

**Spring  
Edition  
2022**



# **Persons Point of View**

**Editor-In-Chief  
Michael Shaw**

**CEO Corner**

**Hope House  
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**Michigan Auto No-Fault**

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# CEO CORNER

## Putting Children First – Rise to the Challenge

Putting the needs of our children first is a priority that we must all take responsibility for. According to the National Alliance on Mental Illness, 1 in 6 young adults age 12 to 17 experience depression, 3 million have had thoughts of suicide and there has been a 31% increase in mental health-related emergency department visits. The Detroit Wayne Integrated Health Network (DWIHN) is focused on ensuring the healthcare needs of our children are being met by providing quality mental and physical healthcare, housing and educational supports and programs.



By working with our provider partners and community stakeholders, it is time that we rise to the challenge of caring for the next generation. Together we can offer the proper healthcare that will provide our young people with the physical and emotional health, professional guidance and development opportunities necessary to reach their full potential as adults.

The pandemic has proven to be a source of anxiety, stress, isolation and depression for everyone. Our children are feeling these same effects tenfold. Separated from their friends, masked away from the unknown; living fearful in a world that has few answers can be unsettling. As I look into my own child's eyes, I am met with hope; knowing that she is often far more resilient and courageous than I often give her credit for. It is this innocence that we must protect.

Through our School Success Initiative Program, DWIHN is investing in our K-12 schools throughout Wayne County and working with students and their families to improve mental health outcomes through education, referrals and early intervention. This has enabled us to reach more students across all grade levels, last year DWIHN served over 8,500 young people through this initiative. By providing psychoeducation training, parent supports, professional development and counseling services to children and their families, we are surrounding them with the tools needed for good mental health to develop the resilience needed to cope with whatever life throws at them and enable them to grow into well-rounded, healthy adults.

# CEO CORNER

## (CONTINUED)

There are approximately 5,800 children in the foster care system in Wayne County. This is another prime example of where we must take responsibility and rise to the challenge of caring for the next generation. Children go into the foster program for several reasons, the most common being abuse and neglect. Through our provider network, DWIHN can offer the necessary behavioral health assessments that may be associated with such trauma. By offering consistency in the inconsistent world they know we are giving these young people the strength and supports desired during these formidable years of adolescence. According to Dr. Shama Faheem, DWIHN Chief Medical Officer and Child Psychiatrist “Young people in the foster care system have complicated and severe medical, mental, oral, and psychosocial health issues; trauma rooted in childhood experiences are common and can be linked to serious impacts in adolescence and adulthood”. The ability to be a reliable person in a foster child’s life can be rewarding; by providing coping mechanisms, you are offering hope and guidance on how to deal with stressful situations. As these young adults age out of the system they will need these tools to prepare them for the real world. Where will they live, work, go to school?

DWIHN is committed to providing hope for these young children as they age out of the foster care system working with our community partners and offering job training, educational opportunities and housing accommodations so they can focus on their future. They don’t have the family or financial support systems that the thousands of other teenagers have to help make their mark on this world. We will continue to offer stability and be the consistent presence in their lives into adulthood.

Many of our children are dealing with situations beyond their control; mental illness, abuse and neglect. It is time that we accept the challenge of putting our vulnerable children first. Making quality healthcare and educational services a priority to guarantee their opportunities for success. Through these innovative solutions we will improve access to mental healthcare and protect the emotional wellbeing as well as their physical health. Behavioral Health integration is one approach that can improve access to care for children and their families. Partnerships between primary healthcare and mental healthcare can make these services more accessible for families. The time is now to accept the challenge for change and do what is right for all people.



# MICHIGAN AUTO NO-FAULT

By Lisa Franklin-Survivor

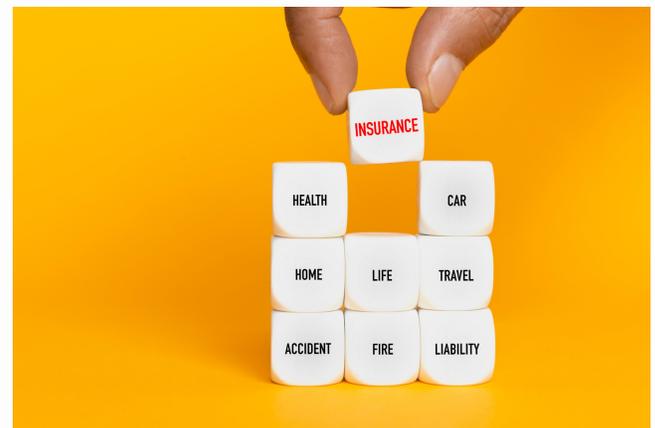
It was 1996. They were 18 years old and driving drunk when they broadsided the van I was riding, our lives were changed forever. One week later, I awoke in ICU with a T6 crushed vertebra, right wrist, and several ribs. My brother told me my head was swollen and my face was as round as a steering wheel. My mother-in-law thought I had lost my sight due to the blood in my right eye. I didn't but had a closed head injury.

Thank God for the Auto No-Fault laws in Michigan, one of the best insurance coverages in the country. My care included everything I needed for the rest of my life. After 3 months hospitalized, I went home to my family with a PICC line for intravenous antibiotics, a body brace, a halo on my right wrist, and a wheelchair. The doctors gave me 10 years to live, however, 26 years later, I've lived due to the quality and the consistency of care received.

However, in May of 2019, the governor signed the bill into law to Reform Auto No-Fault in an effort to "LOWER INSURANCE RATES FOR MICHIGANDERS"... Let me ask you, is your insurance premium lower?? At the time, Governor Whitmer stated that it was "not perfect, but we can fix it later". Well, it's 2022 and the effect of this change has caused a severe disruption in the care of survivors in Michigan. The hours that a family member could provide care was cut, payment of bills and services were reduced by 45%, and no matter when you were injured your benefits were cut. There was no grandfather clause applied here.

FYI....There is an automatic payout, to the insured, from the surplus in the MCCA fund. The \$400 check would have been refunded without the governor's promise. I've never received a refund from my auto insurance company. Have you?? Without payments for the care of the survivors, the fund grows. It's that simple. The Auto No-Fault law that covered the catastrophically injured, was doing its job!!. Since this change, people have died, survivors have lost transportation, been removed from their homes against their will, forced into Medicaid programs, and placed in nursing homes. So the question should be: If the fund is not paying for the care of survivors then what happens to the money in that fund?

In my opinion, the recent auto reform passed in Michigan was a mistake and should be repealed. This is our money!!! \$400 will never be enough to pay for my care nor does it appease me. Insurance costs are still redlined and the majority of Michiganders will continue to pay more than other parts of the country.



# Stories From Our Members

## Member (Hope House) by Zaynab Ali



Access launched a 24-hour fundraiser in December in an effort to raise funds for Access Hope House. We raised over \$8,000! One generous donor matched every dollar up to \$2,000. With this amazing campaign, came a wonderful idea on how to promote Hope House. Hannah Zaban, a Hope House member for 7 years contributed her artistic ability to help coordinate the efforts in a most awe-inspiring way. Hannah's painting was the centerpiece of the fundraising campaign, which she painted live on camera. Her painting was raffled off to a lucky donor who will forever be inspired by the creativity of our talented member, Hannah. Thanks to all the donations, Hope House will put the money towards our in-house classes and supply members with needed resources. We thank Hannah and Access for their incredible collaboration to bring the community together.

## I'm My Own Guardian Now! By Blake Perry



Becoming my own guardian will allow me to make all the decisions that I want for my life going forward. When I was under public guardianship, there were so many barriers in terms of what I was allowed and had to obtain permission to do. That prevented me from living my life in a way that was fulfilling and affirming. I didn't have access to a lot of information with respect to how decisions concerning my life were being made nor control over where I wanted to live. I always had to ask the guardian for permission to do or obtain something. It would take a week or so for them to respond. Working with my Circle of Support, I have been able to look at things differently and address aspects of my life that were not in accordance with my wants and desires.

My Circle of Support and I worked for over a year towards the goal of me becoming my own guardian and it finally happened. I became my own guardian. I had my legal right to self-determination restored. My Circle of Support and I will be working in conjunction with the ARC of Western Wayne to help me with any challenges I may face along the way.

# PERFECT PLACE DROP-IN CENTER

By Michael Shaw

What is a Drop-In Center? It is a non-profit community-based organization providing a safe and supportive environment for people diagnosed with mental illness. It's also a place offering a stigma-free atmosphere where members feel accepted and can grow in the areas of self-worth, dignity, respect, and inclusion.

Perfect Place Drop-In Center in Southgate was founded by Karen Robinson in 2016.

Dr. Donna Coulter and I had the pleasure to visit and be given a guided tour of the venue. The first thing I noticed was how friendly and relaxed everyone was, staff and members alike. On the day we visited, the center was in the process of presenting the latest in an ongoing series of demonstrations on how to prepare healthy meals. The meal they were preparing this day consisted of a BLT wrap, which was all plant-based, including the bacon. Everyone was given the opportunity to taste and take home a BLT and healthy sides.

Karen Robinson, PPDC Director gave us a tour which included an Arts and Crafts room, a Meditation area complete with soothing video and music.



There was also a computer and exercise room with bikes, weights and other equipment. They also have an outdoor space for members to come and relax as well as barrels used to plant vegetables.

They have a special room where members can play pool and listen to music. The drop-in is actually located in two separate buildings, one of which has extra space for rent to outside entities. Among the tenants that occupy a space in their building is an organization that manages AFC homes, a sporting apparel business, and a health and wellness healing venture.

So if you live downriver, consider visiting and possibly becoming a member. You'll be impressed and amazed at what they are doing!



***The Constituents' Voice*** is sponsoring the collection of travel size toiletries to be included in care packages for survivors of sexual assault and human trafficking.

**Suggested Items:**

combs and brushes  
deodorant  
feminine hygiene products  
soaps  
shaving products  
shampoo and conditioner  
toothbrushes and paste



To contribute, please donate via the  
Detroit Wayne Integrated Health Network (DWIHN)  
Amazon Wish List at:

[https://www.amazon.com/hz/wishlist/ls/3JBZoL37GAKPV?ref\\_=wl\\_share](https://www.amazon.com/hz/wishlist/ls/3JBZoL37GAKPV?ref_=wl_share)

or [click here](#)

Donations can also be made directly. Contact Michael Shaw  
or Member Engagement at 313-833-2500 to make  
arrangements.

# Ask The Doc

In the latest edition of "Ask the Doc Digital", DWIHN Chief Medical Officer Dr. Shama Faheem discusses suicide prevention and the steps you can take if you or a loved one are struggling.

<https://www.youtube.com/watch?v=oB2f9LfcIME>



## End Stigma & Human Trafficking

by Clarence Ruff

Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. Human trafficking is a form of modern-day slavery in which people profit from the control and exploitation of others. The crime occurs when a trafficker uses force, fraud, or coercion to control another person for the purpose of engaging in commercial sex acts or soliciting labor or services against his/her will.

Sex trafficking has been found in a wide variety of venues within the commercial sex industry, including residential brothels, escort services, fake massage businesses, strip clubs, and street prostitutes. Minors under the age of 18 engaging in commercial sex are considered victims of human trafficking. Minors engaging in "survival sex" to obtain basic necessities such as food, shelter, or transportation are also considered victims.

Stigma and harmful social norms serve as both a result of and a catalyst for the trafficking of women and children. Because of the extensive health problems related to trafficking, health care providers play a critical role in identifying survivors and engaging them in ongoing care. Although guidelines for recognizing affected patients and a framework for developing response protocols in health care settings have been described, survivors' ongoing engagement in health care services is very challenging. High rates of disengagement, lost contact, premature termination, and attrition are common outcomes. For interventions to be effective in this marginalized population, challenges in engaging survivors in long-term therapeutic primary and mental health care must be better understood and overcome. This article uses the socioecological model of public health to identify barriers to engagement; offers evident-and practice-based recommendations for overcoming these barriers; and proposes an interdisciplinary call to action for developing more flexible, adaptable model of care. \*

Internalized stigma in human and sex trafficking comes with many emotions, like feelings of shame, hopelessness and isolation. Reluctance to ask for help or get treatment. Lack of understanding by family, friends, or others. Fewer employment opportunities or social interaction, bullying, physical violence or harassment.

Families may disown trafficked girls and women, blaming them and not their traffickers for the ordeal. In the U.S., a majority of states treat child sex trafficking victims as criminals.

Wondering what you can do to combat stigma?

Here some ideas: Analyze harmful social norms in the world around you. Is the word "pimp" used to refer to someone positively, rather than a child trafficker? Does the media you consume (music, videos) glorify human or sex trafficking? We can help reduce and eliminate these forms of stigma and human and sex trafficking by seeking out resources to obtain knowledge of human and sex trafficking, preventive training and intervention and donations to help victims overcome this cruel setting of abuse and neglect. \*(The Professional Counselor, volume 7, issue 1, pages 45-61, year 2022.)

# Poetry Corner

## Smile

By Olson Ornevil

### Smile

1

A simple act, but full of signification  
Smiling is a solemn invitation  
While it is not always easy  
Somehow, it is like the flower named "daisy".

2

Smiling increases our dopamine  
This gesture conveys to others; we are not "mean".  
This simple act brings encouragement  
Since it lights up our environment

3

Smiling brings a lot of energy  
Since it stimulates us to work in synergy  
When smiling fills the air, it is just happiness  
For sure, it banishes selfishness

4

Smiling to others is a great medication  
It brings relief to any commotion  
keep on smiling since it has a positive impact  
Together, let us commit to sign this pact.

January 10, 2021



# What You Should Know About Hepatitis C

Hepatitis C, a liver infection caused by the hepatitis C virus, is usually spread when someone comes into contact with blood from an infected person. This can happen through the sharing of drug injection or preparation equipment, through birth from mother to baby, healthcare exposures, sex with an infected person, unregulated tattoos or body piercings, sharing personal care items, and through blood transfusions and organ transplants before 1992.

For reasons that are not known, less than half of people who get hepatitis C are able to clear, or get rid of, the virus without treatment in the first 6 months after infection. Most people who get infected, however, will develop a chronic, or lifelong, infection. Left untreated, chronic hepatitis C can cause serious health problems including liver disease, liver failure, liver cancer, and even death. Many people with hepatitis C do not have symptoms and do not feel sick. When symptoms do appear, however, they often are a sign of advanced liver disease.

There is no vaccine for hepatitis C; however, there are all-oral treatments available that can cure hepatitis C infection in as little as eight to 12 weeks. These treatments, called direct-acting antivirals (DAAs) have minimal side effects and cure rates

greater than 95%. If you have been diagnosed with hepatitis C, talk to your health care provider about treatment options.

## References:

*Centers for Disease Control and Prevention. (2020). Hepatitis C Questions and Answers for the Public. <https://www.cdc.gov/hepatitis/hcv/cfaq.htm>.*

**DWIHN**  
Your Link to Multiple Healthcare

## S.O.U.L.S. CHAT

Supportive. Outreach. Understanding. Life-Situations

### FAITH TALK MONDAYS

6:30P-7:30P  
New Zoom Meeting  
Meeting ID: 965 7269 1450  
Passcode: 267835  
Dial in: 877- 853- 5247 US

### CASUAL TALK WEDNESDAYS

6:00P - 7:00P  
New Zoom Meeting  
Meeting ID: 965 7269 1450  
Passcode: 267835  
Dial in: 877- 853- 5247 US

<https://dwihn-org.zoom.us/j/96572691450?pwd=OHdVamJJWG9rbFZzUnl4NlITY2loUT09#success>

# Member's Rights

Our Area of Responsibility	Members' Rights	For More Details, Contact us at:
Provider Directory	<ul style="list-style-type: none"> <li>To receive a copy of the Provider Directory at the time of enrollment, upon intake, annually and/or upon request</li> <li>To request a copy to be mailed to you at your mailing address or by email</li> </ul>	<a href="http://dwihn.org/files/7115/6986/6624/2020_Provider_Directory.pdf">http://dwihn.org/files/7115/6986/6624/2020_Provider_Directory.pdf</a> 888-490-9698 800-6301044 (TTY)
Claim Status	<ul style="list-style-type: none"> <li>To track the status of your claims in the claims process</li> </ul>	<a href="http://dwihn.org/operations/managed-care-operations-mco/claims/">http://dwihn.org/operations/managed-care-operations-mco/claims/</a> 313-833-3232
Estimated Cost of Services	<ul style="list-style-type: none"> <li>To know the Estimated Cost of Services (ECS) for the services identified in your IPOS within 15 business days of your IPOS Meeting and when your IPOS has been changed</li> <li>To receive an Explanation of Benefits (EOB) and request it at any time</li> </ul>	<a href="http://dwihn.org/files/4114/5936/3409/DWM_HA_Provider_Manual.pdf">http://dwihn.org/files/4114/5936/3409/DWM_HA_Provider_Manual.pdf</a> 888-490-9698
Notice of Privacy Practices	<ul style="list-style-type: none"> <li>To have DWIHN protect and secure all of your health care information that we have created or received about your past, present, or future health care or condition, or health care we provide to you, or payment</li> </ul>	<a href="http://dwihn.org/library/hipaa-notice-and-policies/">http://dwihn.org/library/hipaa-notice-and-policies/</a>
Fraud, Waste, and Abuse (FWA)	<ul style="list-style-type: none"> <li>To report fraud, waste, or abuse within the DWIHN's behavioral healthcare system to DWIHN to be investigated</li> </ul>	<a href="http://dwihn.org/files/2015/6458/3594/Fraud-Waste-and-Abuse-Policy.pdf">http://dwihn.org/files/2015/6458/3594/Fraud - Waste and Abuse Policy.pdf</a> 313-833-3502 or email <a href="mailto:compliance@dwihn.org">compliance@dwihn.org</a>
Utilization Management Decision Making	<p>All DWIHN staff, all Crisis Service Vendors and Access Center practitioners and employees who make Utilization Management decisions understand the importance of ensuring that all consumers receive clinically appropriate, humane and compassionate services of the same quality that one would expect for their child, parent or spouse by affirming the following:</p> <ul style="list-style-type: none"> <li>Utilization Management decision making is based only on appropriateness of care, service, and existence of coverage.</li> <li>DWIHN, Access Center, and Crisis Service Vendors, do not reward practitioners or other individuals for issuing denials of coverage or service care.</li> <li>No Physicians nor any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing the provision of care which is deemed medically necessary.</li> <li>Follow all MDHHS procedures for the <i>required</i> annual Medicaid enrollment and inform DWIHN of any changes in insurance status.</li> </ul>	<a href="http://dwihn.org/operations/utilization-management/">http://dwihn.org/operations/utilization-management/</a>

# Enrollee Rights and Responsibilities

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We are committed to maintaining a mutually respectful relationship with our members and providers. The DWIHN Members' Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while accessing behavioral health care services in Detroit-Wayne County. This statement helps to minimize potential misunderstandings and promote compliance with all applicable statutory and regulatory requirements. Understanding your rights and responsibilities will help you to make informed decisions about your healthcare.

## You Have the Right To:

- Be provided with information about enrollee rights, responsibilities, and protections;
- Be treated with respect and recognition of your dignity and right to privacy;
- Be provided with information on the structure and operation of the DWIHN;
- Receive information about DWIHN, its services, its practitioners and providers and rights and responsibilities;
- Be provided freedom of choice among network providers;
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage and to freely communicate with your providers and without restriction on any information regarding care;
- Be informed of the availability of an independent, external review of the UM final determinations;
- Receive information on available treatment options;
- Participate in decisions regarding health care, the refusal of treatment and preferences for future treatment decisions;
- Be made aware of those services that are not covered and may involve cost sharing, if any;
- Request and receive an itemized statement for each covered service and support you received;
- Track the status of your claim in the claims process and obtain information over the telephone in one attempt or contact;
- Receive information on how to obtain benefits from out-of-network providers;
- Receive information on advance directives;
- Receive benefits, services and instructional materials in a manner that may be easily understood;
- Receive information that describes the availability of supports and services and how to access them;
- Receive information you request and help in the language or format of your choice;
- Receive interpreter services free-of-charge for non-English languages as needed
- Be provided with written materials in alternative formats and information on how to obtain them if you are visually and/or are hearing impaired or have limited reading proficiency;
- Receive information within a reasonable time after enrollment;
- Be provided with information on services that are not covered on moral /religious basis;

# Enrollee Rights and Responsibilities Con't

- Receive information on how to access 911, emergency, and post-stabilization services as needed;
- Receive information on how to obtain referrals for specialty care and other benefits that are not provided by the primary care provider;
- Receive information on how and where to access benefits that are not covered under DWIHN Medicaid contract but may be available under the state health plan, including transportation;
- Receive information on the grievance, appeal and fair hearing processes;
- Voice complaints and request appeals regarding care and services provided;
- Timely written notice of any significant State and provider network-related changes;
- Make recommendations regarding the DWIHN member rights and responsibilities.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
- To request and receive a copy of your medical records, and request that they be amended or corrected.
- A second opinion from a network provider, or arrange for you to obtain one outside the network, at no cost to you.

Note: The State must ensure that you are free to exercise your rights, and that the exercise of your rights does not adversely affect the way DWIHN and its network providers or the State agency treat the you. **Note:** *All DWIHN staff, the Access Center, and Service Provider employees shall acknowledge, uphold and demonstrate knowledge of the above enrollee rights and responsibilities.*

## Your Responsibilities

- To keep appointments as scheduled or phone in advance to cancel.
- To follow your treatment plan or ask for a review of your plan.
- To let your therapist know of any changes in your condition, including any side effects of medication.
- To seek help in times of crisis.
- To keep violence, drugs, abusive language and damaging behavior away from the treatment setting in respect for others.
- To be aware of program rules and abide by them.
- To be an active participant in your treatment.
- To ask questions if you do not understand.
- To share with staff, your experience of our services, what we do well, and what we could do better.
- To provide, to the best of your knowledge, accurate and complete information regarding your medical history, including: present and past illnesses, medications, hospitalizations, etc. to DWIHN, its practitioners and providers in order to provide care.

# Enrollee Rights and Responsibilities Con't

- To follow your treatment plan of care and instructions. The plan of care is to be agreed upon by you and your provider.
- To ask questions about your care. This will help you to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Follow all MDHHS procedures for the required annual Medicaid enrollment and inform DWIHN of any changes in insurance status.

## DWPHN Responsibilities

- To provide quality behavioral health services;
- To assess and evaluate behavioral health requests in a timely manner;
- To give you a choice of providers to the extent that is possible;
- To offer you a second opinion if you request one;
- To provide you with information about your behavioral health services and your rights;
- To provide you with a written Notice of Action, when advising you of termination, reduction, denial, suspension or limit the authorization of services that you have requested and/or have been receiving;
- To provide you with information about DWPHN's operations organizational structure, annual reports, etc. upon request and to notify you annually that this information is available;
- To protect the rights of individuals receiving services;
- We are required by law to maintain the privacy and security of your personal health information;
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in the notice of Privacy Practices and give you a copy;
- We will not use or share your information other than as described in the Notice of Privacy Practices unless you tell us we can in writing;
- You can change your mind at any time about the sharing of information, but this request should be made in writing to ensure it is documented in your request.
- Provide you with a written notice of any significant State and Provider network changes at least 30 days before the intended effective date of change.
- Make a good faith effort to give you a written notice of termination of your Service Provider within 15 days of receipt or issuance of a termination notice.

Note: All DWPHN staff, the Access Center, and Service Provider employees shall acknowledge, uphold and demonstrate knowledge of the above enrollee rights and responsibilities. The State must ensure that you are free to exercise your rights, and that the exercise of your rights does not adversely affect the way DWPHN and its network providers or the State agency treat the you. Note: All DWPHN staff, the Access Center, and Service Provider employees shall acknowledge, uphold and demonstrate knowledge of the above enrollee rights and responsibilities.

# Provider Closures

In accordance with reporting requirements for the Detroit Wayne Integrated Health Network, below is a list of providers and programs that have either closed or been terminated as of April 30, 2022

Date Close	Provider Name	Address
1/1/2018	Arkay Inc	16125 Dix Road, Southgate, MI 48195, 14685 Northline, Southgate, MI 48195, 16085 Dix-Toledo, Southgate, MI 48195, 16095 Dix-Toledo, Southgate, MI 48195
1/5/2022	Delanie Home	9530 Chatham, Detroit 48239
1/6/2022	Diamond Adult Foster Home	5400 Oakman, Detroit, MI 48204
1/12/2022	Community Choices, Inc.	1993 Marlowe, Canton, MI 48187
2/4/2022	Services To Enhance Potential	17910 Van Dyke Rd., Detroit, MI 48234
2/4/2022	Services To Enhance Potential	2448 Market, Detroit, MI 48207
2/4/2022	Services To Enhance Potential	32229 Schoolcraft Rd., Livonia, MI 48150
2/4/2022	Services To Enhance Potential	35000 Van Born Rd., Wayne, MI, 48184
2/9/2022	Quest Saltz 2 Home	940 Arcola, Garden City, MI 48135
2/20/2022	Excellent , Inc	20202 Stratford Rd., Detroit, MI 48221
2/24/2022	RGRPS, Inc.	7535 Balfour Ave., Allen Park, MI 48101
2/28/2022	Community Opportunity Center	19496 Mayfield #103, Livonia, MI 48152
2/28/2022	Life Center, Inc.	18901 Laurel Drive, MI 48152
2/28/2022	Monterey Home	22942 Monterey, Woodhaven, MI 48133
3/1/2022	Quest Saltz 11 Home	940 Arcola, Garden City, MI 48135
3/1/2022	Quest Fort	20400 Woodruff, Rockwood, MI 48173
3/4/2022	AHS Community Services, Inc. - Parkgrove	34638 Parkgrove, Westland, MI 48185
4/1/2022	K Y K Assisted Living #2 LLC	19173 Lexington, Redford, MI 48240
4/1/2022	Judson Center	12723 Telegraph Rd., Redford, MI 48239
4/1/2022	Quest Renton Home	17200 Renton, Belleville, MI 48114
4/13/2022	Anna Grace AFC Home	606 Taylor St., Detroit, MI 48202
4/20/2022	Landers and Landers Home for the Aged Inc. (Chandler Home #4)	1374 Chandler Ave., Lincoln Park, MI 48146
5/30/2022	Starfish Family Services	835 Mason St., Suite B310, Dearborn, MI 48124 (3rd Floor)

## Did You Know?

Effective September 2021, the state began offering another local dispute resolution option for individuals receiving Behavioral Health Services. It is called Mediation. This is a way to provide another avenue for members as well as our provider network to come to a resolution in areas where there may be a disagreement or conflict.

Mediation does not take the place of DWIHN's ability to address a member's Appeal, Grievance or Recipient Rights complaint. It is important to note that only the member or their legal guardian can request mediation services. If you are interested in learning more contact:

**The Mediation Helpline at 1-844-3-MEDIATE (1-844-363-3428)**



**Hours of Operation: 8:00 am - 4:30 pm**

**Customer Service: (313) 833-3232**

**Main: (313) 344-9099**

**TDD: (800) 630-1044**

**Fax: (313) 833-2156**

**24-Hour Helpline: (800) 241-4949**

**[www.dwihn.org](http://www.dwihn.org)**

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