HEALTHWEST

FULL BOARD MINUTES

February 24, 2023

8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Members Present: Janet Thomas, Stephanie Umlor, Jeff Fortenbacher, Remington Sprague, M.D., Thomas Hardy, Janice Hilleary, Marcia Hovey-Wright, Charles Nash, Kassandra Kitchen, Cheryl Natte, Marci Hovey-Wright

Members Absent: Tamara Madison

Others Present: Holly Brink, Amber Berndt, Shannon Morgan, Tasha Percy, Brandy Carlson, Cyndi Blair, Phil McPherson, Kris Burgess, Carrie Crummett, Nate Kennert, Gary Ridley, Mickey Wallace, Melina Barrett, Kelly France, Brandon Baskin, Kelly Betts, Matt Plaska, Justine Tufts, Chelsea Kirksey, Stephanie Baskin, Gordon Peterman, Randi Bennett, Suzanne Beckman, Jackie Farrar, Jeremy LaDronka, Brandon Hess, Natalie Walther

Guests Present: Matt Farrar, Mark Eisenbarth, Angie Gasiewski, Mary Marlatt-Dumas

MINUTES

HWB 68-B - It was moved by Mr. Fortenbacher, seconded by Mr.Hardy, to approve the minutes of the January 27, 2023 Full Board meeting as written.

MOTION CARRIED.

COMMITTEE REPORTS

Finance Committee

HWB 61-F - It was moved by Commissioner Nash, seconded by Dr. Sprague, to approve the minutes of the January 20, 2023, meeting as written.

MOTION CARRIED.

HWB 62-F - It was moved by Commissioner Nash, seconded by Dr. Sprague, to approve expenditures for the month ending January 31, 2023, in the total amount of $8,384,794.27.

MOTION CARRIED.

HWB 63-F - It was moved by Commissioner Nash, seconded by Dr. Sprague, to approve the additional service and increase in projected expenditure as stated above for Alcohol and Chemical Abuse Consultants, Inc. (ACAC) effective March 1, 2023 through September 30, 2023, for a projected cost not to exceed $312,120.00.

MOTION CARRIED.

HWB 64-F - It was moved by Commissioner Nash, seconded by Dr. Sprague, to approve the increase in projected expenditure as stated above for Servicios De Esperanza, LLC (Services of Hope), totaling $201,125.00 effective January 1, 2022 through September 31, 2023.

MOTION CARRIED.

HWB 65-F - It was moved by Commissioner Nash, seconded by Dr. Sprague, to approve the HealthWest Executive Director to sign Amendment #4 of the Medicaid Managed Specialty Supports and Services 1115 Demonstration Waiver, 1915 (c)/(i) Waiver Program(s), the Health Michigan Program, Flint 1115 Demonstration Waiver, and the Substance Use Disorder Community Grant Programs Subcontract Agreement extending the contract and approving the Exhibit D-Subrecipient Award budgets through September 30, 2023.

MOTION CARRIED.

HWB 66-F - It was moved by Commissioner Nash, seconded by Dr. Sprague, to approve the increase in projected expenditures as stated above with a total not to exceed $281,000.00, effective October 1, 2022 through September 30, 2023.

MOTION CARRIED.

HWB 67-F – It was moved by Commissioner Nash, seconded by Dr. Sprague, to approve HealthWest to purchase services from Engineered Protective Services (EPS) at a cost not to exceed $15,587.00.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

HWB 69-B - It was moved by Commissioner Nash, seconded by Mr. Hardy, to approve the position changes and related equipment costs as outline din the motions above and on the attached Position Change Spreadsheet for FY 2023 County Budget, effective February 27, 2023, or as otherwise noted in the written motions.

MOTION CARRIED.

HWB 70-B - It was moved by Commissioner Nash, seconded by Mr. Hardy, to approve the HealthWest QAPIP, FY22 QAPIP Review and Evaluation, and FY23 QAPIP Action plan as written.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Reviewed the proposed dates / times for Board of Directors CCBHC Work Session. Ms. Brink will send out a Survey Monkey to poll dates that work best for the Board. Mr. Plaska will create a Quality Summary and have it sent to the Board members to help answer any questions.

AUDIENCE PARTICIPATION

Ms. Marlatt-Dumas, CEO of the LRE, wanted to share the trend across the region and seeing less encounters. This is being reviewed and feedback will be provided. Ms. Marlatt-Dumas also wanted to thank the Board for appointing Ms. Blair as interim Director of HealthWest.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:48 a.m.

Respectfully,

Janet Thomas
Board Chair
/hb

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

February 22, 2023

Mr. Matthew Farrar, Deputy Administrator
Muskegon County
1903 Marquette Avenue
Muskegon, MI 49442

Dear Mr. Farrar:

Thank you for providing the Bureau of Specialty Behavioral Health Services at MDHHS with documentation related to Ms. Cyndi Blair's qualifications for the interim Chief Executive Officer position for CMH Services of Muskegon County (HealthWest).

Pursuant to Administrative Rule 330.2081, the Bureau has reviewed Ms. Blair's resume and biography representing her nursing education and experiences with senior and executive level leadership positions at HealthWest.

Through the authority of R330.2081, it has been determined that Ms. Blair substantially meets the education and experience requirements of this rule to hold an interim Chief Executive Officer position for HealthWest.

Please convey our best wishes to Ms. Blair as the successful candidate for interim Chief Executive Officer.

Sincerely,

JSproat

Jackie Sproat, MSW, Director
Division of Contracts and Quality Management
Bureau of Specialty Behavioral Health Services

cc: Jeffery Wieferich, MDHHS
June White, Manager, MDHHS
Amanda Zabor, Contract Manager, MDHHS
Janet Thomas, HealthWest

HealthWest
Muskegon's Behavioral Wellness Connection

TO: **HealthWest Board Members**

FROM: **Janet Thomas, Board Chair, via Executive Team**

SUBJECT: **Full Board Meeting**
February 24, 2023
376 E. Apple Ave., Muskegon, MI 49442
https://healthwest.zoom.us/j/92247046543?pwd=ZXY0QnFPVGc5UVZENlRwcExTTmdvdz09
One tap mobile: (929) 205-6099, 92247046543#

1) Call to Order — Action

2) Approval of the Full Board Minutes of January 27, 2023 — Action
(Attachment #1 – pg. 1-4)

3) Committee Reports

Finance Committee — Action
(Attachment #2 – pg. 5-8)

4) Items for Consideration

A) Authorization to approve the HealthWest position changes and related equipment costs — Action
(Attachment #3 -pg. 9-11)

B) Authorization to approve the HealthWest QAPIP, FY22 QAPIP Review and Evaluation, and FY23 QAPIP Action Plan as written — Action
(Attachment #4 – pg. 12-58)

5) Old Business

6) New Business

7) Communication

A) Board of Directors: CCBHC Work Session Dates / Times
(Attachment #5 – pg. 59)

8) Information

9) Audience Participation

10) Adjournment — Action

/hb

c: County Administration

HEALTHWEST

FULL BOARD MINUTES

January 27, 2023

8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:03 a.m.

ROLL CALL

Members Present: Janet Thomas, Stephanie Umlor, Jeff Fortenbacher, Remington Sprague, M.D., Thomas Hardy, Janice Hilleary, Marcia Hovey-Wright, Charles Nash, Tamara Madison, Kassandra Kitchen

Members Absent: Cheryl Natte

Others Present: Julia Rupp, Holly Brink, Amber Berndt, Shannon Morgan, Tasha Percy, Brandy Carlson, Phil McPherson, Kelly France, Kelly Betts, Cece Riley, Chelsea Kirksey, Cyndi Blair, Gary Ridley, Mickey Wallace, Melina Barrett, Ann Judson, Beau VanSolkema, Brandon Baskin, Brian Speer, Christy LaDronka, Devan Peterson, Gordon Peterman, Jackie Farrah, Jennifer Stewart, Justine Belvitch, Justine Tufts, Linda Closz, Matt Plaska, Mike Kimble, Nate Cosier, Pam Kimble, Randi Bennett, Rebecca St. Clair, Sharlene Naylor, Amie Bakos, Lauren Meldrum, Stephanie Baskin, Jason Bates, Kris Burgess, Sandy Kotecki

Guests Present: Matt Farrar, Judy Cohen, Tresha Kidder

MINUTES

HWB 58-B - It was moved by Mr. Fortenbacher, seconded by Commissioner Nash, to approve the minutes of the December 16, 2022 Full Board meeting as written.

MOTION CARRIED.

COMMITTEE REPORTS

Program/Personnel Committee

HWB 48-P - It was moved by Dr. Sprague, seconded by Commissioner Nash, to approve the minutes of the December 2, 2022 meeting as written.

MOTION CARRIED.

HWB 49-P - It was moved by Dr. Sprague, seconded by Commissioner Nash, to authorize the policy and procedural changes as described above and on the attached, effective January 27, 2023.

MOTION CARRIED.

HWB 50-P – It was moved by Commissioner Nash, second by Ms. Umlor, to authorize and approve the HealthWest Consumer Advisory Committee members, effective January 27, 2023.

MOTION CARRIED.

HWB 51-P – It was moved by Commissioner Nash, second by Ms. Umlor, to authorize the position changes and related equipment costs as outlined in the motions above and on the attached Position

Change Spreadsheets for FY 2023 County Budget, effective January 29, 2023, or as otherwise noted in the motions above.

MOTION CARRIED.

Finance Committee

HWB 52-F - It was moved by Dr. Sprague, seconded by Commissioner Hovey-Wright, to approve the minutes of the December 9, 2022, meeting as written.

MOTION CARRIED.

HWB 53-F - It was moved by Dr. Sprague, seconded by Ms. Hilleary, to approve expenditures for the month ending December 31, 2022, in the total amount of $7,189,072.22.

MOTION CARRIED.

HWB 54-F - It was moved by Dr. Sprague, seconded by Ms. Hilleary, to approve payment to landlords for lease payments in the HUD program.

MOTION CARRIED.

HWB 55-F - It was moved by Dr. Sprague, seconded by Ms. Hilleary, to approve the HealthWest Executive Director to sign the contract with Quinn Consulting Services, LLC, for the period of October 1, 2022 through September 30, 2023, to provide training and support to the development of the Director of Diversity, Equity, and Inclusion position at HealthWest, not to exceed $21,000.00

MOTION CARRIED.

HWB 56-F - It was moved by Dr. Sprague, seconded by Ms. Hilleary, to approve a 3% rate increase to Servicios De Esperanza, LLC or Services of Hope effective, January 1, 2023 at a cost not to exceed $51,125.00 for FY23.

MOTION CARRIED.

HWB 57-F - It was moved by Dr. Sprague, seconded by Ms. Hilleary, to approve HealthWest Executive Director to sign the Reimbursement Agreement for Lakeshore Training System, effective October 1, 2022 through September 30, 2023 at a cost not to exceed $38, 757.55.

MOTION CARRIED.

HWB 58-F – It was moved by Dr. Sprague, seconded by Ms. Hilleary, to approve the PA2 grant funding to Fresh Coast Alliance effective January 1, 2023 through September 30, 2023, at a total cost not to exceed $25,500.00

MOTION CARRIED.

HWB 59-F – It was moved by Dr. Sprague, seconded by Ms. Hilleary, to approve signing contract with Rubix Technology, effective October 1, 2022 through September 30, 2023 to provide software development and data migration services for the new HealthWest electronic health record, not to exceed a total of $19,000.00 for FY2023.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

There were no items for consideration.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

In addition to the Director's Report that was provided for review, Ms. Rupp spoke more in depth to our previous strategy and the changes coming forward with the new strategic plan. A few of the big changes that were implemented are the new operations groups. We now have twelve operations groups that are aligned and the needed decisions will be made in these groups. I am proud of the progress we have made and feel that these new groups will help speed up the plan. While most of the strategic plan is a continuation of last year's plan we enhanced in three areas. First, we added additional efforts and focus to support our staff, we have done much in the last year to support staff Morale and we need to continue to focus on staff retention and recruitment, if we cannot support our staff, we will not be able to take care of our consumers and the community. Second is to address client satisfaction in a more robust way. While many of the complaints are related to understaffing getting sufficient staff is not the only solution to improving staff satisfaction. And lastly, more aggressively addressing the threat to the privatization of the public system and alignment of the State Public mental health system to the efforts at the federal level around defining a Community Mental Health System, specifically CCBHC. Working in the public Mental Health System currently is very difficult, as needs are very high in the community and the chronic stress of our staff is burning them out. This is industry wide and not just in Muskegon County. Currently turnover rates for CMHs are between 18% and 46%.

AUDIENCE PARTICIPATION

There was no audience participation.

CLOSED SESSION

It was moved by Chair Thomas, seconded by Commissioner Nash, to move to a closed session; MCL 15.268(h) To discuss the outcome of the County attorney's written and confidential legal opinion as it was presented by the Chair of the Muskegon County Board of Commissioners, Mr. Charles Nash, which is material exempt from discussion or disclosure by state or federal statue.

MOTION CARRIED.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 9:26 a.m.

Respectfully,

Janet Thomas
Board Chair
/hb

PRELIMINARY MINUTES
To be adopted and approved at the Full Board Meeting of February 24, 2023

HEALTHWEST

FINANCE COMMITTEE REPORT TO THE BOARD

via Janet Thomas, Committee Chair

1. The Finance Committee met on February 17, 2023

* 2. It was recommended, and I move, to approve the minutes of the January 20, 2023, meeting as written.

* 3. It was recommended, and I move, to approve expenditures for the month ending January 31, in the total amount of $8,384,794.27.

* 4. It was recommended, and I move, to approve additional service and increase in projected expenditure as stated above for Alcohol and Chemical Abuse Consultants, Inc. (ACAC) effective March 1, 2023 through September 30, 2023, for a projected cost not to exceed $312,120.00.

* 5. It was recommended, and I move, to approve increase in projected expenditure as stated above for Servicios De Esperanza, LLC (Services of Hope), totaling $201,125.00 effective January 1, 2022 through September 31, 2023.

* 6. It was recommended, and I move, to approve signing Amendment #4 of the Medicaid Managed Specialty Supports and Services 1115 Demonstration Waiver, 1915 (c)/(i) Waiver Program(s), the Health Michigan Program, Flint 1115 Demonstration Waiver, and the Substance Use Disorder Community Grant Programs Subcontract Agreement extending the contract and approving the Exhibit D-Subrecipient Award budgets through September 30, 2023.

* 7. It was recommended, and I move, to approve the increase in projected expenditures as stated above with a total not to exceed $281,000.00, effective October 1, 2022 through September 30, 2023.

*8. It was recommended, and I move, to approve the purchase services from Engineered Protective Services (EPS) at a cost not to exceed $15,587.00.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

Friday, February 17, 2023
8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Vice Chair Fortenbacher at 8:03 a.m.

ROLL CALL

Committee Members Present:	Charles Nash, Steph Umlor, Marcia Hovey-Wright, Jeff Fortenbacher
Committee Members Absent:	Janet Thomas, Remington Sprague, M.D. Thomas Hardy
Also Present:	Brandy Carlson, Holly Brink, Tasha Percy, Melina Barrett, Justine Belvitch, Catherine Kloska, Cece Riley, Gary Ridley, Amber Berndt, Cyndi Blair, Shannon Morgan, Jennifer Stewart, Gordon Peterman, Jackie Farrah, Mickey Wallace
Guests:	Angie Gasiewski, Matt Farrar

MINUTES

It was moved by Commissioner Nash, seconded by Commissioner Hovey-Wright, to approve the minutes of the January 20, 2023, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. *Approval of Expenditures for January 2023*

It was moved by Commissioner Hovey-Wright, seconded by Ms. Umlor, to approve expenditures for the month ending January 31, 2023, in the total amount of $7,189,072.22.

MOTION CARRIED

B. *Monthly Report from the Chief Financial Officer*

Ms. Carlson presented the January report for board member review, noting an overall cash balance of ($7,056,937). Also presented were the month-end projection trends for board member review.

MOTION CARRIED.

C. *Program Budget Report*

Ms. Carlson presented the HealthWest Expenditures Financial Statement for January 2023, which shows that expenditures to date are under budget by $5,422,872.47.

D. *Fiscal Year 2023 Actual and Projected Expenditures*

Brandy presented the full December FSR, inclusive of the current Spending Plan and CCBHC reports that was submitted to the Lakeshore Regional Entity. For December, the total LRE savings was $3.9 million with a projected FYE savings of $3 million. It should be noted that a new spending plan is needed since revenue is coming in $5 million less than originally projected. Within the next 60 days, the Finance team will work with the new (Interim) Director to begin the updated spending plan process.

E. *Authorization to Increase Expenditures for Alcohol and Chemical Abuse Consultants, Inc. (ACAC).*

It was moved by Ms. Umlor, seconded by Commissioner Nash, to approve the additional services and increase projected expenditure as stated above for Alcohol and Chemical Abuse Consultants, Inc. (ACAC) effective March 1, 2023 through September 30, 2023, for a projected cost not to exceed $312,120.00.

MOTION CARRIED.

F. *Authorization to Increase Expenditures for Servicios De Esperanza, LLC (Services of Hope.*

It was moved by Commissioner Nash, seconded by Ms. Umlor, to approve the increase in projected expenditures as stated above in Servicios De Esperanza, LLC (Services of Hope). Totaling $201,125.00 effective January 1, 2023 through September 31, 2023.

MOTION CARRIED.

G. *Authorization to Signing Amendment #4 of the Lakeshore Regional Entity.*

It was moved by Commissioner Hovey-Wright, seconded by Commissioner Nash, to approve signing Amendment #4 of the Medicaid Managed Specialty Supports and Services 1115 Demonstration Waiver, 1915 (c)/(i) Waiver Program(s), the Health Michigan Program, Flint 1115 Demonstration Waiver, and the Substance Use Disorder Community Grant Programs Subcontract Agreement extending the contract and approving the Exhibit D-Subrecipient Award budgets through September 30, 2023.

MOTION CARRIED.

H. *Authorization to Approve Increase of Projected Contract Expenditures for FY23.*

It was moved by Commissioner Hovey-Wright, seconded by Ms. Umlor, to approve the increase in projected expenditures as stated above with a total not to exceed $281,000.00, effective October 1, 2023 through September 30, 2023.

MOTION CARRIED.

I. *Authorization to Approve Purchased Services from Engineered Protective Services (EPS).*

It was moved by Commissioner Nash, seconded by Ms. Umlor, to authorize the HealthWest to purchase services from Engineered Protective Services (EPS) at a cost not to exceed $15,587.00.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Ms. Umlor shared that Dr. Lagisetty has reached out and would like to create a patient advisory panel. Plans to contact HealthWest for authorization to expand the scope to West Michigan. This is a Research Pilot Grant to curve chronic pain. We expect this would be at least a year and half out.

DIRECTOR'S COMMENTS

There was no comment from the Director.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:42 a.m.

Respectfully,

Jeff Fortenbacher
Committee Vice Chair

JF/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
March 17, 2023

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Program Personnel	X		
REQUESTING DIVISION	**REQUEST DATE**		**REQUESTOR SIGNATURE**
	February 10, 2023		Brandy Carlson, Cyndi Blair, Dave McElfish

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board authorization is requested to make the following position changes:

Restructure the Finance Department

This recommendation is based on a recent staffing assessment conducted by Rehmann Consulting.

1. Add an Accounting Manager/HealthWest, Wage Grade HX 00330 ($32.214-$40.590), Funding Account 7000. This new position will assume supervision of the Accounting Team, which includes Accounts Payable and general accounting.

2. Reclass Mental Health Claims Manager, Position X22701, Wage Grade HX 00330 ($32.214-$40.590) to Revenue Cycle Manager/HealthWest, with no change in Wage Grade or Funding Account. This change will move the supervision of the Billing team to this position.

3. Reclass the Mental Health Billing Manager, Position X54901, Wage Grade HX 00330 ($32.214-$40.590) to Billing Supervisor/HealthWest, Wage Grade HX-00280 ($26.356-$33.254), Funding Org 7000. Appoint employee E93032928 into this position, who has provided leadership for this team since the Billing Manager resigned. This change is being made because the Billing Team will be moved under the Revenue Cycle Manager for oversight.

4. Reclass Manager of Financial Compliance & Cash Position X38101, Wage Grade HX 00330 ($32.214-$40.590), Funding Account 7000, to the HealthWest Cash Manager with no change in wage range or funding account. This change removes compliance responsibilities and adds budget responsibilities to this position.

5. Reclass Accounting Technician, Position N03103, Wage Grade HO-00170 ($17.646-21.848), to an Accounting Specialist, Wage Grade HO-00240 ($20.933-$26.356), Funding Account 7000.

6. Reclass HR/Payroll Specialist, Positions N39401 & N39402, Wage Grade HO-00240 ($20.933 - $26.356), Funding Account 7000 to Payroll Specialist, with no change in wage grade or funding account. Appoint employee E93034030 to position N39401 because the employee is already doing the job since the retirement of the previous position incumbent.

The total cost of these changes will be approximately $160,000 for the remaining fiscal year, which is within the 2023 Finance personnel budget due to position vacancies.

Child Psychiatrist Wage Range

Move the Child Psychiatrist from Wage Grade HX-00701 ($104.716-$133.471), to Wage Grade HX-00702 ($109.928 - $140.145) and place Employee E93032478 at step 6. The reason for this request is because it is very difficult to recruit psychiatrists. The position incumbent has requested a Wage Range review and we feel this increase is market driven and equitable in relationship to our other psychiatrist positions.

Human Resources
Reclass Executive Assistant, Position X34502, Wage Grade HX 00210 ($22.954 - $28.893) to Human Resources Specialist, Wage Grade HX 00300 ($28.893 - $36.526), Funding Account 7000, effective 10/1/2022. The position incumbent was originally hired as an Executive Assistant but was moved to Human Resources and has been doing the job of a Human Resources Specialist since she was hired. The cost of this position change is within the HR approved staffing budget because of a position vacancy since the beginning of the fiscal year.

Behavior Health Assessment
Add one Behavior Health Assessor/32-hour position, Wage Grade HX 00290 ($27.607-$34.842), Funding Account 7000. If we add this position, we will retain a staff member who wishes to work 32-hours and we will backfill the full-time position giving us 2.75 FTE's conducting behavior health assessments. This will, in addition, allow us to eliminate the contract we have with outside providers to assist with behavior health assessments and that cost reduction will cover the new position.

Interim Executive Director
Appoint Chief Clinical Officer, Cyndi Blair, as Interim Executive Director of HealthWest, Wage Grade HD 00040 ($64.945 - $86.595), on Step 4, and provide a county vehicle for work travel only until the permanent Executive Director position is filled.

Equipment
In addition, we are requesting approval to purchase the equipment necessary for approved new position(s), which includes computers, monitors, keyboards, and cell phones and will cost $2,500 for each new position. Equipment will be funded through the same funding sources as the new position(s).

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the position changes and related equipment costs as outlined in the motions above and on the attached Position Change Spreadsheet for FY 2023 County Budget, effective February 27, 2023, or as otherwise noted in the written motions.

COMMITTEE DATE	**COMMITTEE APPROVAL** _____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL** _____ Yes _____ No _____ Other

HWB 69-B

Position Changes for FY 2023 County Budget

Personnel Committee Date: February 10, 2023

Board Meeting Date: February 24, 2023

New Positions

Motion Item #	Effective Date	New Position Title	Budget Org	%	Wage Grade	Team/Program
	2/27/2023	Accounting Manager/HealthWest	7000	100	HX 00330	Finance
	2/27/2023	Behavior Health Assessor-32 hour	7000	100	HX 00290	DD Assessment
	2/27/2023	Interim Executive Director	7000	100	HD 00040, Step 4	Cyndi Blair

Reclassifications

Motion Item #	Effective Date	Current position Title	Current Position #	Current Wage Grade	Incumbent Employee or Employee Being Appointed	Current Budget Org	%	New Position Title	New Budget Org	%	New Wage Grade
	2/27/2023	Mental Health Claims Manager	X22701	HX 00330	Rebecca Burkholder (incumbent)	7000	100	Revenue Cycle Manager/HealthWest	No Change	No Change	No Change
	2/27/2023	Mental Health Billing Manager	X54901	HX 00330	Sheila Hurtubise (appointment)	7000	100	Billing Supervisor/HealthWest	No Change	No Change	HX 00280
	2/27/2023	Manager of Financial Compliance and Cash	X38101	HX 00330	Vacant	7000	100	Cash Manager/HealthWest	No Change	No Change	No Change
	2/27/2023	Accounting Technician	N03103	HO 00170	Ashley Jackson (incumbent)	7000	100	Accounting Specialist	No Change	No Change	HO 00240
	2/27/2023	HR/Payroll Specialist	N39401	HO 00240	Kaitlin Shaffer (appointment)	7000	100	Payroll Specialist	No Change	No Change	No Change
	2/27/2023	HR/Payroll Specialist	N39402	HO 00240	Vacant	7000	100	Payroll Specialist	No Change	No Change	No Change
	10/1/2022	Executive Assistant	X34502	HX 00210	Kim Huey	7000	100	Human Resources Specialist	No Change	No Change	HX 00300

Wage Grade/Step Changes

Motion Item #	Effective Date	Position Title	Current Position #	Current Wage Grade	Incumbent employee	New Wage Grade	New Step
	2/27/2023	Child Psychiatrist	X14301	HX 00701	Dr. Dobias	HX 00702	6

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Full Board		X	

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Clinical Quality Assurance	February 24, 2023	Matt Plaska, Chair, Performance Improvement Committee

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

As part of its commitment to excellence, HealthWest engages in a wide variety of monitoring and improvement activities each year. The HealthWest Quality Assurance and Performance Improvement Plan (QAPIP) summarizes the agency's approach to performance improvement and describes the steps taken to increase the accessibility, satisfaction, efficiency, and effectiveness of services provided by the agency. The QAPIP also fulfills several other important requirements for HealthWest:

- Identifying the responsibilities of designated staff, teams, and committees within the QA/PI structure;
- Providing accountability and processes for analysis of performance data and improvement actions;
- Defining measures used to assess performance and quality of services provided by HealthWest, its staff, and contracted providers;
- Upholding contractual obligations and best practices defined by MDHHS;
- Aligning HealthWest with expectations of CCBHC sites;
- Upholding conformance with CARF standards for performance measurement and management;
- Ensuring full implementation of corrective action plans adopted following site reviews.

The HealthWest Performance Improvement (PI) Committee has been designated as the team responsible for implementing the QAPIP. In addition to the QAPIP itself, the PI Committee is also required to present an annual QAPIP review and evaluation and an annual QAPIP action plan that highlight's the committee's priorities for the upcoming fiscal year. These documents are included as accompanying attachments: HealthWest QAPIP, FY22 QAPIP Review and Evaluation, and FY23 QAPIP Action Plan

Approval is requested to accept the HealthWest QAPIP, FY22 QAPIP Review and Evaluation, and FY23 QAPIP Action Plan as written and submitted to the Board.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to accept the HealthWest QAPIP, FY22 QAPIP Review and Evaluation, and FY23 QAPIP Action Plan as written and submitted to the HealthWest Board of Directors.

COMMITTEE DATE	COMMITTEE APPROVAL
	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
	_____ Yes _____ No _____ Other

HWB 70-B

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN (QAPIP)

FY 2022 REVIEW

PREPARED BY: MATT PLASKA AND KELLY FRANCE

Accountability and Responsibility for the QAPIP

A strong quality assurance and performance improvement process requires consistent accountability across the organization. This means that the Performance Improvement (PI) Committee is responsible for recommending to the HealthWest Leadership Team opportunities for improvement that can be prioritized and addressed through specific actions. Ultimate authority for Quality Assurance and Performance Improvement at HealthWest rests with the HealthWest Board of Directors, who vests responsibility for all operations of the organization with the HealthWest Executive Director. The HealthWest Executive Director places responsibility for the leadership, implementation, and overall organization of the QAPIP with the Manager of Accreditation and Performance Improvement.

Review of Quality Assurance and Performance Improvement Structure

1. **Reorganization of business functions with focus HealthWest's Core Values: Diversity, Excellence, Integrity, and Development**

    - **HealthWest focused efforts towards strategic planning and implementation**. The FY 2022 strategic plan developed by the Leadership Team and implemented by the agency included reorganization of several teams and demonstrated a commitment to core values (Attachment A).
    - **Reorganization of Quality Improvement, Data Analytics and Clinical Quality Assurance departments:** HealthWest reorganized from one Quality Improvement (QI) team into two teams: Clinical Quality Assurance and Data Analytics. Efforts continue to establish and clearly define these two teams, and to ensure adequate staff capacity to fulfill the full scope of responsibilities of both.

2. **Provider/Consumer Involvement**

    - The HealthWest Board of Directors continues to have persons served as members.
    - As part of the strategic plan, a current HealthWest staff member moved into a new leadership role in 2022 focused on development and facilitation of a Consumer Advisory Panel. This new position at our agency is focused on recruiting, building, and developing meaningful membership for the Consumer Advisory Panel and supporting efforts to increase and enhance consumer satisfaction and engagement.
    - The Performance Improvement Committee was reorganized during 2022, ensuring adequate membership and orientation to the role of the committee. Although no consumer involvement has been initiated yet on this team, the team has started planning action steps to ensure involvement in FY 2023.
    - The PI Committee has also developed a plan to ensure representation of the provider network within the committee. Provider Relations staff will begin attending PI Committee meetings in FY 2023.

3. **CMHSP Leadership Team**

    HealthWest Leadership Team will have the central responsibility for the implementation of the QAPIP. In 2022, this team used the process of strategic planning and the formation of action-oriented committees to address priorities, including the QAPIP and Quality Assurance at the organizational level. The membership of the Leadership Team consists of

key staff from teams across HealthWest and is updated as appropriate to reflect the strategic leadership and decision-making needs of the agency.

4. Development of CMHSP Performance Improvement Committee

- **The Performance Improvement Committee was established** as a key strategy in the HealthWest Strategic Plan, a requirement of HealthWest as a CMHSP, and as a part of the reorganization of the Clinical Quality/Quality Improvement and Data Analytics departments.
- Significant accomplishments and action steps from 2022 include:
    - In early 2022, a charter statement for the HealthWest Performance Improvement Committee was drafted (Attachment B).
    - The Performance Improvement Committee completed a self-evaluation in early 2022 to ensure all members were aligned with the strategy and competencies needed for the team.
    - In April 2022, Priority Key Data Sets were established by Leadership Team and provided to Performance Improvement Committee. A request to Data Analytics Team was completed for creation of Power BI Dashboards to use for data analysis.
    - In August 2022, Program-Specific Performance Measures, which will be used across clinical teams, were defined by the PI Committee. Requests have been submitted to the Data Analytics Team for development dashboards for these indicators as well.
- **In FY 2022, Matt Plaska, Manager of Accreditation and Performance Improvement, was appointed as the staff member responsible for chairing the PI Committee and overseeing implementation of the QAPIP.**
    - Committee membership was determined by the HealthWest Leadership Team. Participants were selected based on their responsibilities within the agency, involvement in strategic initiatives, capacity for performing analysis and monitoring of performance indicators, and ability to develop and influence improvement activities. Membership is reviewed annually and adjusted as necessary.
    - In FY 2023, membership will be expanded to include consumers, Provider Relations staff, and staff from under-represented departments such as Utilization Management and Access.

5. Report on Accountability

- The HW Performance Improvement Committee has been focused on establishing accountability in FY 2022 by:
    - Ensuring strong leadership structure in the Committee.
    - Using formal communication structures for communication
        - Implementing structures within Microsoft Teams for documentation and collaboration
        - Use of formal Memorandum of Understanding for members
        - Completion of formal self-evaluation tool for all members
        - Implementation of agenda setting and minute taking to ensure accountability to the structure and commitments made
        - Implementation of a PI Committee Action Plan

- Establishing an annual schedule that documents the responsibilities of the PI Committee and defines when each topic and/or data set is reviewed.

Review of Core Responsibilities

Each of the components of the QAPIP structure will have specific responsibilities. These various tasks, when taken in whole, will ensure that HealthWest and its Network Providers provide quality services, effectively manage and protect available resources, protect the rights of service beneficiaries, and identify opportunities to improve.

1. **Regional PIHP: Review of HealthWest Participation in Quality Assurance and Performance Improvement Activities Led by the Lakeshore Regional Entity (LRE)**

    - HealthWest reorganized from one Quality Improvement (QI) team into two teams: Clinical Quality Assurance and Data Analytics. The Director of Clinical Quality is assigned as primary HealthWest representative at the Quality Improvement Regional Operations and Advisory Team (QI ROAT). HealthWest is an active member of the QI ROAT. The QI ROAT Charter was developed and is attached (Attachment C).
    - HealthWest Clinical Quality Assurance staff attended 100% of QI ROAT meetings in FY 2022. Information from ROAT was used across the agency in Continuous Quality Improvement efforts as will be recognized throughout the rest of this report.
    - In 2023, HealthWest will be participating in the regional Performance Improvement Project (PIP) along with the other affiliate CMHSPs of the LRE. The LRE continues to work with MDHHS to obtain final approval of the details of the PIP. However, the HealthWest Leadership Team identified the PIP measure as a priority data set for the agency and the Data Analytics Team is currently developing a Power BI dashboard that will be used to proactively monitor HealthWest performance in the area of follow-up to discharges from psychiatric inpatient episodes.

2. **HealthWest Leadership Team: Review of Roles and Responsibilities**

    HealthWest's Leadership Team will have the lead role in overseeing implementation of the HealthWest QAPIP. This begins with responsibility for ensuring the accessibility, effectiveness, efficiency, and satisfaction of services provided by HealthWest, as well as the performance and quality of contractually required managed care activities. In addition to managing the performance improvement functions of HealthWest as a managed care organization, the HealthWest Leadership Team also has responsibility for the following:

    - **Claims Verification**
      Kelly France, Director of Clinical Quality, was primarily responsible for coordination of Claims Verification audits during FY 2022. Within FY 2022, HealthWest participated in 100% of quarterly claims verification with LRE. HealthWest's overall scores from the four quarterly reviews were 100%, 98.99%, 100%, and 99.97%, respectively. A summary report of the results from HealthWest's Medicaid Claims Verification reviews is contained in Attachment E.
    - **Practice Guidelines**
      Cyndi Blair, Chief Clinical Officer, ensured a review of Practice Guidelines occurred this fiscal year (as part of our prep for the annual LRE site review). A link to the

Lakeshore Regional Entity's Best Practice Guidelines was placed on The Compass (HealthWest's new intranet) for staff use.

- **Adverse Events**
  Kelly France, Director of Clinical Quality, along with Clinical Services Manager, Jennifer Stewart, have taken direct leadership of ensuring adequate review of adverse events and compliance with reporting to region and state:
    - Sentinel Events: Recipient Rights and Clinical Quality Assurance departments worked together to develop a process for timely and thorough review of all sentinel events. This is managed and tracked through Microsoft Teams, which ensures the following are completed:
      - Death Certificate requesting, review and processing
      - Root Cause Analysis completion, review, and processing
      - Timely and Accurate reporting to LRE
    - Critical Incidents and Risk Events: Recipient Rights enters all Critical Incidents and Risk Events into an Access Database. The Data Analytics Team at HealthWest runs a report from the database and sends data to the LRE per requirements monthly. HealthWest will begin using the Critical Incident module within Lat43 at the start of FY 2023 for recording and reporting of critical incidents.
- **Credentialing**
  HealthWest prioritized the development of a credentialling process and procedure aligned with state and CCBHC requirements during FY 2022. Amber Berndt, Administrative Assistant, was transferred to the Clinical Quality Assurance department with primary responsibility of developing formal process and procedures for adequate credentialing. Amber worked closely with the LRE and our regional partners while HealthWest developed the job description and staffing pattern needed to ensure ongoing compliance:
    - Credentialing processes and procedures were developed ensuring Credentialing starts with Human Resources Manager at hire and moves to Credentialing and Privileging Committee for oversight thereafter.
    - Clinical Privileges are the responsibility of the Credentialing and Privileging Committee chaired by Clinical Quality Assurance staff.
    - Laserfiche forms were developed and are being used to capture data and documentation throughout the credentialing process.
    - A Power BI dashboard is in development by the Data Analytics Team to enable monitoring of credentials and due dates.
    - Quarterly Reports are sent to LRE for National Credential Database.
- **Utilization Management**
  Carrie Crummett, Clinical Services Manager of Utilization Management, has provided leadership under Cyndi Blair, Chief Clinical Officer, to ensure utilization review is a priority of HealthWest.
    - Level of Care Determination and Benefit Plan in new Electronic Health Record Latitude 43 was developed, tested and implemented.
    - Carrie attends Clinical Manager meetings each week for UM data review, participates in the regional UM ROAT, and is the point person for retrospective reviews of inpatient pre-admission screenings and continued stay reviews conducted by the LRE.
- **Provider Monitoring**
  Jennifer Stewart, Clinical Manager in Clinical Quality Assurance, has partnered with Provider Network Managers for ongoing compliance and administrative oversight.

- Provider Network Managers started attending Clinical Quality Assurance staff meetings and learning about audit requirements.
- Clinical Quality Assurance leadership has started attending Provider Network Meetings.
- Provider Network Managers are engaging in more site-based oversight by increasing site visits with providers.
- Provider Network Managers will begin attending PI Committee meetings in FY 2023.

3. Performance Improvement Committee: Review of prioritized activities.

- **Performance Indicators**
  The PI Committee is responsible for monitoring performance across all federal, state, and local quality measures and performance indicators within required reports. Although PI Committee has not yet acquired its own Power BI dashboards during FY 2022, the PI committee has been working with the Data Analytics Team to develop a variety of dashboards for monitoring, including for Priority Data Sets selected by HealthWest Leadership, Health Disparities indicators, and Program-Specific Performance Indicators/Quality Measures identified by the PI Committee. Until then, raw data has been used to make decisions and indicate progress. A summary of HealthWest performance on MDHHS-defined performance indicators is included in Attachment E.
- **Consumer Satisfaction and Outcome Measures:**
  With the implementation of Latitude43 in February 2022, HealthWest included Customer Satisfaction data collection in the clinical progress note and Individual Plan of Service (IPOS) documentation. Director of Clinical Quality, Kelly France, has worked with the LRE and regional partners in a workgroup to redesign the Regional Customer Satisfaction Survey which will be implemented in FY 2023.
- **Performance Improvement Projects**
  As an affiliate of the Lakeshore Regional Entity (LRE), HealthWest will participate in the Performance Improvement Project identified by MDHHS as well as the Performance Improvement Project identified and approved at the PIHP level. The regional PIP selected by the LRE, which focuses on health disparities among adults during follow-up to discharges from psychiatric inpatient episodes, is also incorporated into HealthWest's strategic plan and will be a focus of the PI Committee in FY 2023.
- **Coordination with Network Provider Structures**
  HealthWest has taken a position of supporting the existing Quality Assurance structures within the various provider organizations. It will be the responsibility of the HealthWest, however, to ensure that each of these structures meets the requirements of federal and state regulations and the MDHHS-PIHP contract. In FY 2022, Clinical Quality Assurance staff have worked closely with Provider Network Managers to start supporting providers in the QA process. Action steps in FY 2022:
    - Providers have increased access to LAT43 for integrated documentation and care.
    - Providers have been intimately involved in the LRE and MDHHS audit efforts in coordination with Clinical QA.

4. Corrective Action Initiatives

HealthWest's primary corrective action for FY 2022 was the implementation of Latitude43. HealthWest partnered with PCE to launch Latitude43 as the quickest implementation PCE has ever done. This was an exceptional challenge for both PCE and HealthWest staff, but it was necessary to meet the demand for a sophisticated electronic health record that could fulfill the agency's data and reporting needs. HealthWest is happy to report the launch of LAT43 was remarkably successful; the new system has significantly enhanced the ability to capture data and will be the primary source for PowerBI dashboards used for monitoring the measures below. Our Data Analytics Team is now tasked with learning the backend of LAT43 and pulling the available data for dashboard creation.

Performance Indicators and Quality Measures

The Performance Indicators and Quality Measures utilized by HealthWest (listed below) are drawn from a variety of sources: reporting requirements in the MDHHS contract, quality measures and reporting responsibilities in the CCBHC handbook, standards for best practice found in the CARF standards manual, Performance Improvement Projects adopted by the LRE, and strategic objectives within the strategic plan. The PI Committee is responsible for monitoring and analyzing these performance indicators, which reflect the accessibility, effectiveness, efficiency, and satisfaction of services. During their analysis, committee members will be expected to analyze all available data. Committee members' analysis will also include evaluating HealthWest's performance compared to established benchmarks or targets, tracking of performance over time, identification of trends, and impact of actions to improve performance. Following each analysis, the PI Committee will identify potential areas for improvement, make recommendations to the Leadership Team or Clinical Leadership when appropriate, and facilitate corrective action whenever necessary.

Measure	Definition	Performance Target	Population Applied To	Measure Source	Reporting Frequency
ACCESS *– individuals must be able to access services with ease and in a timely, barrier-free manner*					
On-hold times for non-emergent callers	On-hold wait times for non-emergent requests for screening must not exceed 3 minutes without being offered options for callback or talking with a non-professional in the interim	100%	All	MDHHS	Ongoing
Wait times for routine requests	Individuals with routine needs, must be screened or other arrangements made within 30 minutes	100%	All	MDHHS	Ongoing
Timeliness of determination for inpatient admission	Determinations must occur within 3 hours of request	> 95%	Children, Adults	MDHHS	Quarterly
Timeliness of initial evaluation (I-EVAL)	Initial assessments must occur within 14 days of request for service	> 95%	All	MDHHS, CCBHC	Quarterly
Timeliness of first service	First face-to-face service must occur within 14 days of initial assessment	> 95%	All	MDHHS	Quarterly

Timeliness of start of SUD treatment	First face-to-face service (any type) must occur within 14 days of request for services	> 95%	SUD	MDHHS	Quarterly
EFFECTIVENESS *– outcomes and changes experienced by persons served as a result of services*					
Inpatient recidivism	Individuals discharged from an inpatient psychiatric unit will not be readmitted within 30 days of discharge	< 15%	Children, Adults	MDHHS	Quarterly
Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	Percentage of consumers 18+ with BMI documented during current encounter or previous 6 months AND BMI outside normal parameters, with a follow-up plan documented during encounter or the 6 months prior to the encounter	TBD	Adults	CCBHC	Annual
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Percentage of children age 3-17 with PCP or OB/GYN outpatient visit and evidence of BMI documentation, counseling for nutrition and physical activity during measurement year	TBD	Children	CCBHC	Annual
Tobacco Use: Screening & Cessation Intervention (TSC)	Percentage of consumers 18+ who were screened for tobacco use 1+ times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	TBD	Adults	CCBHC	Annual
Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	Percentage of consumers 18+ screened at least once in the last 24 months for unhealthy alcohol use using a systematic screening method AND received brief counseling if identified as an unhealthy alcohol user	TBD	Adults	CCBHC	Annual
Child/adolescent major depressive disorder (MDD): Suicide Risk Assessment (SRA-BH-C)	Percentage of visits for consumers aged 6-17 with a diagnosis of major depressive disorder with an assessment for suicide risk	23.9%	Children	CCBHC	Annual
Major depressive disorder (MDD): Suicide risk assessment (SRA-A)	Percentage of consumers 18+ with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during a visit in which a new diagnosis or recurrent episode is identified	12.5%	Adults	CCBHC	Annual
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	Percentage of consumers 18+ screened for depression during an encounter or 14 days prior to the encounter using an age-appropriate standardized screening tool, and a follow-up	TBD	Adults	CCBHC	Annual

	plan documented on the date of the eligible encounter if positive.				
Depression Remission at 12 months (DEP-REM-12)	Consumers 18+ with diagnosis of Major Depression or Dysthymia who reached remission 12 months (± 30 days) after an index visit.	TBD	Adults	CCBHC	Annual
Adherence to Antipsychotic Meds for Individuals with Schizophrenia (SAAAD)	Percentage of adults 18+ with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic med for at least 80% of their treatment episode.	58.5%	Adults	CCBHC	Annual
Follow-Up After Hospitalization for Mental Illness, ages 18+ (FUH-AD)	Percentage of discharges (age 18+) hospitalized for mental illness who had a follow-up visit with a mental health provider, reported for follow-up within 7 and 30 days after discharge.	58%	Adult	CCBHC	Annual
Follow-Up After Hospitalization for Mental Illness, ages 6-17 (FUH-CH)	Percentage of discharges (age 6-17) hospitalized for mental illness who had a follow-up visit with a mental health provider, reported for follow-up within 7 and 30 days after discharge.	70%	Children	CCBHC	Annual
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)	Percentage of consumers age 13+ with a new episode of AOD dependence who initiated treatment through inpatient AOD admission, outpatient visit, IOP encounter, or partial hospitalization within 14 days of diagnosis OR initiated treatment and had 2+ services with a diagnosis of AOD within 30 days of the initiation visit	Initiate 42.5% Engage 18.5%	SUD (Age13+)	CCBHC	Annual
Follow-Up After Hospitalization for Mental Illness (FUH)	Increase the number of individuals identifying as African American who received follow-up services within 30 days of discharge from inpatient hospitalization	TBD	All	LRE	Annual
EFFICIENCY *– the resources required to achieve desired outcomes for persons served*					
Follow-up to discharge from SUD detox	At least 95% of consumers discharged from SUD detox episodes will receive follow-up SUD treatment within 7 days of discharge.	< 95%	SUD	MDHHS	Quarterly
Follow-up to discharge from inpatient hospitalization	Consumers discharged from inpatient hospitalization episodes will receive follow-up care with a mental health professional within 7 days of discharge.	< 95%	All	MDHHS	Quarterly

Consumers receive regular services throughout their treatment episode	Consumers receive at least one face-to-face service every 30 days	100%	All	HW	Ongoing
SATISFACTION *– persons served and other stakeholders are satisfied with their experience of care*					
Experience of Care	Consumers will report overall satisfaction with services based on responses to satisfaction surveys	> 95%	All	MDHHS, CARF, CCBHC, HW	Ongoing
BUSINESS FUNCTIONS					
CMHSP Site Review	HealthWest will achieve an overall score above 95% on the final site review report for FY 2022.	> 95%	n/a	LRE	Annual
Medicaid Verification Results	100% of Medicaid claims selected for verification will be supported by source documentation, resulting in zero recoupments.	100%	All	MDHHS, LRE	Quarterly
BHTEDS completeness	At least 95% of required BHTEDS records will be submitted and accepted, for all record types.	> 95%	All	MDHHS	Ongoing
Timeliness of report submissions	100% of required report submissions will be submitted on time.	100%	n/a	HW	Ongoing

Fiscal Year 2022

STRATEGIC PLAN

HealthWest

OUR VISION

Building a healthier, more informed, and inclusive community through innovation and collaboration.

OUR MISSION

To be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families, and the community.

DIVERSITY

Implement a comprehensive approach to increasing inclusion, diversity and equity at HealthWest

Reduce health disparities

Promote accessible vaccination for individuals in services

Improve staff recruitment to fill open positions

Implement a plan to enhance diversity, equity and inclusion, including:
- Diverse representation on committees and leadership
- CQ Cultural Intelligence Training
- Diversity Walks

Improve employee morale and reduce staff turnover
- Staff recognition
- Community connectedness and wellness
- Measuring staff morale
- Social and charitable events
- Formal complaint resolution processes
- Psychological First Aid supports

EXCELLENCE

Position HealthWest for excellence by fully transitioning to a Certified Community Behavioral Health Clinic Model

Maintain certification as a Certified Community Behavioral Health Clinic

Maintain a comprehensive data collection and analysis plan for quality improvement of care

Improve outcomes for children via MYalliance System of Care

Enhance and strengthen community-based partnerships

Implement programs and services to fill gaps
Independent living/residential and community support alternatives · Detox · Children's services · Crisis stabilization units

Increase community outreach and engagement efforts

Implement evidence-based practices, with a focus on:
Dialectical Behavior Therapy · Motivational Interviewing · Zero Suicide

Focus on integration and coordination of care

DEVELOPMENT

Develop sustainable and responsive systems for ongoing development, learning and growth

Increase staff competencies and create additional opportunities for development, including:
- Up-to-date staff performance evaluations
- Increased development plans
- Succession planning
- Training and support plans for staff and agency leaders

Increase number of people trained on community-based behavioral health topics

Offer new opportunities for consumer input and engagement

INTEGRITY

Demonstrate high integrity in all business operations

Implement a business plan to adapt to the changing public health environment, which includes:
- Standard cost allocation
- Fixed asset system
- Allocation system to track staff time

Realign the Quality Assurance Department to meet the needs of HealthWest, including implementation of a comprehensive credentialing and privileging process

Streamline internal communications

Complete necessary obligations to obtain and sustain authority status

Create a plan for building space/ locations for HealthWest services

Performance Improvement Committee
Committee Charter

Adopted: March 30, 2022

Mission: to create an organization-wide framework for continuous quality improvement and to ensure that staff and teams across the agency have the necessary performance measures and indicator data to improve quality of care, make strategic data-driven decisions, and identify and address areas for improvement.

Vision: HealthWest operates as a high-performing organization with a universal and integrated commitment to continuous quality improvement. Across HealthWest, performance is measured, performance and quality indicator data is analyzed and actively applied, and all staff participate in continuous improvement in pursuit of excellent accessibility, efficiency, effectiveness, and satisfaction in our services.

Assigned Strategic Plan Objective(s) with purpose statement: *By December 2022, the Performance Improvement Committee will implement a health disparities reduction plan to reduce targeted health disparities as identified by HealthWest and the LRE contract by 15%*

Primary Strategies:

1. Develop an agency-wide framework for continuous quality improvement
2. Development of program-specific performance indicators that measure access, efficiency, effectiveness, and satisfaction of services
3. Compile a performance and quality measures index that integrates all of HealthWest's performance and quality measures
4. Integrate CCBHC quality measures into HealthWest's collection of performance and quality measures, and applying our CQI processes and framework for monitoring, analyzing, and improving performance.
5. Assemble and lead a diverse team to collect and review data, develop a targeted action plan, establish monitoring tools, and implement the established plan to reduce disparities and ensure service delivery and outcomes are equitable across populations.
6. Development of a Key Performance Indicators (KPI) report to be used by agency leadership, including the Leadership Team and Board of Directors.

I. Purpose

The PI Committee is an important component of the continuous quality improvement program at HealthWest, a function required of managed care organizations, and a contractual obligation reflected in the PIHP-CMHSP contract and operating agreement. The Performance Improvement (PI) Committee is responsible for monitoring performance data regarding the accessibility, effectiveness, efficiency, and satisfaction of internal HealthWest programs, services, and business operations. Additionally, the PI Committee is responsible for identifying areas for improvement, overseeing the development and implementation of improvement projects, and participating in the analysis and development of the annual QAPIP. Finally, the PI Committee serves as a liaison and communications link, sharing regular updates regarding performance data, improvement priorities and progress toward goals with HealthWest leadership, the HealthWest Board of Directors, and other stakeholders including staff and persons served.

II. Strategic Direction

Priorities and action plans for the PI Committee developed to align with and support the following:

a. HealthWest Strategic Plan
    i. Objective: "By December 2022, the Performance Improvement Committee will implement a health disparities reduction plan to reduce targeted health disparities as identified by HealthWest and the LRE contract by 15%."
        1. Strategy and Purpose: "Assign a diverse team to collect and review data, and develop a targeted plan and monitoring dashboard to reduce disparities, ensuring service delivery and outcomes are equitable across populations."
b. HealthWest Quality Assurance and Performance Improvement Plan (QAPIP)
    i. The PI Committee is responsible for the implementation of the HealthWest QAPIP, including an annual review of the previous year's plan and development of upcoming year's workplan
    ii. PI Committee members are also tasked with recommending annual performance improvement goals, which are a required component of the HealthWest QAPIP. In addition to the strategic plan objective, proposed performance improvement goals for FY22 include:
        1. Adoption of CCBHC quality measures
        2. Development of program-specific performance indicators that measure access, efficiency, effectiveness, and satisfaction of services
        3. Development of a Key Performance Indicators (KPI) report to be used by agency leadership, including the Leadership Team and Board of Directors
c. MDHHS/PIHP Contract, Attachments, and Reporting Requirements Calendar
    i. The PI Committee monitors all performance indicator data points contained within required report submissions, identifies areas of improvement, and oversees corrective action as needed
d. HealthWest Program Descriptions
    i. The PI Committee monitors all performance measures regarding the accessibility, effectiveness, efficiency, and satisfaction of programs and services, as reflected in program descriptions
e. CCBHC Demonstration Handbook
    i. The PI Committee will ensure the adoption and integration of all CCBHC quality measures and quality-bonus payment measures into the agency's CQI framework and processes
f. CARF Standards Manual
    i. The PI Committee will also incorporate performance measure data into the overall QAPIP and performance measurement/management efforts, in keeping with best practices outlined in the CARF standards manual.
g. LRE QAPIP and Performance Improvement Projects
    i. The PI Committee will also monitor HW progress on the identify PIP goals established by the LRE and its affiliate members' leadership
h. Evidence-Based Practices Fidelity Standards

III. Structure and Roles

a. Chair
    i. The PI Committee chair is appointed by the HealthWest Executive Director
    ii. The chair is responsible for planning agendas and facilitating each meeting, ensuring minutes are taken and posted, and ensuring committee members uphold their responsibilities
    iii. The chair is also responsible for ensuring that committee members have the necessary performance data available to monitoring and improvement organizational performance
    iv. Additional leadership roles will be appointed as needed, to fulfill the responsibilities of recorder and subcommittee leadership (as needed).
b. Committee Members
    i. Members of the PI Committee are invited to join the committee due to their responsibilities, their interest and ability to engage with performance data, their understanding of and alignment with the strategic direction of the agency, and a capacity in their role to effect meaningful change and performance improvement.

ii. Committee membership is evaluated annually.
iii. Committee members are asked to commit to serving at least one year on the committee. However, members may request to step down at any time if they are unable to continue their participation and/or fulfill their obligations as committee members.
iv. The most important responsibilities of committee members are attendance and engagement. Committee members are expected to attend all meetings and to notify the chair in advance when they cannot attend scheduled meetings. Committee members are expected to participate fully and maintain a safe space where honest, objective, and solution-focused discussion occurs.
v. Members commit to preparing for each meeting by reviewing all assigned materials and completing assigned follow-up tasks.
vi. Members who join subcommittees may be required to complete additional work on behalf of the subcommittee.
vii. PI Committee members take on the responsibilities of the committee with the full support of the agency and their supervisor.

c. Meeting Schedule
   i. Committee meetings occur from 3-4pm on the second Wednesday of each month
   ii. Sub-committee meetings may occur at other times, as determined by subcommittee members
d. Meeting Agendas and Minutes
   i. Agendas will be distributed to PI Committee members at the week before each meeting
   ii. Minutes will be posted following each meeting and reviewed by committee members for accuracy and completeness
   iii. All agendas, minutes, data sets and reports, and other committee materials will be saved under the PI Committee's team in Microsoft Teams for all members to access
e. Communication
   i. Quarterly updates will be provided to the HealthWest Leadership Team and Board of Directors according to the schedule established for all committees
   ii. The PI Committee charter, workplan, meeting minutes, and quarterly reports will be posted in the All-Staff Informational Hub in Microsoft Teams

IV. Membership

Current members of the PI Committee for fiscal year 2022 are listed below:

Name	Title
Amie Bakos	Director of I/DD Services, Behavior Supports Committee Co-chair
Calvin Davis	Quality Improvement Specialist
Cyndi Blair	Chief Clinical Officer
Gary Ridley	Communications and Social Marketing Coordinator
Jennifer Stewart	SUD Quality Assurance Manager
Julia Rupp	Chief Executive Officer
Kelly France	Director of Clinical Quality
Lisa VanderLee	Data Analytics Administrative Assistant
Matt Plaska (chair)	Manager of Accreditation and Performance Improvement (chair)
Mickey Wallace	Director of Diversity, Equity, and Inclusion
Natalie Walther	Director of Data Architecture and Data Analytics
Pam Kimble	Director of Autism, Behavior Supports Committee Co-chair
Rachael Hindman	Data Analyst

* *Additional members of Leadership Committee may be designated by the Executive Director*
* *Primary or secondary persons served from various populations may be invited to attend, as appropriate, including persons with developmental disabilities, adults with mental illness, children with severe emotional disturbances, and persons with substance use disorders*

** Ad hoc members will be also invited as necessary and may include the Recipient Rights Officer, Privacy Officer, Corporate Compliance Officer, Human Resources Manager, any HealthWest staff member, representatives of contracted provider agencies, and other stakeholders*

REGIONAL OPERATION ADVISORY TEAM CHARTER

NAME: QUALITY IMPROVEMENT ROAT
LRE DESIGNEE: LRE QUALITY MANAGER
ADOPTED: 12/14/2021
REVIEWED:

This charter shall constitute the structure, operation, membership and responsibilities of Lakeshore Regional Entity (LRE) Quality Improvement Regional Operations Advisory Team (QI ROAT).

Purpose of the Quality Improvement Regional Operations Advisory Team: The LRE QI ROAT will advise the Operations Council and the Chief Executive Officer concerning quality improvement matters.

Responsibilities and Duties: The responsibilities and duties of the QI ROAT shall include the following:

- Advise and assist the LRE Quality Manager with the development, implementation, operation, and distribution of the Quality Assessment and Performance Improvement Plan (QAPIP) and supporting LRE policies and procedures
- Recommending and monitoring development of internal systems and controls to carry out the Quality Assessment and Performance Improvement Program and supporting policies as part of daily operations
- Development of valid and reliable data collection related to performance measures/indicators at the organizational/provider level.
- Evaluating the effectiveness of the QAPIP
- Identify organizational and regional opportunities for improvement, including but not limited to the safety of consumers
- Determining the appropriate strategy/approach to promote compliance and detect potential violations and areas of risk as well as areas of focus
- Reviewing audit results and corrective action plans, making recommendations when appropriate

Decision-Making Context and Scope:
General Decision-Making Process: Consensus shall be the primary mode of decision making and efforts shall be made to extend dialogue and gather information toward consensus to the extent possible.

Should consensus not be achieved, any member of the QI ROAT may call for a vote of the members. A vote of the body is not binding on the Lakeshore Regional Entity; rather it is used to further inform as to the strength of the member's position on the subject. Any decision made subsequent to a vote of the QI ROAT, including any items referred to the LRE Quality Manager, shall reflect both the majority and minority opinions on that matter. The LRE Quality Manager shall inform the LRE CEO and/or Operations Council members of the final decision/recommendation before further action is taken.

Defined Goals, Monitoring, Reporting and Accountability
The QI ROAT shall establish metrics and monitor criteria to evaluate progress on the following primary goals:

- Implementation of the Quality Assessment and Performance Improvement Plan (QAPIP),

- Performance Measures included within the QAPIP as required by MDHHS and identified through Operations Council.
- Improvement efforts as it relates to external reviews including but not limited to the External Quality Reviews and MDHHS reviews.
- Compliance and oversight of the above identified areas.

Additionally, the QI ROAT seeks to assess and achieve the following secondary goals:

- Retained function contracts achieved defined results
- Collaborative relationships are retained
- Reporting progress through Operations Council
- Regional collaboration regarding expectations and outcomes
- Efficiencies are realized through standardization and performance improvement; and
- Improved performance is realized through collective strength

Membership

The LRE QI ROAT will be comprised of the LRE Quality Manager, one subject matter expert from each member CMHSP's Quality Improvement staff who is appointed by the respective CMHSP Chief Executive Officer/Executive Director, and one CMHSP Chief Executive Officer/Executive Director. All Member CMHSPs will be equally represented. The LRE QI ROAT will be chaired by the LRE Quality Manager.

a. There will be equal CMHSP representation and voting on all ROATs, workgroups and committees unless otherwise required by law.
b. Membership shall be representative of the LRE Region with each CMHSP having one vote.
c. CMHSP representatives become members of the committee through appointment by their respective CEO/Executive Director (ED) and approval by the LRE Operations Council.
d. Primary and/or secondary consumer(s) representing adults with mental illness, adults with developmental challenges, adults with a substance use disorder, parents/guardians of a child/children with mental illness, and/or parents/guardians of a child/children with developmental challenges, to be appointed through an application process.
e. Alternates may attend and speak with the power granted by their appointed CMHSP Executive Director. Alternates do not have a vote when it comes to decision making.
f. Others in attendance are by invitation only (not regularly attending), should have a clearly defined purpose for attendance, are not intended to offer commentary on other agenda topics, and shall be excused when they have completed their purpose for meeting attendance. Subject matter expert (SME) may be invited by the QI ROAT for a specific agenda topic and shall only participate during the related topic.

Roles and Responsibilities

a. LRE Chairperson/Facilitator – Prepares the agenda, facilitates the meeting and maintains order; provides guidance and direction, serves as the point of contact for the ROAT; serves as a conduit for other planning/action occurring at LRE, is accountable for representing the ROAT and making reports on behalf of the ROAT. Serves as the point of contact with the Operations Council. The chairperson/facilitator is a voting member of the ROAT.

b. LRE Recorder – Serves as the staff support to the ROAT. Captures discussions, problem solving and planning of the committee in an unbiased manner and prepares minutes following each meeting.
c. Member – A participant appointed to the committee by the LRE or CMHSP Director who is selected based on content/process expertise/interest or customer/supplier representation.
d. Subject Matter Experts (SME's) –may participate in a ROAT meeting for the purpose of providing information, consultation, etc. Participation as a Subject Matter Expert does not constitute authority to participate in decision making. Subject matter experts should typically leave once their expressed purpose is complete.
e. CMHSP CEO/Executive Director – appointed by the Operations Committee to attend the ROAT meeting and serve as a liaison between the ROAT and the Operations Committee. Responsible for providing regular reports to the Operations Committee from the ROAT and communicating directives for work product to the ROAT from the Operations Committee. CEO/Executive Director is not a voting member of the ROAT.

Member Conduct/Ground Rules: Members of the LRE QI ROAT seek a meeting culture that is professional, productive, and comfortable. To that end, the following ground rules have been adopted:

1. Respect of others
   - Only one person speaks at a time; no one will interrupt while someone is speaking.
   - Each person expresses their own views, rather than speaking for others at the table or attributing motives to them.
   - No sidebars or end-runs.
   - Members will avoid grandstanding (i.e., extended comments/speaking), so that everyone has a fair chance to speak.
   - No personal attacks. "Challenge ideas, not people."
   - Everybody will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged. Disparaging comments are prohibited.
   - Each person will seek to identify options or proposals that represent shared interests, without minimizing legitimate disagreements. Each person agrees to do their best to take account of the interests of the group as a whole.
2. Meeting Efficiency
   - The agenda and related materials will be distributed to QI ROAT members one week in advance of the meeting.
   - Members are prepared for the agenda content and have completed related assignments on time.
   - Everybody agrees to make a strong effort to stay on track with the agenda and to move the deliberations forward.
   - Members share equally in the work of the body.
   - It is recommended and members are required, if possible, to utilize video during virtual meetings.
3. Decision Making
   - Members are respectful of the defined decision-making protocol and support decisions made of the body even when presenting a minority view.

- Each person reserves the right to disagree with any proposal and accepts responsibility for offering alternatives that accommodates their interests and the interests of others.
- Everybody will follow the "no surprises" rule. Concerns should be voiced when they arise, not later in the deliberations.

Meetings

a. Regular Meetings – Will normally occur monthly.
b. Special Meetings – Special meetings shall occur as determined by the consensus of the group and as business of the body necessitates.
c. Attendance at Meetings - Members shall regularly attend or send a designee (rarely) who is prepared to act on behalf of the appointed member.
d. Agenda - The Agenda shall be prepared by the LRE Quality Manager and shall be distributed in advance of the meeting with related attachments. To the extent possible the agenda shall clarify the context and timing of a discussion to support the need for SMEs or in determining an alternate for meeting attendance.
e. Minutes of Proceedings - The recorder shall prepare a meeting summary that reflects key decisions and required actions to occur subsequent to the meeting. The required actions shall specify what, who, and by when.

Sources:

LRE QAPIP

LRE Compliance Plan

LRE Policies

LRE Medicaid Verification FY22 Quarter 1 (Sept-Dec2021)

	Is the provided service eligible for payment under Medicaid?	The Benficiary was eligble for Medicaid on the date of service?	Was the service delivered by a staff person qualified to provide the	Was the IPOS in effect for the date of service, available for review?	Was the provided service identified in the Plan of Service?	Does the service informationin: Identified Amount	Identified Scope	Identified Duration	Is there documentation indicating the service was provided on the date billed?	Does the documentation include the: Signatures and Credentials of Service Provider	Unit based services have start and stop times	Documentation supports the services as reported	The billed services amount / units match provided documentation
HealthWest													
Yes	78	78	78	78	78	78	78	78	78	77	46	78	78
No	0	0	0	0	0	0	0	0	0	0	0	0	0
N/A				0	0	0	0	0		1	32	0	
% of Yes	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
HealthWest Overall % of Yes			**100.00%**										

Printed Date: 8/1/2022 Report Version: 20201016

LRE Medicaid Verification FY22 Quarter 2 (Jan-March2022)

	Is the provided service eligible for payment under Medicaid?	The Benficiary was eligble for Medicaid on the date of service?	Was the service delivered by a staff person qualified to provide the	Was the IPOS in effect for the date of service, available for review?	Was the provided service identified in the Plan of Service?	Does the service informationin: Identified Amount	Identified Scope	Identified Duration	Is there documentation indicating the service was provided on the date billed?	Does the documentation include the: Signatures and Credentials of Service Provider	Unit based services have start and stop times	Documentation supports the services as reported	The billed services amount / units match provided documentation
HealthWest													
Yes	220	220	220	205	199	199	199	199	202	207	102	202	202
No	0	0	0	0	1	0	0	0	18	0	0	18	18
N/A				15	20	21	21	21		13	118	0	
% of Yes	100.00%	100.00%	100.00%	100.00%	99.50%	100.00%	100.00%	100.00%	91.82%	100.00%	100.00%	91.82%	91.82%
HealthWest Overall % of Yes			**98.99%**										

Printed Date: 2/6/2023 Report Version: 20201016

LRE Medicaid Verification FY22 Quarter 3 (April-June2022)

	Is the provided service eligible for payment under Medicaid?	The Benficiary was eligble for Medicaid on the date of service?	Was the service delivered by a staff person qualified to provide the	Was the IPOS in effect for the date of service, available for review?	Was the provided service identified in the Plan of Service?	Does the service informationin: Identified Amount	Identified Scope	Identified Duration	Is there documentation indicating the service was provided on the date billed?	Does the documentation include the: Signatures and Credentials of Service Provider	Unit based services have start and stop times	Documentation supports the services as reported	The billed services amount / units match provided documentation
HealthWest													
Yes	194	194	194	170	153	153	153	153	194	166	84	194	194
No	0	0	0	0	0	0	0	0	0	0	0	0	0
N/A				24	41	41	41	41		28	110	0	
% of Yes	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
HealthWest Overall % of Yes			**100.00%**										

Printed Date: 11/22/2022 Report Version: 20201016

LRE Medicaid Verification FY22 Quarter 4 (July-Sept 2022)

	Is the provided service eligible for payment under Medicaid?	The Benficiary was eligble for Medicaid on the date of service?	Was the service delivered by a staff person qualified to provide the	Was the IPOS in effect for the date of service, available for review?	Was the provided service identified in the Plan of Service?	Does the service informationin: Identified Amount	Identified Scope	Identified Duration	Is there documentation indicating the service was provided on the date billed?	Does the documentation include the: Signatures and Credentials of Service Provider	Unit based services have start and stop times	Documentation supports the services as reported	The billed services amount / units match provided documentation
HealthWest													
Yes	376	376	376	351	294	294	294	294	375	337	194	375	375
No	0	0	0	0	0	0	0	0	1	0	1	1	1
N/A				25	82	82	82	82		39	181	0	
% of Yes	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.73%	100.00%	99.49%	99.73%	99.73%
HealthWest Overall % of Yes			**99.97%**										

Printed Date: 12/27/2022 Report Version: 20201016

Attachment E

FY22 MDHHS Performance Indicator Summary Report

Performance Measure	Indicator	Population	FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY22 Trends
Timeliness of Pre-Admission Screening Decision	1	Child	100.0%	98.7%	98.15%	100%	
	1	Adult	99.1%	99.4%	99.72%	99%	
	1	Total	99.3%	99.3%	99.35%	99%	
Timeliness of Assessment Following Request for Services*	2a	MI Child	94.6%	79.8%	68.95%	66.7%	
	2a	MI Adult	97.1%	73.4%	48.76%	56.0%	
	2a	DD Child	96.3%	79.3%	95.24%	70.4%	
	2a	DD Adult	93.8%	71.4%	68.42%	77.8%	
	2a	Total	96.0%	75.9%	58.15%	60.7%	
Timeliness of Start of Services Following Assessment*	3	MI Child	79.2%	73.0%	67.48%	74.6%	
	3	MI Adult	72.9%	37.9%	67.58%	62.7%	
	3	DD Child	92.6%	53.8%	83.33%	66.7%	
	3	DD Adult	94.1%	60.0%	85.00%	53.8%	
	3	Total	78.0%	58.4%	69.05%	66.5%	
Follow-Up After Discharge from Inpatient	4a	Child	100.0%	100.0%	100.00%	81.3%	
	4a	Adult	95.5%	95.1%	95.65%	94.7%	
	4a	Total	96.1%	95.6%	96.30%	92.4%	
Follow-Up After Discharge from SUD Detox	4b	SUD	100.0%	95.2%	100.00%	100%	
	4b	Total	100.0%	95.2%	100.00%	100%	
Inpatient Recidivism	10	Child	4.2%	28.6%	4.00%	15%	
	10	Adult	8.3%	7.0%	12.20%	3%	
	10	Total	7.6%	10.4%	10.81%	5%	

* MDHHS has not established performance thresholds for these measures yet, following implementation of new indicator definitions in April 2020.

Annual QAPIP Action Plan
FY 2023

From year to year, the PI Committee is responsible for carrying out the full scope of activities and requirements described within the agency's QAPIP. The committee is also tasked with certain objectives taken from the strategic plan developed by the HealthWest Leadership Team. To guide its work throughout the year, the PI Committee has developed the following action plan, which describes the objectives to be prioritized by the committee, as well as the specific actions that will be undertaken to achieve those objectives during FY 2023.

- **By September 30, 2023, the Performance Improvement Committee will implement a health disparities reduction plan to reduce targeted health disparities identified by HealthWest by 15%.**
    - By April 30, 2023, launch of Power BI dashboards to identify health disparities in FUH-A and FUH-C measures, as well as MMBPIS performance indicator data.
    - By June 30, 2023, completion of analysis of data and submission of recommendations to HealthWest Leadership Team.
    - NOTE: this objective aligns with the regional Performance Improvement Project (PIP) to address health disparities in aftercare provided following psychiatric inpatient discharges

- **By March 1, 2023, the Performance Improvement Committee will ensure compliance with all QAPIP requirements, as defined by the MDHHS/PIHP contract, QAPIP practice guidelines, and CARF standards manual.**
    - Primary and secondary consumers will be identified and invited to join the PI Committee
    - The collection and use of consumer satisfaction data will be formalized and expanded
    - Provider Relations staff will be invited to join the PI Committee and to expand the amount of quality oversight provided to HealthWest's network of contracted providers
    - PI Committee will follow the data review scheduled established in FY22 to ensure that data is used to monitor all required components of the QAPIP throughout FY23 and beyond
    - Program-specific performance indicators of access, efficiency, effectiveness, and satisfaction (identified by the PI Committee in FY22) will be added to appropriate program descriptions and used by the PI Committee and clinical leadership to monitor and improve performance

- **By September 30, 2023, the Performance Improvement Committee will have fulfilled all relevant elements of the corrective action plans adopted by HealthWest following the agency's LRE, MDHHS, and CARF site reviews/accreditation surveys.**
    - Remediation of findings regarding QAPIP and Corporate Compliance standards from LRE audit
    - Remediation of findings regarding training and credentialing standards from MDHHS audit
    - Fulfillment of Quality Improvement Plan (QIP) objectives to address recommendations from CARF survey regarding Performance Measurement and Performance Management standards

- **By March 1, 2023, the Performance Improvement Committee will begin publishing regular reports regarding the committee's findings, agency performance on performance indicators and quality measures, and recommendations for improvement.**
    - Monthly PI Committee Reports will be provided to the HealthWest Leadership Team
    - Quarterly performance reports will be provided to the HealthWest Board of Directors
    - Monthly committee meeting minutes and reports will be posted on The Compass
    - HealthWest's QAPIP, the FY22 QAPIP annual review and evaluation, and the FY23 QAPIP action plan will be published on HealthWest's external website for accessing by consumers, network providers, and community members

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN (QAPIP)

Prepared By:	Matt Plaska, Manager of Accreditation and Performance Improvement
	Kelly France, Director of Clinical Quality Assurance
	Jennifer Stewart, Clinical Services Manager/SUD Clinical Quality Assurance
Last Updated:	February 7, 2003
Reviewed By:	Performance Improvement Committee
	HealthWest Leadership Team
Approved By:	HealthWest Board of Directors (February 24, 2023)

Definitions

Adverse Events: Adverse Events include any event that is inconsistent with or contrary to the expected outcomes of the organization's functions that warrants a review. Subsets of these adverse events will qualify as "reportable events" according to the MDHHS Critical Event Reporting System. These include MDHHS defined sentinel events, critical incidents, and risk events.

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system, or the person's representative.

CARF: Commission on Accreditation of Rehabilitation Facilities. An international non-profit organization that accredits health and human service programs.

CCBHC: Certified Community Behavioral Health Clinic. Designated provider organizations that have adopted a model focused on increasing access to high-quality care, integrating behavioral health with physical health care, promoting the use of evidence-based practices, and establishing standardization and consistency with a set criterion for all certified clinics to follow.

Clinical Privileging Committee: The committee of professional peers/staff appointed to evaluate and recommend an individual practitioner to be allowed to provide specific services for HealthWest within well-defined training criteria.

CMHSP: Community Mental Health Services Program. For the purposes of this document, refers to HealthWest.

Credentialing: The process of reviewing the education, experience, and background of all staff to establish their qualifications for providing services. This includes all licensed professional staff as well as non-licensed staff who provide services.

HealthWest Leadership Team: A committee comprised of staff designated by the HealthWest executive director who are responsible for strategic planning and decision-making.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the Lakeshore Regional Entity (LRE), its member CMHSPs, and the Substance Use Disorder provider panel.

Performance Improvement Committee: The CMHSP committee comprised of HealthWest staff and persons served; responsible for oversight and implementation of the agency's QAPIP.

Prepaid Inpatient Health Plan (PIHP): One of ten entities in Michigan responsible for managing Medicaid services related to behavioral health, intellectual/development disabilities, and substance use.

Purpose

As the CMHSP for Muskegon County, HealthWest has developed this Quality Assessment and Performance Improvement Program (QAPIP) to guide the agency-wide quality improvement activities of HealthWest. The QAPIP is intended to serve several functions, including but not limited to:

1. Serve as the quality improvement structure for the managed care activities of HealthWest;

2. Link, monitor, and coordinate activities around organizational performance improvement priorities;

3. Provide support to organizational efforts to integrate a performance improvement philosophy into the everyday work of the organization;

4. Make recommendations to the Leadership Team for specific improvement actions and changes;

5. Communicate improvements and challenges within and outside the organization;

6. Weigh risks and opportunities associated with identified organizational performance improvement opportunities; and

7. Describes how these functions are accomplished in the written plan, including the organizational structure and responsibilities relative to these functions.

Policy

HealthWest will have a fully operational QAPIP that upholds industry standards for best practices in performance measurement, performance management, and performance improvement, as described in MDHHS contracts, CARF standards for behavior healthcare providers, and the CCBHC Handbook.

The QAPIP will be reviewed and approved on an annual basis by HealthWest Board of Directors. Through this process, the Board gives authority for implementation of the plan and all its components. This authority is essential to the effective execution of the plan.

Consistent with the structure of HealthWest and its Board of Directors, this authority is discharged through the HealthWest's Executive Director. In turn, the CEO discharges this authority through the Manager of Accreditation and Performance Improvement.

Authority

A strong quality assurance and performance improvement process requires consistent accountability across the organization. This means that the Performance Improvement (PI) Committee is responsible for recommending to the HealthWest Leadership Team opportunities for improvement that can be prioritized and addressed through specific actions. Ultimate authority for Quality Assurance and Performance Improvement at HealthWest rests with the HealthWest Board of Directors, who vests responsibility for all operations of the organization with the HealthWest Executive Director. The HealthWest Executive Director places responsibility for the leadership, implementation, and overall organization of the QAPIP with the Manager of Accreditation and Performance Improvement.

Structure

1. Provider/Consumer Involvement

The involvement of persons served and representatives of the provider network is essential to the comprehensiveness and effectiveness of the QAPIP. As such, this involvement is sought, encouraged, and supported at several levels, including:

a. The HealthWest Board of Directors will have persons served as members.
b. HealthWest will have a Consumer Advisory Panel that provides input to the Board and various managed care activities.
c. The Performance Improvement Committee will be comprised of staff from HealthWest and include representation of primary and secondary persons served.
d. Provider Relations staff will participate in the Performance Improvement Committee and integration of providers into quality oversight activities.

While HealthWest services and organizational operations must meet the highest standards for all consumers, HealthWest acknowledges that certain individuals and groups may be especially vulnerable for a variety of reasons. Examples of vulnerable populations may include those most likely to experience health disparities, individuals of a particular age or diagnosis, groups of people with identified risk factors, or individuals with a greater number of or higher intensity of needs. As appropriate, the PI Committee will conduct targeted monitoring activities for people identified as vulnerable and make recommendations for improvement whenever necessary.

2. CMHSP Leadership Team

HealthWest Leadership Team will have the central responsibility for the implementation of the QAPIP. The membership consists of key staff from HealthWest, including:

a. Brandy Carlson, Chief Financial Officer
b. Cyndi Blair, Chief Clinical Officer
c. Dave McElfish, Chief Information Officer
d. Kelly France, Director of Clinical Quality
e. Jennifer Stewart, Clinical Quality Assurance Manager for SUD
f. Mickey Wallace, Director of Diversity, Equity, and Inclusion
g. Cece Riley, Communications and Training Manager
h. Gregory Green, M.D., Medical Director
i. Amie Bakos, Clinical Services Director – IDD
j. Christy LaDronka, Clinical Services Manager – Intake and Crisis Intervention
k. Ann Judson, Clinical Services Director – Children and Youth
l. Phil McPherson, Human Resources Manager
m. Holly Brink, Executive Assistant
n. Lauren Meldrum, Contracted Services
o. Catherine Kloska, Contracted Services

3. CMHSP Performance Improvement Committee

The Performance Improvement (PI) Committee is responsible for monitoring performance data regarding the accessibility, effectiveness, efficiency, and satisfaction of internal HealthWest programs, services, and business operations, as well as services delivered by contracted provider agencies. Additionally, the PI Committee is responsible for identifying areas for improvement, overseeing the development and implementation of improvement projects, and participating in the analysis and development of the annual QAPIP. Finally, the

PI Committee serves as a liaison and communications link, sharing regular updates regarding performance data, improvement priorities and progress toward goals with HealthWest leadership, the HealthWest Board of Directors, and other stakeholders including staff and persons served. The PI Committee also collaborates with the HealthWest Leadership Team, Provider Relations, Clinical Quality Assurance, and other departments at HealthWest to ensure that Network Providers have appropriate performance improvement structures and carry out the necessary activities to monitor the provision of quality services and to meet federal and state requirements.

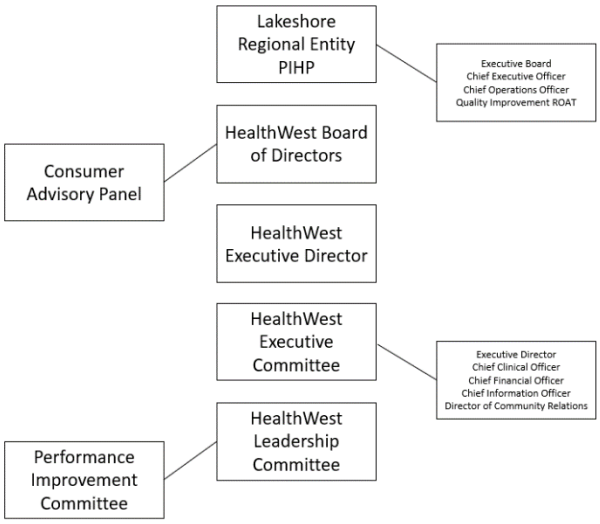
PI Committee is chaired by the Manager of Accreditation and Performance Improvement. The committee is comprised of:

a. Matt Plaska, Accreditation and Performance Improvement Manager (chair)
b. Cyndi Blair, Chief Clinical Officer
c. Natalie Walther, Director of Data Architecture and Analytics
d. Mickey Wallace, Director of Diversity, Equity, and Inclusion
e. Pam Kimble, Director of Autism Services, Behavior Supports Committee Co-chair
f. Amie Bakos, Director of I/DD Services, Behavior Supports Committee Co-chair
g. Kelly France, Director of Clinical Quality Assurance
h. Jennifer Stewart, Clinical Quality Assurance/SUD Manager
i. Gary Ridley, Communications and Advocacy Coordinator
j. Calvin Davis, Data Analyst/Quality Improvement Specialist
k. Carrie Crummett, Clinical Services Manager – Utilization Management
l. Jackie Farrar, Provider Relations/Network Manager
m. Brian Speer, Provider Relations/Network Manager
n. Lacressa Farmer, Trained Family Consultant
o. Kwame James, Trained Family Consultant
p. Shawnda Jackson, Trained Family Consultant
q. Primary or secondary consumers from appropriate service populations, including persons with developmental disabilities, adults with mental illness, children with severe emotional disturbances, and persons with substance use disorders.
r. Additional staff, contracted provider representatives, and community stakeholders will be included in meetings as required and appropriate. While not an exhaustive list, such ad hoc membership may include members of the Leadership Team, HealthWest's Recipient Rights, Privacy, and Corporate Compliance Officers, and members of clinical leadership.

4. Accountability

One of the basic tenets of performance improvement and a key element in the success of this plan, is accountability. This begins with the basic premise that each employee and/or agent of each organization, whether HealthWest or any of the contracted agencies within its Provider Network, will be accountable for the quality and integrity of their work; accountable to beneficiaries, coworkers, and the various committees to which they belong; and to their employer. It is critical that each component of HealthWest's quality assurance and performance improvement program, displayed in the following figure, understands and fulfills its responsibilities within the QAPIP.

HealthWest Performance Improvement Structure



Responsibilities

Each of the components of the QAPIP structure will have specific responsibilities. These various tasks, when taken in whole, will ensure that HealthWest and its Network Providers deliver quality services, effectively manage available resources, fulfill all expectations and requirements, protect the rights of service beneficiaries, and identify and confront opportunities to improve.

1. The Lakeshore Regional Entity (LRE) Board of Directors is accountable for the regional quality assessment and performance improvement activities across the 7-county affiliation of the PIHP. The LRE Board will annually review and evaluate the written regional Quality Assessment and Performance Improvement Plan. The Board will regularly receive specific reports of affiliation-wide performance indicators, quality oversight activities, and corrective actions as requested. They vest authority for management of Quality Oversight to the Chief Quality Officer (CQO) for the LRE. The LRE CQO is responsible for implementation of Quality Oversight at the PIHP Level and is responsible for facilitation of the affiliation-wide Quality Oversight Committee.

   HealthWest is represented within the membership of the LRE QI Regional Operations and Advisory Team and supports affiliation-wide Quality Oversight and Quality Improvement Functions.

   As part of the contractual arrangement between the LRE and HealthWest, Quality Assurance/Performance Improvement is a delegated function, whereby the affiliation ensures compliance with federal and state requirements for a functioning quality improvement system, but HealthWest is responsible for its implementation. All Community Mental Health Service Programs, as part of this arrangement, will develop, implement, and maintain quality improvement programs and will report results of monitoring and improvement activities to the LRE's Quality Improvement Regional Operations and Advisory Team (QI ROAT) as requested.

2. HealthWest Leadership Team

HealthWest's Leadership Team will have the lead role in overseeing implementation of the HealthWest QAPIP. This begins with responsibility for ensuring the accessibility, effectiveness, efficiency, and satisfaction of services provided by HealthWest, as well as the performance and quality of contractually required managed care activities. In addition to managing the performance improvement functions of HealthWest as a managed care organization, the HealthWest Leadership Team also has responsibility for the following:

a. Claims Verification

The verification of Medicaid claims is required both by federal regulation and the MDHHS PIHP contract. Primary responsibility for this activity is with the PIHP. The LRE policy on Medicaid Verification defines the specific processes used for ongoing record review, including the verification of documentation for services provided, timeliness of documentation and quality of service provided and documented. The Lakeshore Regional Entity PIHP performs regular record reviews and provides the results of those reviews to HealthWest. If HealthWest's performance is below established thresholds, the Leadership Team will determine actions necessary to improve performance. HealthWest Corporate Compliance Officer and Director of Clinical Quality also share individual-level data and specific findings with appropriate HealthWest staff.

b. Practice Guidelines

HealthWest recognizes that research and experience continue to expand our knowledge base regarding effective care and treatment, and that the agency's practice guidelines must also evolve to reflect these developments. Within HealthWest, the Leadership Team has assigned the Clinical Operations Group the responsibility of ensuring HealthWest's practice guidelines are aligned with the latest research and clinical expertise, as supported by strong, valid evidence. The Clinical Operations Group is also responsible for ensuring HealthWest practice guidelines are clinically applicable and appropriate for the individuals served by HealthWest with co-occurring mental illness, substance use disorders, and/or intellectual and development disabilities; reflect the current needs, strengths, and resources of our local community; align with HealthWest treatment models and values; meet all federal, state, and local requirements; and are suitable for delivery within HealthWest's multidisciplinary teams. Maintaining such awareness may involve periodic literature reviews, consultation with subject matter experts, participation in ongoing educational and professional development, and coordination with fellow clinical professionals.

HealthWest is also responsible for implementing all contractually mandated Practice Guidelines and Technical Requirements published by MDHHS. These include, but are not limited to, Behavior Treatment Plans, Consumerism Practices, Family-Driven and Youth-Guided Practices, Housing Practices, Inclusion Practices, Person-Centered Planning, Self-Determination, Co-occurring Treatment, Jail Diversion, Trauma-Informed Care, and School to Community Transition Practices.

The process for developing, reviewing, adopting, and disseminating practice guidelines will follow the established HealthWest policy (01-001) regarding the Preparation, Distribution, and Revision of Policies and Procedures. The HealthWest Leadership Team

will have the responsibility for ensuring practice guidelines are communicated and implemented, that staff have the training and knowledge necessary to provide treatment according to the practice guidelines, and that all agency policies and procedures are upheld.

c. Adverse Events

Adverse Events include any event that is inconsistent with or contrary to the expected outcomes of the organization's functions that warrants a review. Subsets of these adverse events will qualify as "reportable events" according to the MDHHS Critical Event Reporting System. These include MDHHS-defined sentinel events, critical incidents, and risk events. HealthWest has a system in place to document and monitor such events, report to the PIHP and MDHHS as required within the appropriate timeframes, ensure root cause analyses are performed as required by staff with the appropriate credentials, and improvements and preventative measures are put in place to address safety issues and avoid future adverse events. HealthWest's policies, procedures, and reporting system for adverse events were developed to fulfill all requirements specified in the MDHHS/PIHP Medicaid Managed Care Specialty Supports Services Contract as well as the requirements established by the Lakeshore Regional Entity for its affiliate CMHSPs. For additional information see the HealthWest Policy on Adverse Events (04-019), MDHHS QAPIP Practice Guidelines, and the MDHHS/PIHP

i. Sentinel Events

Primary responsibility for review of sentinel events will be vested in HealthWest and its Network Providers. The Director of Clinical Quality will be responsible for ensuring that this occurs, with proper reporting, as specified in HealthWest policies and procedures for adverse events, including Critical Incidents, Risk Events, Sentinel Event, and Death Reporting. HealthWest Leadership Team will have the responsibility for assuring the policy and procedure is implemented appropriately.

ii. Critical Incidents and Risk Events

At least quarterly, HealthWest Leadership Team will analyze critical incident and risk event data. Based upon this analysis, HealthWest Leadership Team will, as appropriate, review additional information needed to determine when and what actions are needed to remediate a situation or to reduce the potential for similar events.

d. Credentialing

As the regional PIHP, the Lakeshore Regional Entity has retained responsibility for conducting provider site reviews, as well as the credentialing and re-credentialing of provider agencies within the region. However, credentialing and re-credentialing, privileging, primary source verification, and qualification of CMHSP Participants (staff who are employees of HealthWest or under contract to the CMHSP) are delegated by the LRE to the HealthWest. HealthWest is also responsible for the selection, orientation, training and evaluation of the performance and competency of their own staff and subcontractors. Accordingly, HealthWest has established written policies and

procedures for the credentialing and re-credentialing of providers in compliance with MDHHS's Credentialing and Re-Credentialing Processes Guidelines. These policies and procedures ensure that each provider, employed and contracted, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements, including relevant work experience and education, and cultural competence.

HealthWest's Credentialing and Privileging Committee applies the established agency policies and procedures to conduct credentialing and privileging of all HealthWest staff who provide services, as well as licensed individual practitioners upon hire/contract initiation, and annually thereafter. HealthWest written policies and procedures also ensure that non-licensed providers of care or support are qualified to perform their jobs. Credentialing is the responsibility of the designated Clinical Quality Assurance staff, and Clinical Privileges are the responsibility of the Credentialing and Privileging Committee chaired by Clinical Quality Assurance Managers.

Staff employed by external provider agencies contracted by HealthWest must also be appropriately credentialed and qualified to provide services. Credentialing, privileging, primary source verification, and qualification of staff employed by contracted external provider agencies is conducted by the provider agency. Oversight is provided by Provider Relations/Network Manager, integrated into contractual requirements, and verified during CMHSP and provider site reviews.

e. Utilization Management

HealthWest will have a Utilization Management Plan that will identify the following:

i. Strategies for evaluating medical necessity, criteria used, information sources, and the processes used to review and approve the provision of medical, clinical and support services;
ii. Mechanisms for regular and ongoing review of individual needs of the persons served, circumstances and services being delivered:
iii. Mechanisms to identify and correct under-utilization as well as over-utilization;
iv. Procedures for conduction prospective, concurrent, and retrospective reviews of authorizations.

Data and recommendations for system-related Performance Improvement opportunities are to be directed to the PI Committee for their review, action, and recommendation.

f. Provider Monitoring

HealthWest will monitor its Network Providers and ensure their adherence to contract requirements. This includes contracted providers, and certain out-of-network providers, as needed. Monitoring will include a review of service and support provision, and compliance with administrative requirements. When a provider is found to be out of compliance with a contractual requirement, appropriate corrective actions are required, as specified in HealthWest policy and procedure. However, at this time, the formal quality site reviews will be conducted by the PIHP on behalf of the CMHSP.

3. Performance Improvement Committee

The primary responsibilities of the PI Committee include.

a. Performance Indicators

The PI Committee is responsible for monitoring performance across all federal, state, and local quality measures and performance indicators within required reports.

i. MDHHS has established performance indicators for PIHPs and CMHSPs, as detailed in the MDHHS-PIHP and MDHHS-CMHSP contracts. These performance indicators measure access, effectiveness, efficiency, and satisfaction with services. HealthWest will report performance indicators for all service populations to MDHHS as well as reporting performance indicators regarding Medicaid beneficiaries in particular. Performance indicators will be reported based on age and population served (mental health, intellectual/developmental disability or substance use disorders), though the PI Committee will also monitor performance indicators for variance based on a variety of factors in order to identify and address any health disparities in services provided or outcomes achieved. When standards are not met, the PI Committee will do an analysis of the indicator, determine the cause of the non-compliance and collaborate with relevant staff to develop and recommend a plan to bring the indicator into compliance.

ii. As a CCBHC, HealthWest also upholds all standards of care and reporting requirements expected of such organizations. HealthWest will establish mechanisms for capturing and reporting all CCBHC-reported quality measures and will ensure that MDHHS has the necessary data to calculate the remaining MDHHS-reported measures. These quality measures are crucial to increasing accessibility, improving quality of care, protecting client safety, and integrating behavioral health with physical health care in order to achieve improved outcomes. CCBHC quality measures are included in the set of performance indicators within the HealthWest QAPIP, and as a result are monitored by the Performance Improvement Committee on an ongoing basis, in addition to the annual review of the HealthWest QAPIP.

b. Consumer Satisfaction and Outcome Measures

The PI Committee will be responsible for conducting surveys of beneficiaries to assess their level of satisfaction with services and to gather feedback regarding potential changes and improvements. The PI Committee's annual QAPIP Action Plan will address specifics for the implementation of satisfaction surveys, including integration with the work of the Customer Services and the Clinical Quality Assurance departments. Additionally, the PI Committee will advance the implementation of outcome measurement as appropriate, with a strategic emphasis on improved behavioral and physical health outcomes and a reduction in health disparities.

c. Performance Improvement Projects

Federal regulations and the MDHHS-PIHP contract require that each PIHP conduct at least two Performance Improvement Projects each year. Currently, MDHHS mandates the topic of one of the two projects. Performance Improvement Projects are designed such that they achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and satisfaction of the individuals served. Performance improvement projects must address clinical and non-clinical aspects of care. Clinical areas include, but are not limited to, high-volume services, high-risk services, and continuity and coordination of care. Non-clinical areas include, but are not limited to, appeals, grievances and complaints, and access to and availability of services. Project topics will be selected in a manner which considers the potential impact on the individuals the organization serves, and the demographics and health risks of individuals served.

Therefore, as an affiliate of the Lakeshore Regional Entity (LRE), HealthWest will participate in the Performance Improvement Project identified by MDHHS as well as the Performance Improvement Project identified and approved at the PIHP level. Participation will include collaboration with other affiliates to develop interventions, submissions of necessary data to improve performance, and evaluation of the impact of any changes made at HealthWest.

As part of its strategic plan implementation and ongoing performance indicator monitoring, HealthWest will also undertake other improvement projects as needed to increase quality of care, improve consumer safety, reduce health disparities, and address concerns with the accessibility, effectiveness, efficiency, and satisfaction of services.

d. Analysis of Behavior Treatment Data

The PI Committee will review, at least quarterly, an analysis of data from HealthWest's behavior treatment review committee. This review will include any intrusive or restrictive techniques that have been approved or used with beneficiaries where physical management was necessary in an emergency. At a minimum, this review will include number of incidents and duration of intervention, trend analysis as possible, as well as evidence that HealthWest is examining possible changes in treatment. The Chair of HealthWest's Behavior Treatment Plan Review Committee (known as the Behavior Supports Committee at HealthWest) is a member of the PI Committee, in order to ensure inclusion of expert analysis and insight in the discussion of behavior treatment data and trends.

e. Coordination with Network Provider Structures

An inherent principle of quality improvement is that improvement is best addressed by the individuals involved in the systems to be improved. Consequently, those best equipped to improve the various functions of the Network Providers are those within the organizations. For this reason, HealthWest has taken a position of supporting the existing QI structures within the various provider organizations. It will be the

responsibility of the HealthWest, however, to ensure that each of these structures meets the requirements of federal and state regulations and the MDHHS-PIHP contract.

4. Manager of Accreditation and Performance Improvement

   This HealthWest staff position will be the individual with primary responsibility for implementation of the QAPIP, including providing appropriate staff support to the various committees and structures.

   The Manager of Accreditation and Performance Improvement will facilitate an annual review and evaluation of the QAPIP and attached QAPIP action plan. And as chair of the Performance Improvement Committee, the Manager of Accreditation and Performance Management will also work with committee members to develop a new QAPIP action plan for the upcoming year. The updated QAPIP with any recommendations or changes, annual review and evaluation, and new QAPIP action plan will be presented and approved by the Board of Directors. Information on the effectiveness of the HealthWest's QAPIP will be provided annually to persons served and stakeholders.

   The Manager of Accreditation and Performance Improvement and the Director of Clinical Quality Assurance will also ensure that HealthWest maintains an appropriate quality improvement program to meet the requirement of federal regulations and national accreditation. Summary reports of the quality improvement activities, minutes of quality improvement meetings, revised quality improvement plans, as well as annual evaluations of the quality improvement plan/program will be submitted to the LRE. All quality improvement programs and activities will be consistent with the standards and requirements for managed care, as specified in federal regulation and the MDHHS-PIHP contract. Reporting to the PI Committee will, in most cases, be sufficient to ensure compliance with these requirements.

Priorities for Performance Improvement

Performance improvement opportunities can occur at any point during an organization's operations. Regardless of when an opportunity presents itself, and whether it arises following a specific event or as the result of ongoing monitoring, corrective action must be taken to address all performance concerns. However, there may be times when improvement opportunities appear to conflict with other existing organizational priorities due to the limitations in time, resources, and staff capacity. Nevertheless, it is important that improvement projects and priorities align with the overall strategic direction and priorities of the agency. The PI Committee thus engages in an ongoing process of identifying performance improvement opportunities and working with the Leadership Team to prioritize improvement projects within the context of the agency's overall strategic plan goals and existing improvement projects already underway. The prioritization framework utilized by the PI Committee in collaboration with the Leadership Team seeks to balance consistency with context; as a result, improvement opportunities are assessed based on their impact on the following:

- Safety of persons served and staff (at HealthWest as well as provider agencies)
- Quality of care and services provided
- Potential to improve performance
- Relevance to HealthWest Mission, Vision, and Values

- Level of risk (contractual, person served, accreditation, other)
- Number of individuals served that would be affected
- Complexity of the processes involved
- Scope of the proposed change
- Impact on other processes and systems
- Availability of organizational resources (funding, staff time, expertise, etc.)

Performance Indicators and Quality Measures

The Performance Indicators and Quality Measures utilized by HealthWest (see Appendix A) are drawn from a variety of sources: reporting requirements in the MDHHS contract, quality measures and reporting responsibilities in the CCBHC handbook, standards for best practice found in the CARF standards manual, Performance Improvement Projects adopted by the LRE, and strategic objectives within the strategic plan. The PI Committee is responsible for monitoring and analyzing these performance indicators, which reflect the accessibility, effectiveness, efficiency, and satisfaction of services. An annual schedule for the topics and data sets reviewed by the PI Committee is included in Appendix B.

During their analysis, committee members will be expected to analyze all available data. Committee members' analysis will also include evaluating HealthWest's performance compared to established benchmarks or targets, tracking of performance over time, identification of trends, and impact of actions to improve performance. Following each analysis, the PI Committee will identify potential areas for improvement, make recommendations to the Leadership Team or Clinical Leadership when appropriate, and facilitate corrective action whenever necessary. Performance on the listed performance indicators and quality measures will be summarized annually as part of the PI Committee's annual QAPIP review and evaluation.

Corrective Action Initiatives

HealthWest's commitment to continuous quality improvement compels the agency to undertake corrective action any time performance does not meet established expectations for quality, safe care. All HealthWest and provider staff are expected to remain vigilant for the need for improvement in their daily work and to take corrective action within their role in HealthWest's clinical workflows and agency operations whenever necessary.

In addition to this shared ownership of continuous quality improvement, the PI Committee continuously monitors performance indicators to recognize potential areas for improvement and recommend corrective action. Whenever the PI Committee observes that the organization, a provider, a department, a team, or an individual does not meet established standards (as set by the organization, a contract, an oversight entity, or an accrediting body), it will recommend a Plan of Correction (POC). Such plans of correction may follow a specific occurrence or adverse event, or may result from routine performance indicator monitoring, monitoring or other special studies, a site visit or audit, results of a Utilization Management/Utilization Review study, or a root cause analysis.

A formal POC provides the agency an opportunity to document the original findings, analyze available data, describe the improvement plan, facilitate the implementation of changes, and monitor the impact of any changes on the identified issue. Minimum elements of an acceptable plan of correction include a summary of the assessment of the nature of the problem; a plan to address the problem that includes responsible parties, specific action steps, measurable objectives, and

defined timelines; expected impact of improvements; and evidence that will be used to assess the successfulness of the improvement plan. (see Appendix C for a sample template that staff may use while developing a plan of correction). Plans of correction will be reviewed by the PI Committee, which will accept the plan as written or provide consultation and recommendations on changes to be made before approval. Staff responsible for plans of correction are then expected to provide regular updates to the PI Committee, consult with the PI Committee as needed, ensure stated timeframes and deadlines are upheld, and proactively work with their supervisor and the PI Committee to resolve any challenges that arise throughout implementation of the plan.

Communication and Reporting

Reports and corrective action plans developed at the request of the committee are submitted to the Manager of Accreditation and Performance Improvement for distribution to the committee. Responsible individuals may be invited, as appropriate and necessary, to present updates and outcomes of plans of correction to the PI Committee. Updates on all active and recently concluded plans of correction will be shared with the HealthWest Leadership Team within required quarterly committee reports.

Minutes of all PI committee meetings will be documented using a standard format and will include sufficient detail regarding attendees, topics discussed, outcomes of analyses, and required action items. Meeting minutes will be reviewed and approved by the PI committee and will be posted (including attachments) according to HealthWest committee procedures for all staff to access. Meeting minutes and accompanying materials from all meetings will be maintained by the Manager of Accreditation and Performance Improvement and are available for audit and/or review as requested. All records, data, reports, audit materials, communication, and correspondence will be retained according to regulatory requirements for document retention. However, such records are not available as part of "Discovery" or other proceedings associated with litigation and may not be copied or distributed in any manner. Such records are not part of any consumer's medical record.

On a quarterly basis, the PI Committee will ensure the HealthWest Board of Directors and Leadership Team receives the key performance indicators report. During each monthly meeting, the PI Committee will identify any data or reports that are important and of interest to staff and stakeholders. These reports will be shared with staff, persons served and other stakeholders via appropriate communication channels.

Confidentiality

HealthWest is completely committed to maintaining the confidentiality of individuals served in our organization. The following statements below reflect specific tenets of this commitment. Specific details regarding confidentiality and the protection of consumer records are reflected in HealthWest Policy and Procedure. For purposes of the QAPIP, the following expectations are highlighted:

1. The contents of clinical records and provider credentialing files are confidential.
2. Although usually accomplished via aggregate non-individual-identifying reports, at times QI may review specific individually identifiable and confidential information.
3. Access to confidential performance improvement or quality oversight information (i.e., clinical information, medical history, credentialing information) shall be restricted to those individuals and/or committees charged with the responsibility and accountability for the various aspects of the program.

4. Individual provider information may be utilized and/or evaluated at the time of re-credentialing or contracting.

All information about individuals served and/or provider-specific information will be kept in a confidential manner in accordance with applicable federal and state laws and will be used solely for the purposes of quality oversight and directly related activities. Disclosing confidential information about individuals served and/or provider information internally or externally may be grounds for immediate dismissal from the committee and/or disciplinary action.

Annual Self-Assessment

In order to ensure the ongoing effectiveness of the committee and to support a strong quality assurance and performance improvement process within the organization, the PI Committee will conduct an annual self-assessment of the workings of the committee. Annually, all members will be advanced a series of questions designed to assess the workings of the committee (see Appendix D). The group allocates time on the agenda for a thoughtful discussion of the strengths and challenges of the committee. Recommendations regarding improving performance are then drafted and reviewed by the committee to determine if they will achieve the desired impact. Results of the Annual Self-Assessment are incorporated into the annual QAPIP review and evaluation described below.

Annual QAPIP Review and Evaluation

The PI Committee completes an annual QAPIP review and evaluation that includes:

1. A review of QAPIP goals from the previous year;
2. A review of the PI Committee's objectives and actions from the previous year;
3. A review of the annual PI Committee self-evaluation results;
4. A review of all quality oversight activities;
5. A review of the appropriateness and relevance of current performance indicator and quality measures (contained throughout this report);
6. An overall performance summary including progress on improvement projects and trends within the accessibility, effectiveness, efficiency, and satisfaction of HealthWest services;
7. Identification of QAPIP goals and priorities for the coming year;
8. Recommendations and next steps.

Upon its completion, the annual QAPIP review and evaluation is provided to the HealthWest Leadership Team and Board of Directors, as well as the provider network and Consumer Advisory Panel. Additionally, the annual QAPIP review and evaluation is available to staff, consumers, and members of the community and can provided at any time upon request.

The annual review may lead to:

1. Identification of educational/training needs;
2. Establishment and revision of policies and procedures related to performance initiatives;
3. Recommendations regarding credentialing of practitioners;
4. Changes in operations to minimize risks in the delivery of quality services, and;
5. Development of objectives for the coming year.

Annual QAPIP Action Plan

In addition to the annual review and evaluation, the PI Committee also develops an annual action plan. The annual action plan will contain the strategic plan objective(s) assigned to the PI Committee and describe the specific action steps that will be taken to achieve the identified objective(s). The annual action plan, which is always aligned with the HealthWest strategic plan and guidance from the Leadership Team and Board of Directors, is also meant to guide the PI Committee in its efforts to implement the QAPIP by identifying components of the QAPIP to be prioritized in the upcoming year. The annual action plan will be based upon the requirements of the agency's QAPIP, MDHHS QAPIP practice guidelines, MDHHS/PIHP contract requirements, and PIHP/CMHSP contract agreements; the current HealthWest strategic plan; findings and recommendations from the preceding annual QAPIP review and evaluation; and any areas for performance improvement that require corrective action.

Appendix A

Performance Indicators and Quality Measures

Measure	Definition	Performance Target	Population Applied To	Measure Source	Reporting Frequency
ACCESS *– individuals must be able to access services with ease and in a timely, barrier-free manner*					
On-hold times for non-emergent callers	On-hold wait times for non-emergent requests for screening must not exceed 3 minutes without being offered options for callback or talking with a non-professional in the interim	100%	All	MDHHS	Ongoing
Wait times for routine requests	Individuals with routine needs, must be screened or other arrangements made within 30 minutes	100%	All	MDHHS	Ongoing
Timeliness of determination for inpatient admission	Determinations must occur within 3 hours of request	> 95%	Children, Adults	MDHHS (MMBPIS)	Quarterly
Timeliness of initial evaluation (I-EVAL)	Initial assessments must occur within 14 days of request for service	> 95%	All	MDHHS (MMBPIS) CCBHC	Quarterly
Timeliness of first service	First face-to-face service must occur within 14 days of initial assessment	> 95%	All	MDHHS (MMBPIS)	Quarterly
Timeliness of start of SUD treatment	First face-to-face service (any type) must occur within 14 days of request for services	> 95%	SUD	MDHHS (MMBPIS)	Quarterly
EFFECTIVENESS *– outcomes and changes experienced by persons served as a result of services*					
Inpatient recidivism	Individuals discharged from an inpatient psychiatric unit will not be readmitted within 30 days of discharge	< 15%	Children, Adults	MDHHS (MMBPIS)	Quarterly
Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	Percentage of consumers 18+ with BMI documented during current encounter or previous 6 months AND BMI outside normal parameters, with a follow-up plan documented during encounter or the 6 months prior to the encounter	TBD	Adults	CCBHC	Annual
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Percentage of children age 3-17 with PCP or OB/GYN outpatient visit and evidence of BMI documentation, counseling for nutrition and physical activity during measurement year	TBD	Children	CCBHC	Annual
Tobacco Use: Screening & Cessation Intervention (TSC)	Percentage of consumers 18+ who were screened for tobacco use 1+ times within 24 months AND who received cessation	TBD	Adults	CCBHC	Annual

	counseling intervention if identified as a tobacco user				
Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	Percentage of consumers 18+ screened at least once in the last 24 months for unhealthy alcohol use using a systematic screening method AND received brief counseling if identified as an unhealthy alcohol user	TBD	Adults	CCBHC	Annual
Child/adolescent major depressive disorder (MDD): Suicide Risk Assessment (SRA-BH-C)	Percentage of visits for consumers aged 6-17 with a diagnosis of major depressive disorder with an assessment for suicide risk	23.9%	Children	CCBHC	Annual
Major depressive disorder (MDD): Suicide risk assessment (SRA-A)	Percentage of consumers 18+ with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during a visit in which a new diagnosis or recurrent episode is identified	12.5%	Adults	CCBHC	Annual
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	Percentage of consumers 18+ screened for depression during an encounter or 14 days prior to the encounter using an age-appropriate standardized screening tool, and a follow-up plan documented on the date of the eligible encounter if positive.	TBD	Adults	CCBHC	Annual
Depression Remission at 12 months (DEP-REM-12)	Consumers 18+ with diagnosis of Major Depression or Dysthymia who reached remission 12 months (± 30 days) after an index visit.	TBD	Adults	CCBHC	Annual
Adherence to Antipsychotic Meds for Individuals with Schizophrenia (SAAAD)	Percentage of adults 18+ with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic med for at least 80% of their treatment episode.	58.5%	Adults	CCBHC	Annual
Follow-Up After Hospitalization for Mental Illness, ages 18+ (FUH-AD)	Percentage of discharges (age 18+) hospitalized for mental illness who had a follow-up visit with a mental health provider, reported for follow-up within 7 and 30 days after discharge.	58%	Adult	CCBHC	Annual
Follow-Up After Hospitalization for Mental Illness, ages 6-17 (FUH-CH)	Percentage of discharges (age 6-17) hospitalized for mental illness who had a follow-up visit with a mental health provider, reported for follow-up within 7 and 30 days after discharge.	70%	Children	CCBHC	Annual
Initiation and Engagement of Alcohol and Other Drug	Percentage of consumers age 13+ with a new episode of AOD	Initiate 42.5%	SUD (Age13+)	CCBHC	Annual

Dependence Treatment (IET-BH)	dependence who initiated treatment through inpatient AOD admission, outpatient visit, IOP encounter, or partial hospitalization within 14 days of diagnosis OR initiated treatment and had 2+ services with a diagnosis of AOD within 30 days of the initiation visit	Engage 18.5%			
Follow-Up After Hospitalization for Mental Illness (FUH)	Increase the number of individuals identifying as African American who received follow-up services within 30 days of discharge from inpatient hospitalization	TBD	All	LRE	Annual
EFFICIENCY *– the resources required to achieve desired outcomes for persons served*					
Follow-up to discharge from SUD detox	At least 95% of consumers discharged from SUD detox episodes will receive follow-up SUD treatment within 7 days of discharge.	< 95%	SUD	MDHHS (MMBPIS)	Quarterly
Follow-up to discharge from inpatient hospitalization	Consumers discharged from inpatient hospitalization episodes will receive follow-up care with a mental health professional within 7 days of discharge.	< 95%	All	MDHHS (MMBPIS)	Quarterly
Consumers receive regular services throughout their treatment episode	Consumers receive at least one face-to-face service every 30 days	100%	All	HW	Ongoing
SATISFACTION *– persons served and other stakeholders are satisfied with their experience of care*					
Experience of Care	Consumers will report overall satisfaction with services based on responses to satisfaction surveys	> 95%	All	MDHHS, CARF, CCBHC, HW	Ongoing
BUSINESS FUNCTIONS					
CMHSP Site Review	HealthWest will achieve an overall score above 95% on the final site review report for FY22.	> 95%	n/a	LRE	Annual
Medicaid Verification Results	100% of Medicaid claims selected for verification will be supported by source documentation, resulting in zero recoupments.	100%	All	LRE	Quarterly
BHTEDS completeness	At least 95% of required BHTEDS records will be submitted and accepted, for all record types.	> 95%	All	MDHHS	Ongoing
Timeliness of report submissions	100% of required report submissions will be submitted on time.	100%	n/a	HW	Ongoing

Appendix B

Quarterly PI Committee Data Review Schedule

Over the course of the year, the PI Committee monitors a variety of performance and quality measures. The calendar below summarizes when and how often the committee reviews the data for each measure. Three data sets, which are each reviewed and reported quarterly, anchor this annual calendar: Key Performance Indicators (reported to the Board of Directors), Priority Data Sets (selected by the Leadership Team), and Program-Specific Performance Measures (shared with clinical leadership). Additional performance data the PI Committee must monitor, as described in the QAPIP, have been added to each month as well. This schedule will be maintained by the PI Committee and modified as necessary to reflect changes to data sets or the review schedule.

	Q2			Q3			Q4			Q1		
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Strategic Plan Objective *Reduce Health Disparities (MMBPIS indicators, FUH-A, FUH-C)*	x	x	x	x	x	x	x	x	x	x	x	x
Improvement Projects *Ongoing monitoring of performance and quality improvement projects, as needed*	x	x	x	x	x	x	x	x	x	x	x	x
Priority Data Sets *Leadership Team: Encounters, BHTEDS, CCBHC QBP, LRE and HW PIP (FUH)*	x			x			x			x		
Utilization Management *Authorizations, Claims, Utilization, Service Authorization Denials, Retro Reviews*	x			x			x			x		
Medication Management *Psychiatric Prescriber Peer Reviews*	x			x			x			x		
Practice Guidelines	x			x			x			x		
QAPIP Evaluation and Review *Annual Review of QAPIP Outcomes, PI Committee Self-Evaluation*										x		
Key Performance Indicators *HW Board Report*		x			x			x			x	
Medicaid Claims Verification *Medicaid Verification Results*		x			x			x			x	
Customer Services *Grievances, Appeals, Satisfaction Surveys*		x			x			x			x	
Provider Monitoring *Quality of Care, Network Adequacy, Access and Availability, Site Reviews*		x			x			x			x	
Program Performance Measures *Access, Effectiveness, Efficiency, Satisfaction*			x			x			x			x
Adverse Events *Critical Incidents, Risk Events, Sentinel Events*			x			x			x			x
Behavior Treatment Data *Behavior Treatment Plans, Physical Management Interventions, BTP Survey*			x			x			x			x

Appendix C

Plan of Correction (POC) Monitoring Template

Instructions: Each POCs monitoring plan submitted should include all of the following elements. See below for an example of a POC that contains all the necessary elements.

Standard Number: Usually an acronym (DHHS, CWP, etc.) and letters and number to identify the standard.

Citation: Brief description of the standard that was not met; should explain the reason a POC was required.

Plan of Correction: A description of the tasks to be completed to correct the identified opportunity for improvement and achieve the desired outcome.

Proofs: What evidence will you bring forward to show evidence that the outcome has been achieved.

Responsible Person(s): Name of the person(s) responsible for completing the tasks identified in POC. These are also the individuals who will be contacted for monitoring updates and proofs.

How will we know when POC is completed? This is a brief statement of when the POC will be considered "done" and taken off the POC monitoring list.

Status or Monitoring: Is this a status update or a full monitoring proof? A status proof requires a discreet change that needs to be made and reported while a monitoring proof requires a change that requires ongoing monitoring or measurement to substantiate that the change has been made.

Completion Time Frame: When will the tasks identified in the POC be completely implemented?

- Plans of correction written will remedy the situation within 30 – 60 days of receiving the citation.
- Monitoring will take place at a minimum of every 30 days.
- If after 60 days, there is no incremental improvement, appropriate staff and leadership will work together to write a new POC.
- The new POC will be monitored at a minimum of every 30 days.
- If after an additional 60 days, there is no incremental improvement, appropriate leadership will be notified and will assist in the POC process.

Monitoring Frequency: How frequently will the status of this POC be reviewed and where? All POCs will be reviewed at PI Committee for completion at least quarterly, but you may identify more frequent intervals at additional locations if it is helpful to you for getting the POC completed, and the outcome achieved.

- Monitoring will take place at a minimum of every 30 days.

Sample Template and Plan of Correction

<table>
<tr><td colspan="2">Standard:

MMBPIS #2</td><td>Mark when Complete: ☐</td></tr>
<tr><td colspan="3">CITATION (OK to summarize; also include reason for POC)

Timeliness—95% of assessments have not occurred within 14 calendar days of the person's first request for services.</td></tr>
<tr><td colspan="3">PLAN OF CORRECTION

The Assessment and Stabilization Team supervisors will re-train staff on the 14-day standard and proper documentation when the person being served chooses to have their assessment appointment more than 14 days after the date when services were first requested. Clinician must document on the Call Log at least one assessment appointment date that was offered to the person within 14 calendar days of their request for services and complete a Chart Memo as needed.</td></tr>
<tr><td>PROOFS

At least two consecutive quarters of performance within the 95% standard.</td><td colspan="2">RESPONSIBLE PERSON(S):

Assessment and Stabilization Supervisors</td></tr>
<tr><td>HOW DO WE KNOW WHEN IT'S DONE?

HealthWest meets the 95% standard for this indicator for 2 consecutive quarters</td><td>Check one:

☐Status

☒Monitoring</td><td>COMPLETION TIMEFRAME:

September 30, 2021</td></tr>
<tr><td colspan="3">Monitoring Frequency: Monthly at PI Committee</td></tr>
</table>

Appendix D

Performance Improvement Committee
Self-Evaluation

There are three basic reasons for committees in healthcare organizations to perform periodic self-evaluations. The first is that today's unforgiving health care environment demands nothing less than excellence in healthcare. The second is that a well-constructed self-evaluation process can help a committee improve its performance and achieve and maintain excellence in quality oversight. The third is that regulatory groups (BBA, DHHS, CARF, etc.) specifically require that committees evaluate their own performance.

Self-evaluation provides a committee with a structured opportunity to look at its past performance and to plan ahead. The process allows the committee to ask itself such questions as: What are we doing well? What could we be doing better? What are our objectives? How well did we achieve our objectives, or why did we not achieve our objectives? The committee may then use the answers to develop an action plan to improve its performance and establish new goals.

The aggregated responses from the Performance Improvement Oversight Committee self-evaluation questionnaires will be used to facilitate discussion at the next committee meeting. It is this discussion that provides the real value of the self-evaluation process.

Instructions: *Please read each item in the left column and indicate in 1 of the 4 right columns your rating for our committee's performance in this area (Note: in the last section, please rate only your own personal performance).*

	Very Good	Good	Fair	Poor
Section 1: Mission and Planning Oversight				
A. Each committee member has received a copy of our committee charge.				
B. Proposals brought before our committee are evaluated to ensure that they are consistent with our committee's charge.				
C. The committee periodically reviews, discusses, and, if necessary, recommends changes to the committee's charge to ensure that it remains current and relevant.				
D. The committee periodically reviews, discusses, and if necessary, recommends changes to the Quality Assurance Performance Improvement Plan (QAPIP) and supportive policy statements.				
E. The committee provides support to organizational efforts to integrate a performance improvement philosophy into the everyday work of the organization.				
F. Committee members are active and effective in representing HealthWest's quality oversight interests.				
G. Our committee supports and assists the HealthWest Executive Director in achieving the HealthWest mission.				
Section 2: Quality Oversight				
A. The committee reviews and discusses performance reports that provide comparative statistical data about HealthWest services.				

	Very Good	Good	Fair	Poor
B. The committee reviews feedback from community partners including residential homes, the LRE, MDHHS, referral sources, community agencies, and others regarding HealthWest's overall performance as a service provider.				
C. The committee effectively communicates performance data to HealthWest staff and other stakeholders (communicates improvements and challenges within and outside the organization).				
Section 3: Committee Effectiveness				
A. The committee evaluates its own performance and the individual performance of each committee member.				
B. Committee members work for the overall good of the organization and those we serve.				
C. The frequency and duration of committee meetings are appropriate.				
D. The committee chair ensures that members have equal opportunity to participate, meeting time is used appropriately, and agenda items are addressed with adequate discussion.				
E. Committee members receive the agenda and back-up materials well in advance of meetings.				
F. Committee members come to meetings well prepared.				
Section 4: Individual Self-Assessment				
A. I prepare for meetings, attend meetings, participate in committee discussions, and assume a fair workload when applicable.				
B. I deal fairly and appropriately with other committee members.				
C. I support the committee chair in fulfilling the committee charge.				
D. I maintain privacy regarding information discussed in committee meetings.				
E. I am satisfied that no conflict of interest exists in my service as a committee member.				
F. As a committee member, I act as a liaison between HealthWest and the community, representing the interests of both.				

HealthWest
Muskegon's Behavioral Wellness Connection

Board of Directors

CCBHC Work Session Options:

Friday, March 3rd

- 8:00 a.m. – 10:00 a.m.

Monday, March 6th

- 4:00 p.m. – 6:00 p.m.

Friday, March 10th (following Program Personnel)

- 9:00 a.m. – 11:00 a.m.

Monday, March 13th

- 4:00 p.m. – 6:00 p.m.

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