

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

March 10, 2023
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:00 a.m.

ROLL CALL

Members Present: Thomas Hardy, Steph Umlor, Cheryl Natte, Janet Thomas

Members Excused: Janice Hilleary

HealthWest Staff Present: Holly Brink, Tasha Percy, Shannon Morgan, Cyndi Blair, Brandy Carlson, Amber Berndt, Matt Plaska, Phil McPherson, Mickey Wallace, Cece Riley, Gary Ridley, Melina Barrett, Gordon Peterman,

Guests Present: Matt Farrar

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Umlor, to approve the minutes of the January 13, 2023 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

It was moved by Ms. Umlor, seconded by Mr. Hardy, to authorize the position changes as outlined in the motions above and on the attached Position Change Spreadsheet for FY 2023 County Budget, effective March 27, 2023, or as otherwise noted in the written motions.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Mr. Plaska presented the Key Performance Indicator Report to the board.

Ms. Brink shared reminder of the CCBHC Board Work Session for Monday, March 20th @ 5:00pm – 7:00pm. Dinner will be provided and agenda to follow.

DIRECTOR'S COMMENTS

Ms. Blair, Interim Director, informed the board that we are continuing as we have been and looking at the needs of our consumers as well as the needs of our staff. We are seeing between 85-90 new intakes per month on our Adult MI teams. This is not feasible to the large caseloads already assigned for our current staff to manage in the quality performance we expect at HealthWest. We are determining if an additional staff are needed to complete these additional assignments, or if we can restructure the current workload. The goal is for staff to connect with the new consumers, understanding the needs and meeting the goals as they are assigned to the teams.

AUDIENCE PARTICIPATION

Human Resources provided a recruitment update. They have attended 9 career fairs. Currently have 7 masters level clinicians that will be applying with the potential for 12 total. This is very exciting for HealthWest to onboard these employees that are excited to join public services. Throughout this we have also learned changes to our process were needed to remain competitive in the workforce.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:20 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on
April 14, 2023



PROGRAM AND PERSONNEL COMMITTEE

Friday, March 10, 2023
8:00 a.m.

376 E. Apple Ave., Muskegon, MI 49442

Program and Personnel Committee Chair: Cheryl Natte
Program and Personnel Committee Vice-Chair: Janice Hilleary

AGENDA

	<u>Disposition</u>
1) Call to Order	Quorum
2) Approval of Minutes of January 13, 2023 meeting as written. (Attachment #1 pg. 1-2)	Action
3) Items for Consideration	
A. Authorization to approve the HealthWest position changes. (Attachment #2 pg. 3- 4)	Action
4) Old Business	Information
5) New Business	Information
6) Communication	
A. Key Performance Indicator Report – Matt Plaska (Attachment #3 pg. 5-6)	Information
B. HealthWest CCBHC Board Works Session Monday, March 20th 5:00pm – 7:00pm	Information
7) Director's Comments	Information
8) Audience Participation	Information
9) Adjournment	Action

Main Office

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HealthWest.net

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

January 13, 2023
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

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

ROLL CALL

Members Present: Janet Thomas, Thomas Hardy, Steph Umlor, Janice Hilleary

Members Excused: Cheryl Natte

HealthWest Staff Present: Holly Brink, Shannon Morgan, Tasha Percy, Julia Rupp, Brandy Carlson, Cyndi Blair, Amber Berndt, Phil McPherson, Malina Barrett, Kelly Betts, Randi Bennett, Matt Plaska, Gary Ridley, Kelly France, Rachel Overkamp, Cece Riley, Chelsea Kirskey

MINUTES

It was moved by Ms. Thomas, seconded by Ms. Umlor, to approve the minutes of the December 2, 2022 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

It was moved by Ms. Thomas, seconded by Ms. Umlor, to authorize the policy and procedural changes as described above and attached, effective January 27, 2023.

MOTION CARRIED.

It was moved by Ms. Thomas, seconded by Ms. Umlor, to authorize the HealthWest Consumer Advisory Committee members, effective January 27, 2023.

MOTION CARRIED, WITH THOMAS HARDY ABSTAINING

It was moved by Ms. Thomas, seconded by Mr. Hardy, to authorize the position changes and equipment costs outlined above and on the attached spreadsheet for FY 2023, effective January 27, 2023.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Ms. Rupp thanked the Board members for their attendance today and ensuring that we had a quorum. We expect that the County Commission will be appointing new members to our vacancies soon. Several CMH Directors that are part of the CCBHC demonstration will be going to Washington D.C. for the Legislative Conference and to meet with Senator Stabenow and other key legislators to garner support for the expansion of the demonstration in Michigan. Senator Stabenow has been the primary champion for CCBHC and has now announced her retirement. There are two primary concerns, aligning the federal definition of a CCBHC with the Mental Health Code and getting an extension of the federal enhanced Medicaid rate for CCBHC.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:18 a.m.

Respectfully,

Janice Hilleary
Program/Personnel Committee Vice-Chair

JH/hb

***PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on
February 10, 2023***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program Personnel	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION	REQUEST DATE 03/10/2023	REQUESTOR SIGNATURE Cyndi Blair	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<u>Reclassifications</u>			
<p>HealthWest Board authorization is requested to reclass Behavior Analysis Technician, Position N11747 (Wage Grade HO-00160, \$15.932 – \$20.058), Funding Account 7000 to a Registered Behavior Technician (Wage Grade HO-00170, \$17.646 - \$21.848), Funding Account 7000. The employee in this position recently passed the coursework to become registered, which is our goal for the Behavior Analysis Technicians in the Autism program.</p> <p>HealthWest Board authorization is requested to reclass Client Support Specialist, Position N18823 (Wage Grade HO-00160 (\$15.932 – \$20.058), Funding Account 7000 to a Direct Service Professional (DSP), which is in the same wage grade and funding account number. The Transition Age Team utilizes a model called Transition to Independence Process (TIP) that focuses on assisting youth and young adults with high needs and low supports to become independent. This learning happens in the home or community and can be anything from learning basic daily living skills such as grocery shopping or personal hygiene to learning how to ride a bus and navigate the community. Historically, the team utilized peers to help support skills practice once the initial teaching has been conducted by the primary worker. Recent changes on the state level regarding how youth peers are allowed to function have created a service gap that would be bridged by converting one of the peer positions to a DSP.</p>			
<u>Wage Step Change</u>			
<p>HealthWest Board authorization is requested to place Payroll Specialist, Employee E93034030, at Step 2 of pay grade, HO 00240 (\$20.933 – \$23.256), retroactive to 2/27/2023, which is the date the employee was appointed to the position. The incumbent employee worked through a temp agency for over a year before hired and we would like to give credit for the work time completed prior to becoming an employee.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to authorize the position changes as outlined in the motions above and on the attached Position Change Spreadsheet for FY 2023 County Budget, effective March 27, 2023 or as indicated in above motions.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		

Position Changes for FY 2023 County Budget

Personnel Committee Date:
March 10, 2023

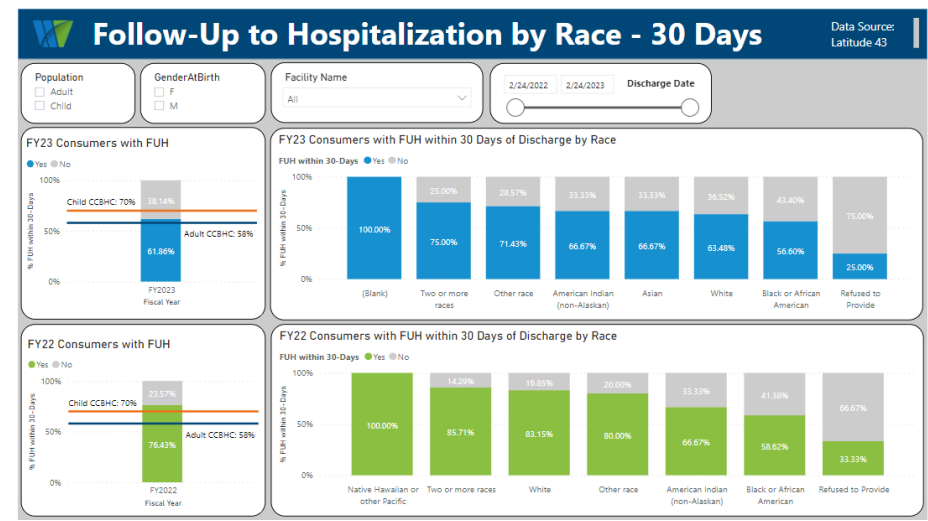
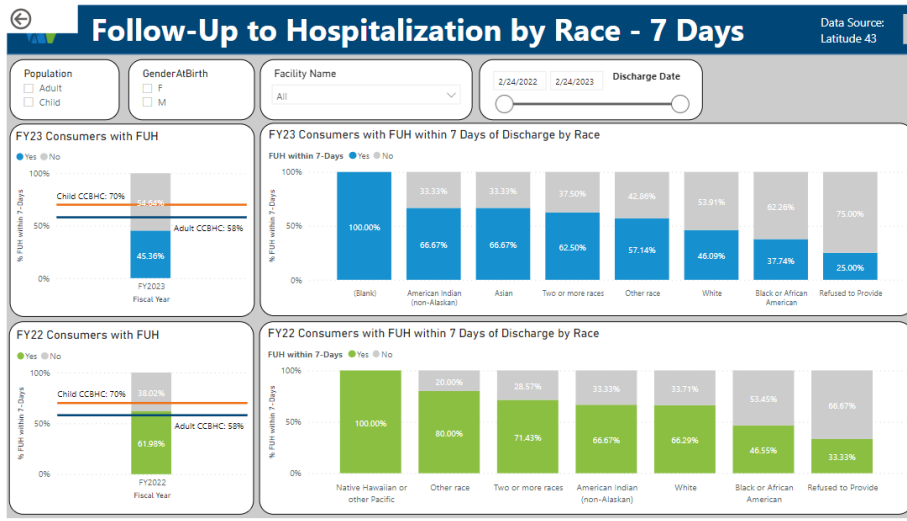
Board Meeting Date:
March 24, 2023

Reclassifications

Motion Item #	Effective Date	Current position Title	Current Position #	Current Wage Grade	Incumbent Employee	Current Budget Org	%	New Position Title	New Budget Org	%	New Wage Grade
	3/27/2023	Behavior Analysis Technician	N11747	HO 00160	Karla Patterson	7000	100	Registered Behavior Technician	no change	no change	HO 00170
	3/27/2023	Client Support Specialist	N18823	HO 00160	Vacant	7000	100	Direct Service Professional	no change	no change	no change

Wage Grade/Step Changes

Motion Item #	Effective Date	Position Title			Incumbent employee	Current Wage Grade	Current Step		New Wage Grade	New Step
	2/27/2023	Payroll Specialist			Kaitlin Shaffer	HO 00240	1		HO 00240	2

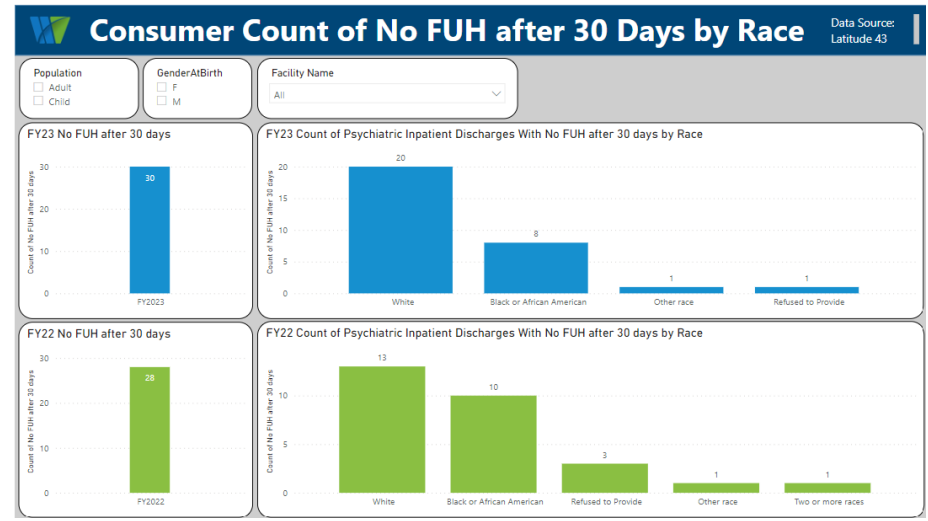
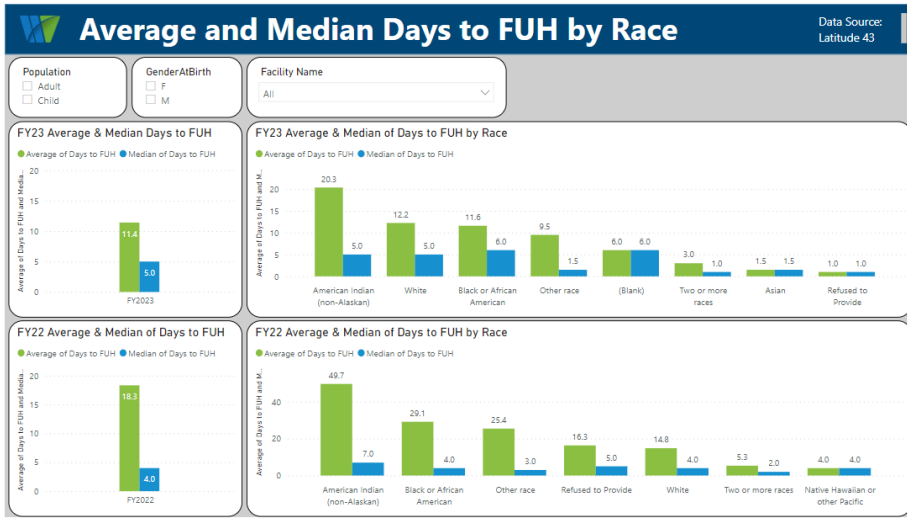


Notes About the Measures and Data Set:

- Follow-Up to Hospitalization (FUH) is a HEDIS measure; applies only to hospitalizations for mental illness; FUH-C applies to ages 6-17 and FUH-A applies to adults aged 18+
- FUH measure’s technical specifications define specific parameters for inclusion, qualifying diagnoses, and CPT codes that count as follow-up care.
- Using the FUH measure does present a double-edged sword:
 - o Aligns us with evaluations by MDHHS (CCBHC quality measures/quality bonus payment metrics) and the LRE (regional performance improvement project)
 - o By definition, may not include every discharge, since it is limited to Medicaid consumers, requires specific diagnoses, and depends on use of certain service codes
- Race/ethnicity is self-reported (and matches categories used by MDHHS); gender refers to an individual’s assigned gender at birth; age is based on age at time of discharge; the measure counts discharges (not consumers); and individuals must be a Medicaid recipient to be included.
- This data is a snapshot and requires further analysis, especially regarding follow-up care that was outside the 7- and 30-day time standards, or never provided at all

Observations and Findings:

- Historically, our 7-day FUH rates are typically higher for children than for adults.
- And, as expected, 30-day FUH rates are greater than 7-day FUH rates, due to the larger window for follow-up care.
- Performance
 - o Since this performance measure depends on documentation completed in the EHR by HealthWest staff, discharge records from inpatient units, and claims submitted by institutions, it is extremely dynamic from week to week and month to month.
 - o Therefore, it is still too early to draw any definitive conclusions about FY23 or to make any firm comparisons with FY22.
 - o Example: for both adults and children, our 7-day FUH rate during the first half of FY23 is below the rate from the second half of FY22. This may persist and be a significant development, or our performance evaluation could change as the documentation becomes more complete.
- Health Disparities
 - o In general, a disparity exists between consumers who identify as White and those who identify as Black/African American discharged from 2/24/2022 - 2/24/2023
 - This is true for 7- and 30-day FUH measures, continues over time from FY22 into FY23, and persists when the data is stratified by gender as well as age
 - Improvements have been noted in early FY23, but as noted, caution must be exercised when drawing conclusions from the data at this point in time.
 - o There are *some* exceptions to this, but due to the small sample size of some subpopulations, it is difficult to make assessments with a high level of certainty



Notes about the Measure and Data Set

- In addition to the “yes/no” binary assessment of whether follow-up care met the 7- and 30-day thresholds within the FUH measures, HealthWest is also monitoring the average and median number of days that elapse between discharge and follow-up care.
- HealthWest is also monitoring the number of consumers who never receive any qualifying follow-up care.
 - o On the previous page, consumers who never received qualifying follow-up care (regardless of reason) were counted as a “No”

Observations and Findings

- The same considerations about the fluidity of the FUH-A and FUH-C performance measures should also be applied to the average/median number of days, since these measures also depend on data from a variety of documents within the EHR.
- However, early data from FY23 does suggest several promising trends, which will be further monitored and analyzed:
 - o Without stratifying data by age, gender, or race, the *overall average number of days to follow-up care has decreased by 6.9 days, from 18.3 days to 11.4 days, when data from FY22 is compared to data from FY23.*
 - o Without stratifying by age or gender, for individuals who received follow-up care, *all racial groups experienced a decrease in the average number of days to follow-up care.*
- When data is grouped by subpopulation, there is a greater level of variance.
 - o Example: While children overall experienced a slight increase in the average number of days to follow-up care (8.3 days in FY22 compared to 8.9 days in FY23), variance was observed when data is stratified by gender and race, and some groups experienced a decrease.
- Monitoring the median number of days mitigates the impact of extreme outliers within the data that skew the average
 - o Overall median number of days to follow-up care increased slightly during this same timeframe, from 4.0 to 5.0 days.
- The number of individuals during FY23 who did not receive follow-up care within 30 days of discharge is on pace to surpass the total from FY22