate level of care. We assess both substance use and mental health needs.

Personalized Treatment Plan

Collaborative development of goals and interventions. Each plan addresses the individual's specific challenges and strengths.

Transition Planning

Preparation for sustained recovery in the community. We ensure connections to ongoing support services.

Our Locations



2

Facilities

Serving Detroit and Highland Park



50+

Years

Of dedicated community service



1000s

Lives

Transformed through recovery

Made with GAMMA



Contact Us Today



James Oden Center

12007 Linwood, Detroit
MI 48206
(313) 867-1090



Naomi's Nest (Highland Park Location)

245 Pitkin, Highland
Park MI 48203



Email For New Intakes

newintakes@ehinc.org



Call Us

We're here to answer
your questions about
recovery.



www.ehinc.org



[Facebook](#)



[Instagram](#)

Made with **GAMMA**