

HEALTHWEST
FULL BOARD MINUTES

June 26, 2020

8:00 a.m.

Held via Zoom

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:02 a.m.

ROLL CALL

Members Present: Stephanie Umlor, Janet Thomas, Cheryl Natta, John Snider, Marcia Hovey-Wright, Janice Hilleary, Jeff Fortenbacher, Remington Sprague, M.D., Charles Nash, John Schrier

Members Excused: Jason Coleman, Thomas Hardy

Others Present: Julia Rupp, Matt Plaska, Amber Berndt, Brandy Carlson, Tami Strodbeck, Cyndi Blair, Justine Belivitch, Randi Bennett, Judy Cohen, Cece Riley, Mickey Wallace

MINUTES

HWB 319-B - It was moved by Dr. Sprague, seconded by Commissioner Nash, to approve the Full Board minutes of the May 29, 2020 meeting as written.

MOTION CARRIED.

COMMITTEE REPORTS

Program/Personnel Committee

HWB 305-P - It was moved by Ms. Natta, seconded by Dr. Sprague, to approve the minutes of the February 14, 2020 meeting as written.

MOTION CARRIED.

HWB 306-P - It was moved by Ms. Natta, seconded by Commissioner Nash, to authorize changing the full-time Master's Level Clinician Position, X53382 (cost center 7034), to part-time, 32-hour a week, and transferring employee E93032808 into the position at Step 5 of the wage grade, HX-00250 (\$23.592 – \$29.759), effective June 29, 2020.

MOTION CARRIED.

HWB 307-P – It was moved by Ms. Natta, seconded by Commissioner Nash, to authorize moving employee E93032893 to Step 3 on the Clinical Services Supervisor Wage Grade, HX-00280, effective June 29, 2020.

MOTION CARRIED.

HWB 308-P – It was moved by Ms. Natta, seconded by Commissioner Nash to authorize the reclassification of a Technology Analyst (Position X88703/Wage Grade HX-00300, \$27.226 - \$34.420) to a Senior Technology Analyst (Wage Grade HX-00320, \$29.913-\$37.831), effective June 29, 2020.

MOTION CARRIED.

Rights Advisory Committee

HWB 309-R - It was moved by Mr. Schrier, seconded by Ms. Umlor, to approve the minutes of the February 14, 2020 meeting as written.

MOTION CARRIED.

HWB 310-R - It was moved by Mr. Schrier, seconded by Ms. Umlor, to accept the Recipient Rights report for the months of February/March and April/May 2020.

MOTION CARRIED.

Finance Committee

HWB 311-F - It was moved by Commissioner Snider, seconded by Commissioner Nash, to approve the minutes of the May 15, 2020 meeting as written.

MOTION CARRIED.

HWB 312-F - It was moved by Commissioner Snider, seconded by Commissioner Nash, to approve expenditures for the month ending May 31, 2020, in the total amount of \$5,566,268.47.

MOTION CARRIED.

HWB 313-F - It was moved by Commissioner Snider, seconded by Commissioner Nash, to authorize the HealthWest Executive Director to sign the Donated Funds Agreement with the Michigan Department of Health and Human Services, effective October 1, 2020 through September 30, 2021, for a total cost of \$66,700.00.

MOTION CARRIED.

HWB 314-F - It was moved by Commissioner Snider, seconded by Commissioner Nash, to authorize acceptance of the above grant and to authorize the approval to meet all requirements for the Coronavirus (COVID-2019) Community Mental Health Support Program 2020 funded by The Michigan Department of Health and Human Services in the amount of \$115,380 and effective March 1, 2020 – September 30, 2020.

MOTION CARRIED.

Nominating Committee

HWB 315-N - It was moved by Commissioner Nash, supported by Ms. Umlor, to re-nominate Janet Thomas as Chairperson of the HealthWest Board. Ms. Thomas accepted the nomination.

MOTION CARRIED.

HWB 316-N - It was moved by Commissioner Nash, supported by Ms. Umlor, to re-nominate Cheryl Natte as Vice-Chairman of the HealthWest Board. Ms. Natte accepted the nomination.

MOTION CARRIED.

HWB 317-N - It was moved by Commissioner Nash, supported by Ms. Umlor, to re-nominate I. John Snider as Treasurer of the HealthWest Board. Mr. Snider accepted the nomination.

MOTION CARRIED.

HWB 318-N - It was moved by Commissioner Nash, supported by Ms. Umlor, to re-nominate Mr. Fortenbacher as Secretary of the HealthWest Board. Mr. Fortenbacher accepted the nomination.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

HWB 320-B - It was moved by Dr. Sprague, seconded by Ms. Natte, to authorize HealthWest to amend the Recovery Cooperative of Muskegon contract from a fee-for-service model to a monthly

payment model at \$9,000.00 a month for a total cap of \$110,000.00, effective October 1, 2019 through September 30, 2021.

MOTION CARRIED.

HWB 321-B - It was moved by Commissioner Nash, seconded by Commissioner Hovey-Wright, to accept the resolution declaring racism and social inequities as a public health crisis.

Mickey Wallace briefly addressed the Board on his new role serving as the Cultural Advisor to the Director and the fact he's working with the TIDE team to develop new movements within HealthWest.

MOTION CARRIED.

HWB 322-B - It was moved by Dr. Sprague, seconded by Ms. Natte, to accept the FY19 QAPIP Review and FY19/20 QAPIP as written and submitted to the HealthWest Board of Directors.

It was decided to bring these data reports to the Full Board on a Quarterly basis.

MOTION CARRIED.

OLD BUSINESS

HWB 323-B - It was moved by Chair Thomas, seconded by Mr. Fortenbacher, to approve the submission of Shaun Raleigh's application to the LRE as a potential representative of HealthWest.

MOTION CARRIED.

NEW BUSINESS

There was no new business.

COMMUNICATION

The Director's memorandum was provided for review. Julia also spoke on our response to the LRE/Beacon "draft" audit. Based on our evaluation the most savings we could realize through implementing all efficiencies is \$750,000 annually. MDHHS has approached the LRE about entering back into negotiations halted by COVID-19. However, pre COVID, the plan was to approach the Feds on a rate adjustment going back several years; this would minimize the cost to the State. However, due to the change in the financial environment at the Federal level, this strategy is not likely to prevail. Additionally the relationship with Beacon has changed dramatically since they began contracting with the LRE and they are no longer willing to bare risk for the region as they once were.

While still very difficult to project expenses and revenues due to COVID, we are expected to have roughly a \$2 million deficit, however at this time the LRE is projected to have the revenue to cover these expenses. We continue to look for cost savings to reduce our expenses. The region must do a provider stability plan. The providers are continually asking for additional revenue to cover their COVID costs and sustain their organizations. While we are collecting applications and data from the providers, we cannot provide additional revenue without approval from the LRE, as we will need additional revenue allocation to honor these requests.

Commissioner Nash inquired about the Opioid Crisis in Muskegon County and if this has any weight to the distribution methods. Ms. Rupp stated she continues to point to the Opiate crisis in Muskegon County as a contributing factor to our expenses.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:43 a.m.

Respectfully,

Janet Thomas
Board Chair
/ab

PRELIMINARY MINUTES

To be adopted and approved at the Full Board Meeting of July 24, 2020

HEALTHWEST

PROGRAM/PERSONNEL COMMITTEE REPORT TO THE BOARD

Via Cheryl Natte, Committee Chair

1. The Program/Personnel Committee met on Friday, June 12, 2020
- * 2. It was recommended, and I move to approve the minutes of the February 14, 2020 meeting as written.
- * 3. It was recommended and I move to authorize changing the full-time Master's Level Clinician Position, X53382 (cost center 7034), to part-time, 32-hour a week, and transferring employee E93032808 into the position at Step 5 of the wage grade, HX-00250 (\$23.592 – \$29.759), effective June 29, 2020.
- * 4. It was recommended and I move to authorize moving employee E93032893 to Step 3 on the Clinical Services Supervisor Wage Grade, HX-00280, effective June 29, 2020.
- * 5. It was recommended and I move to authorize the reclassification of a Technology Analyst (Position X88703/Wage Grade HX-00300, \$27.226 - \$34.420) to a Senior Technology Analyst (Wage Grade HX-00320, \$29.913-\$37.831), effective June 29, 2020.

/ab

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

June 12, 2020
8:00 a.m.
Mental Health Center

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:01 a.m.

ROLL CALL

Members Present: Cheryl Natte, Stephanie Umlor, Jason Coleman, John Schrier, Thomas Hardy, Janet Thomas

Members Excused: None

Others Present: Amber Berndt, Larry Spataro, Brandy Carlson, Margaret Tietze, Susan Plotts, Gary Ridley, Julia Rupp, Cece Riley, Randi Bennett, Cyndi Blair, Brandon Hess, Matt Plaska

MINUTES

It was moved by Mr. Schrier, seconded by Ms. Umlor, to approve the minutes of the February 14, 2020 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

It was moved by Mr. Schrier, seconded by Ms. Thomas, to authorize changing the full-time Master's Level Clinician Position, X53382 (cost center 7034), to part-time, 32-hour a week, and transferring employee E93032808 into the position at Step 5 of the wage grade, HX-00250 (\$23.592 – \$29.759), effective June 29, 2020.

MOTION CARRIED.

It was moved by Ms. Umlor, seconded by Ms. Thomas, to authorize moving employee E93032893 to Step 3 on the Clinical Services Supervisor Wage Grade, HX-00280, effective June 29, 2020.

MOTION CARRIED.

It was moved by Ms. Thomas, seconded by Mr. Hardy, to authorize the reclassification of a Technology Analyst (Position X88703/Wage Grade HX-00300, \$27.226 - \$34.420) to a Senior Technology Analyst (Wage Grade HX-00320, \$29.913-\$37.831), effective June 29, 2020.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Cyndi Blair gave a brief update on our development of the plans for re-opening Brinks. They had a lot of difficulty with consumers leaving AMA before receiving treatment or when they would escalate they were being taken back to the ER or inpatient. We're going to re-open as a 6 bed facility rather than a 16 bed facility. We're looking into detox certification so we're able to address those with co-occurring diagnosis. We're looking at Covenant Hall and separating it into two separate spaces with only the addition of two walls. We'll move staff to 12 hour shifts for staff. The Crisis Residential Certificate is transferred over to the new address already. If all go well we'll open the end of July or potentially the first of August. A motion will come to full board regarding staffing patterns. We're working on a potential collaboration with Covenant Hall as well to figure out how we can both help each other.

DIRECTOR'S COMMENTS

Telehealth would expire 30 days after the orders expire. Now there is no expiration date and it states "to be determined". There is no doubt that telehealth is here to stay. For what exactly we aren't sure just yet. We're going through the building, making adjustments such as Plexiglas where needed, cleaning up clutter around the building. We're also trying to figure out what the phase will look like. We're planning on the first of July and are planning on an influx of consumers trying to come through our front door. We've also started our Crisis Warmline with the intent of taking over manning that 24/7. We have grant money for this purpose to include updating the line itself. We hope to have a written summary for the Board to review by next week.

We requested to be able to test all of our AFC homes and staff, and since we have a team of training staff who is able to do the testing, we've been given 1000 test kits from the State to test all of those individuals. We are the only community using a different model, both the UP and Detroit Wayne are using the National Guard for testing.

We have another testing today and tomorrow and we're partnering with the National Guard, Hackley Community Care, Public Health. We're hoping to test 1500 people.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:34 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/ab

PRELIMINARY MINUTES
To be approved at the Program Meeting of
August 14, 2020

HEALTHWEST
RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO THE BOARD

via John Schrier, Committee Chair

1. The Recipient Rights Advisory Committee met on June 12, 2020.
- * 2. It was recommended, and I move, to approve the minutes of the February 14, 2020 meeting as written.
- * 3. It was recommended, and I move, to accept the Recipient Rights reports for the months of February/March and April/May 2020.

/ab

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

**Friday, June 12, 2020
8:00 a.m.
Mental Health Center – Board Room B**

CALL TO ORDER

The regular meeting of the Recipient Rights Advisory Committee was called to order by John Schrier, Committee Chair, at 8:34 a.m.

ROLL CALL

Members Present: Cheryl Natte, Stephanie Umlor, Jason Coleman, John Schrier, Thomas Hardy, Janet Thomas

Members Excused: None

Others Present: Amber Berndt, Larry Spataro, Brandy Carlson, Margaret Tietze, Susan Plotts, Gary Ridley, Julia Rupp, Cece Riley, Randi Bennett, Cyndi Blair, Brandon Hess, Matt Plaska

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Umlor, to approve the minutes of the February 14, 2020 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. *Motion to Accept Recipient Rights Reports for February/March and April/May 2020*

It was moved by Ms. Thomas, seconded by Ms. Umlor, to approve the Recipient Rights Reports for February/March and April/May 2020.

MOTION CARRIED.

For the months of February/March 2020 there were 23 HealthWest and 85 provider employees trained:

Rights Updates HealthWest	11
Rights Updates Provider	38
New Employee Training HealthWest/Contracted	12
New Employee Training Provider	45
SUD Recipient Rights Orientation Provider	2

For the months of February/March 2020 there were 374 incident reports and 14 rights allegations.

For the months of April/May 2020 there were 14 HealthWest and 2 provider employees trained:

Rights Updates HealthWest	14
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	0
New Employee Training Provider	0
SUD Recipient Rights Orientation Provider	2

For the months of April/May 2020 there were 357 incident reports and 10 rights allegations.

Statistical data showing type and code was provided in the enclosed report.

There were a total of 11 deaths reported in February/March 2020 and April/May 2020.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

The Recipient Rights Training Memorandum was provided for review. Mr. Spataro suggested they incorporate the trainings into our meetings in order to meet compliance.

The 2020 ORR Semi-Annual Report –was provided for review and was discussed briefly.

DIRECTOR'S COMMENTS

Lauren Meldrum is drafting a graphic showing our new requirements for when we become a State CCBHC. We're also starting to expand our services in order to meet community demand. We'll send the BOD the reopening plans next week. We'll also bring to full board a resolution to address racism. A staff member has been redeployed to become an advisor for inclusion and diversity. Julia expressed the need for people of color in leadership positions. She's also drafting a letter for Janet's review to make a public statement. This letter will also inform the board all of HealthWest's efforts on addressing the issue.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:54 a.m.

Respectfully,

John Schrier
HealthWest Rights Advisory Committee Chair
/ab

PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
August 14, 2020

HEALTHWEST

FINANCE COMMITTEE REPORT TO THE BOARD

via John Snider, Committee Chair

1. The Finance Committee met on June 19, 2020.
- * 2. It was recommended, and I move, to approve the minutes of the May 15 2020, meeting as written.
- * 3. It was recommended, and I move, to approve the expenditures for the month ending May 31, 2020 in the total amount of \$5,566,268.47.
- * 4. It was recommended, and I move, to authorize the HealthWest Executive Director to sign the Donated Funds Agreement with the Michigan Department of Health and Human Services, effective October 1, 2020 through September 30, 2021, for a total cost of \$66,700.00..
- * 5. It was recommended, and I move, to authorize acceptance of the above grant and to authorize the approval to meet all requirements for the Coronavirus (COVID-2019) Community Mental Health Support Program 2020 funded by The Michigan Department of Health and Human Services in the amount of \$115,380 and effective March 1, 2020 – September 30, 2020.

/ab

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

Friday, May 15, 2020

8:00 a.m.

Zoom Virtual Meeting

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Chair Snider at 8:00 a.m.

ROLL CALL

Committee Members Present: John Snider, Janet Thomas, Dr. Remington Sprague, Marcia Hovey-Wright, Charles Nash, Stephanie Umlor, Jeff Fortenbacher

Committee Members Excused: Jason Coleman

Also Present: Brandy Carlson, Amber Berndt, Julia Rupp, Tami Strodbeck, Wesley Woods, Brian Obits, Cyndi Blair, Gary Ridley, Judy Cohen, Matt Plaska

Guests: Beth Dick

MINUTES

It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to approve the minutes of the May 15, 2020, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. *Approval of Expenditures for May 2020*

It was moved by Ms. Thomas, seconded by Commissioner Nash, to approve the expenditures for the month ending May 31, 2020 in the total amount of \$5,566,268.47.

MOTION CARRIED.

B. *Interim Analysis of Expenditures*

Ms. Carlson presented the draft expenditures for the month of May 2020 noting that HealthWest is 6.4% under budget.

C. *Interim Analysis of Revenues*

Ms. Carlson presented the Interim Analysis of Revenues through May 31, 2020.

Ms. Carlson presented the Interim Balance Sheets of May 2020, noting that there was a negative cash balance of (\$10,575,934.70) for Fund 2220. Fund 7930 has a positive cash balance of \$588,788.50.

E. HealthWest Expenditures Financial Statement

Ms. Carlson presented the HealthWest Expenditure report for May 2020 which shows the estimated true variance to date of \$4,278,241. Expenditures are under budget to date.

F. Finance Update – Fees and Inpatient Summary

The Substance Abuse Fee Report has positive variance of \$503,173 through the month of May 2020. It should be noted that this variance report is based on the budget approved by the HealthWest Board during the month of July 2019.

The Other Fees Report has a negative total variance of (\$892,820) through the month of May 2020. The variance report is based on the budget approved by the HealthWest Board during the month of July 2019.

The Inpatient Summary Report indicates a negative variance to date of (\$178,580) for Community Inpatient, which is based on the budget approved by the HealthWest Board during the month of July 2019.

G. Budget Variance Analysis Report

Our expenditure budget variance, based on the budget approved by the HealthWest Board during the month of July 2019 is \$1,425,340. With no contingencies, this would leave HealthWest with a net variance of approximately \$24,716 after the first nine months of the fiscal year; largely due to revenues. Due to the different periods of the budget year that these variances are calculated, this would prorate out to a variance of approximately (\$1,842,964).

However, this figure does not really give us a true picture of where we stand as we are not able to use the different funding sources (i.e., State GF and Medicaid, etc.) to offset each other's shortfalls. Therefore, a truer picture would be as follows:

Behavioral Health Traditional Medicaid	(\$145,134)
Behavioral Health Healthy Michigan	(\$1,000,579)
Autism	\$149,766
State General Fund	(\$22,985)
Substance Use Funds	(\$824,032)
Total	(\$1,842,964)

H. Month End Projection Trends

Ms. Carlson presented the month-end projection trends for board member review.

I. Medicaid Eligibles by Program

Ms. Carlson presented the Medicaid Eligibles trends for HM, DAB, and TANF for board member review.

J. Authorization to Sign the Donated Funds Agreement with MDHHS

It was moved by Mr. Fortenbacher, seconded by Commissioner Nash, to authorize the HealthWest Executive Director to sign the Donated Funds Agreement with the Michigan Department of Health and Human Services, effective October 1, 2020 through September 30, 2021, for a total cost of \$66,700.00.

MOTION CARRIED.

K. Authorization to Accept the Coronavirus Community Mental Health Support Program Grant Funded by MDHHS from March 1, 2020 – September 30, 2020

It was moved by Commissioner Nash, seconded by Commissioner Hovey-Wright, to authorize acceptance of the above grant and to authorize the approval to meet all requirements for the Coronavirus (COVID-2019) Community Mental Health Support Program 2020 funded by The Michigan Department of Health and Human Services in the amount of \$115,380 and effective March 1, 2020 – September 30, 2020.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There were no communications.

DIRECTOR'S COMMENTS

Ms. Rupp discussed at length the lack of money necessary to pay all of our regional providers. Muskegon is in a unique position as we are the only ones who have a cash liability to the County. Muskegon County's allocation simply isn't enough. Muskegon County is the only one who's services are continuing to be provided and expenses are remaining the same. Both Kent and Ottawa will have dollars to reallocate, Muskegon will not.

Muskegon was one of 3 communities chosen to be given supplies to be able to test all of our AFC providers to include residents and staff. We're hoping to do this testing within the next two weeks. We're also trying to coordinate with the National Guard testing so that everyone can be tested at the same time. We're trying to continue to bulk up our supply of PPE in preparation of a second wave of the virus.

Ms. Rupp discussed the reserve in the LRE's ISF and the fact that they have bills they are liable for. Julia believes that she can no longer sit at both tables since the County is suing the LRE for past liabilities. The original game plan we had in place is no longer supported by anyone because we'd have to go back to the feds to get a rate adjustment, and that simply isn't going to happen. The other factor is that Beacon was a partner in this, and they've been bought out by Anthem and the relationship has changed dramatically because of this. Overall the financial situation of the LRE is more stable, and because of this they have the ability to pay.

We still anticipate Michigan and Kentucky being named as CCBHC site. If that happens, it will dramatically change who we're funded by.

Beth Dick updated the board regarding Senate bill 690 that allows money to be allocated to some of the County's departments to include covering of payroll expenditures by public health and public safety for April and May. HealthWest staff would be included in this funding since they helped with testing and contact tracing.

HealthWest continues to seek and apply for grants to assist with covering some of these Covid expenses. Thus far we've applied for 7 grants in total and will continue to keep an eye out for any more.

Thanks to Cyndi and her team, licensing is allowing us to re-open Brinks without going through licensing which you'd traditionally have to do. We'll change our staffing pattern to 6 beds only, reside at Muskegon Covenant Hall and the rate will go from \$900 a day to \$400 a day. This will be less risky while give the benefit of crisis residential in our community. We will invite the entire board next month to a special meeting of the board to hear about our re-opening plan and programing changes.

We aren't anticipating any capital needs for re-opening other than what we've already anticipated. We have a tent out front to serve as a waiting room, consumers will not congregate in the lobby and will instead be brought back to one room, with all staff coming to that individual.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:52 a.m.

Respectfully,

John Snider
Committee Vice-Chair

JS/ab

PRELIMINARY MINUTES
To be approved at the Finance Meeting of
July 17, 2020

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Finance	REQUEST DATE June 26, 2020	REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer	
<p><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></p> <p>HealthWest Board authorization is requested to update the Recovery Cooperative of Muskegon contract to a monthly purchase of services versus a fee-for-service model. Recovery Cooperative of Muskegon will be paid up to \$110,000.00 for services for the contract year effective October 1, 2019 through September 30, 2021, and will be payable at \$9,000.00 per month. Upon receipt and approval of an annual budget and supported with quarterly expenditure service statements, the Recovery Cooperative of Muskegon would be cost settled at year-end. The cap of \$110,000.00 is no change in the current contract cap and allows an additional \$2,000.00 for cost settlement at year end; only if needed.</p> <p>Recovery Cooperative of Muskegon is the only Drop-In Center in Muskegon County; which is a required service per the Michigan Mental Health Code. As a Drop-In Center, Recovery Cooperative of Muskegon is peer-run and provides an informal, supportive environment to assist beneficiaries with mental illness in the recovery process. If a beneficiary chooses to participate in Peer-Run Drop-In Center services, such services may be included in an Individual Plan Of Service if medically necessary for the beneficiary. Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into more active assistance away from passive beneficiary roles and identities, and to build and/or enhance self-esteem and self-confidence.</p>			
<p><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></p> <p>I move to authorize HealthWest to amend the Recovery Cooperative of Muskegon contract from a fee-for-service model to a monthly payment model at \$9,000.00 for a cap of \$110,000.00, effective October 1, 2019 through September 30, 2021.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 320-B



HEALTHWEST BOARD OF DIRECTORS
RESOLUTION #92
RESOLUTION TO DECLARE RACISM AND SOCIAL INEQUITIES AS A PUBLIC HEALTH CRISIS

At a regular meeting of the HealthWest Board of Directors, held via Zoom on the 26th day of June, 2020 at 8:00 a.m. local time, the following resolution was adopted:

WHEREAS, race is a social construction with no biologic basis; and

WHEREAS, racism and social inequities is a social system with multiple dimensions: that is internalized or interpersonal; systemic inequities that is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks or social status; and

WHEREAS, racism and social inequities unfairly disadvantages specific individuals and communities, and saps the strength of the whole society through the waste of human resources, and Muskegon County's collective prosperity depends upon the equitable access to opportunity for every resident regardless of the color of their skin or social status; and

WHEREAS, racism and social inequities causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, employment and criminal justice; and emerging body of research demonstrates that racism itself is a social determinant of health; and

WHEREAS, environmental injustice leads to the inequitable and disproportionate heavy exposure of poor, minority, and disenfranchised populations to toxic chemicals, contaminated air and water, unsafe workplaces, and other environmental hazards contributing to disparities in health status across populations of differing ethnicity, race, and socioeconomic status; and

WHEREAS, more than 100 studies have linked racism and social inequities to poor health outcomes; as evidenced by the over representation of persons of color and the disabled population in the COVID-19 positive population in Muskegon County; and

WHEREAS, according to data from the National Institutes for Health, racial and ethnic minorities in the United States are more likely than whites to delay or fail to seek mental health treatment and multiple estimates show that each year, there are between 75,000 and 100,000 excess premature deaths for U.S. blacks compared with whites ; and

WHEREAS, there is clear data to illustrate that racism negatively impacts the lives of the people of Muskegon County. The COVID-19 pandemic and ongoing protests against police brutality have helped to

highlight now, more than ever, that racism, not race, causes disparities for Black and other Americans; and

WHEREAS, we as a community mental health services program have a responsibility to ensure equitable livability and mental health services and supports for all of our Muskegon County residents and while it is important to point out the wrongdoing towards Black Americans, systematic racism hurts all of us and individualized strategies are needed to address health disparities across all marginalized populations;

NOW THEREFORE BE IT RESOLVED, that the HealthWest Board of Directors hereby declares racism and social inequities as a public health crisis that affects all members of our society.

BE IT FURTHER RESOLVED, that HealthWest is recommitting its full attention to improving the quality of life and health of our Black residents and will immediately take steps to address and support methods that will strategically reduce the long-term impact of systemic racism.

BE IT FURTHER RESOLVED, that HealthWest will conduct a full assessment of all internal policy and procedures to ensure racial equity is a core element and will amend policies if needed.

BE IT FURTHER RESOLVED, that HealthWest will appoint a staff person to the role of Diversity Advisor to the Executive Director to ensure the execution of the plan outlined by the TIDE (Team for Inclusion, Diversity and Equity) Committee and fulfilling our mission and best supporting our staff and individuals in services.

BE IT FURTHER RESOLVED, that HealthWest will continue hosting community trainings and events addressing behavioral health issues for diverse groups, including the LGBTQ, military veteran, religious, and minority communities as well as actively support and participate in the Community Gathering Initiative, which facilitates regular dialogue about race and racism in Muskegon County.

BE IT FURTHER RESOLVED, that HealthWest will work to build alliances and partnerships with other organizations that are confronting racism and encourages other local, state, and national entities to recognize racism and social inequities as a public health crisis.

Janet Thomas, Chair
HealthWest Board of Directors

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED	NON BUDGETED X	PARTIALLY BUDGETED
REQUESTING DIVISION Quality Improvement	REQUEST DATE June 26, 2020		REQUESTOR SIGNATURE Julia Rupp, Executive Director
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>As part of its commitment to excellence, HealthWest undertakes a variety of Quality Improvement (QI) activities each year, which aim to improve the effectiveness, efficiency, value and satisfaction of the services we provide. These QI activities described and documented within the HealthWest Quality Assurance and Performance Improvement Plan (QAPIP). On an annual basis, the HealthWest QI team is required to provide the Board of Directors with a review of the Quality Improvement (QI) activities undertaken to implement the agency's QAPIP. Board approval is also required for the proposed QAPIP developed for the upcoming year.</p> <p>Accomplishments of the previous fiscal year are summarized in the related memo "FY19 QAPIP Review". Details of the planned QI activities for this year can be found in the "FY19/20 QAPIP".</p> <p>Approval is requested to accept the FY19 QAPIP Review and FY19/20 QAPIP as written and submitted to the Board.</p> <p>Moving forward, the annual review and plan for the upcoming year will be presented to the board at the conclusion of each fiscal year.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to accept the FY19 QAPIP Review and FY19/20 QAPIP as written and submitted to the HealthWest Board of Directors.			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		

HEALTHWEST
MEMORANDUM

DATE: June 23, 2020
TO: HealthWest Board of Directors
CC: Julia Rupp, Executive Director, HealthWest
FROM: Matt Plaska, Director of Quality Improvement, HealthWest
SUBJECT: Annual QAPIP Review (FY19/20)

Each year, the Quality Improvement (QI) Department is required to provide an update to the HealthWest Board of Directors regarding the previous year's Quality Assurance and Performance Improvement Plan (QAPIP). This report is intended to summarize quality improvement activities undertaken during the past year, analysis of our adherence to performance standards and an identification of QI priorities for the upcoming year.

Work on the QAPIP review was interrupted by launch of the new Cx360 electronic health record, and compounded by the coronavirus pandemic, which delayed the completion of the FY19 QAPIP analysis and development of the FY20 QAPIP. Moving forward, the review of the previous year's QAPIP and propose QAPIP for the upcoming year will be completed in coordination with the start of the new fiscal year.

During FY19, the focus for many of our improvement activities was on building and strengthening the QI infrastructure, to allow for more meaningful and consistent QI activities. These improvements included the following:

- Development and deployment of Cx360, the new electronic health record (EHR) provided by Core Solutions
- Transitioning all of our SUD data, claims and billing from Ottawa County CMH's Provider Connect system to our own internal system (Cx360)
- Preparing for the implementation of new MMBPIS performance indicators regarding timeliness and accessibility of care
- Completion of the FY19 annual report, which highlights the accomplishments of the past year and provides detailed data regarding the clinical and financial operations of HealthWest
- Continued use of critical incident data, BH-TEDS records, utilization data,
- Collaboration with Beacon, the LRE and partner CMHSPs as part of the EDI/BIA workgroup regarding the development of provider and authorization file exchanges
- Expansion of the resources within the IT and QI departments

During FY20, many of these initiatives will continue, with the priorities for the upcoming year including the following:

- Launch of Cx360 for internal HealthWest staff
- Ongoing training for Cx360 users
- Implementation of reports and dashboards to monitor and improve data integrity
- Deployment of Tableau, a data analytics tool that will allow for the development of interactive dashboards and reports
- Emphasis on completion of BH-TEDS and encounter records
- Implementation of new MMBPIS performance indicators
- Modifications to customer satisfaction survey process and application and an increase in opportunities for consumer engagement
- Preparation for CCBHC operations
- Evaluation of the impact of COVID-19
- Increased emphasis on monitoring productivity data and its impact on agency finances

A review of progress on these goals will be provided to the Board following the completion of FY20. For any questions or for further details regarding the QAPIP, please contact Matt Plaska, Director of Quality Improvement.



QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN FY2020

I. PURPOSE

The HealthWest QAPIP is intended, at a high level, to provide an overall structure for and description of the QI activities undertaken at HealthWest. Together with the agency's strategic plan, ongoing needs assessments and policies and procedures, the QAPIP lays out intended priorities and actions to be taken in order to identify and address performance issues at any level within the organization, establish and promote a culture of continuous improvement, address the needs of various stakeholders and further our organizational pursuit of providing high-quality, effective, high-value treatment for individuals in Muskegon County.

This commitment to excellence is found in HealthWest's mission, vision and values statements; the following QAPIP plan summarizes and describes the structures and practices (both formal and informal) that we will utilize to assess, plan, measure and improve our processes and continuum of care. Additionally, this plan describes how the QI activities at HealthWest are organization-wide, involve all levels of stakeholders from the board of directors to individual consumers, and impact all aspects of our agency's operations (governance, management, clinical, financial and administrative).

II. APPLICATION

This plan applies to all HealthWest staff, employees of contracted provider agencies, members of the HealthWest Board of Directors, and community stakeholders including individuals served and their families, partner organization and other community members. Together, these stakeholders will ensure that the QAPIP is implemented and HealthWest fulfills all requirements and meets standards of performance and quality.

III. PERFORMANCE IMPROVEMENT PROGRAM GOALS

The following items reflect the general goals of the HealthWest QAPIP and apply to the HealthWest QAPIP every year. Specific goals for this fiscal year and targeted initiatives are described in other areas of the plan.

- A. Target improvement at all levels including the Board, management, administration, and programs. Clinical care and non clinical dimensions of care such as access, efficiency, coordination of services, timeliness, safety, respect and caring, effectiveness, appropriateness, continuity and outcomes are included.
- B. Maintain a formal process to identify areas of improvement.
- C. Involve consumers and providers in assessing and improving consumer satisfaction with services delivery and outcomes.
- D. Involve consumer, family members and providers in quality improvement activities and representation on quality improvement committees.
- E. Develop key performance indicators to assure services are effective and efficient.
- F. Ensure the proper tools are in place for the collection, storage, analysis and application of data, both clinical and administrative.

- G. Implement processes that monitor data quality and completeness, and take actions to resolve any identified issues with data integrity.
- H. Use analysis of reliable and valid data for decisions.
- I. Track and compare the agency's performance on key indicators to statewide and/or national data to assess the agency's performance over time and in comparison to industry standards.
- J. Monitor the QI structure, including activities of standing committees and workgroups.
- K. Assure providers of service fulfill contractual or employment obligations in accordance with applicable regulatory and accreditation standards.
- L. Assure providers of service are competent and capable of providing services through a system of competency evaluation, credentialing and privileging.
- M. Assure that providers of services are culturally competent, and make accommodations to consumers, as needed.
- N. Assure that performance indicators and QI activities impact all populations served by the agency, including longer term consumers.
- O. Review all sentinel events and take action based on reviews.
- P. Assure coordination and integration of QAPIP and Utilization Management activities.
- Q. Carry out performance improvement projects as required State and Federal Guidelines.

IV. CONFIDENTIALITY AND CONFLICT OF INTEREST

All Quality Assessment and Performance Improvement Activities take place in a manner consistent with State and Federal confidentiality regulations and agency policy. All member information is kept strictly confidential. No written reports, records or any work product or communication related to Quality Assessment (QA) and Performance Improvement (PI) activities are identifiable except when specific reference to an individual provider, program or clinician is necessary to meet the goals of the PI program.

HealthWest policies and procedures, QI-related committee meeting minutes, documentation of QI activities and initiatives, and records of QI/PI data and analysis, will be open to review by the Michigan Department of Health and Human Services, the Lakeshore Regional Entity (LRE) and its contracted entities (e.g. Beacon), accrediting bodies (including CARF and HSAG), and state and federal regulatory agencies, when applicable.

V. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT MODEL

- A. HealthWest QI activities are driven by a Continuous Quality Improvement (CQI) philosophy, which is operationalized according to the principles of the Plan-Do-Study-Act (PDSA) cycle.
- B. The Quality Assessment and Performance Improvement program spans across all internal operational areas as well as clinical functions that affect consumers, their families and broader caregiving network, and members of the Muskegon County community.
- C. Establishing and successfully carrying out strategies to eliminate statistical performance outliers, incorporate best practices, and optimize consumer outcomes is key to continuous quality improvement. The particular strategy or sets of strategies used vary according to the situation and the kind of improvement that is desired.
- D. The CQI cycle at HealthWest may be initiated by an instance of feedback shared by staff, consumers or other stakeholders; it may also begin with an insight uncovered through monitoring data or a recognition for a need for improvement in some process or system.

E. A variety of activities may occur within each step of the PDSA cycle:

1. Planning incorporates response to the development, implementation and review of a variety of internal plans, including HealthWest's Strategic Plan, Risk Management Plan, Utilization Plan, Information Management Plan, Safety Plan, Procurement/Network Plan, Corporate Compliance Plan, Cultural Competency Plan, Accessibility Plan and Training Plan.

According to the PDSA approach, the planning step defines topics of study or measurement through data collection and analysis and stakeholder and consumer input. The planning step identifies the type of information and data that are necessary for development of the measurement methodology using research of literature to establish benchmarks based on best practices, when possible. The planning step results in the establishment of a team of knowledgeable individuals to lead the PDCA processes. Individuals may include employees, contracted providers, consumer members and/or community members. Planning also includes the identification of the specific data required and the individual(s) responsible for data collection and report development.

2. Doing includes all of the work that goes into implementation of the improvements: collecting and analyzing the available data and putting corrective actions in motion to address the identified need.
3. Studying involves continuing to monitor performance following the implementation of the improvements and analyzing whether the changes that were made resulted in the desired impacts. Ongoing measurement and monitoring must also occur to assess the effectiveness of the improvement strategy to achieve sustained improvement.
4. Acting involves taking any additional corrective action deemed necessary to make further improvements; this typically involves improvements upon the original changes that were made or a refinement of approach following analysis data. As is the case with each step in the PDSA cycle, acting also includes the sharing of information with all stakeholders, so that involved parties are informed of changes, improvements and ongoing needs.

VI. **STRUCTURE/ROLES**

The most effective QI programs and plans are tailored to the unique needs of the organization, and include both a formal structure and consistent processes through which quality can be defined, pursued, achieved and monitored, as well as an informal component that includes the nature of interpersonal relationships, organizational culture and an integration of agency values.

There are some consistencies across CMHs, however, and many components of the HealthWest QI program are common to other members of the LRE. The following table describes some of the more common standards, assessment activities, measurements, and improvement strategies used by the CMHSPs of the LRE.

QUALITY MANAGEMENT SYSTEM			
Quality Standards	Assessment Activities	Performance Measurements	Improvement Strategies
<ul style="list-style-type: none"> • Federal & State Rules/Regulations • Stakeholder Expectations • MDHHS/PIHP Contract → • Provider Contracts • Practice Guidelines • Accreditation Standards • Policies and Standards • Evidence Based Practices 	<ul style="list-style-type: none"> • Provider Monitoring Reviews • Accreditation Surveys • Credentialing • Risk Management • Utilization Reviews → • External Quality Reviews • Stakeholder Input • Sentinel Events • Critical Event Reports • MDHHS Site Review Report • Behavior Treatment Analysis • Fidelity Monitoring Reviews 	<ul style="list-style-type: none"> • MDHHS MMBPIS • Outcomes Management System • Dashboards • Benchmarking → • Status Reports on Strategic Planning • Audit Reports • Grievances & Appeals • Board Ends Report using • Dashboards 	<ul style="list-style-type: none"> • Corrective Action/Improvement Plans • Improvement Projects • Change Teams • Strategic Planning • Adherence to Practice Guidelines • Organizational Learning • Staff Development and Training • Improvements through Root Cause Analysis

VII. PRACTICE GUIDELINES

Practice Guidelines may be adopted for a variety of reasons: for adherence to State contract requirements, in response to internal data analysis and following research and application of evidence-based best practices. The Medical Director and Executive Leadership Team participate in the review of practice guidelines related to outcomes of care. And together with the Executive Leadership Team, the QI team oversees the adoption, development, implementation and continuous monitoring and evaluation of practice guidelines, which are disseminated to all relevant staff using the methods applied to other HealthWest policies and procedures.

VIII. PERFORMANCE ANALYSIS

The organization utilizes performance indicators and quality improvement measures established by the Department of Health and Human Services in the areas of access, efficiency and outcomes. Monitoring measures in the area of access/penetration, continuity of care, denial/appeals, supported employment and quality of life is collected and analyzed. Data is reported to PIHP (the LRE) and MDHHS. An internal Michigan Mission Based Performance Indicator System (MMBPIS) Report Card is utilized to monitor on-going adherence to established standards and to benchmark the organization compared to the performance of neighboring regions.

Agency Performance Indicators are in the process of being developed, monitored and reported to the HealthWest Executive Team, Board of Directors and supervisors/managers as appropriate. Indicators focus on effectiveness, efficiency, access and satisfaction.

IX. BEHAVIOR TREATMENT REVIEW

The Behavior Support Committee reviews behavior treatment plans on a quarterly basis. The Behavior Support Committee reports quarterly an analysis of data where intrusive or restrictive techniques have been approved. Only techniques that have been approved during person-centered planning by the individuals or his/her guardian, and supported by a current peer reviewed psychological and psychiatric literature may be used. Data shall include numbers of interventions and length of time the interventions were used. The use of physical management is reviewed by Recipient Rights and/or the Behavioral Support Committee through data obtained from critical incidents reports. In responding to and incorporating the philosophy of Gentle Teaching, use of physical management is not allowed in behavior plans. Any use of physical management is considered emergency use and reported with an incident report.

The Behavior Support Committee reviews and reports quarterly additional critical events that put individuals at risk of harm. The analysis is used to determine what actions need to be taken to remediate the problems or situation and to prevent the occurrence of additional events and incidents.

Risk Event Monitoring

Service	Harm to Self	Harm to Others	Police Calls	Physical Management	Hospitalization
<u>Supports Coord</u>	•	•	•	•	•
<u>Case Management</u>	•	•	•	•	•
<u>ACT</u>	•	•	•	•	•
Homebased	•	•	•	•	•

X. SENTINEL EVENTS & UNEXPECTED DEATHS

Adverse incidents and Sentinel Events are defined in the organization's policy number 04-024 Peer Review and Root Cause Analysis. Network providers are responsible to report sentinel events to the Agency's Office of Recipient Rights and are reviewed by the Recipient Rights workgroup. A Peer Review process is utilized to review agency procedures, evaluate actions taken and make recommendations for further training, procedures change, or interventions that will improve care for individuals served. Staff involved in reviewing and analyzing sentinel events must have appropriate credentials to review the scope of care. The Medical Director is consulted as needed. Sentinel events are reported to the Recipient Rights office. Within 48 hours of a sentinel event occurrence, the Quality Manager convenes a Root Cause Analysis workgroup. Within 20 days the Root Cause Analysis workgroup conducts an evaluation and prepares a report containing full documentation of the Root Cause Analysis. The report is forwarded to the Executive Director and PIHP Regulatory Management Supervisor. The Executive Director accepts or revises the recommendations and assigns responsibility to the appropriate supervisor(s) who are responsible to provide quarterly reports to the Risk Management Committee who evaluates the effectiveness of the improvements.

The Agency Office of Recipient Rights is responsible to ensure that the Department of Health and Human Services and CARF International are informed of all reportable events. The critical incident reporting system captures information on reportable events. HealthWest will report to MDHHS the following events within 60 days after the end of the month in which the event occurred for individuals who, at the time of the event, were actively receiving services:

Reporting of Critical Incidents to MDHHS

<u>Service</u>	<u>Suicide</u>	<u>Death</u>	<u>EMT</u>	<u>Hospital</u>	<u>Arrest</u>
<u>CLS</u>	•	•			
<u>Supports Coord</u>	•	•			
<u>Case Management</u>	•	•			
<u>ACT</u>	•	•			
Homebased	•	•			
Wraparound	•	•			
Hab Waiver	•	•	•	•	•
SED Waiver	•	•	•	•	•
Child Waiver	•	•	•	•	•
Any other Service	•				
Living Situation					
<u>Specialized Resid</u>	•	•	•	•	•
<u>CCI</u>	•	•	•	•	•

All unexpected deaths of individuals who at the time of their death were receiving specialty supports and services are reviewed. The review includes:

- Screens of individual deaths with standard information (e.g. coroner’s report, death certificate).
- Involvement of medical personnel in the mortality reviews.
- Documentation of the mortality review process, findings, and recommendations.
- Use of mortality information to address quality of care.
- Aggregation of mortality data over time to identify possible trends.

XI. CUSTOMER SATISFACTION

The assessment of consumer satisfaction with services and outcomes occurs through qualitative and quantitative methods and throughout an individual’s involvement with the agency and post discharge. The assessments address issues of quality, availability, accessibility and respect. At the program level, individuals are asked for feedback about their satisfaction with services at the time of the Person Centered Plan development. Every consumer also has the opportunity to complete a satisfaction survey and/or participate in a focus group (as such groups are available). Additionally, “How are We Doing” satisfaction survey cards are placed at each CMH location for completion as often as an individual would like to provide feedback. All survey instruments provide an opportunity for an individual to request a follow-up contact. Customer Services staff conduct and document the outcome of the follow-up. Survey data is captured electronically and may be aggregated and analyzed in a variety of ways. Satisfaction survey results are distributed through CMH/PIHP publications such as newsletters and annual reports to community partners and Family Resource Centers. Results can also be obtained through the CMH/PIHP customer services department.

XII. PROVIDER SATISFACTION

HealthWest will facilitate opportunities for provider agencies provide feedback regarding contractual management, support provided by HealthWest and their ability to provide services that meet the needs of consumers and fulfill contractual obligations. The opportunities include monthly provider meetings, ad hoc provider surveys and provider-specific meetings convened

either at the request of HealthWest or the provider agency. Provider Satisfaction is monitored and addressed by the HealthWest Executive Team and the Network Management/Contracts team.

XIII. PERFORMANCE IMPROVEMENT PROJECTS

HealthWest participates with the Lakeshore Regional Entity PIHP to conduct “performance improvement projects that achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and (consumer) satisfaction” (Domain One of the Quality Improvement System for Managed Care [QISMC], Part 1.1.2). Stakeholders are encouraged to regularly submit improvement recommendations, and each CMHSP will provide input to the QI ROAT regarding performance improvements.

At least two performance improvement projects meeting Michigan QAPIP standards and BBA standards will be conducted per each two-year CMS Michigan waiver period by the LRE. One of the two projects conducted will be a project that is mandated by MDHHS and will be reviewed and evaluated by HSAG for compliance with requirements. Performance Improvement projects are outcome-oriented, demonstrate meaningful change and result sustained improvements in care and services.

Performance improvement projects may address any aspect of operations, are approved at the regional level and are then the responsibility of each CMHSP to implement. Information regarding the regional PIPs is within the minutes and communication from the LRE’s Performance Improvement Plan (PIP) Workgroup.

XIV. CLINICAL CHART REVIEWS

The agency has had a chart review process in place since 1994. Since 1999 a comprehensive effort has been made to integrate program specific chart reviews into a common comprehensive review. In January, 2004 a revised Clinical Chart Review procedure was implemented. This process was updated in 2018 and is currently a monthly review of consumer charts, conducted on a random sample of charts, such that 10% of all active charts are reviewed within a given year. Items included within the clinical chart review are reviewed for relevance on a regular basis and updated as needed.

XV. CREDENTIALING, PRIVILEGING AND COMPETENCY

The agency maintains a complete system for credentialing, privileging and competency assessment for staff and contractual providers. Procedures are in place to ensure criminal background checks and source verification of educational and State licensing status occur at the time of hire/contract. Job descriptions are available for all county employees with a detailed scope of responsibility specifying expectations, and cultural competence, for each position. Annually, all staff receives a performance/competency evaluation by their supervisor. Applicable policy and procedures and additional supporting documentation are noted in the Reference section.

XVI. CULTURAL COMPETENCE

- A. The agency evaluates access and treatment trends of ethnic and minority groups through the annual Diversity Plan, which is developed and implemented by the Team for Inclusion, Diversity and Equity (TIDE).
- B. All new hires are required to attend a Cultural Competency class and external providers are required to ensure staff receives initial and on-going training in Cultural Competence.
- C. Ongoing information and training is made available, as defined in the Diversity Plan.
- D. On-line training course(s) are available to staff and external providers through Relias Learning Management System.

XVII. VERIFICATION OF SERVICES PROVIDED TO MEMBERS

HealthWest verifies that services claimed by providers have been provided. A policy titled "Claims Verification" covers all claims for the entire CMH network, whether from CMH service divisions or from contracted providers. The policy ensures that the Agency shall review a sample of claims to determine that payments for services are properly made. This includes determining that the service claimed was provided, is eligible for payment from the claimed funding source, is identified in a person-centered plan and is properly documented. Additionally, HealthWest participates in regular Medicaid Verification audits conducted by the PIHP.

XVIII. COMMUNICATION AND TRAINING

Training and information about Quality Improvement is provided at the time of new hire orientation and on an on-going basis. Information and activities are communicated in a number of ways:

- A. A systematic means for staff to make suggestions related to any quality issues is provided through the use of agency suggestion form and procedure.
- B. Minutes of standing committees are available via the Intranet.
- C. Information and activities about quality improvement efforts are included in the Director report to the Board each month.
- D. Quality Improvement reports including satisfaction and service outcomes are posted to the CMH website.
- E. Quality Improvement communications are included in the external Provider meetings.

XIX. LINKAGE TO UTILIZATION MANAGEMENT

Quality Assessment and Performance Improvement philosophy and methodology is central to Utilization Management's procedures for identifying, analyzing and correcting under utilization as well as over utilization. To achieve the Utilization Management goals, a number of UM functions are used:

- Eligibility Screening, including Psychiatric Hospitalization pre-evaluation;
- Service Authorization
- Utilization Review
- UM Committee: Prospective (eligibility determinations, medical necessity and level of care determinations), concurrent and/or retrospective procedures are established based on the principles of quality improvement.
- Development and Maintenance of Standards and Guidelines

These utilization management activities and operating processes are detailed in the UM Plan.

XX. EVALUATION OF THE QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN

The Quality Assessment and Performance Improvement policy is reviewed annually and revised as needed to keep pace with the changing needs and input of the CMH/PIHP stakeholders. The Quality Assessment and Performance Improvement Plan is evaluated annually and ongoing methods of evaluation include:

- Periodic review of specific goals of QAPIP related to organizational performance improvement.
- Ad Hoc studies, surveys and informally gather data related to the above.
- Review of quality, outcomes and other data on an ongoing basis, to identify trends and new issues requiring attention.
- Feedback from CMH/PIHP Network providers and Consumer Councils.
- Review of Satisfaction surveys related to the quality of care review process, and other qualitative/quantitative measure of satisfaction and input.
- Auditing for continuous improvement in the provider network.

The annual evaluation of Quality Assessment and Performance Improvement effectiveness includes a workgroup/committee self-assessment, which cover such aspects as:

- Do the performance indicators cover the key dimensions relevant to best practice performance standards?
- Does problem resolution result in long term improvement?
- Is the mission and composition of workgroups conducive to meeting the agency Strategic Plan objectives?
- What are the Process Improvement Accomplishments?
- Are reports effective and timely?
- Has the QA&PI program improved the efficacy, appropriateness and cost-effectiveness of managing consumer benefits, outcomes and satisfaction?
- Have stakeholders participated in the design, delivery and evaluation of the CMH/PIHP through quality improvement processes.

The Director and the Quality Manager are responsible to present findings and recommendations to the Board of Directors.

XXI. PERFORMANCE IMPROVEMENT PROGRAM OBJECTIVES:

During FY19, the focus for many of our improvement activities was on building and strengthening the QI infrastructure, to allow for more meaningful and consistent QI activities. These improvements included the following:

- Development and deployment of Cx360, the new electronic health record (EHR) provided by Core Solutions
- Transitioning all of our SUD data, claims and billing from Ottawa County CMH's Provider Connect system to our own internal system (Cx360)
- Preparing for the implementation of new MMBPIS performance indicators regarding timeliness and accessibility of care
- Completion of the FY19 annual report, which highlights the accomplishments of the past year and provides detailed data regarding the clinical and financial operations of HealthWest
- Continued use of critical incident data, BH-TEDS records, utilization data,

Quality Assessment and Performance Improvement Plan

Page 10 of 10

- Collaboration with Beacon, the LRE and partner CMHSPs as part of the EDI/BIA workgroup regarding the development of provider and authorization file exchanges
- Expansion of the resources within the IT and QI departments

During FY20, many of these initiatives will continue, with the priorities for the upcoming year including the following:

- Launch of Cx360 for internal HealthWest staff
- Ongoing training for Cx360 users
- Implementation of reports and dashboards to monitor and improve data integrity
- Deployment of Tableau, a data analytics tool that will allow for the development of interactive dashboards and reports
- Emphasis on completion of BH-TEDS and encounter records
- Implementation of new MMBPIS performance indicators
- Modifications to customer satisfaction survey process and application and an increase in opportunities for consumer engagement
- Preparation for CCBHC operations
- Evaluation of the impact of COVID-19
- Increased emphasis on monitoring productivity data and its impact on agency finances

A review of progress on these goals will be provided to the Board following the completion of FY20.

XXII. REFERENCES:

- CARF International Standards
- Policy Quality Assessment and Performance Improvement
- Policy Peer Review and the Root Cause Analysis of Sentinel Events
- Implementation and Monitoring of CMH Satisfaction Surveys
- Policy Claims Verification
- Procedure- Billing Audit
- Policy Clinical Chart Review
- Person- Centered Planning Best Practice Guideline
- Provider Orientation & Implementation of Person Centered Planning
- Procedure New Hire process
- Policy Verification of Registration and/or Licensure of CMH Professional Employees and Contracted Professional Providers.
- Contract Boiler Plate
- Strategic Plan
- Risk Management Plan
- Utilization Plan
- Information Management Plan
- Corporate Compliance Plan
- QISMC Guidelines
- MDHHS Contract Attachment
- Lakeshore Regional Partners QAPIP and Utilization Plan
- Balanced Budget Act, 1997

**MEMORANDUM**

Date: June 26, 2020

To: HealthWest Board of Directors

CC: Muskegon County Commissioners,
Mark Eisenbarth, Muskegon County Administrator
Beth Dick, Muskegon County Finance Director and Assistant Administrator

From: Julia Rupp, Executive Director

Subject: **Director's Update**

We have received notice of award for another SAMSHA grant, a Systems of Care Grant, to begin August 30, 2020. Our current grant ends this fiscal year and this will allow us to continue our efforts in the schools. The total is \$1 million each year for years one, two and three and \$500K in year 4. Thanks to Lauren Meldrum for writing another successful grant application.

We will have a special board meeting of the Personnel Committee on July 17, 2020 to discuss the status of Brinks and review our COVID operations plan. All board members are invited to participate in this meeting. As the COVID positive numbers decline we are reengaging more of our teams to go out into the community. The biggest limitation is appropriate PPE which we are working with MDHHS to increase our supply. All indications are that we will have another surge in the fall and we want to ensure that we will continue to have adequate supplies.

Our HealthWest nurses testing team will be testing all AFC homes and staff in the next couple of weeks. As you are aware our population is over represented in the COVID positive population and this is an effort to curb that trend. This has been very difficult for our providers not just increasing their costs but also a huge emotional toll. We continue to offer psychological first aid to the staff when requested by the providers. We have also helped with PPE for our smaller providers. Currently the region is having the providers complete a survey on their financial needs due to COVID. We will use this info to develop a provider stability plan as required by MDHHS.

We continue to work with the LRE and Beacon on looking for efficiencies. We have responded to their preliminary report and while waiting for the final report have already taken several actions. They include:

1. Closing Brinks. Changing program model, number of beds, location and staffing pattern. Lowering daily cost to \$450 per day. This will result in annualized savings of about \$500,000.
2. Changed staffing pattern of Home-Based services and implemented other program changes. Moved from two teams to one and eliminated one supervisor, moved 2 non billable staff to a different team, identified services that could be added to service array; net result annual savings of about \$250,000.
3. Brandy and Bill Riley have worked on a new fee schedule that more accurately reflects our costs. We have done much clean up in staff allocation to improve accuracy.

4. Identified services that are billable that have not been reported accurately (Example: person centered planning participation, CLS and case management occurring simultaneously). This will increase our encounters reported to state. In addition, we are adding modifiers that will improve our reporting ability and give us increased encounters.
5. Working with Bill Riley to set productivity standards.
6. Corrected all data reporting issues with the BH Teds.
There were no other substantial items identified in their report or by us during this review.

MDHHS has notified the LRE that they are ready to re-engage in settlement discussion. They are asking to revisit where we left off which was going back to Feds to ask for rate increase. This does not make much sense in the opinion of the CMH CEOs as the environment has changed and it is highly unlikely this will be considered as a solution. Senator Bumstead's office has requested a meeting to get an update on the status of the LRE and past liabilities.

The EHR progress is on target. We continue to make changes as we identify areas that will improve our business operations. While the new EHR has been frustrating for staff due to huge learning curve, the product is far more sophisticated than our previous record. Staff are working in making sure that all specific billing codes, modifiers and billing rules are coded so that we can accurately reflect all services. The issue is that we are not just implementing a new EHR but implementing all new clinical workflows. This process change has highlighted the need for increased training for all staff on understanding the billing code definitions and rules.