



TO: HealthWest Board Members
FROM: Janet Thomas, Board Chair, via Rich Francisco, Executive Director
SUBJECT: Full Board Meeting
April 26, 2024
376 E. Apple Ave., Muskegon, MI 49442
<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWhnQmF5NVYybWRQVG54Tk1GZz09>
One tap mobile: (309)205-3325, 92330401570# Passcode: 428623

AGENDA

- | | | |
|-----|--|-------------|
| 1) | Call to Order | Action |
| 2) | Welcome New Board Member Mary Vazquez / Introductions | |
| 3) | Approval of Agenda | Action |
| 4) | Approval of Minutes | |
| | A) Approval of the Full Board Minutes of March 22, 2024
(Attachment #1 – pg. 1-3) | Action |
| 5) | Public Comment (on an agenda item) | |
| 6) | Committee Reports | |
| | A) Program Personnel Committee
(Attachment #2 – pg. 4-7) | Action |
| | B) Recipient Rights Committee
(Attachment #3 – pg. 8-10) | Action |
| | C) Finance Committee
(Attachment #4 – pg. 11-14) | Action |
| | D) Nominating Committee
(Attachment #5 – pg. 15) | Action |
| 7) | Items for Consideration | |
| | A) Approval of Changes to HealthWest Consumer Advisory Committee
(Attachment #6 – pg. 16) | Action |
| 8) | Old Business | |
| 9) | New Business | |
| 10) | Communication | |
| | A) Annual Needs Assessment -Pam Kimble, Director of Quality Assurance
(Attachment #7 – pg.17-36) | Information |
| | B) Fiscal Year 2023 Annual Report Out -Rich Francisco, Executive Director
(Attachment #8 – pg. 37-75) | Information |

- | | | |
|-----|--|-------------|
| | C) Employee Recognition - Kelly Betts, Customer Service Specialist
(Attachment #9 – pg. 76) | Information |
| | D) Consumer Advisory Council Update: Tamara Madison
(Attachment #10 – pg. 77) | Information |
| | E) CMHA Summer Conference Save the Date
(Attachment #11 – pg. 78) | Information |
| | F) Director’s Report – Rich Francisco, Executive Director | Information |
| 11) | Public Comment | |
| 12) | Adjournment | Action |

/hb

HEALTHWEST

FULL BOARD MINUTES

March 22, 2024

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, Thomas Hardy, Marcia Hovey-Wright, Remington Sprague, MD, Janice Hilleary, Tamara Madison, Charles Nash, Cheryl Natte, John Weerstra, Jeff Fortenbacher, Kim Cyr

Others Present: Rich Francisco, Holly Brink, Gina Post, Christy LaDronka, Shannon Morgan, Kristi Chittenden, Pam Kimble, Anissa Goodno, Jackie Farrar, Brittani Duff, Tasha Kuklewski, Jennifer Hoeker, Amber Berndt, Rachel Harden, Brandon Baskin, Amy Witt, Stacie Petersen, Kelly Betts, Melina Barrett, Gina Kim, Gordon Peterman, Latesha Johnson, Suzanne Beckeman

Guests Present: Angela Gasiewski, Matt Farrar

MINUTES

HWB 64-B - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the February 23, 2024 Full Board meeting as written.

MOTION CARRIED.

COMMITTEE REPORTS

Finance Committee

HWB 60F - It moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the February 16, 2024, meeting as written.

MOTION CARRIED.

HWB 61F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of January 2024, in the total amount of \$7,801,706.53.

MOTION CARRIED.

HWB 62F – It was moved by Mr. Hardy, second by Commissioner Hovey-Wright, to approve the HealthWest Executive Director to accept the Assisted Outpatient Treatment I/I Initiative Grant for a total of \$308,042 effective April 1, 2024 through September 30, 2025.

MOTION CARRIED.

HWB 63F – It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Board of Directors to approve the projected expenditure with Core Solutions, Inc. with a total of \$133,000.00 effective October 1, 2023 through September 30, 2024.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

Mr. Hardy shared that he will be presenting on Homelessness at the CMHA Summer Conference in June. More details to follow.

COMMUNICATION

Brandon Baskin, Rachel Harden, Amy Witt and Stacie Petersen provided a presentation on Care Coordination, Housing, Veterans Services and Groups.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, presented his Formal Director's report.

- Michigan MichiCANS soft launch update with MDHHS. Had our “touch base” meeting with MDHHS implementors of MichiCans Monday 3/18. There are only two weeks left of the pilot testing. Staff will be ready to complete the various trainings as part of the implementation time from MDHHS. They have divided all training participants into 3 major cohorts for the entire state. There are about 5000 identified to complete the training, and certification by Oct. 1, 2024. We are part of Cohort 3, and our training will be in following months:
 - ***MichiCANS Certification Training*** - August and September
 - ***Action Planning Training*** - November and December
 - ***Supervisor Training*** - November and December
 - ***Leadership Training*** – August
- We have received from Stacia, the LRE CFO, an update on the meeting with MDHHS and actuary (Thursday, 3/21). There seems to be a consensus that the general rates increase overall is going to be right around 6.28%. However, this can vary by population from April to September. Stacia is calculating the amounts based on information provided by Milliman and will share with CMHSPs as soon as that is completed. This increase hopes to address revenue drops we have been seeing related to PHE ending and revenue dropping.
- Last month, I gave an update on CFAP but recent developments at the state level suggest that this is not resolved yet. I stated that those that are CCBHC demonstrations are exempt from Conflict Free requirements. We are hearing that this may only apply to those services that are CCBHC services and does not apply to the other non-CCBHC services. CMHA along with other partners have drafted a summary of concerns related to the MDHHS-proposed Conflict Free access and Planning approach. Some points the group is bringing up are that consumer choice must be preserved, and how can this happen in CFA (Conflict Free Access recommendation) along with Self Determination and right to choose providers. The right to choose case managers and coordinators, right to independent facilitation, the right to use CMHSP Recipient Rights system.

Lakeshore Regional Entity updates:

- I shared during Finance Committee that LRE and CMHSPs are holding meetings and continue to go over the LRE/CMHSP contract. The date this will be finalized will be in August or just in time for the next fiscal year. The LRE will continue to extend the contract until the LRE/CMHSP contract is final, which is going all the way to August in time for September board approval.

- Update on N180 request for more funds went from 25M to 19M and now down to 17M per the most recent meeting at LRE Ops meeting 03/20. Per Bill this is worst case scenario, root causes – redetermination revenue drops, about 9 million, increased cost from autism to 7M, individuals coming back to services previously opted out of Medicaid about 3M. Other considerations they have are onboarding 3 DCOs about 1.8M. This includes Pine Rest, Family Outreach Center, Arbor Circle--Currently being paid from capitation right now until CCBHC is running well. N180 shared strategies to address the shortfall. Now that April – September rates will have added revenue, this may change the bottom-line amount N180 is asking for. N180 has strategies to address the remaining shortfall and hopefully will not need to tap into the ISF and reserves.

Executive Director activities CMH level:

- CARF dates have been received, and ours is scheduled for May 15 to 17th. This will be a busy time for Staff. Our Quality Improvement team is taking the lead and communicating and coordinating the activities related to this audit.
- We have received most SWOTs (Strength, Weakness, Opportunities and Threats) analysis from the teams at HW. Our communications team is aggregating the results to identify elements that we can incorporate as updates into the current strategic plan. HW will still hold a Strategic planning session and invite the board of directors, and other stakeholders in the fall for our strategic plan for FY2026.
- KATA and lean improvement updates:
 - 75 HealthWest staff completed the training, 2 LRE staff, 1 County staff 12 scheduled for March 21st.
 - **DEI (1) , Finance (2), Outpatient started a new one, Quality Assurance – 2 ongoing and 2 in planning stage, UM (1)---- Total 9 KATA projects going on right now.**
 - 2 teams that have completed a KATA are Autism and Outpatient Services.

On the horizon:

- Annual Needs submission Due March 31, 2024 (Thanks to Pam and her team for completing this report). This report will be presented to the board in April.
- Utilization Management Committee: Work on committee structure, data reporting and review of data to improve practices. The focus is to expand outside of Utilization review but look at other metrics and outcomes that impact clinical operations.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 9:02 a.m.

Respectfully,

Janet Thomas
Board Chair

/hb

HEALTHWEST

PROGRAM AND PERSONNEL COMMITTEE REPORT TO THE BOARD

via Cheryl Natte, Committee Chair

1. The Program Personnel Committee met on April 12, 2024.
- * 2. It was recommended, and I move, to approve the minutes of the February 9, 2024 meeting as written.
- * 3. It was recommended, and I move, to approve the HealthWest Board to approve the HealthWest Policy and Procedure for Background Checks effective April 26, 2024.
- * 4. It was recommended, and I move, to approve the HealthWest Board to approve the policy and procedural changes as described above and attached, effective April 29, 2024.
- * 5. It was recommended, and I move, to approve the HealthWest Board to approve the policy and procedural changes as described above and attached for 05-025 Information System Use, effective April 29, 2024.

/hb

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

**April 12, 2024
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: Cheryl Natte, Janet Thomas, Tamara Madison, Thomas Hardy, John Weerstra

Members Absent: Janice Hilleary

Staff Present: Holly Brink, Gina Post, Amber Berndt, Rich Francisco, Brandy Carlson, Susan Plotts, Linda Wagner, Gary Ridley, Kristi Chittenden, Tasha Kuklewski, Jennifer Hoeker, Justine Belvitch, Mickey Wallace, Gary Ridley, Gordon Peterman, Anissa Goodno, Jackie Farrar, Melina Barrett, Gina Kim, Lakshmee Persuad

Guests Present: Kristen Wade

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the February 9th meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the HealthWest Policy and Procedure for Background Checks effective April 26, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the policy and procedural changes as described above and attached, effective April 29, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the policy and procedural changes as described above and attached for 05-025 Information System Use, effective April 29, 2024.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Executive Director, Rich Francisco, provided an update:

Mr. Francisco share that that him and Cyndi met with MDHHS director, Donata Kidd, to touch base on projects that overlapped with them. One is an update on the MichiCANS soft launch, MDHHS is now doing their soft launch and pilot and are not doing the MichiCANS prescreen. They are completing MichiCANS for kids entering the foster care system, and if a referral is made to HW it will be routed to us via CC360. Upon the completion of their assessment, we will be keeping our eye on the prescreens referred to our CMH. The other discussion we had was surrounding the Medicaid enrollment process, and Donata was going to look more into the various cases where we have individuals that are dropping off from DAB to other fund sources. She is going to look for systemic issues on their end. In the meantime, she wants HW to escalate cases to her to investigate further.

Staff are busy preparing for CARF now that we have a date set for May 15 to 17th. Policies are being reviewed and sent out for updates and as you saw we are taking new and significantly changed policies to the board for approval as well.

I have been working with the County and Foster Swift (corporate counsel) on developing a countywide HIPAA policy and that is now completed. I have sent it to Mark Eisenbarth and other county directors for review. This would allow the different departments to be on the same page for various requests that we receive for PHI. This should define some of the parameters about what we can and cannot share and should make the sharing of information more efficient as we coordinate care with these departments.

Lastly, I am currently working with staff and the communications team on updating the Annual Plan and the Strategic Plan. I will be taking that to the full board at the end of the month for updates.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:10 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

***PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on
June 14th, 2024***

HEALTHWEST
RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO THE BOARD

via Thomas Hardy, Committee Chair

1. The Recipient Rights Advisory Committee met on April 12,2024.
- * 2. It was recommended, and I move, to approve the minutes of the February 9, 2024 meeting as written.
- * 3. It was recommended, and I move, to approve the Recipient Rights Reports for February 2024 / March 2024.

/hb

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

**Friday, April 12, 2024
8:00 a.m.
376 E. Apple Ave., Muskegon, MI 49442**

CALL TO ORDER

The regular meeting of the Recipient Rights Advisory Committee was called to order by Chair Hardy at 8:11 a.m.

ROLL CALL

Members Present: Janet Thomas, Tamara Madison, Cheryl Natte, Thomas Hardy, John Weerstra

Members Absent: Janice Hilleary

HealthWest Staff Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Kristi Chittenden, Susan Plotts, Anissa Goodno, Linda Wagner, Tasha Kuklewski, Lakshmee Persaud, Mickey Wallace, Melina Barrett, Gordon Peterman, Amber Berndt, Jackie Farrar, Justin Belvitch, Gina Kim, Gary Ridley, Jennifer Hoeker

Guest Present: Kristen Wade

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the February 9, 2024 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for February 2024 / March 2024

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the Recipient Rights Reports for February 2024 / March 2024.

MOTION CARRIED.

For the months of February 2024 / March 2024, there were 61 HealthWest and 44 provider employees trained:

Rights Updates HealthWest	44
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	16
New Employee Training Provider	23
SUD Recipient Rights Orientation Employee	0
SUD Recipient Rights Orientation Provider	20

For the months of February 2024 / March 2024 there were 685 incident reports and 23 rights allegations.

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

There were a total of 5 deaths reported in February 2024 / March 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on Confidentiality.

DIRECTOR'S COMMENTS

There was no Director's Comments.

AUDIENCE PARTICIPATION / PUBLIC COMMENT

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:27 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
June 14, 2024***

HEALTHWEST

FINANCE COMMITTEE REPORT TO THE BOARD

via Janet Thomas, Committee Vice Chair

1. The Finance Committee met on April 19, 2024.
- * 2. It was recommended, and I move to approve the minutes of the March 15, 2024, meeting as written.
- * 3. It was recommended, and I move to approve expenditures for the month of February 2024, in the total amount of \$8,222,864.46.
- * 4. It was recommended, and I move to approve the HealthWest Executive Director to sign the amendment to the contract with Relias Learning to purchase 100 additional Training Seats, increasing the total expenditure to \$79,131.00

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

April 19, 2024

8:00 a.m.

CALL TO ORDER

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

ROLL CALL

Committee Members Present: Janet Thomas, Thomas Hardy, Commissioner Marcia Hovey-Wright, Remington Sprague, M.D.

Committee Members Absent: Jeff Fortenbacher, Commissioner Charles Nash

Also Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Shannon Morgan, Amber Berndt, John Weerstra, Gina Kim, Jackie Farrar, Kristi Chittenden, Justine Belvitch, Melina Barrett, Anissa Goodno, Urbaine Ndoeye, Mickey Wallace, Brittani Duff, Gary Ridley

Guests Present: Angela Gasiewski, Christina Schaub, William Hirschman

MINUTES

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve the minutes of the March 15, 2024, meeting as written.

MOTION CARRIED

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for February 2024

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of February 2024, in the total amount of \$8,222,864.46.

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

Ms. Carlson presented the February report, noting an overall cash balance of \$2,511,359.26 as of February 29, 2024.

C. Finance Update Memorandum

Ms. Carlson presented the Finance Update Memorandum for the Board review.

D. HealthWest 2023 Financial Statement

Roslund Prestage & Company presented the HealthWest 2023 Financial Statement for the Board review.

E. Authorization to Approve Contract Increase for Relias Learning

It was moved by Mr. Harvey, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Board of Directors to sign the amendment to the contract with Relias Learning to purchase 100 additional Training Seats, increasing the total expenditure to \$79, 131.00

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, provided his Director's Report:

- I received a notification Memo from the LRE this week. This prompted a review of SEDW services, possibly our non-compliance with a requirement of the program to provide Wrap Around services each month to individuals in this program. I am having our Compliance Team and Quality Improvement Team review the data. There was a change in January per MDHHS that SEDW program recipients get Wrap Around services, code H2022. While we do not have many kids in the SEDW program, we want to ensure that we are complying with service delivery requirements.
- HealthWest is also looking into the CCBHC T1040 codes, and reviewing whether we are providing all the codes related to the mild to moderate services that we are providing. The LRE is developing reports to review these codes for accuracy and completeness per CMHSP. We at HW use this along with our internal reports as a starting point and to help dig into our encounter reporting related to CCBHC and adjust procedures or practice if we need to.
- There continues to be ongoing discussion with LRE on the CMHSP/LRE contract. The goal is still to have the contract finalized by October 1, 2024 and CMHSPs will be signing current contract extensions until then.
- CARF survey date has now been set, and that will be on May 15th through May 17th. Staff have been busy preparing and ensuring our policies and procedures for various standard requirements are updated. Shortly after our CARF audit week, I will be attending the CMHA director's forum on May 19th.
- NatCon Update:
 - Successful conference but a very busy conference. There was a handle of themes this year with one of the biggest themes is the use of AI in various areas of HealthCare and Mental Health. Just so many areas that are using AI now and the value that it adds to the any sector. We will be seeing more AI on the day-to-day technology such as in the wearables for diagnostics and prevention and Electronic medical records enhancement with AI for efficiency.
 - The TED talk presentations were very successful, and many people truly enjoyed that format more than the traditional 45 to an hour session on topics.
 - The conference ended with an interview format presentation with Michelle Obama and interviewed by renowned author Isabelle Wilkerson. The halls were packed and the presentation was very encouraging and positive.
- Lastly, Mr. Francisco share that that him and Cyndi met with MDHHS director, Donata Kidd, to touch base on projects that overlapped with them. One is an update on the MichiCANS soft launch, MDHHS is now doing their soft launch and pilot and are not doing the MichiCANS prescreen. They are completing MichiCANS for kids entering the foster care system, and if a referral is made to HW it will be routed to us via CC360. Upon the completion of their assessment, we will be keeping our eye on the prescreens referred to our CMH. The other discussion we had was surrounding the Medicaid enrollment process, and Donata was going to look more into the various cases where we have individuals that are dropping off

from DAB to other fund sources. She is going to look for systemic issues on their end. In the meantime, she wants HW to escalate cases to her to investigate further.

AUDIENCE PARTICIPATION

Angela Gasiewski, Muskegon County Finance Director, shared the audit report from this year was a very dramatic improvement and recognized Ms. Carlson and her Finance Team for all of their hard work and great improvement.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:36 a.m.

Respectfully,

Janet Thomas
Committee Vice-Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
May 17, 2024

HEALTHWEST
NOMINATING COMMITTEE REPORT TO BOARD
via Janet Thomas, Chair

1. The Nominating Committee met on April 26, 2024.
- * 2. It was recommended, and I move, to nominate Janet Thomas as Chair of the HealthWest Board.
- * 3. It was recommended, and I move, to nominate Cheryl Natte as Vice-Chair of the HealthWest Board.
- * 4. It was recommended, and I move, to nominate Jeff Fortenbacher as Treasurer of the HealthWest Board.
- * 5. It was recommended, and I move, to nominate Janice Hilleary as Secretary of the HealthWest Board.
- * 6. It was recommended, and I move, to re-appoint Ms. Natte as Chair of the Program Personnel Committee
- * 7. It was recommended, and I move, to re-appoint Ms. Hilleary as Vice-Chair of the Program/Personnel Committee.
- * 8. It was recommended, and I move, to re-appoint Mr. Hardy as Chair of the Recipient Rights Committee.
- * 9. It was recommended, and I move, to re-appoint Ms. Madison as Vice-Chair of the Recipient Rights Committee.
- * 10. It was recommended, and I move, to re-appoint Mr. Fortenbacher as Chair of the Finance Committee.
- * 11. It was recommended, and I move, to re-appoint Ms. Thomas as Vice-Chair of the Finance Committee.

/hb

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE April 26, 2024	REQUESTOR SIGNATURE Kelly Betts, Customer Service Specialist	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the changes to the HealthWest Consumer Advisory Committee members as suggested below.</p> <p>Per Policy: 01-007, the Consumer Advisory Committee shall consist of nine (9) to twelve (12) members defined as follows:</p> <ol style="list-style-type: none"> 1. Inaugural Persons shall be appointed to the CAC by HealthWest Board. Subsequent <u>CAC Members shall be recommended by the CAC and appointed by the HealthWest Board.</u> 2. A person who resides or is employed within Muskegon County. 3. A person who shall have the interest, time, and energy to promote the development and/or improvement of mental health, developmental disability, and substance abuse services in Muskegon County. 4. The CAC shall make every effort to ensure that its membership represents the populations served by HealthWest in equal proportions. <p>The Consumer Advisory Committee Facilitators would like to have the following members appointed to the Consumer Advisory Committee:</p> <ol style="list-style-type: none"> 1. Craig Franklin – Primary Member 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the changes to the HealthWest Consumer Advisory Committee members, effective April 29, 2024.			
COMMITTEE DATE April 26, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE April 26, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 75-B

ANNUAL NEEDS ASSESSMENT

KEY FINDINGS ON PRIORITY NEEDS AND PLANNED ACTIONS

HealthWest

Pamela Kimble, Director of Quality Assurance

WHAT IS THE ANNUAL DATA SUBMISSION AND NEEDS ASSESSMENT?

Purpose: To identify, examine, and evaluate the mental health needs of the county and provide a mechanism to track changes over time.



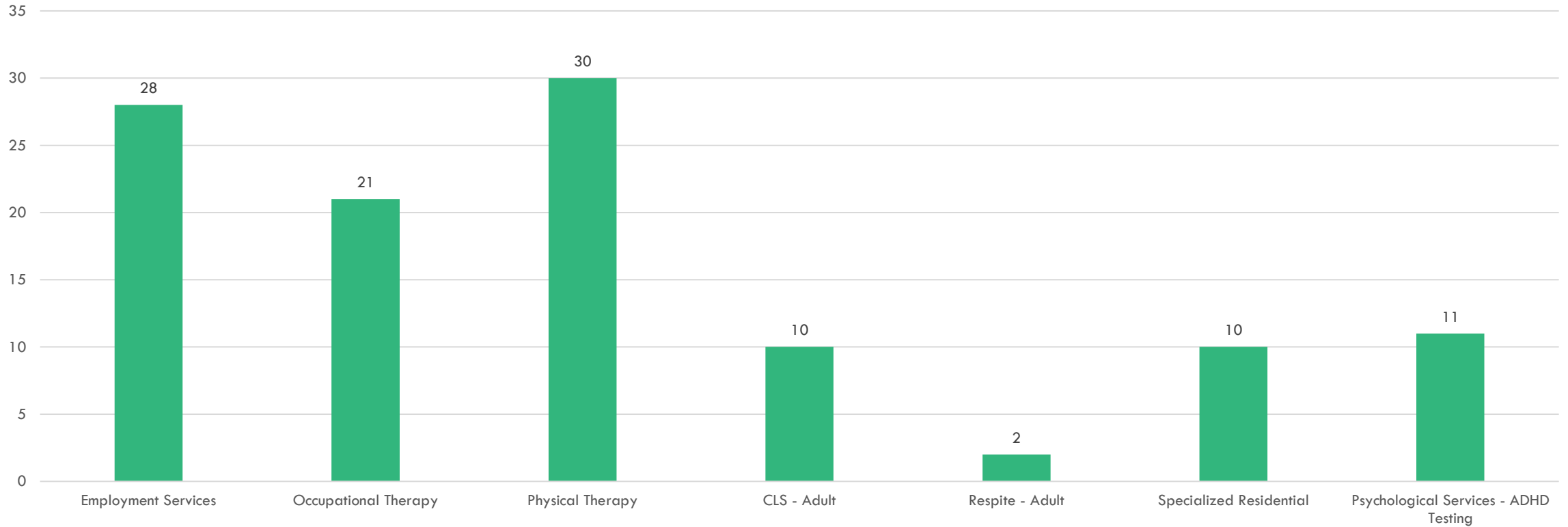
2023 Components:

Waiting Lists	Request for Services and Disposition of Requests	Community Data Set	Stakeholder Survey	Priority Needs and Planned Actions
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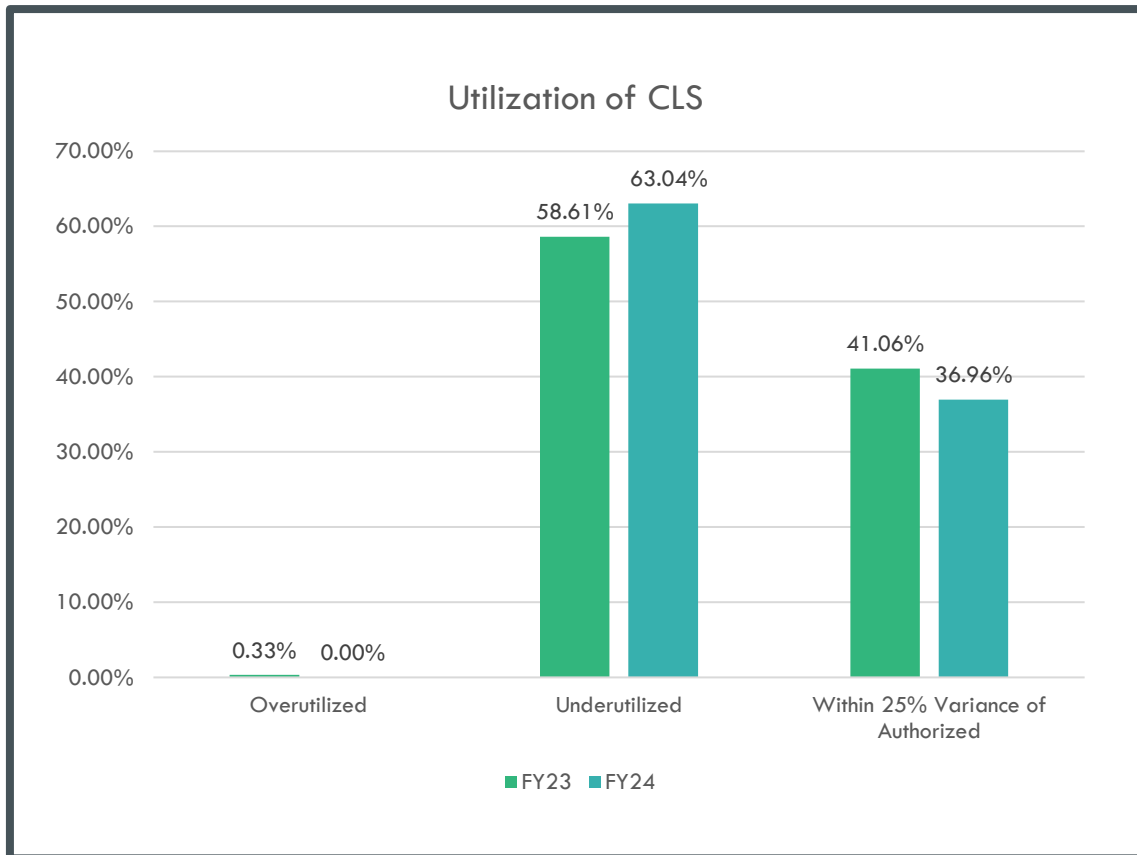
ATTACHMENT A: WAITLISTS - KEY FINDINGS

- HealthWest has not been tracking all waitlisted services.
- In the process of completed this assessment, the following reportable services were identified as having waitlists:
 - Employment Services
 - Occupational Therapy
 - Physical Therapy
 - CLS – Adult
 - Respite - Adult
 - Specialized Residential
 - Psychological Services – ADHD Testing
- Note there are non-reportable waitlists that are being tracked:
 - Autism
 - Methadone

WAITLISTS REPORTABLE FOR ANNUAL SUBMISSION

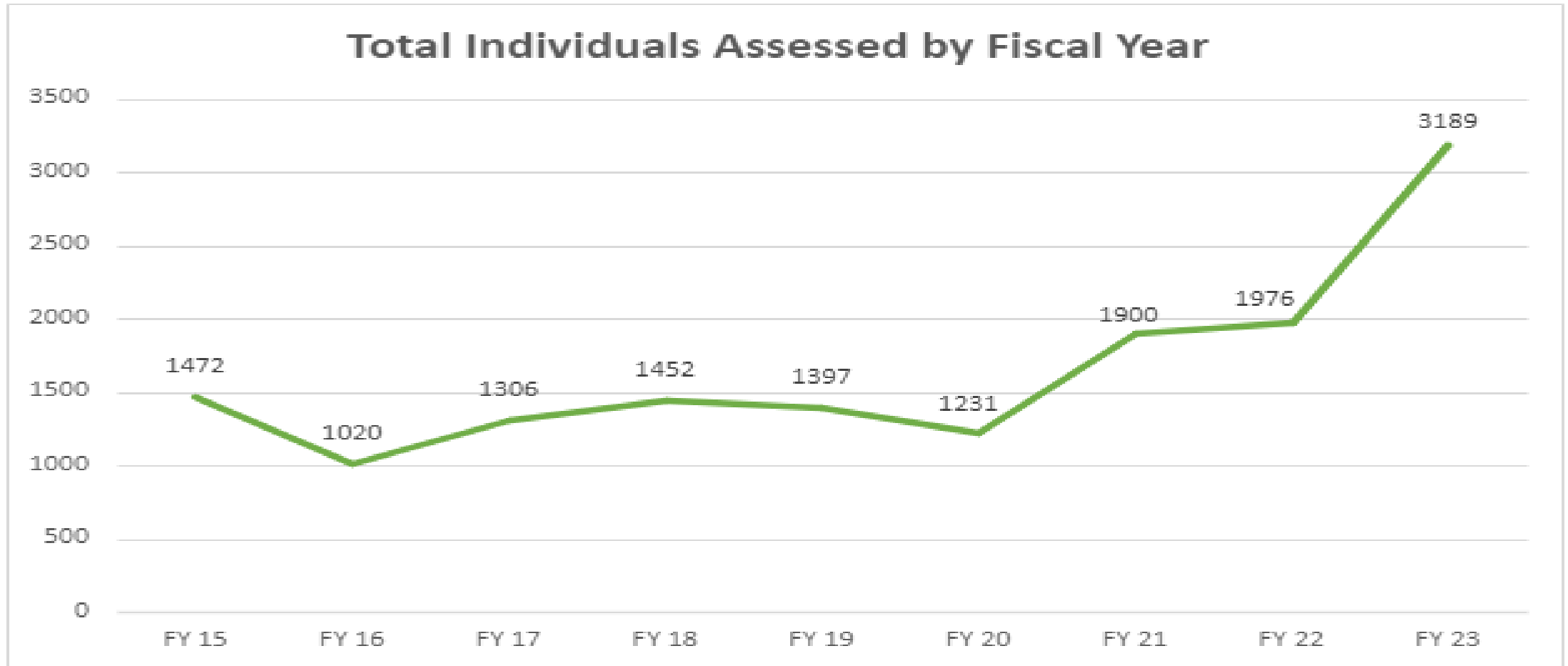


ATTACHMENT A: WAITLISTS – REGIONAL FEEDBACK

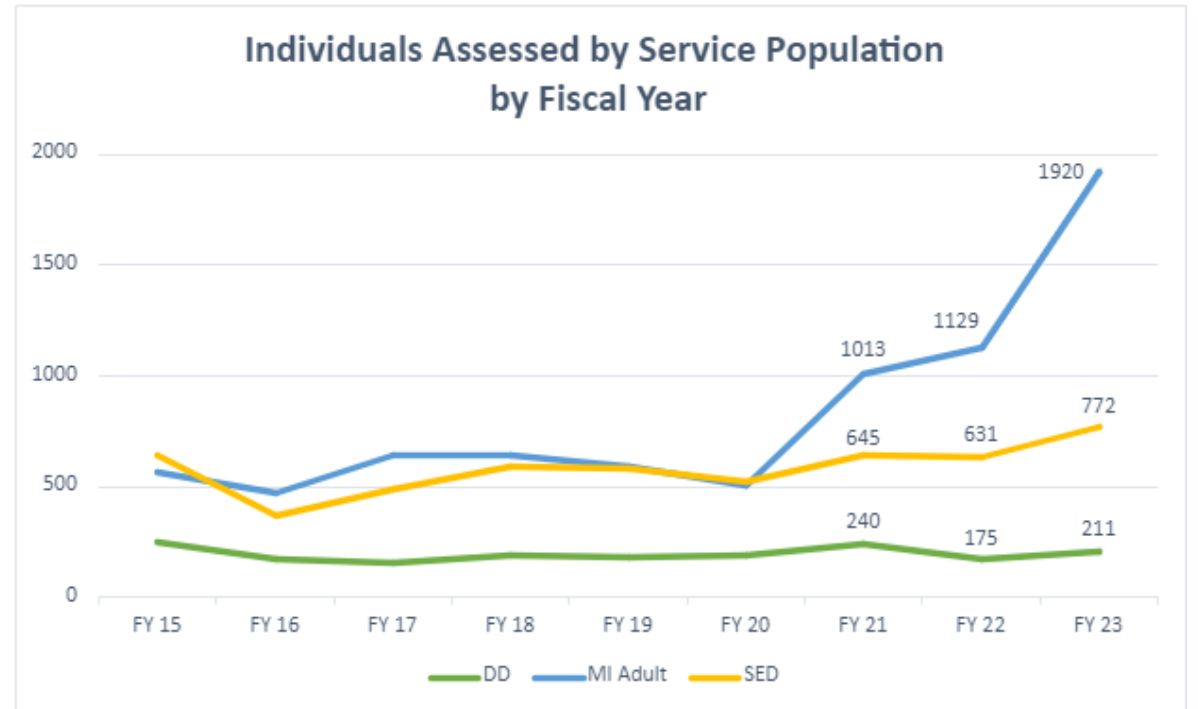
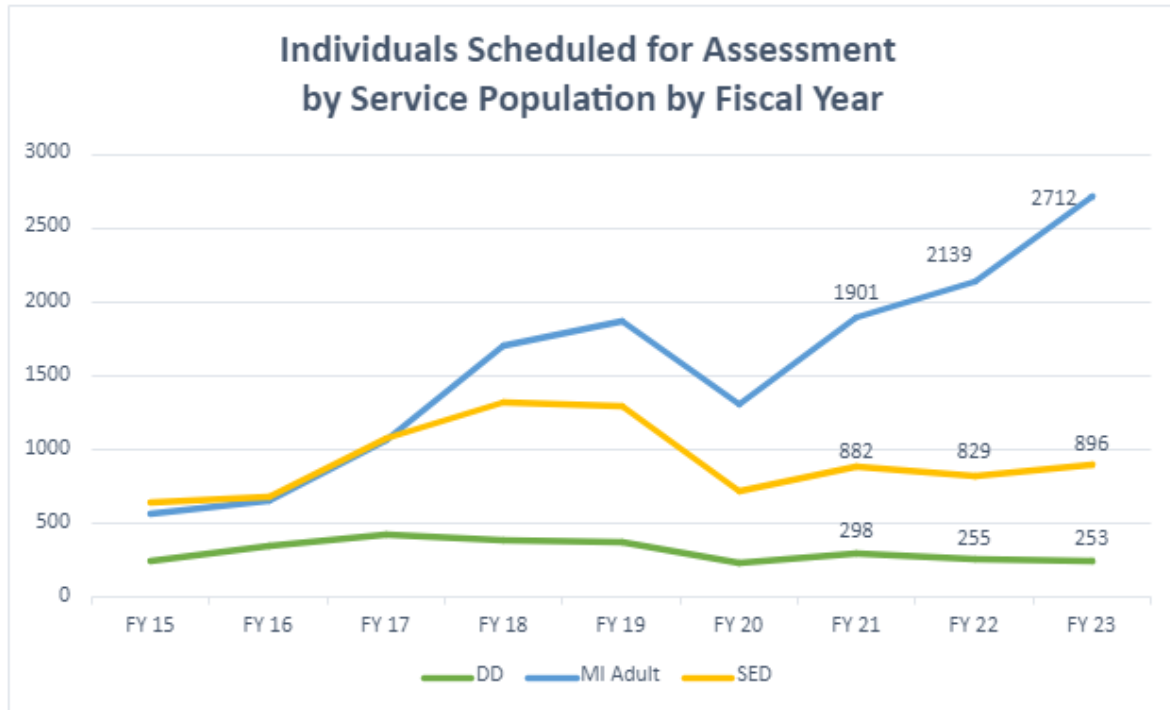


- MDHHS responded to a Q&A stating that a waitlist is in effect if services are being provided, but not in the appropriate amount, scope, and duration due to capacity:
- Q. An individual receives 5 of the 10 hours a week of skill building they are eligible for, but there is no staff currently to provide the additional 5 hours. A. the 5 hours that the enrollee is NOT receiving would be treated as a waitlist because if there was staff, the enrollee would be receiving the service.
- HealthWest does not formally track services that are “underserved” due to capacity.
- HealthWest does have the ability to track over and under utilization. However, we cannot easily determine why a service is not being utilized as authorized. This is an area we are working on.

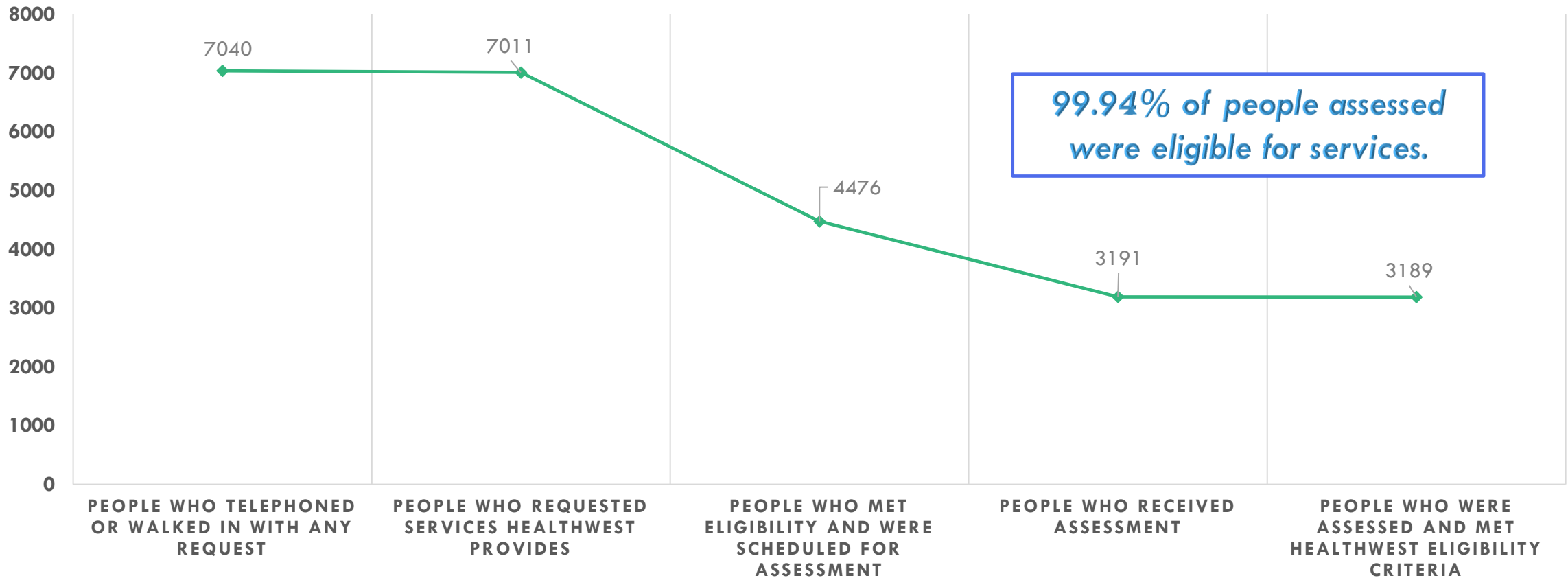
ATTACHMENT B: REQUEST FOR SERVICE DATA



ATTACHMENT B: REQUEST FOR SERVICE DATA

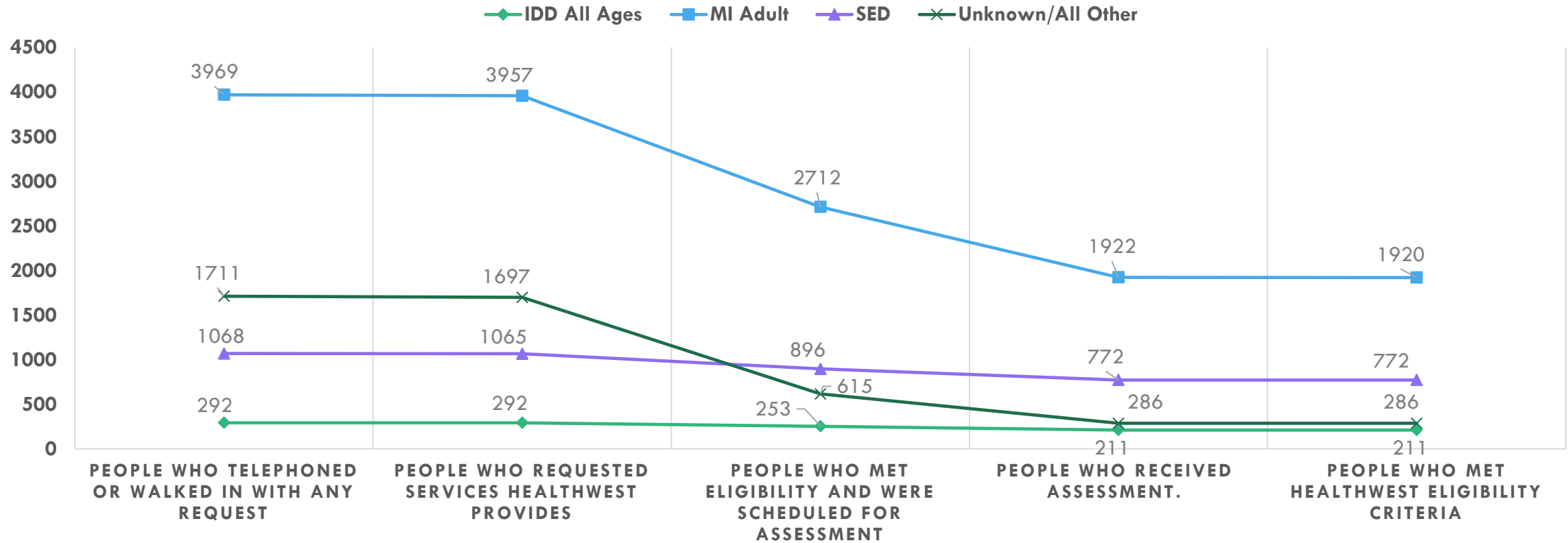


FROM INITIAL CONTACT TO ASSESSMENT COMPLETION



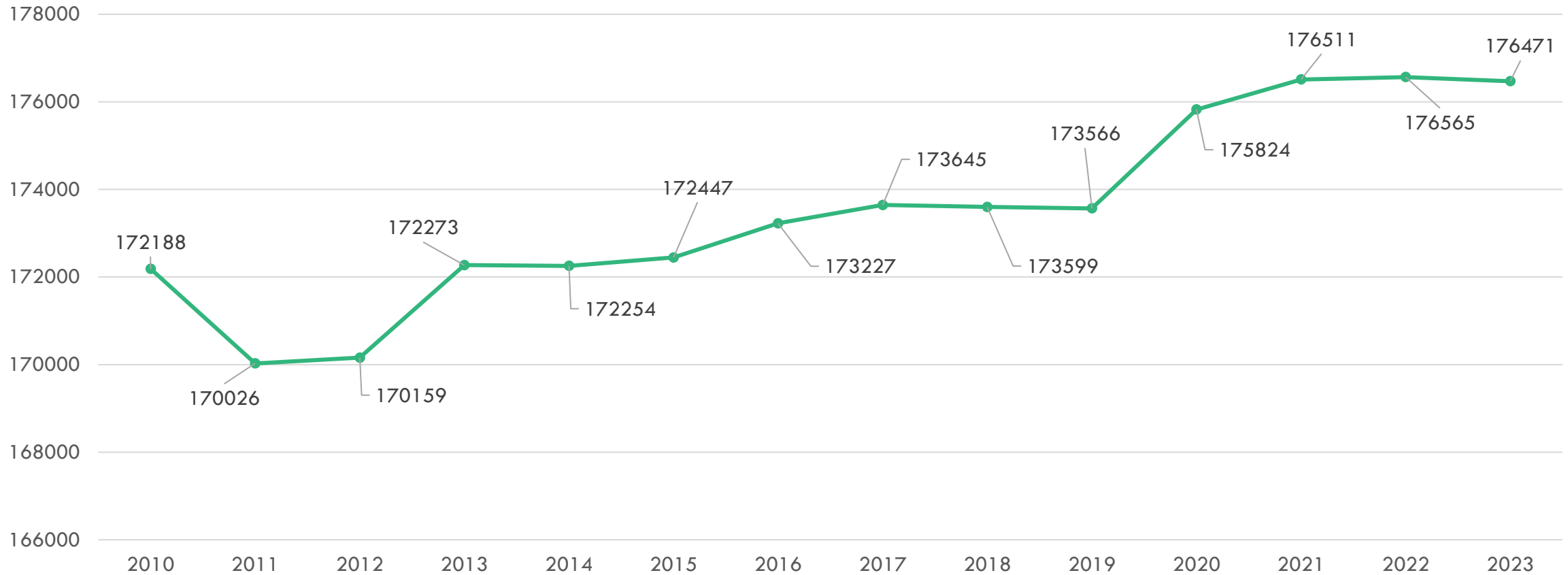
*29% (1285) of people scheduled for assessment did not receive it (dropped out, no show, etc.)

FROM INITIAL CONTACT TO ASSESSMENT COMPLETION BY POPULATION



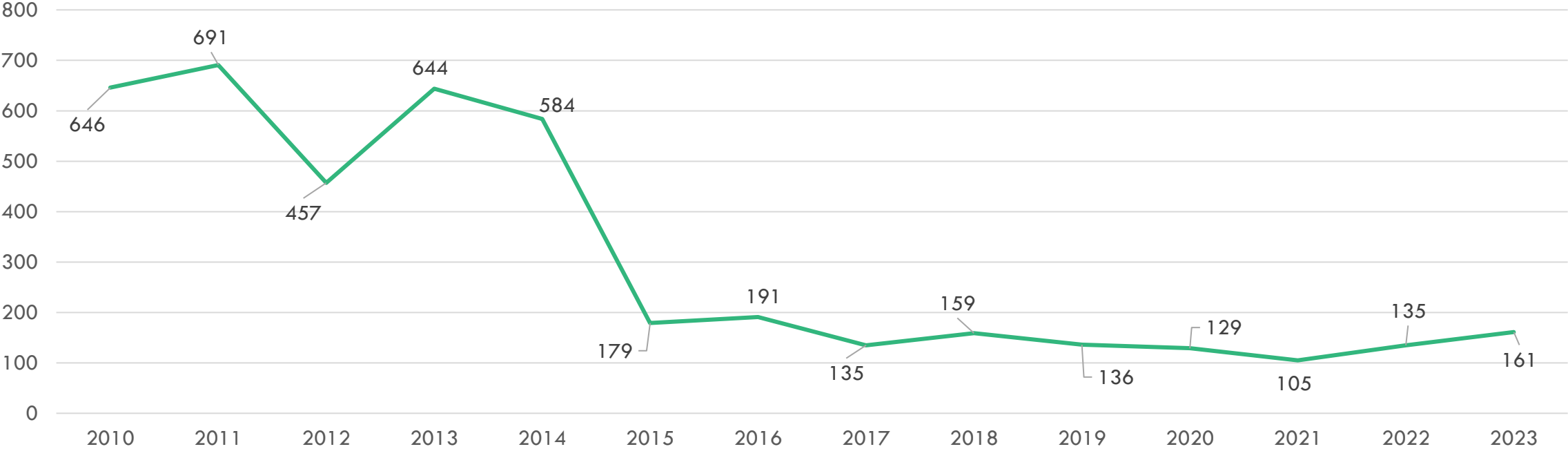
ATTACHMENT C: COMMUNITY DATA SETS

Population: Muskegon Co.



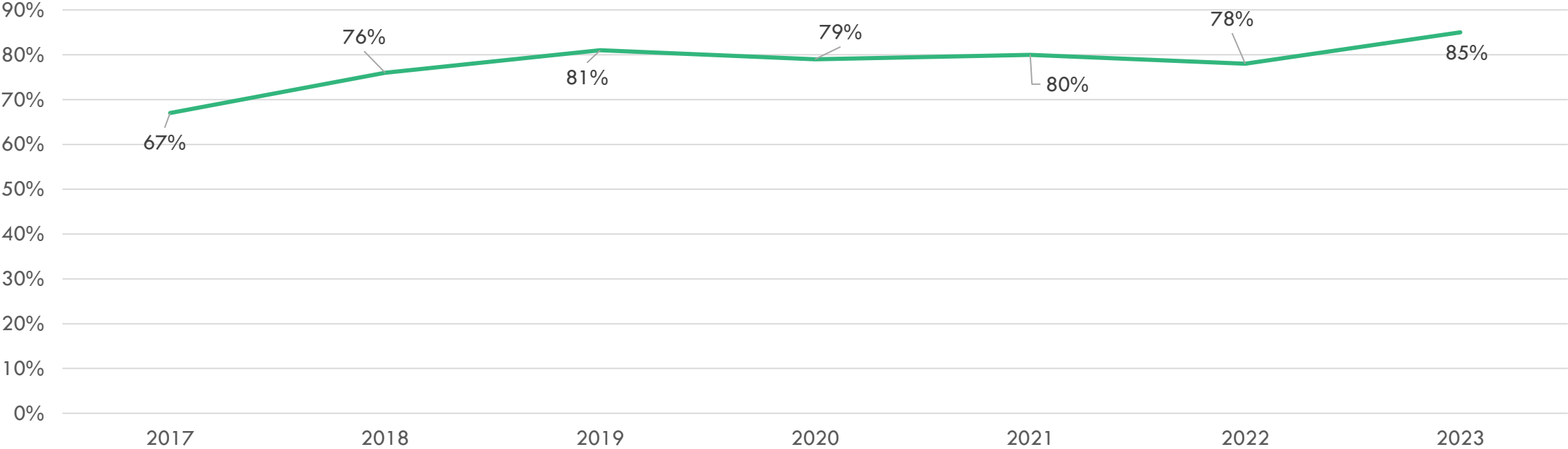
ATTACHMENT C: COMMUNITY DATA SETS

Local Continuum of Care Bi-enial Homeless Count: Muskegon Co.

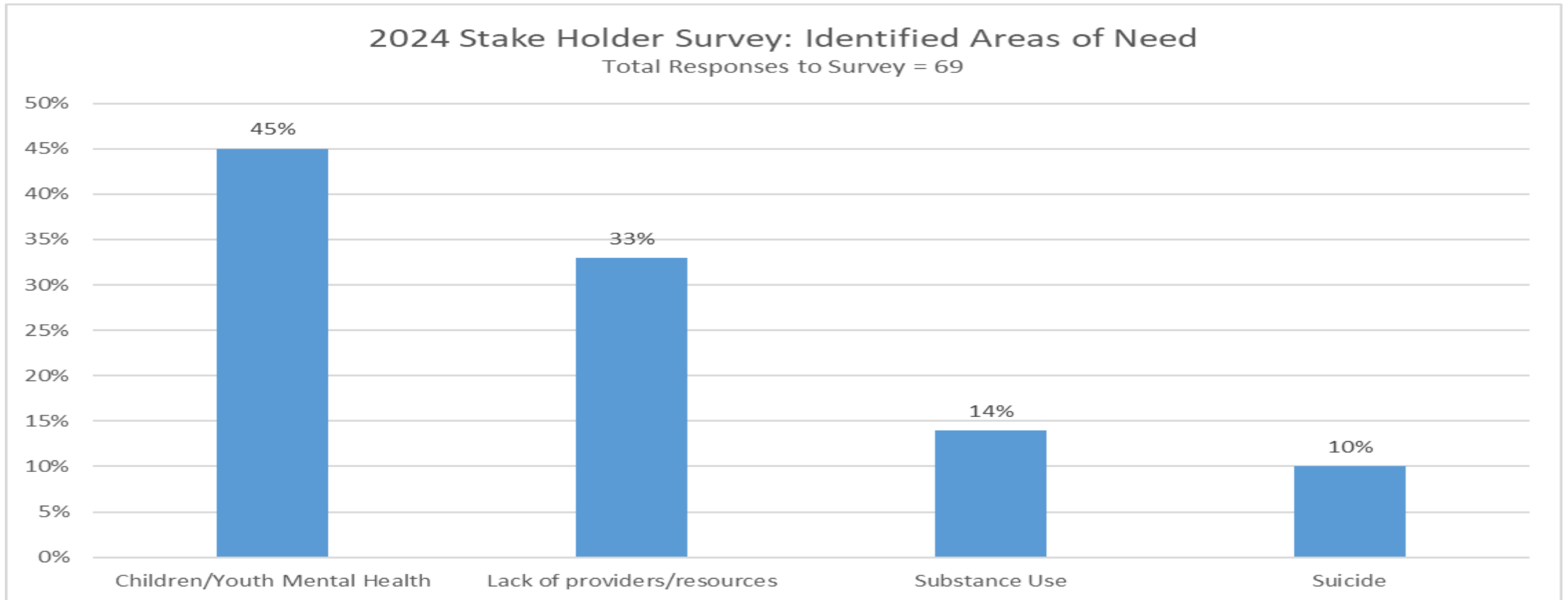


ATTACHMENT C: COMMUNITY DATA SETS

HealthWest Consumers w/ Identified Primary Care Physician



ATTACHMENT D: STAKEHOLDER SURVEY TOP AREAS OF NEED



ATTACHMENT D: STAKEHOLDER SURVEY THEMES

Common Themes: Youth

- Trauma, school-based care, coordination w/ schools, more inpatient beds, need CLS, need groups.

Common Themes: Lack of Resources

- Slow response times, high caseloads, not being seen often enough, turn-over, less experienced staff service most complex needs (experiences staff leave), staff don't know individuals, too much changing staff.

Common Themes: Substance Use

- Increased overdose, need for follow-up after jail, homelessness

Common Themes: Suicide

- Increased number of suicides, lack of inpatient beds, need suicide prevention programs

Other Stand Out Items:

- Several respondents noted long or confusing intake processed, felt like they were being passes around to too many people.

ATTACHMENT E: PRIORITY NEEDS AND PLANNED ACTIONS

- Priority Issue 1: Build capacity to provide services to youth and families.
 - Hiring-utilizing a robust internship program within youth department, specifically at master level.
 - Consider building out prevention program for infant and early childhood.
 - Work with school districts to continue mental health provisions in schools outside of SOC grant (sustainability efforts).
 - Work with Muskegon Fire Department to collaborate on providing collaboration on education/treatment of youth with fire setting risk.



ATTACHMENT E: PRIORITY NEEDS AND PLANNED ACTIONS

- Priority Issue 2: Improve staff retention and recruitment.
 - Staff support workgroup evaluates and implements staff support initiatives.
 - Morale Monitoring workgroup monitors employee morale and conducts employee satisfaction surveys.
 - Supervisor Training workgroup with County HR to increase supervisory competencies.
 - Working on updating the Supervisor Portal on the Compass to be more comprehensive, including leadership resources.
 - Salary survey to be completed in 2024 for implementation in 2025.
 - Career Fairs – HR staff have attended 19 events through 3/31/2024.
 - Internships – continue recruiting interns and work on retaining them after they graduate.
 - Working on a Conflict Resolution Policy
 - Working on proactively engaging supervisors to help them get performance appraisals on time.
 - Working with County HR to evaluate and implement improved systems to complete performance evaluations.



ATTACHMENT E: PRIORITY NEEDS AND PLANNED ACTIONS

- Priority Issue 3: Continue focus on serving individuals with substance use disorder.
 - Support and Build Recovery Support Services through funding community initiatives.
 - Fresh Coast Alliance – Recovery Coaching
 - Life Align – Recovery Community Organization
 - CCAR Training Opportunities
 - Distribute Specialty Grant Funding through community partners.
 - Train and retain staff with specialized training and credentials.
 - Allocate funding for training opportunities.
 - Internal Credentialing Cohort and financial incentives.
 - Developing Integrated Care/SUD Focus training for HW clinical staff.
 - Integrate EBP's for co-occurring care through our clinical workflows (SBIRT, Motivational Interviewing, and components of integrated dual diagnosis treatment).
 - Participate in Community Forums and Collaboratives specific to Substance Use Prevention, Treatment, and Harm Reduction.



ATTACHMENT E: PRIORITY NEEDS AND PLANNED ACTIONS

- Priority Issue 4: Improve the ability to track individuals who are waitlisted or underserved due to staffing capacity and ensure that services are provided in the appropriate amount, scope, and duration.
 - Development of PowerBI report to show services that are underutilized so that we may analyze reasons for underutilization and ensure individuals are receiving services as are medically necessary and as authorized.
 - Development of tracking mechanism for waitlisted services, consistent with the requirements of Attachment A: Waitlists.
 - Continued efforts in all areas to improve access to services, including recruitment and retention of staff and monitoring of network adequacy.

ATTACHMENT E: PRIORITY NEEDS AND PLANNED ACTIONS

- Priority Issue 5: Continued efforts for suicide prevention.
 - Internally at HealthWest: For the past two years we have been rolling out “Suicide Safer Care” which is the Zero Suicide model. HealthWest has a Suicide Safer Care implementation team that meets monthly.
 - Externally and within Muskegon County:
 - HealthWest has a long history of working closely with the Suicide Prevention Coalition of Muskegon County
 - We are doing suicide prevention trainings and presentations on an ongoing and monthly basis both virtually and in person
 - We are doing monthly presentations that are not specific to suicide but that are aimed to reduce apprehension about seeking help. (Mental Health 101, Trauma 101, Compassion Fatigue & Burnout, among others).
 - We have several trained trainers of suicide prevention curriculum. We have certified many instructors within the ISD as well as within other healthcare providers and community members at large.
 - We have a special focus on youth suicide and this is where many of the schools and the ISD are working with us. (Trainings, several consultations with state and national experts).
 - Currently pulling together community preventionists and service providers to review and implement action steps from the CDC’s newly updated guide to stopping contagion or “copycat” deaths by suicide.
 - Suicide in the African American community is on the rise, especially among youth, we are working on a town hall with state and local experts to address this topic.

QUESTIONS OR COMMENTS

- HealthWest Annual Needs Assessment 2023





ANNUAL REPORT FY 2023





EXECUTIVE DIRECTOR'S NOTE

Fiscal Year 2023 has brought changes to HealthWest. The agency transitioned out of the pandemic and worked towards bringing everyone back to the office. Seeing staff work face-to-face again was a refreshing experience for many. In June, HealthWest welcomed a new director, introducing a mix of excitement and some apprehension about anticipated changes. Despite this, HealthWest kept its operations running smoothly and met all external requirements, including completing the Annual Report for FY22. Like the previous year, HealthWest continued to build on its many accomplishments in serving the community and fulfilling its vision and mission: "To be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families, and the community."

Under new leadership, HealthWest concentrated on internal evaluations and operations in the second half of FY23. This included developing a comprehensive Quality Improvement framework, training key personnel and leadership in Quality Improvement, and establishing a visible Quality Improvement team that met regularly. FY23 also saw the strengthening of the Compliance Committee, comprising of members from various areas of HealthWest who met regularly.

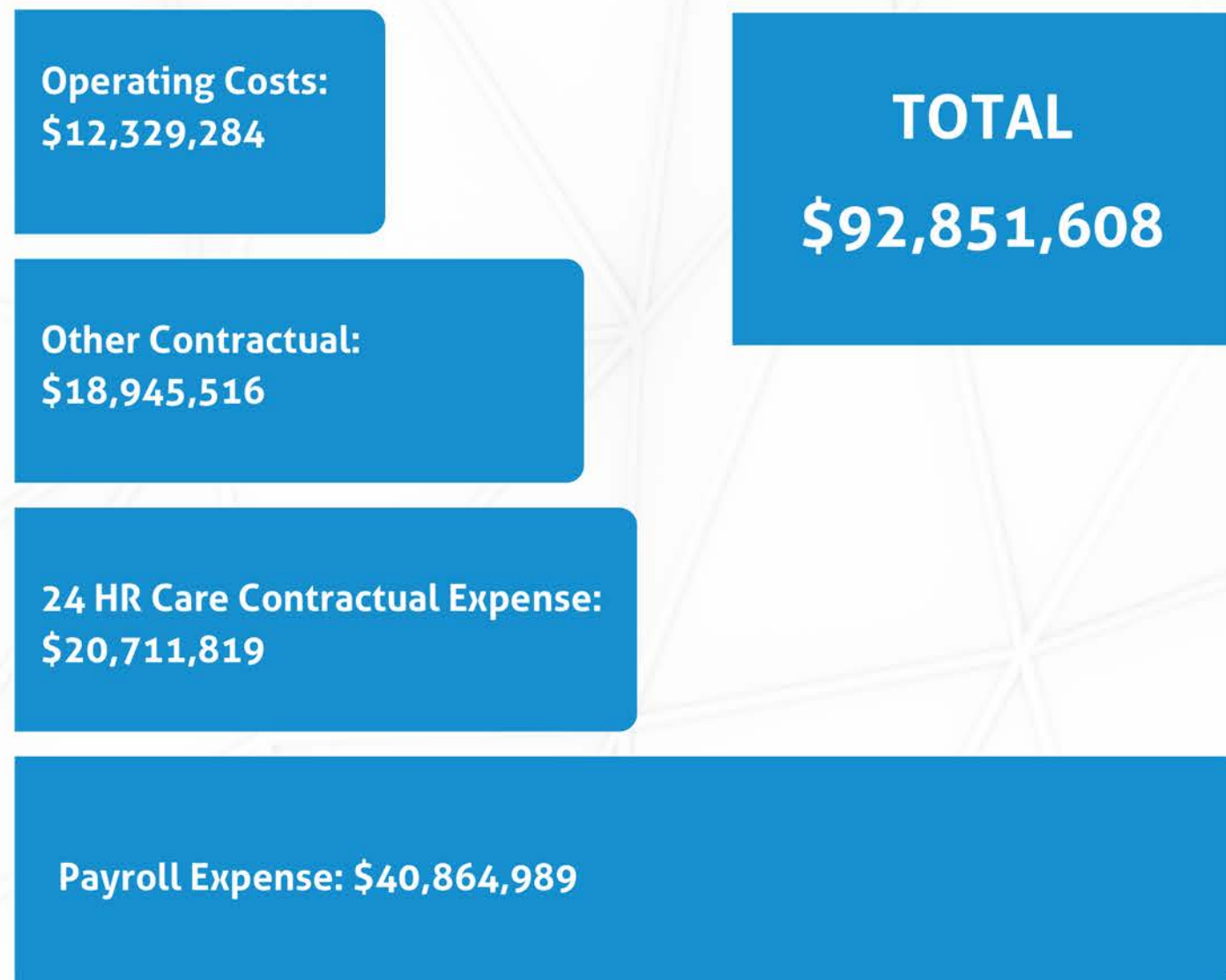
In a short time with new leadership, HealthWest not only met all FY23 requirements but excelled in them. The data and information in this report highlight the accomplishments and events of the past year. A heartfelt thank you to the leadership team, supervisors, managers, and especially the dedicated staff at all levels for their daily commitment. Thank you for working together to build the best CMH and achieving superior outcomes through trust, transparency, and collaboration.

FY 2023 FINANCIALS

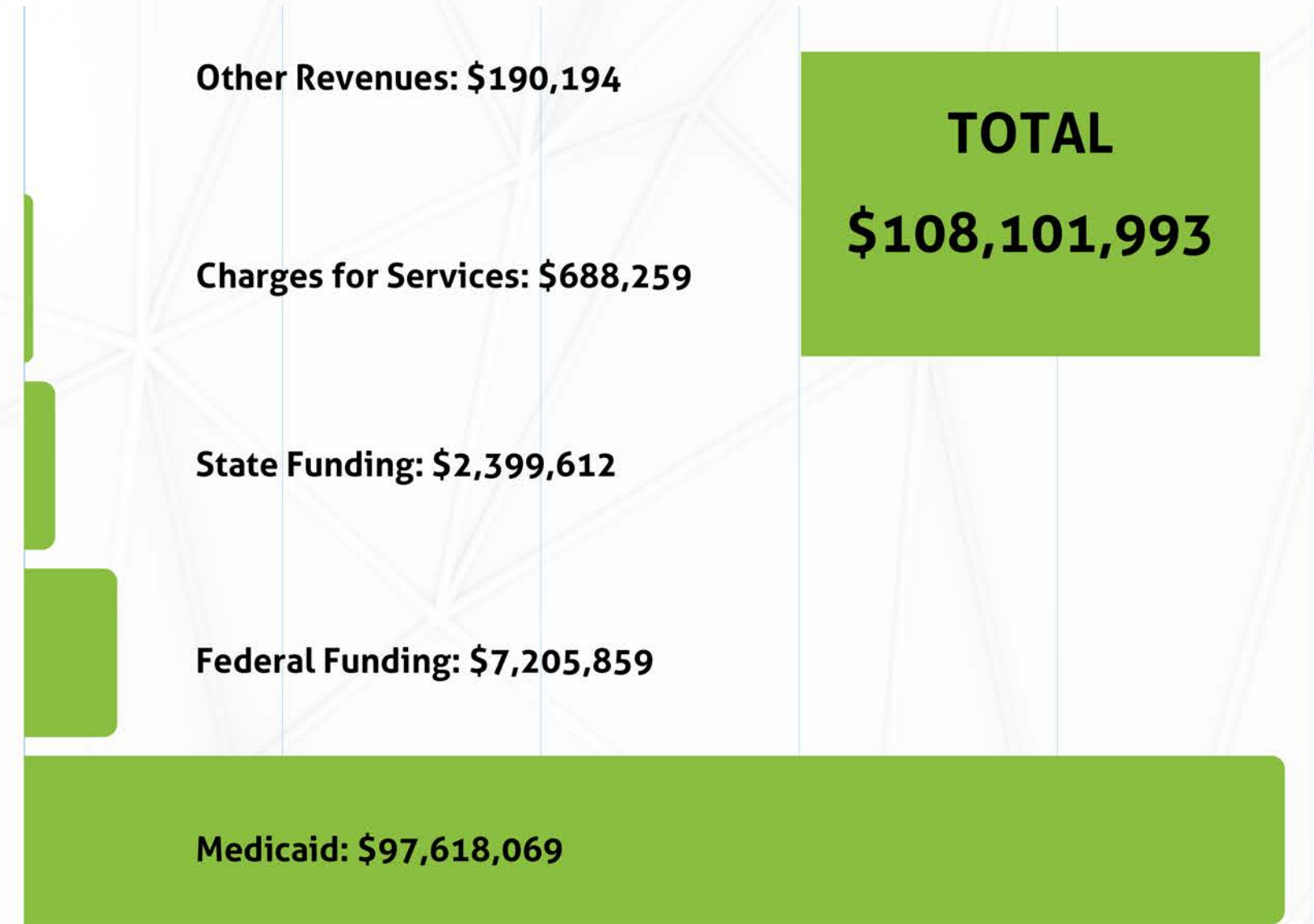
Expenditures for the year represented an increase of \$10.25 million, or 12.41% over the prior fiscal year. Expenditures to be covered by Medicaid specialty supports and services funding of \$84.9 million represents 91.4% of the total. Expenditures to be supported by State General Fund priority population funding of \$2.4 million represents 2.58% of total expenditures. Grants and earned contract revenue include revenue sources for which the use of funds is restricted to a specific purpose. County appropriation revenue, interest income, and other local income are available to meet state matching fund requirements. The County's local match maintenance of effort appropriation remained the same at \$706,819 from Fiscal Year 2022.

HealthWest was able to secure payment of 80% of its past financial liabilities (\$12,703,117) from the Lakeshore Regional Entity. The remaining 20% of moneys owed (\$2,482,170) has been placed in a protected account that will be released to HealthWest on May 23.

ANNUAL EXPENSE BY CATEGORY

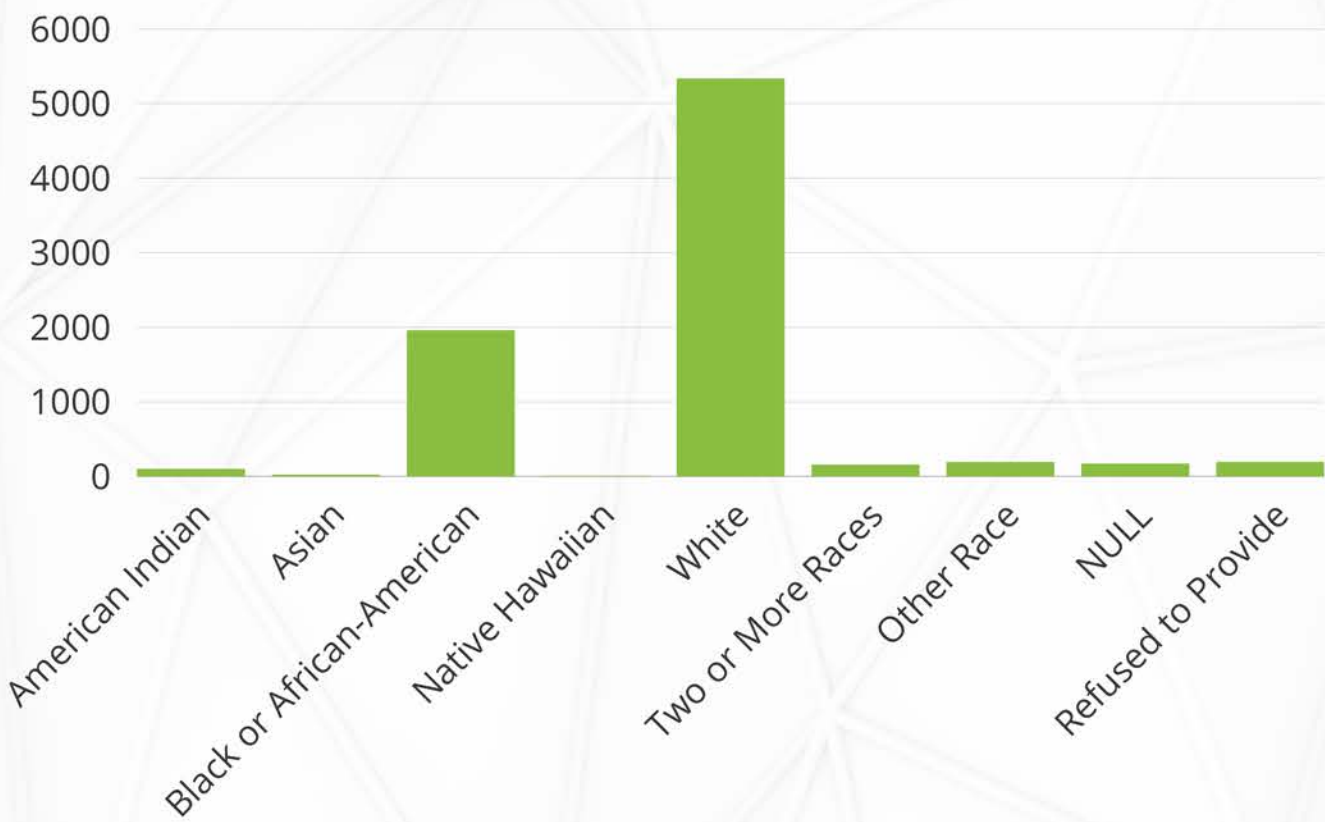


SOURCES OF FUNDING

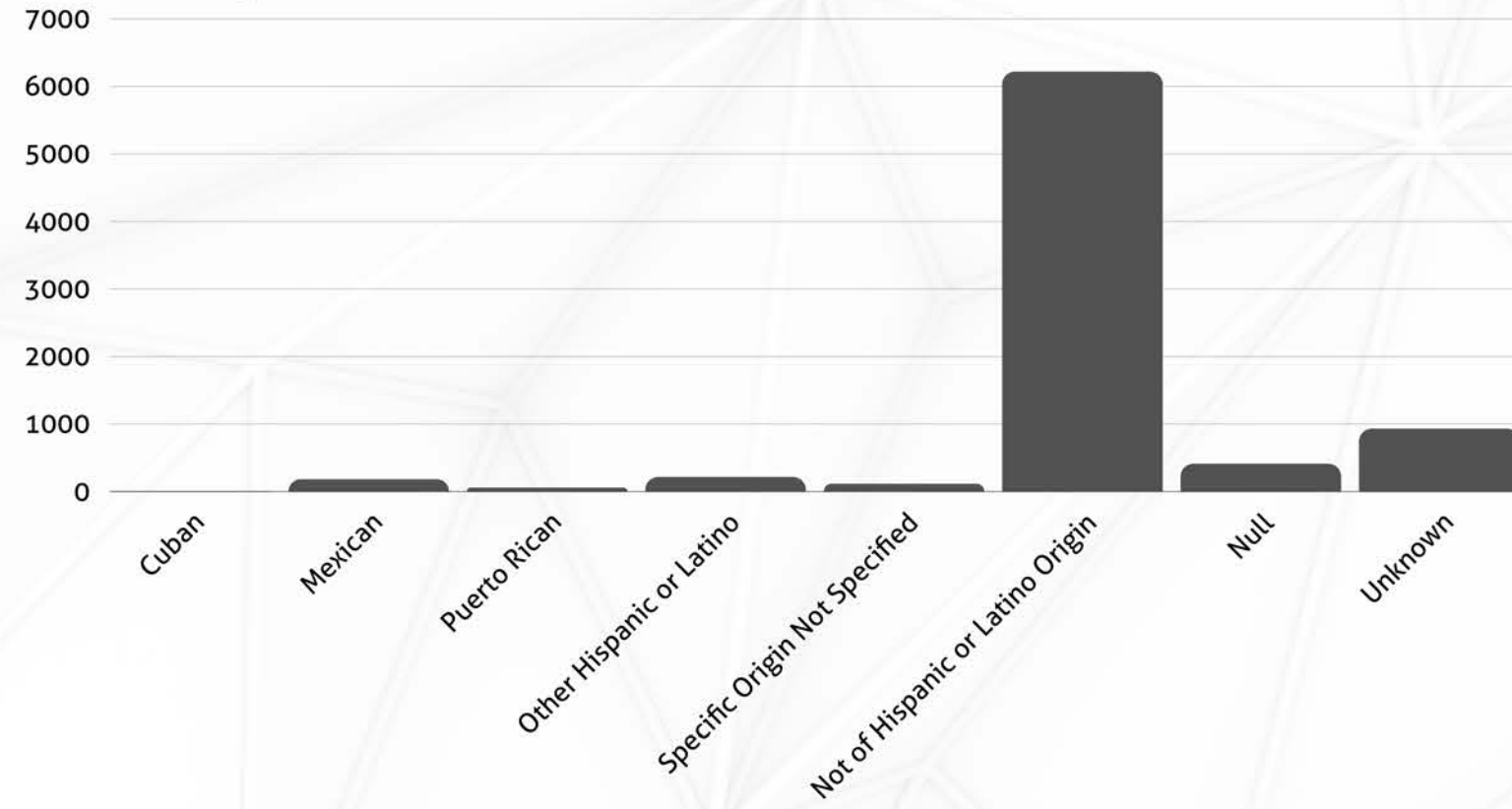


TOTAL SERVED: 8,143

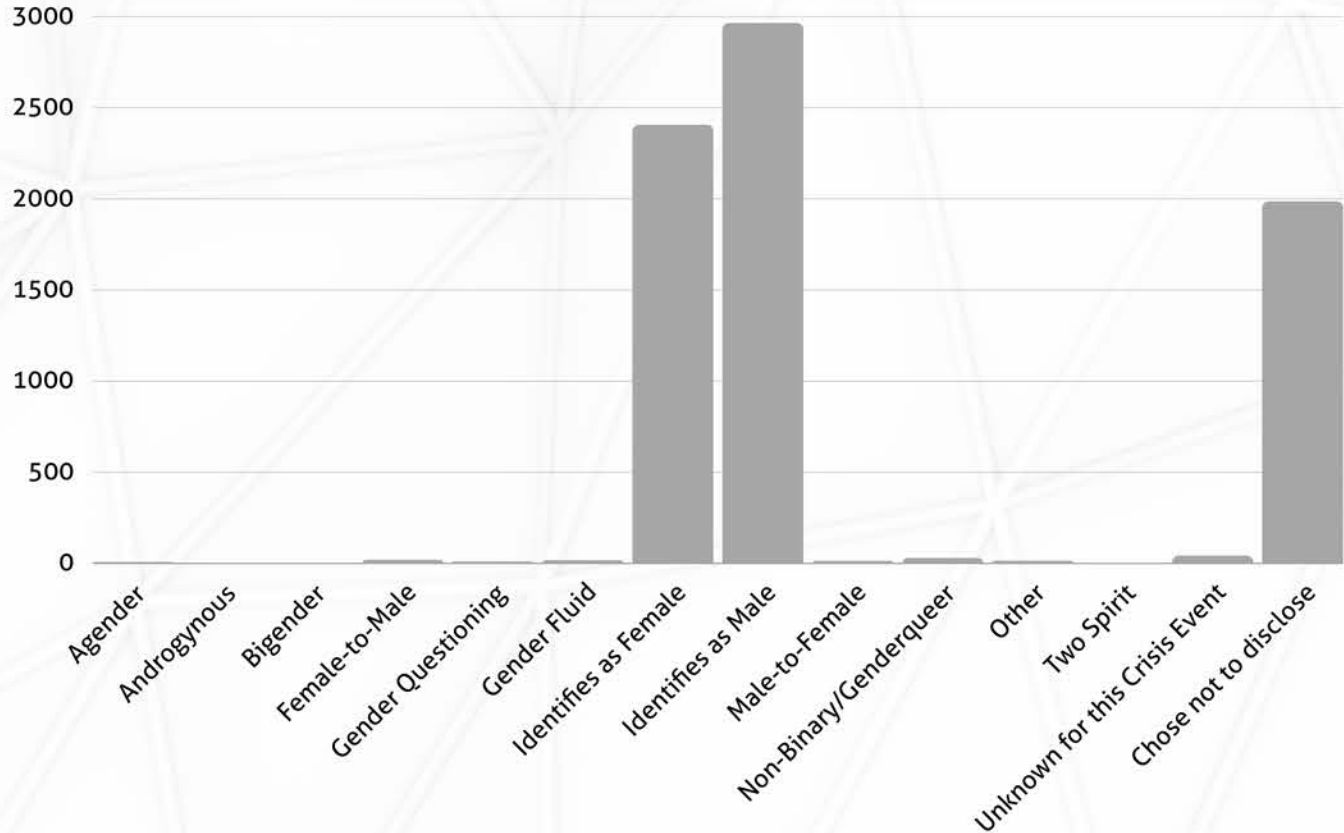
Race



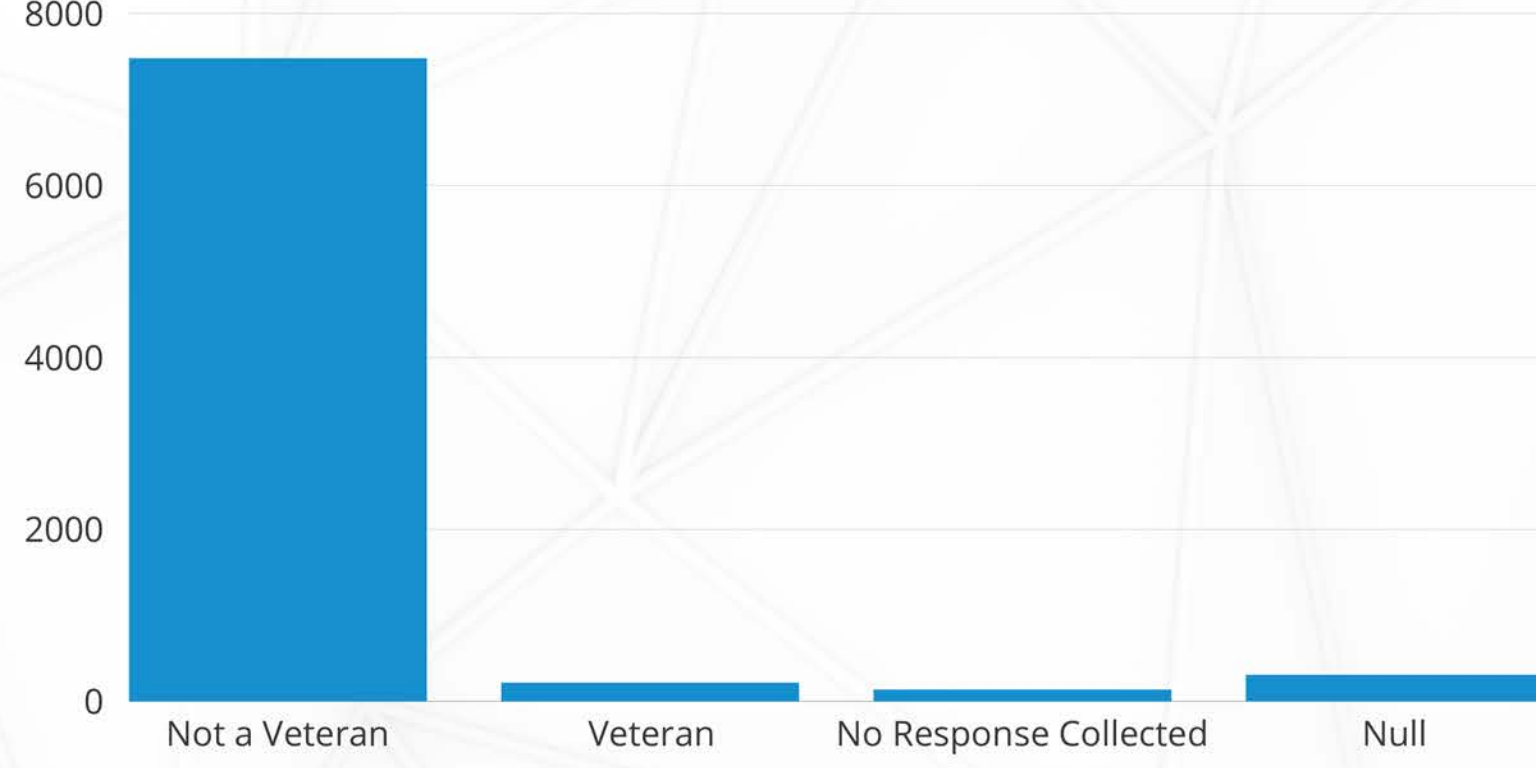
Ethnicity



Gender Identity

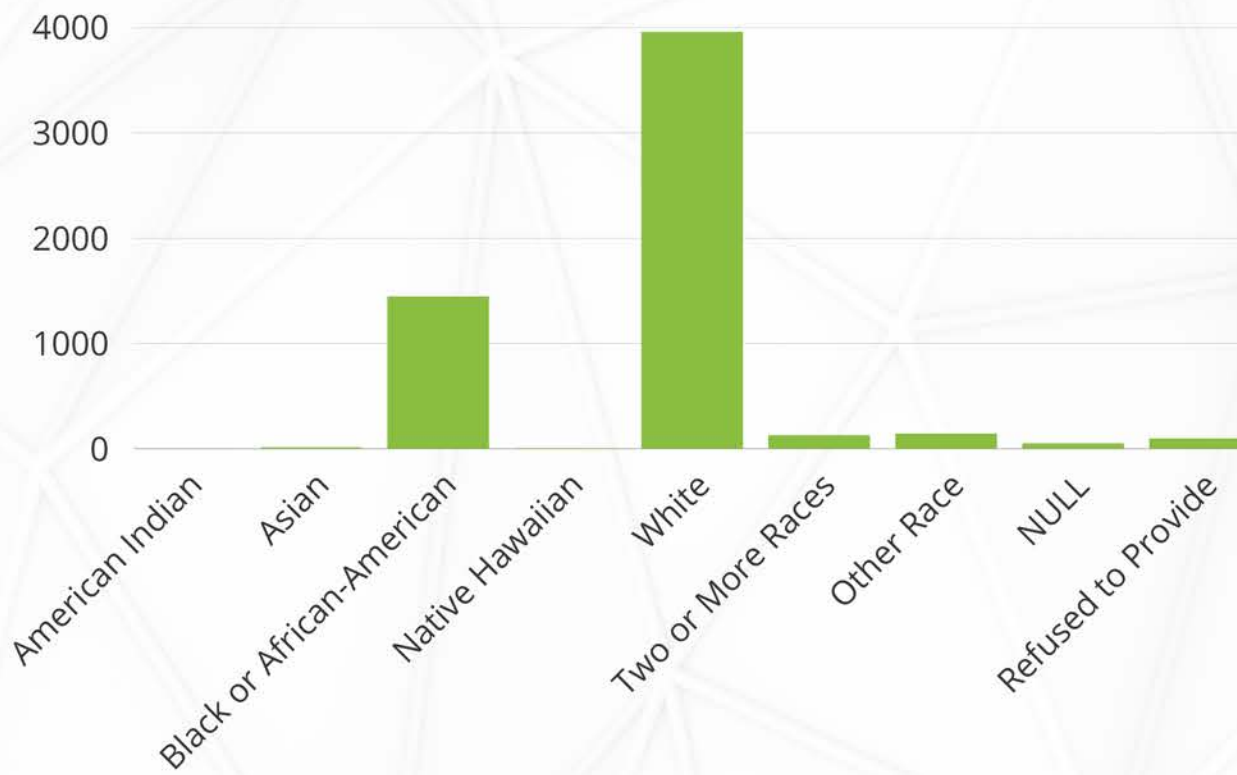


Veteran Status

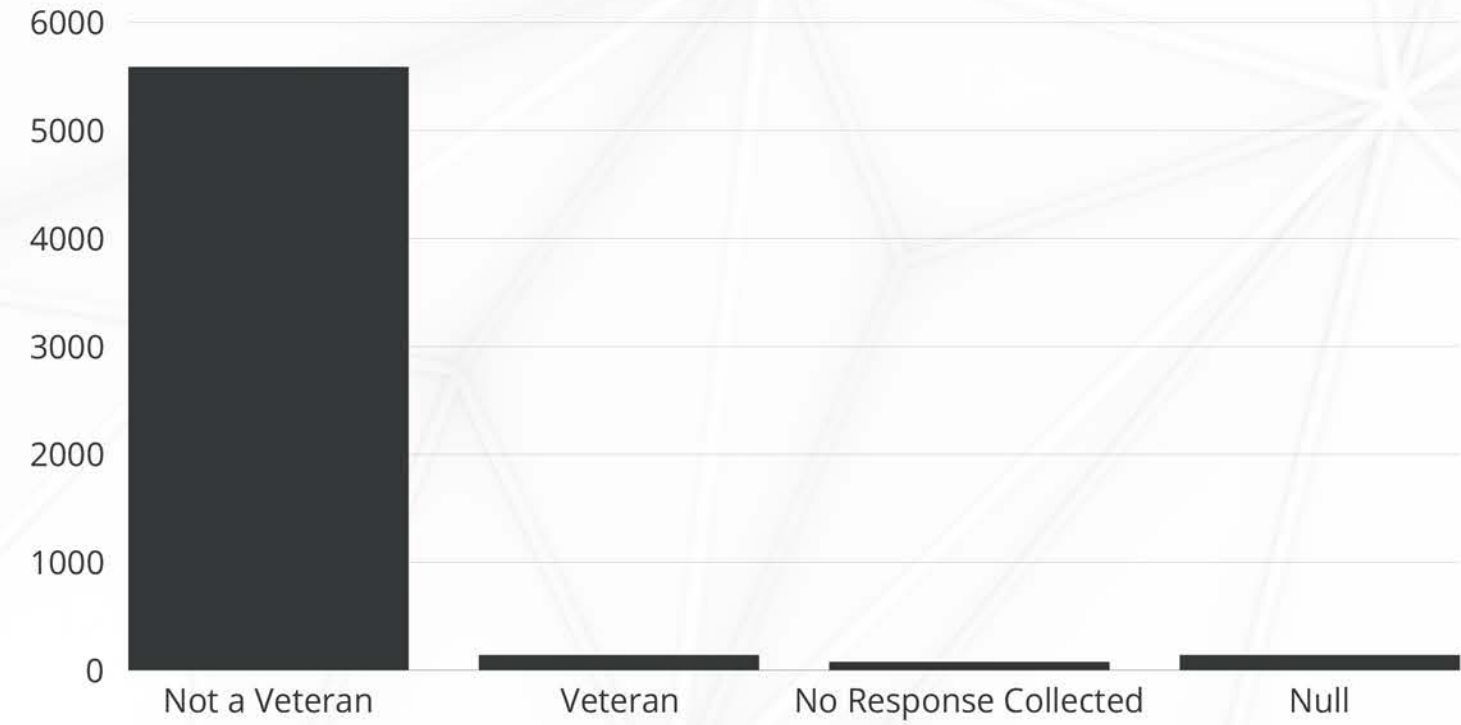


TOTAL SERVED: 5,921 CCBHC

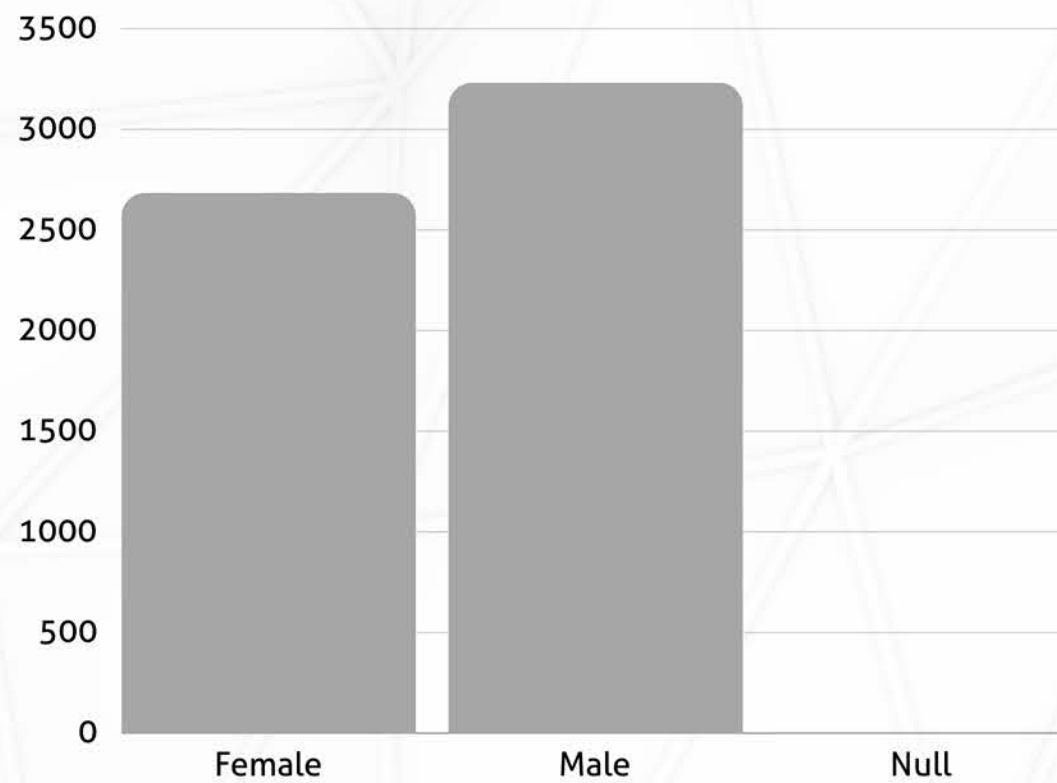
Race



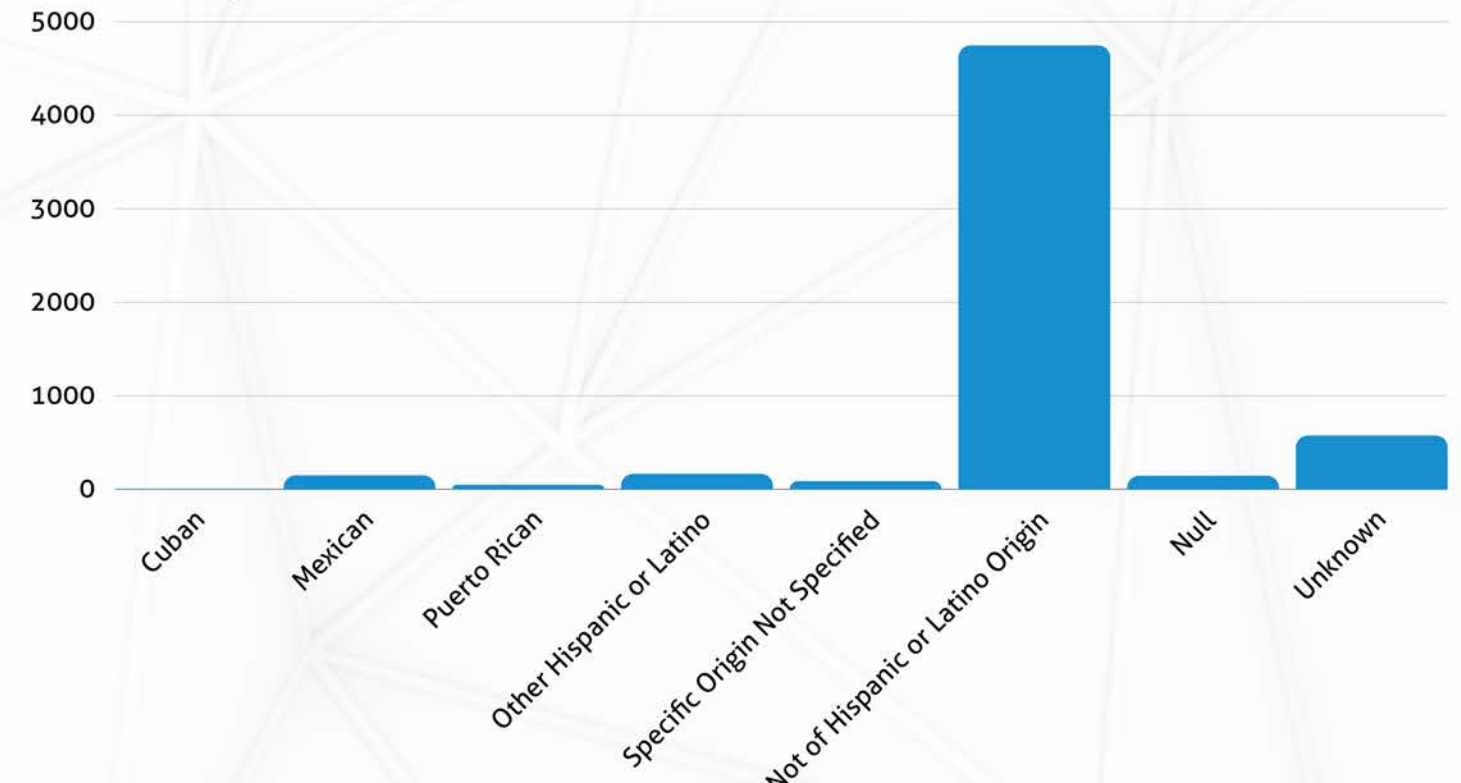
Veteran Status



Gender At Birth



Ethnicity



FY 23 LOCATIONS

Club Interactions

1470 Peck St
Muskegon, MI, 49442

Muskegon Covenant Academy

154 McLaughlin
Muskegon, MI, 49442

Folkert Community HUB

640 W Seminole Rd
Norton Shores, MI, 49441

State Probation 3rd Floor

131 E Apple Ave
Muskegon, MI, 49442

Integrated Health Clinic

376 E Apple Ave
Muskegon, MI, 49442

Terrace Plaza 1st Floor

316 Morris Ave Suite 170
Muskegon, MI, 49440

Johnny O. Harris

97 E Apple Ave
Muskegon, MI, 49442

Terrace Street Crisis Residential

1364 Terrace St
Muskegon, MI, 49442

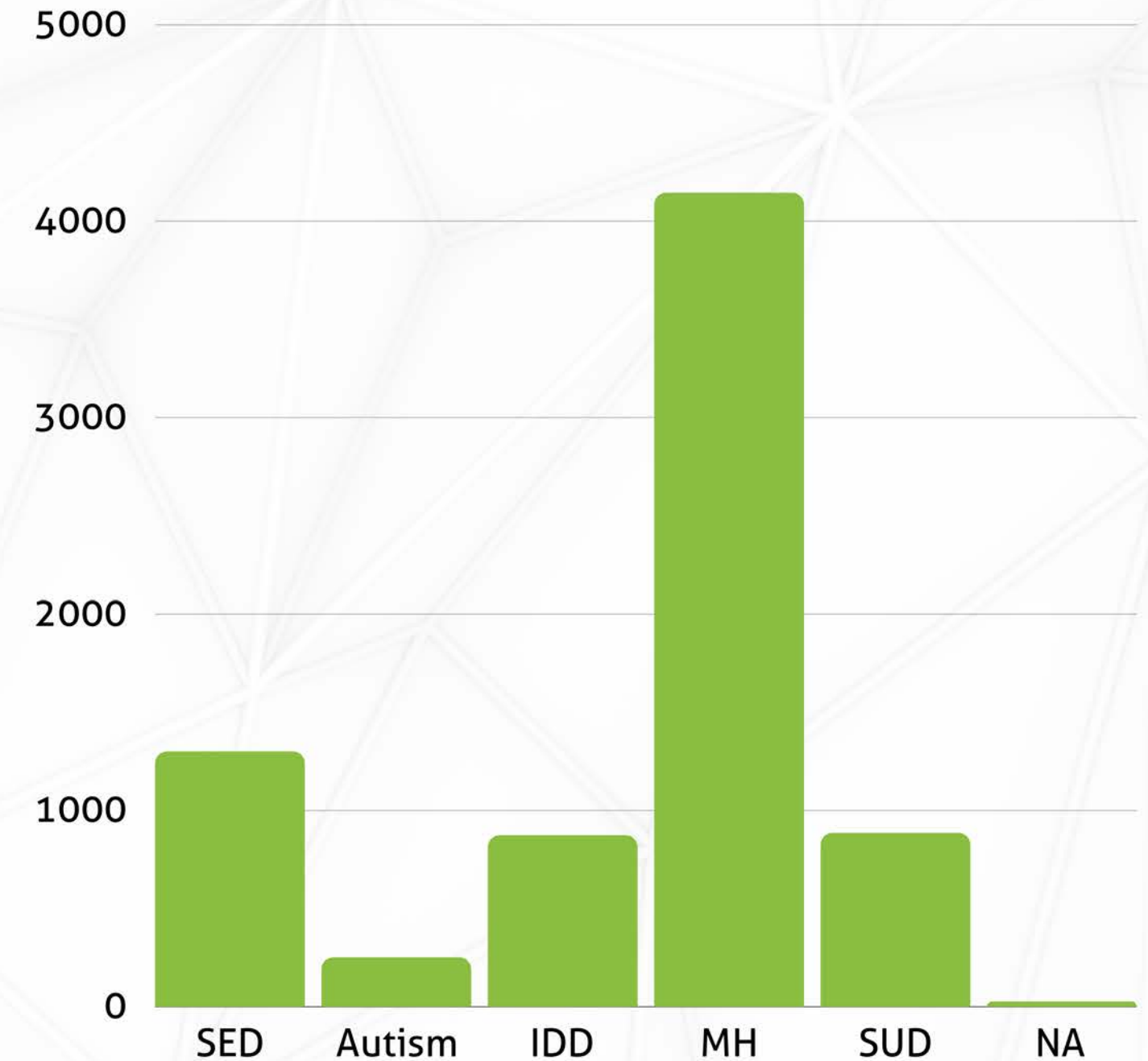
Mental Health Center

376 E Apple Ave
Muskegon, MI, 49442

Terrace Street Office Based

1352 Terrace St
Muskegon, MI, 49442

PROGRAM DESIGNATIONS OF FY 23



Individuals in MH/IDD that received a service in FY23 that included an SUD Dx:

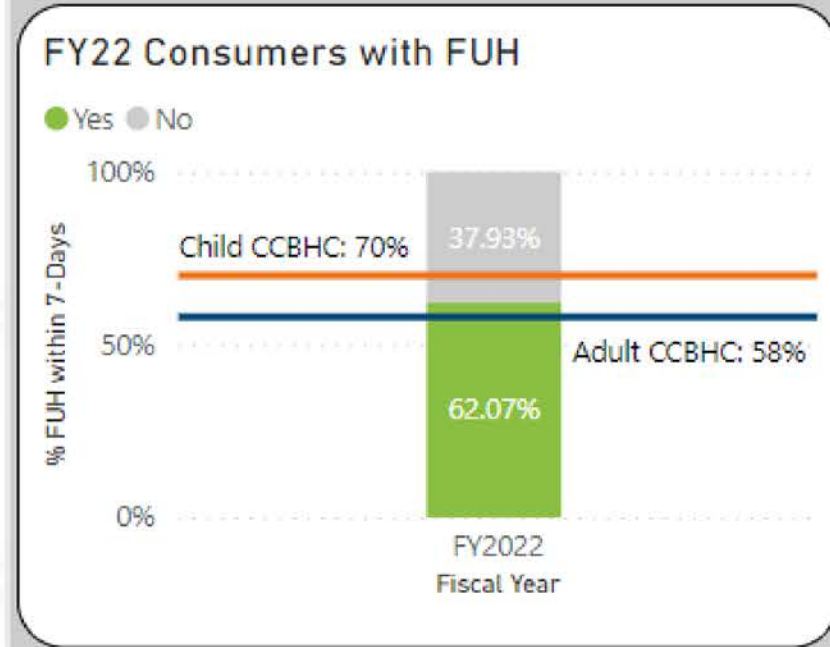
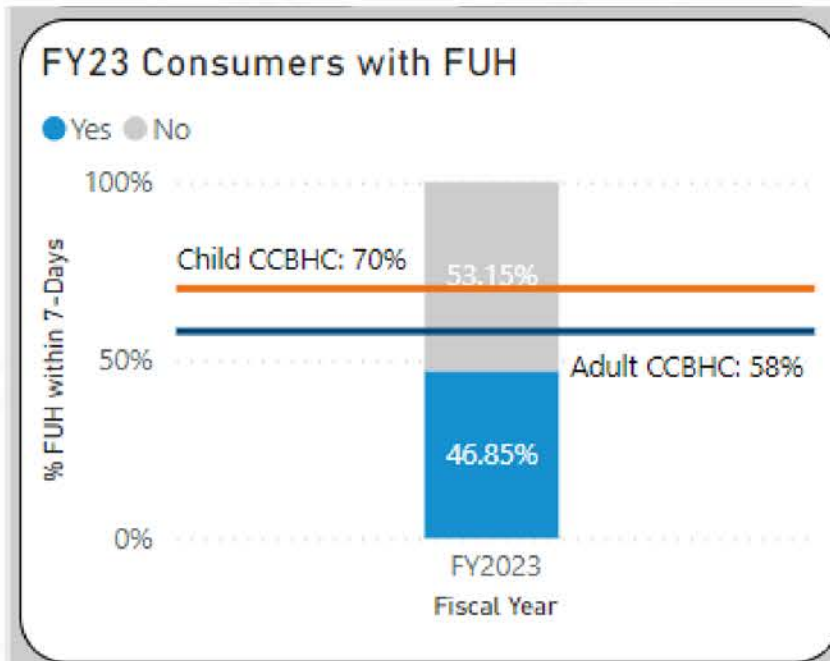
- MH 1714 of 4145 = 41.4%
- IDD 42 of 874 = 4.8%

**FY 2023
Strategic Plan
GOAL 1**

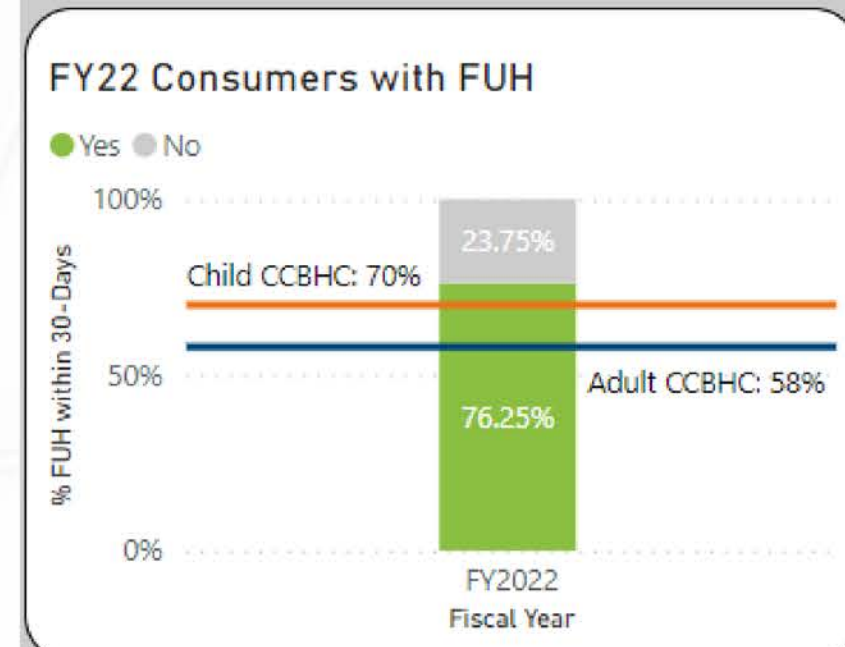
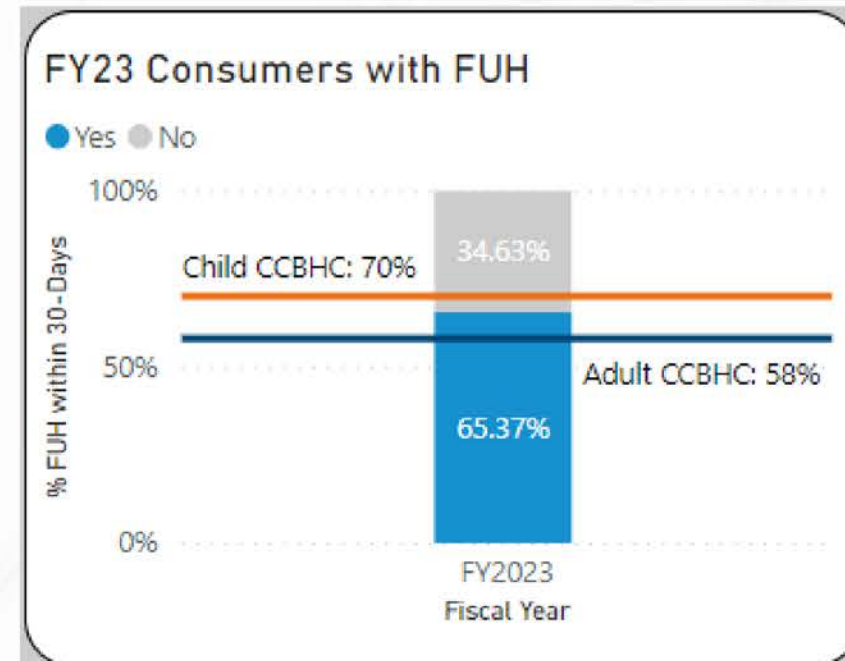
Implement a Comprehensive Approach to Increasing Inclusion, Diversity, and Equity at HealthWest.

The Data Analytics Team created a dashboard to show FUH (Follow-up to Hospitalization) rates for adults and children.

FUH W/IN 7-Days



FUH W/IN 30-Days



External Reporting and Internal Data Request Systems:

Agency-wide reporting system for external reports with auto-notification and project manager oversight, completed and in use.

Dashboards for three CCBHC QBP's completed. SAAAD, needs external data refresh schedule added. Work on the three other CCBHC QBP's in progress: for FUH-AD and FUH-CH. Data request submitted for IET-BH.

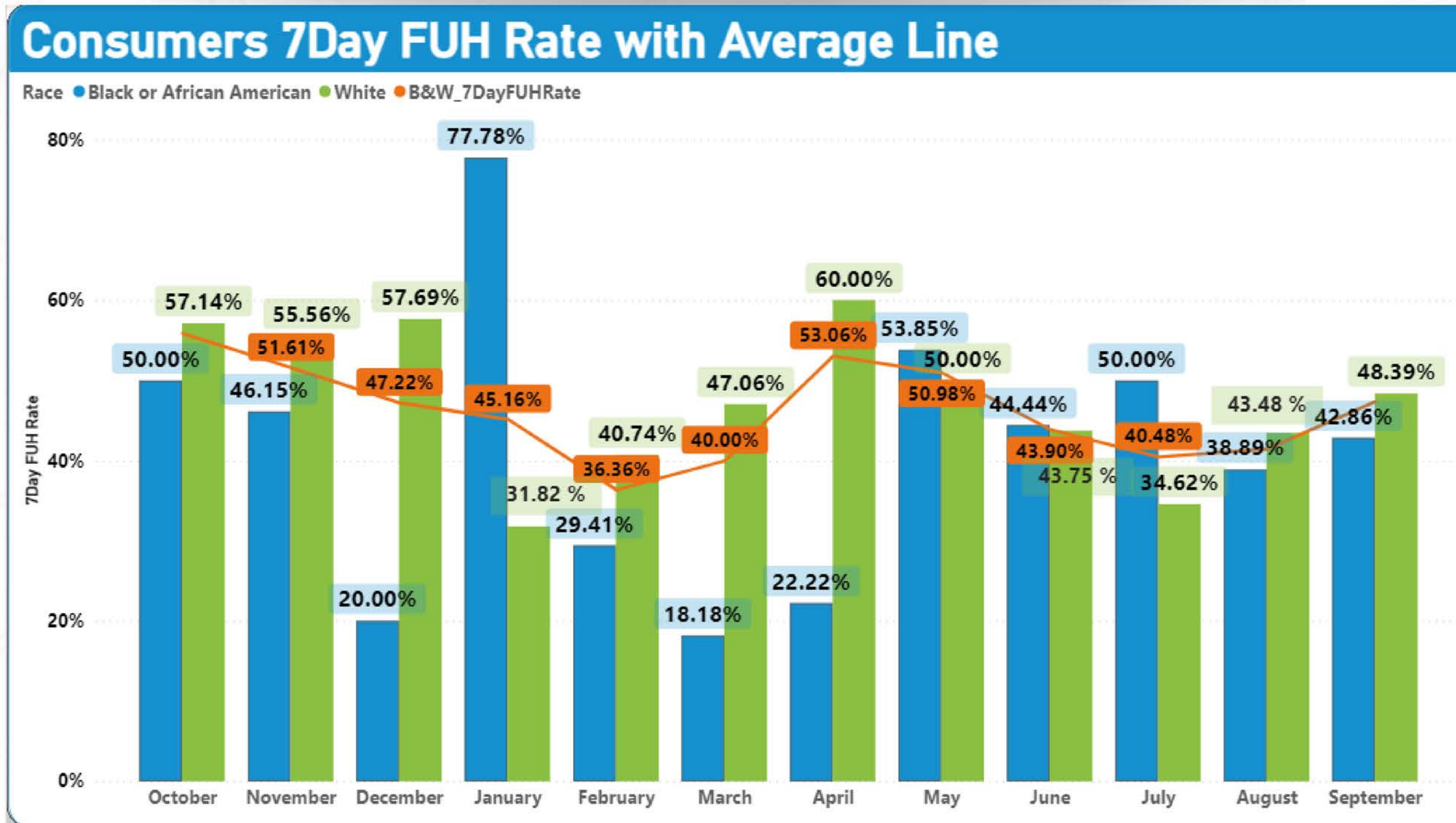
Presentation, Interpretation and Validation of Data:

- Style guide completed and documented
- Process in place for reviewing/teaching

Supporting Documents:

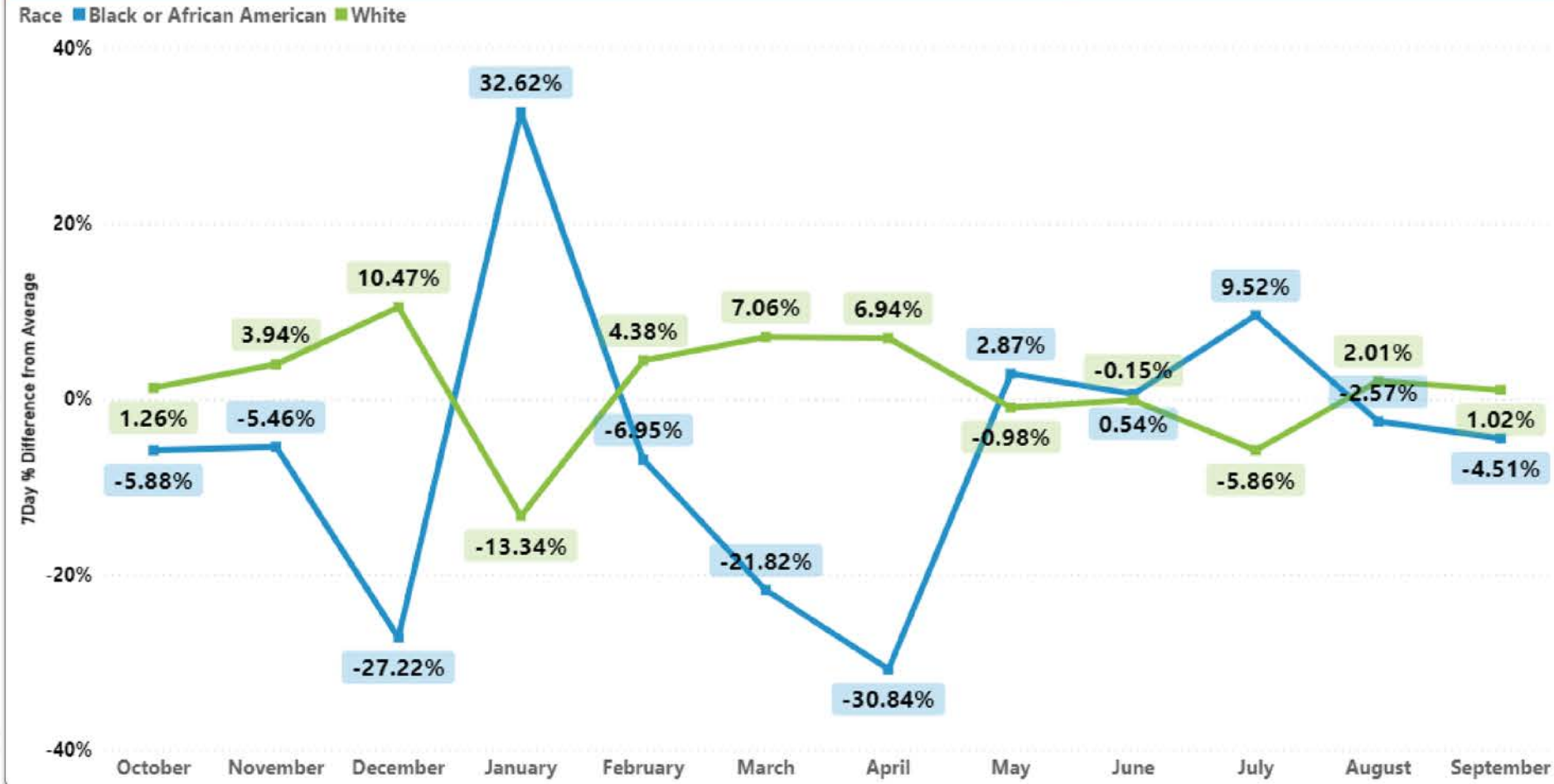
- Action Plan Data Technical Team.docx
- Data Request Process .pdf
- StyleGuide.docx

The Data Analytics Team created a dashboard to show FUH (Follow-up to Hospitalization) rates by race/ethnicity. This work is being expanded on by the Data Analytics Specialist who is now on the Quality Assurance team.

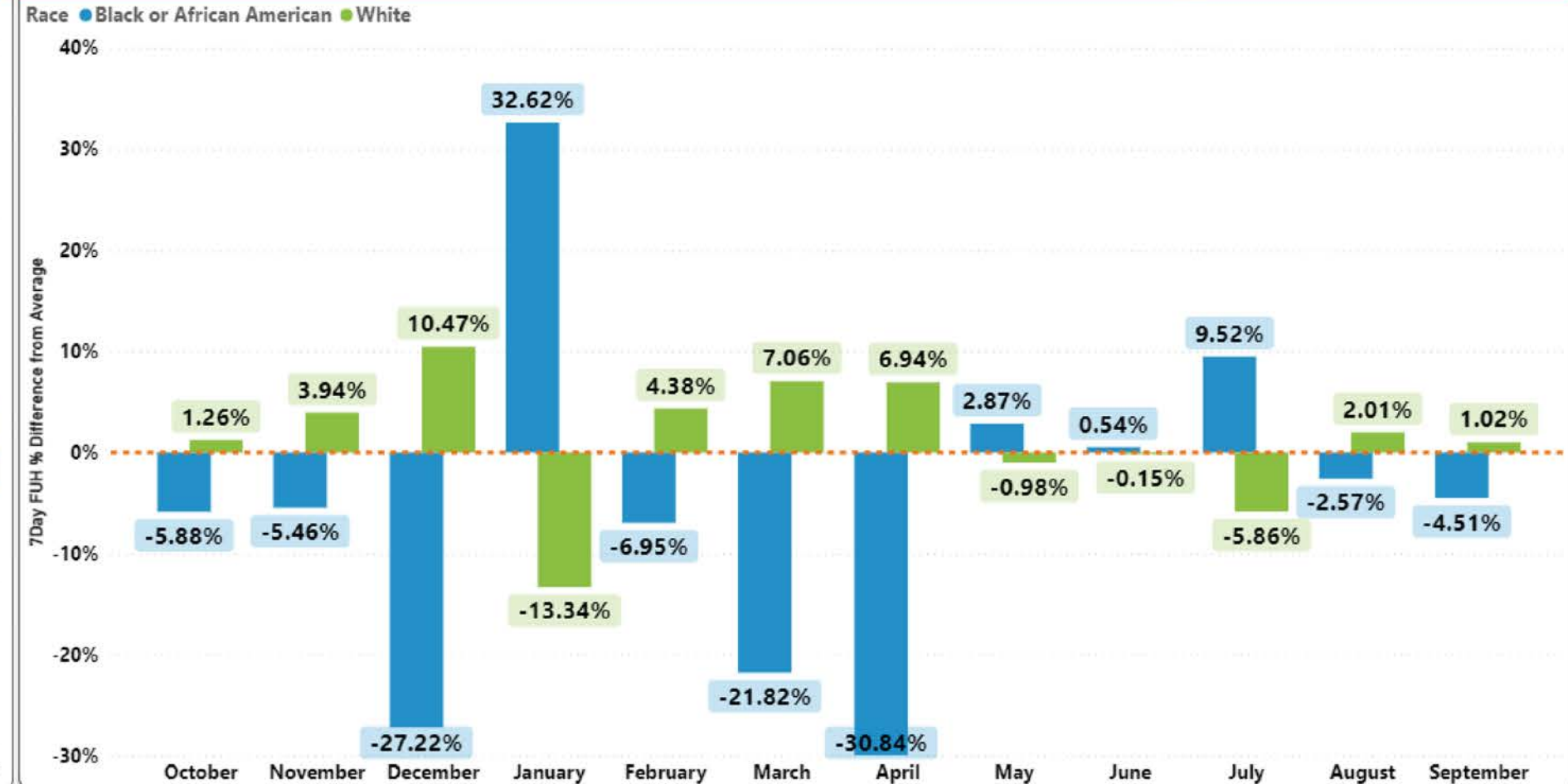


A recommendation was made to use a measure called "Percentage Point Gap" to best measure if a perceived disparity is statistically significant. An additional dashboard was created to measure and monitor the PPG to see if interventions are reducing disparity over time.

Consumer 7Day FUH % Difference from Average



Consumers 7Day FUH % Difference from the Average



The Quality Assurance team worked closely with SUD providers to improve discharge planning and care coordination, retrain staff on FUH requirements, and worked on making updates within the EHR in an effort to improve documentation.

SUD Provider Network - Muskegon County Options

Treatment Provider	Opioid Treatment Program: Methadone	Outpatient	Recovery Mgmt Team	Intensive Outpatient	Day Treatment	Medication Assisted Treatment	Womens Specialty Services	Recovery Housing	Population
ACAC		1			2.5				
Arbor Circle		1	Rec Mgmt				WSS		
Building Men for Life								RH Level 3	male
Catholic Charities West Michigan		1		2.1					
Cherry Street -Muskegon Recovery Center	OTP								
Eastside Outpatient Services	OTP					MAT			
Every Womans Place - Sober Living								RH Level 3	female
Family Outreach Center		1	Rec Mgmt						
Fresh Coast Alliance								RH Level 2	female, male, and family
Reach for Recovery - Grand Haven		1		2.1		MAT			
Recovery Road - Muskegon								RH Level 2	female and male
The Comfort Home								RH Level 2	female and male
Wedgwood Christian Services		1 Adult and Adolescent	Rec Mgmt				CM, FET, SPA		

SUD Provider Network - Out of County Options

Provider	Location	Residential				Withdrawal Management/Detoxification			
		3.1	3.3	3.5	3.7	Level 1 WM	Level 2 WM	Level 3.2 WM	Level 3.7 WM
Addiction Treatment Services-Dakoske	116 E Eighth St, Traverse City, MI 49684-2524			3.5					
Addiction Treatment Services- The PIER Detox	940 E Eighth St, Traverse City, MI 49686-2893				3.7			WD 3.2	WD 3.7
Addiction Treatment Services-Phoenix	445 E State St, Traverse City, MI 49686-2603			3.5					
Community Healing Centers - Gilmore	1910 Shaffer St. Kalamazoo, MI 49048	3.1	3.3	3.5	3.7				WD 3.7
Harbor Hall	704 Emmet St, Petoskey, MI 49770-0000	3.1		3.5				WD 3.2	
Our Hope Association	3508 Shaffer Ave, Kentwood, MI 49512			3.5					
Our Hope Association	324 Lyon Street NE, Grand Rapids, MI 49503			3.5					
Reach for Recovery-Chester Ray	231 Washington Blvd, Holland, MI 49423	3.1		3.5					
Reach for Recovery - Harbor House	377 Lincoln Ave, Holland, MI 49423	3.1		3.5					
Sacred Heart - Clearview Womens Specialty	400 Stoddard Road, Richmond, MI 48062			3.5					WD 3.7
Sacred Heart - Adult Residential	400 Stoddard Road, Richmond, MI 48062			3.5					WD 3.7
Sacred Heart - Serenity Hills Recovery and Wellness	6418 Deans Hill Road, Berrien Center, MI 49102			3.5					WD 3.7
Salvation Army Harbor Light - Grand Rapids	1215 E. Fulton Street, Grand Rapids, MI 49503			3.5 LT	3.7 ST				WD 3.7
Wedgwood Christian Services	3300 36th St SE, Cascade, MI 49512			3.5					

A new Recovery Coach role has been introduced at the front desk to provide specialized support for Substance Use Disorder (SUD) placements. Additionally, The Finance team is collaborating with the Access/Stabilization Manager to explore the financial requirements for a similar position aimed at aiding individuals with Mental Illness/Developmental Disabilities (MI/DD) who are not currently affiliated with HealthWest in accessing Follow-Up after Hospitalization (FUH) services.

HR INITIATIVES

The HR team established a baseline measure 12% of supervisory staff are racially diverse. Our goal is to increase this by 10% in FY2024.

We started the Hire Reach hiring methodology and have implemented fully in one department (Finance) and for several specific positions (Autism BAT's, MLC's, Case Manager's and DSP's). This is slowly rolling out for all positions.

We are working on a process to capture the number of applicants who apply after meeting Laurie Johnson at an outreach event.

Staff Involvement

- Weekly Newsletter
- Committees
- Workgroups
- PFA

Staff Support Workgroup

- Holiday Market
- Thankful Tuesday
- Spirit Week
- Workiversary Cards
- Pick a Pop Event
- The Westies
- United Way Fund Drive



Staff Incentives:

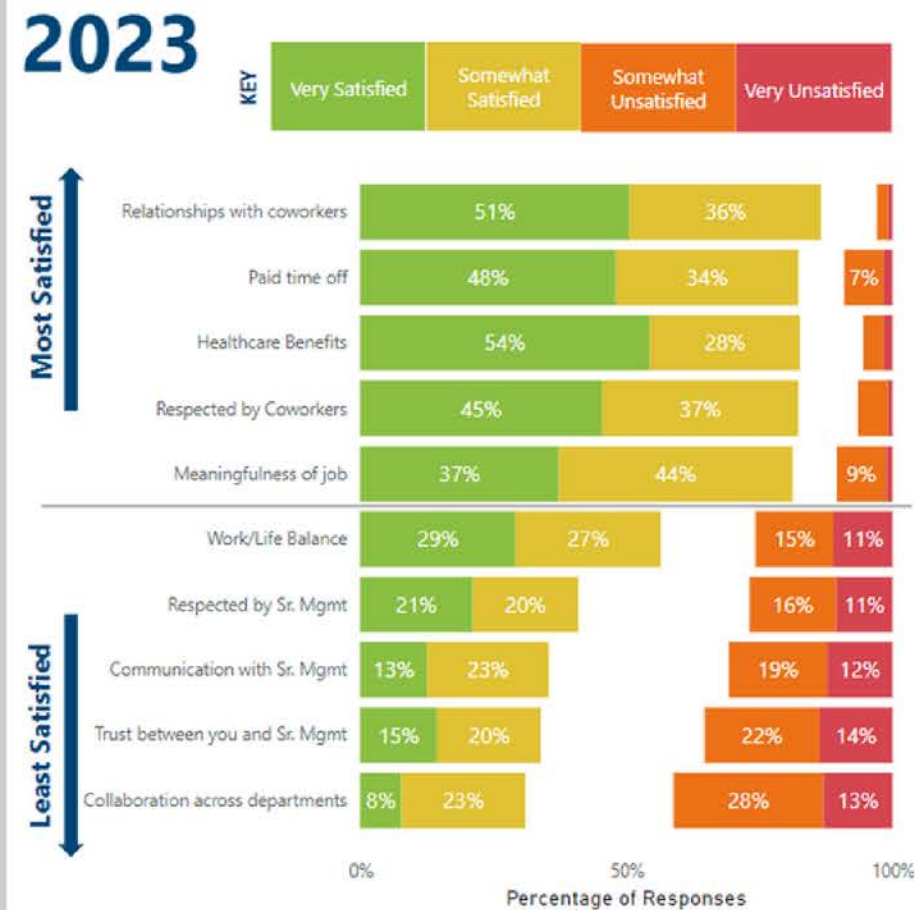
- \$1,000 retention stipend to all staff after 6-months of employment
- Committee Chair and Co-Chair Incentives
- On-Call Incentive Stipends
 - \$300 paid out quarterly
- Education Assistance and Tuition Reimbursement
- \$300 Personal Development Dollars
- Credential Stipends
- Employee Referral Bonus
- Youth Services and Corrections Services Masters Level Clinician Incentives
- ACT Retention Stipends
- CALM App
- PSLF
- ID.ME

**Staff turnover
dropped
from 28% to 20%!**

STAFF SURVEY | MAY 15-31, 2023

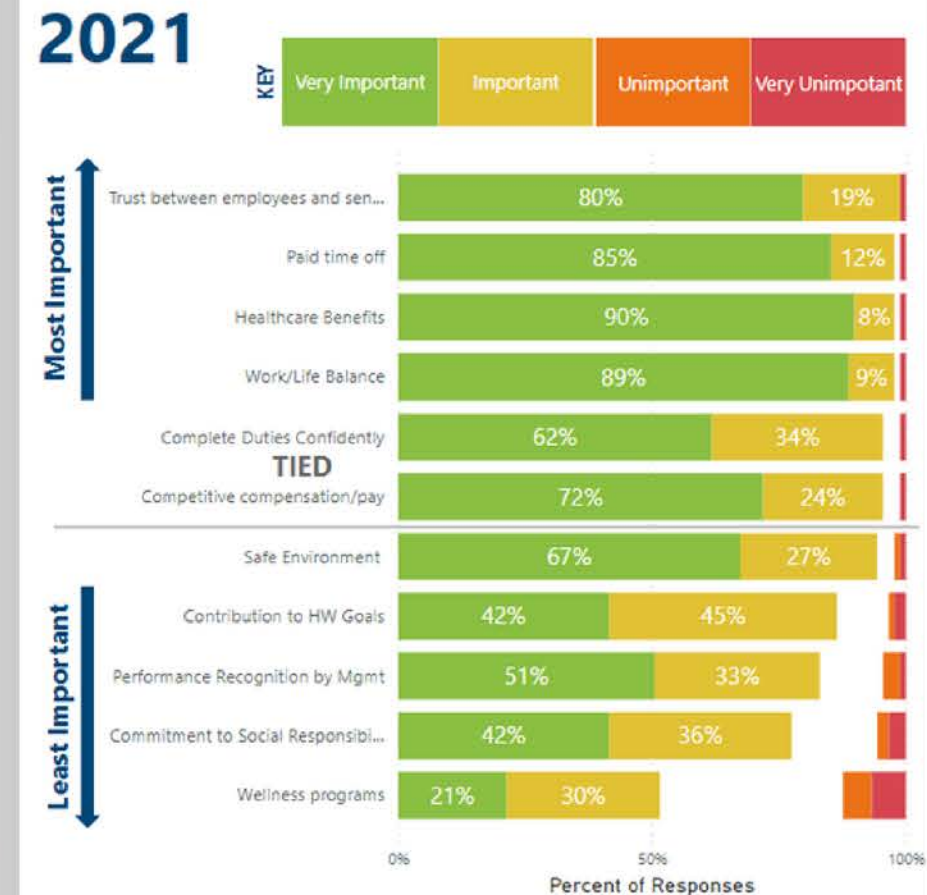
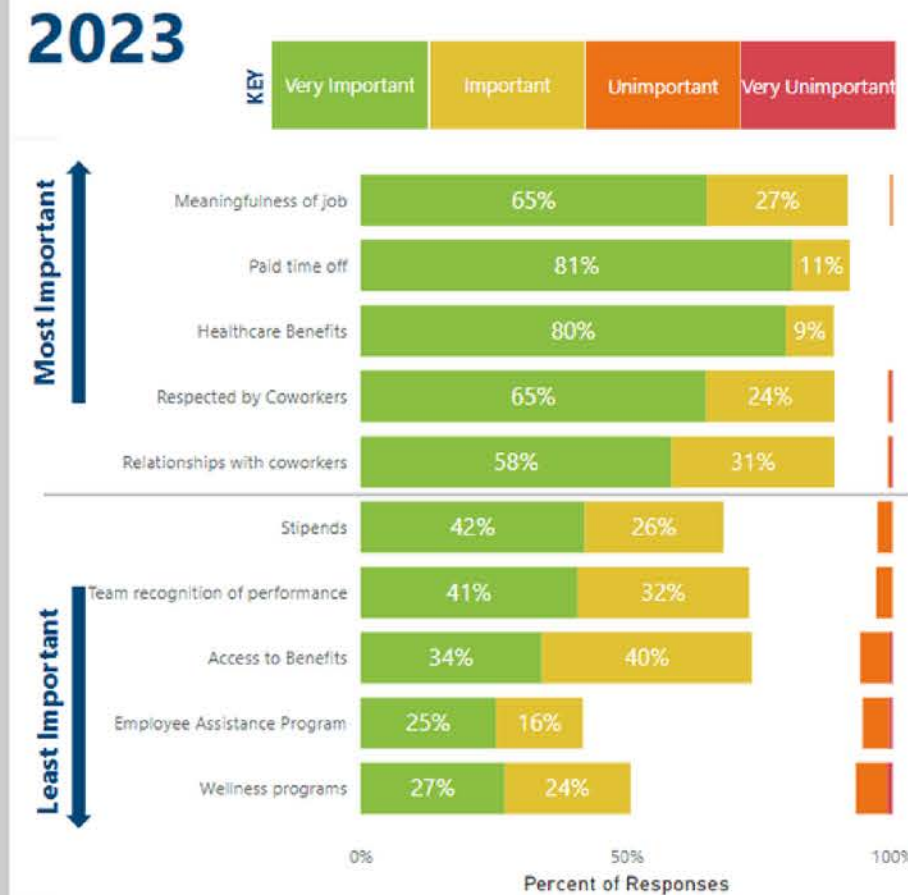
Satisfaction Top and Bottom Five: 2023 vs 2021

Data Source: LaserFiche



Importance Top and Bottom Five: 2023 vs 2021

Data Source: LaserFiche



What immediate change at HealthWest would make your job less stressful?

- Improved Communication: 31 votes
- Work From Home: 24 votes
- Manageable Workload/Caseloads: 20 votes
- Additional Staff: 16 votes
- Leadership Changes: 10 votes

What changes at HealthWest have made the biggest impact for you this past year?

- Losing Work from Home: 23 votes
- Leadership Changes: 16 votes
- Stipends: 11 votes
- Staff Turnover: 9 votes
- Scheduling Changes: 9 votes

CULTURAL INTELLIGENCE FRAMEWORK

By increasing the Cultural Intelligence of HealthWest staff, the staff is able to relate and work effectively in multicultural situations. Working towards improving staff CQ, and structuring the supervisory process for all staff are both means to outcomes of higher quality services and improving the customer experience by first developing our staff with fidelity.

512

How Many Staff Trained

79

CQ Drive

49

CQ Knowledge

70

CQ Strategy

60

CQ Action

FY 2023
Strategic Plan
GOAL 2

**Position HealthWest for
Excellence by Maintaining
Status as a Certified Community
Behavioral Health Clinic.**

HEALTHWEST IS A CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC BY OFFERING THE FOLLOWING SERVICES:

Point 1

Mental health crisis services, including 24/7 mobile crisis teams, emergency crisis intervention, and crisis stabilization.

Point 2

Screening, assessment, and diagnosis, incorporating risk assessment.

Point 3

Person-centered treatment planning, integrating risk assessment and crisis planning.

Point 4

Outpatient mental health and substance use services.

Point 5

Primary care screening and monitoring of vital health indicators and health risks in outpatient clinics.

HEALTHWEST IS A CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC BY OFFERING THE FOLLOWING SERVICES:

Point 6

Focused case management.

Point 7

Psychiatric rehabilitation services.

Point 8

Peer support, counseling, and family supports

Point 9

Intensive, community-based mental health care tailored for members of the armed forces and veterans, with a specific focus on those in rural areas.

CCBHC POINTS 1 & 2

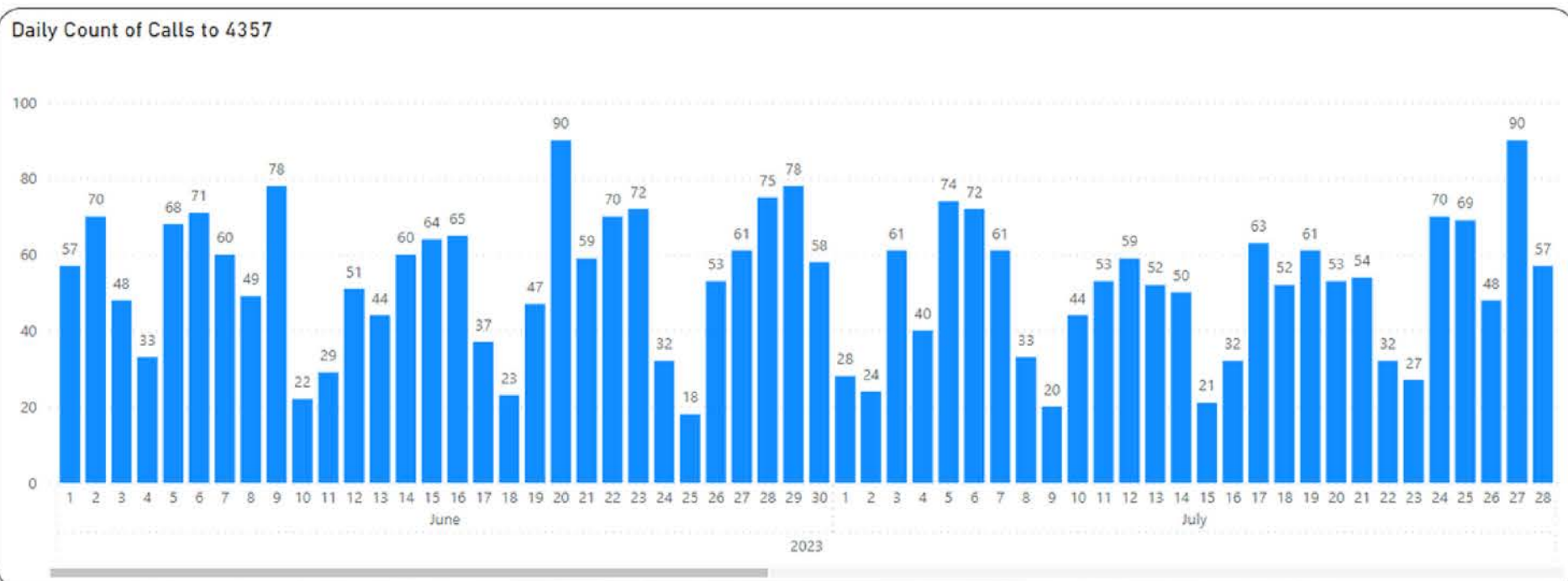
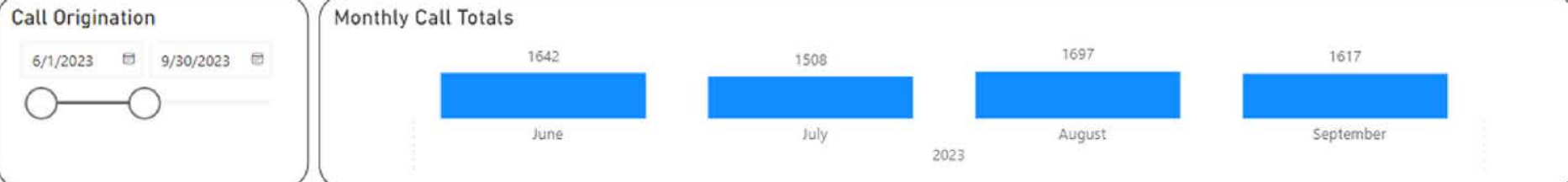
1. Mental health crisis services, including 24/7 mobile crisis teams, emergency crisis intervention, and crisis stabilization.
2. Screening, assessment, and diagnosis, incorporating risk assessment.

Point 1

Point 2

Warmline Calls

Date Last Refreshed: 3/5/2024 3:19:15 PM



CCBHC I-EVAL: Timely Initial Assessment

Data Source: Latitude 43
Last Refresh Date: 03/19/2024

This metric tracks new consumers with initial evaluation provided within 10 business days of first contact. Consumers that meet this metric are highlighted in green. Those that do not are in red.

10/1/2022 - 9/30/2023

Medicaid: All (N, Y) | Medicare: All (N, Y) | AgeGroup: Adult, Child | StaffName: All | PrimaryProgramName: All

313 New Contacts

108 Number of New Contacts Who Received Timely Assessments

34.5% Percentage of New Contacts Who Received Timely Assessments

Performance Over Time: Compliance Percentage (FY23 Q1: ~30%, FY23 Q2: ~38%, FY23 Q3: ~42%, FY23 Q4: ~30%)

44.73% New Contacts Awaiting BPS

First Contact Date	BPS Date	Business Days to BPS	Staff Name	Primary Program Name	Fiscal Year and Quarter
10/3/2022					FY23 Q1
10/4/2022	10/12/2022	6	Hruskach, Kelley	MI Adult Community Based	FY23 Q1
10/4/2022	4/14/2023	133	Pimpleton, Kaylyn	MI Adult Community Based	FY23 Q1
10/4/2022			Boxer, Michael	HealthWest Integrated SUD Team	FY23 Q1
10/5/2022	10/18/2022	9	Brown, Sarah	HealthWest Outpatient Clinic	FY23 Q1
10/6/2022			Lipski, Katherine	MI Adult Community Based	FY23 Q1
10/6/2022			Johnson, Terry	Recovery Coach Services	FY23 Q1

CCBHC POINTS 3, 4 & 9

- 3. Person-centered treatment planning, integrating risk assessment and crisis planning.
- 4. Outpatient mental health and substance use services.
- 9. Intensive, community-based mental health care tailored for members of the armed forces and veterans, with a specific focus on those in rural areas.

Points 3 & 9

Care Coordination team has been implemented to assist with this goal. This team provides care coordination between external and internal providers, and natural support. Complex care coordination with various Health Plans occurs monthly to assure adequate and efficient integrated care is provided, documented and assuring follow-up to all referrals. Staff includes a housing specialist, veterans systems navigator, benefits assistance and other support staff.

Point 4

Motivational Interviewing: A plan is in place for moving forward. Cohort 7 has completed training this past Fall.

Zero Suicide Team: HW has completed the Zero Suicide workforce study and have met with all staff who meet with individuals in services in Counseling and Access to Lethal Means.

Designated Collaborating Organization (DCO):

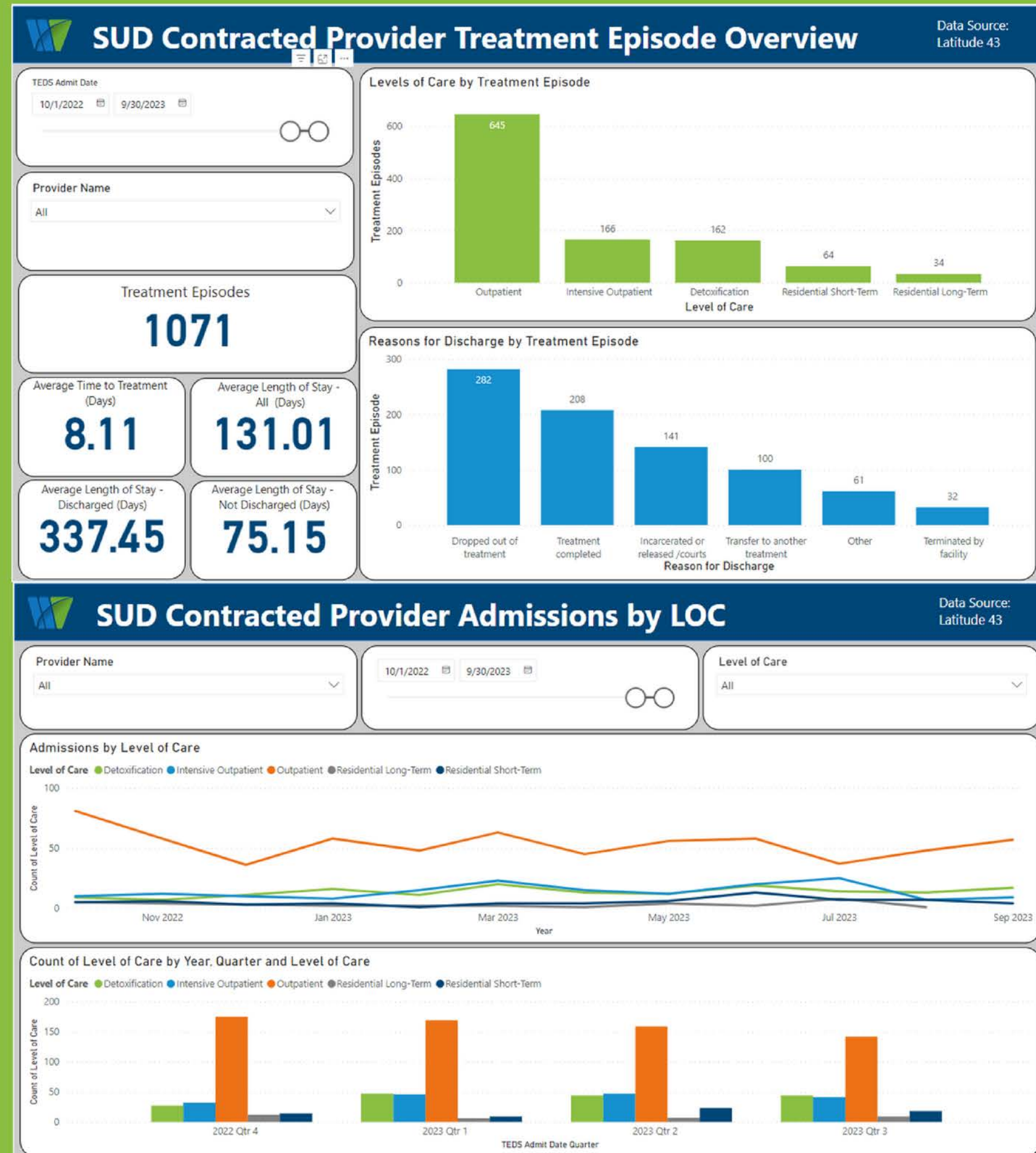
HealthWest currently has one DCO, Services of Hope, to expand our ability to provide Mild to Moderate Outpatient services to our individuals in service. With the addition of our DCO, we are able to serve an additional 200+ individuals annually. They are set to the same standards as any internal program and must comply with all CCBHC requirements. We have recently expanded their service array from therapy to decentralized access and psychological testing services. To ensure all requirements are met, they utilize our EHR to complete all documentation for individuals served for HealthWest.

Point 4 Continued

SUBSTANCE USE DISORDER INITIATIVES

Detox: Our prescribers are willing to provide coverage for 24 hour coverage. County was able to change liability coverage to enable this to go forward. There are only 6 beds available which hinders the space available for the amount of people needing this program. Staffing and space are the main needs to get this program running.

- HW Response to the Opioid Epidemic
 - Increasing access to Opioid Treatment Programs (new contract with Eastside Outpatient Services)
 - Recovery Coach Expansion to assist in warm handoffs and outreach
 - Narcan training and distribution with all HW staff
 - Opioid Summit held in August 2023
 - Participation with the Opioid Task Force
- Access to SUD Services Highlight network adequacy and continuum of service providers
- Efficiency to enter treatment Highlight timeliness to treatment – capturing motivation quickly when services are requested.
- Focus on timeliness to treatment to ensure we are capturing motivation quickly when services are requested.



Point 5

INTEGRATED HEALTH CLINIC VISITS

5. Primary care screening and monitoring of vital health indicators and health risks in outpatient clinics.

Total Dental Visits

2743

+94%
from
FY '22

Total Medical Visits

1116

-25%
from
FY '22

Total Behavioral Health Visits

309

-49%
from
FY '22

Total MAT Visits

114

-11%
from
FY '22

Total Dental Patients

824

+94%
from
FY '22

Total Medical Patients

1984

+53%
from
FY '22

Total Behavioral Health Patients

527

+25%
from
FY '22

Total MAT Patients

203

+63%
from
FY '22



CCBHC POINTS 6, 7

- 6. Focused case management
- 7. Psychiatric rehabilitation services

Point 6

CRU Units: HealthWest found space, staffing, and community collaboration not available to start this in the last 12 months. Livability Lab finalized their portion and turned in to the Executive Committee of the Diversion Council. Staffing and appropriate space are the biggest needs for the Living Room Model.

Independent Living / Residential and community support alternatives.

Point 7

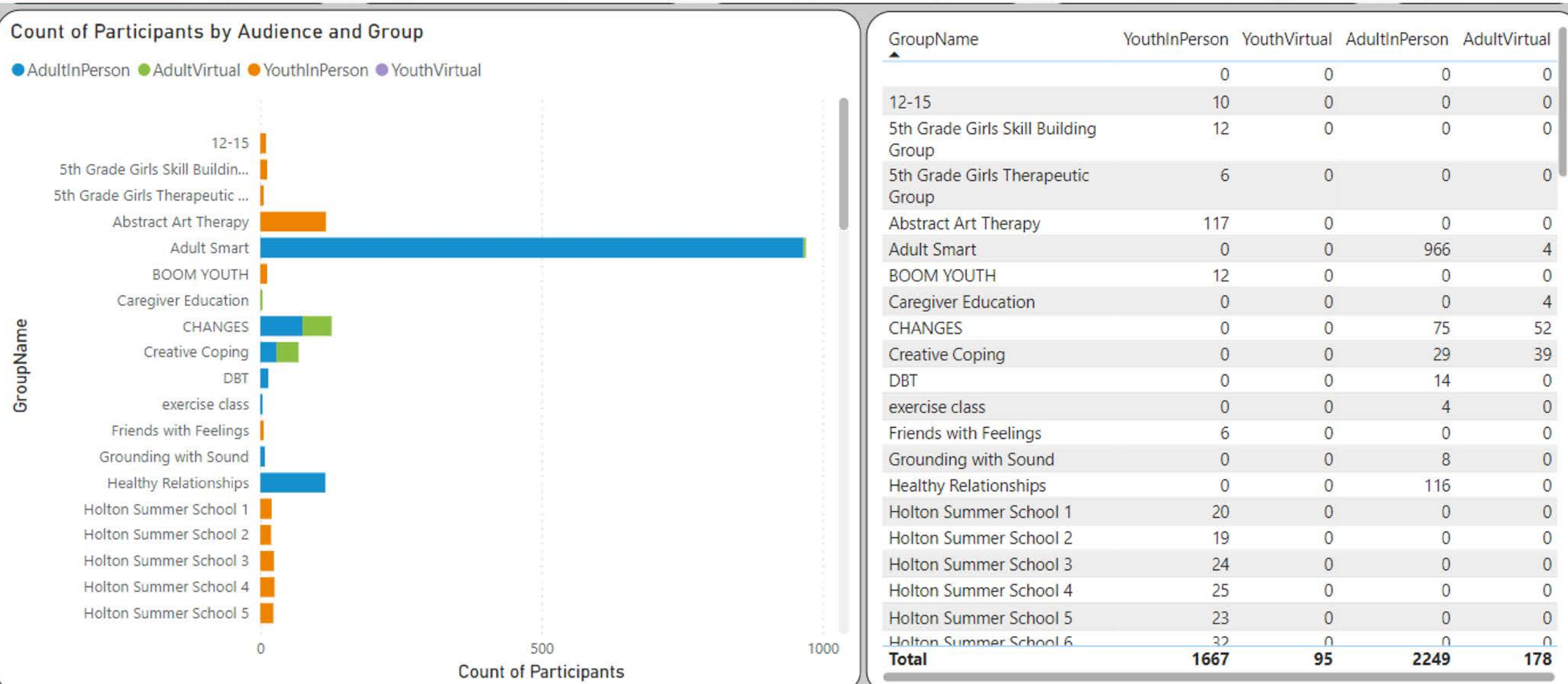
DBT: Staff are in cohort training. Obtaining Master Level Clinicians who are in cohort training through March, one in May. New staff is hired and in process of being trained.

CCBHC POINT 8

8. Peer support, counseling, and family supports

In addition to counseling services, we offer online and in-person opportunities every day to help connect, educate, and engage the community. Many of our group offerings are open to the general public with some lead by peers with lived experience.

Point 8



FY 2023
Strategic Plan
GOAL 3

Develop Sustainable and Responsive Systems for Ongoing Development, Learning and Growth.

STAFF INITIATIVES

The Development Planning Committee has been established but is currently on hold. We need to have a good system for performance appraisals first and then we'll work on how we add development planning to the process. The plan is to evaluate what we can do simultaneously.

The Supervisory Training Workgroup was established at the Muskegon County HR level. It was created as an effective HR orientation and training for supervisors. HealthWest's HR Manager is a member of this workgroup.

MYalliance is supporting this effort through a partnership with Pathfinders to evaluate trauma-informed needs through the parent village model. Social Emotional learning cohorts are held within school districts to inform and education on trauma, mental health signs and symptoms, and access to services.

GOALS

Increase number of persons trained on community based behavioral health topics by 10% each year.

- 40 community presentations/trainings were requested by various community groups
- Businesses with over 1,363 participants.

While we did not increase the number of trainings, we did increase the number of participants from 600 to 1363 which is an increase of 127%.

PROFESSIONAL DEVELOPMENT DOLLARS

All HealthWest staff have access to up to \$300 per year for professional development and growth, including conferences, training, seminars, and other similar opportunities.

License Renewal and Obtainment: 99 or 23%

- License Renewals
- Applications for new licenses
- Study materials for certification/license exams

Non-HealthWest Trainings and Courses That Mostly Include CEU Offerings: 92 or 21%

- Anti-Suicide Training
- Behavior Analysis Certification Board
- Courses on Substance Abuse

Professional and Personal Growth: 246 or 56%

- Motivational Interviewing
- Conferences
- Books/Webinars

MichiCANS

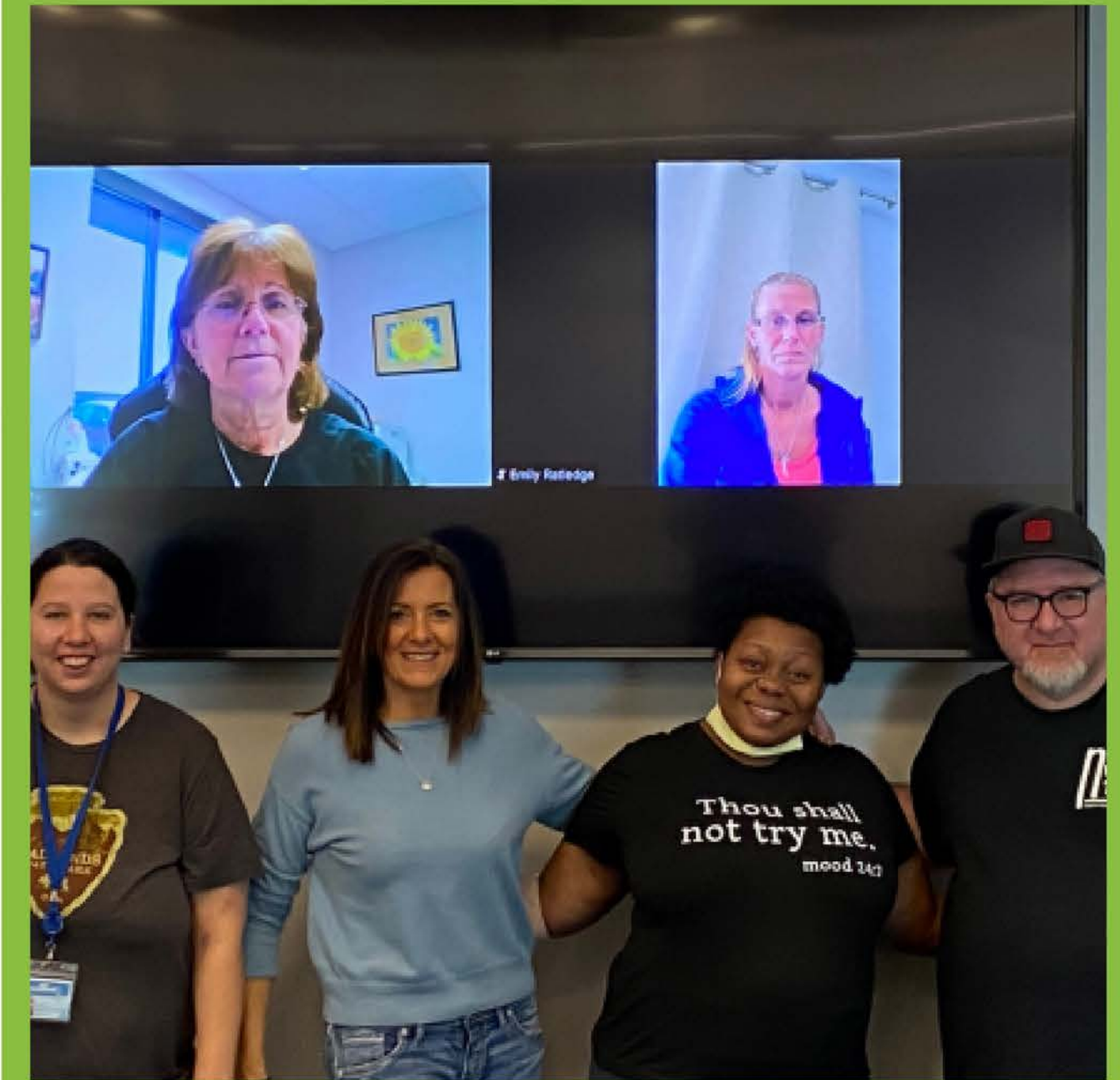
The Decision Support Model for the MichiCANS screener took place in FY 2023, while the Decision Support Model for the MichiCANS Comprehensive took place in FY 24.

The Soft Launch started in FY 24, to include TCOM, Screening, and Assessment Training and use of the tools, but a lot of preparation took place in FY 23.

437 total professional development applications were approved for FY23.

CONSUMER ADVISORY COMMITTEE

- October 2022 – First official Consumer Advisory Committee.
- December 2022 – Connected two Consumer Advisory Committee members to the LRE Advisory Committee.
- February 2023 – HealthWest Board officially appoints 11 members to the Consumer Advisory Committee.
- March 2023 – Three members attended the Voices in Action, Individuals with Developmental and Intellectual Disabilities Advocacy Event.
- April 2023 – The elected chair, co-chair, and secretary started their positions. One member attended the Suicide Advocacy event in Lansing.
- May 2023 - Two committee members attended the Self Determination Conference.
- June 2023 – Introduction of New Executive Director (Rich Francisco)
- August 2023 – A member was invited to the CIT program to share lived experience.



Founding Members

Members include Demario Phillips, Cherry Fouty, David Scholtens, Eric Johnson, Tamara Madison (chair), Emily Ratlidge (secretary), Angie Kartes (co-chair), Cindy Devries, and Thomas Hardy.

COMMUNITY CONNECTION

If you combine the efforts of both outreach and presentation/training, we attended 208 events while reaching 19,129 attendees/participants. The numbers are a combination of outreach booths, community requested presentations and trainings, and trainings we offered as part of our training calendar.

Enhance and Strengthen Community-Based Partnerships

- A lot of community partners supported the Health Wellness & Recovery Picnic (HWR). We also supported partners by attending their outreach events and provided trainings to their staff and consumers.
- Health, Wellness, and Recovery Picnic sponsors: We increased exhibitors from 90 to 96, a 6.7% increase. We also increased sponsorships from \$15,750 to \$21,350, an increase \$6,600 dollars or 35.5% increase
- Health, Wellness, and Recovery Picnic attendees increased from 1,000 to 1,200 despite the rain, a 20% increase
- We partnered with Wesco last summer to help with PFA/crisis intervention and came up with a training plan



COMMUNITY CONNECTION

Increase Outreach and Engagement of Priority Populations

- 119 training and presentations conducted and 3,183 attendees, this includes middle/high youth and adults. This is an increase of 6.3% over last year's 3,000.
- The training calendar had over 79 training offerings open to the community.
- We participated in 88 outreach events which is an increase of 95% from last year's 45 events. We reached over 15,946 attendees, a 195.5% increase above last year 5,400.
- Nine PSAs targeting the African American community with an estimated reach of 21,600 listeners.
- Sponsored the Latino Festival
- We had a booth at the Pride Festival and we collaborated for a presentation and panel during June.
- We also targeted the northern part of the county, attending several outreach events and conducted a presentation on mental health and HealthWest services at the Praise Center in Whitehall.

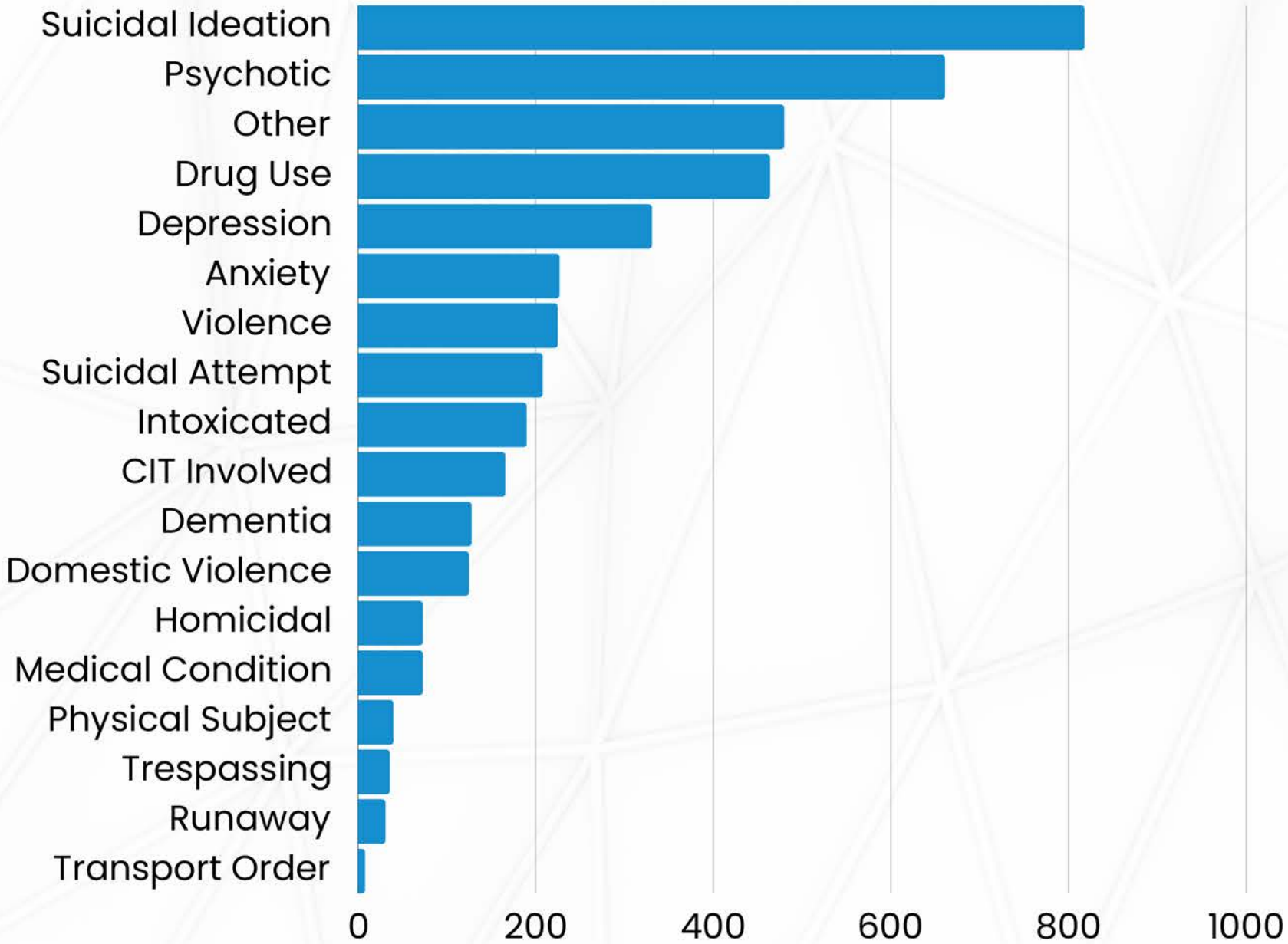


COMMUNITY CONNECTION

Crisis Intervention Team Programming Collaborative Efforts FY23

Between October 1, 2022, and September 30, 2023, HealthWest received 2,783 referrals from 11 police agencies, the Safe Seniors Task Force, and Probation. These referrals highlighted individuals facing a behavioral health crisis and possibly endured prolonged untreated behavioral health issues. This team and collaborating agencies promptly connected them to the necessary care and support.

Reason for Contact



FY23 Accomplishments & Highlights:

- CIT Training / 40 Hour specialty training to recognize and effectively intervene for someone experiencing a Behavioral Health Crisis.
- 2023 resulted in 37 cross system professionals being trained
 - 30 Law enforcement
 - 7 others including APS, Probation, Trinity Security and Behavioral Health Professionals
- Building the Behavioral Health Alternative Response
- LEAD expansion effective co-responding teams (LE and BH)
- Jail Based treatment expansion providing a integrated care approach.



YOUTH SERVICES

The School Based Services Sustainability Initiative focused on establishing quality, accountability, and financial stability for the school-based program. Initially reliant on the MyAlliance System of Care Grant since 2016, efforts to achieve sustainability independent of the grant began in early 2023. This involved refining program descriptions, enhancing clinical documentation standards, and collaborating with school administrative leadership. As a result, the programs are now fully sustainable without depending on the grant, which concludes in September 2024. Ongoing negotiations with various SOC schools aim to create tailored sustainability plans that address their specific needs.

Youth Leadership has been intentional to ensure we have at least one intern on every team in the department, recognizing that this is our best avenue for recruitment and supporting the overburdened workloads of our staff. While this is an investment of time and energy, it has paid off for HealthWest. Out of 14 Youth Department interns, we are currently on track to hire and/or promote nine of them. 12 out of the 14 interns were master level and they represent seven of the nine who will be hired or internally promoted within the organization.

Evidence Based Practice Training and Support

The Youth department continues to support staff in the attainment of clinical skills, including training in evidence-based practice models:

- Parenting Through Change
- Motivational Interviewing
- Families Moving Forward
- Trauma-Focused Cognitive Behavior Therapy
- Infant Mental Health
- SafERteens

FY 2023
Strategic Plan
GOAL 4

**Demonstrate High Integrity in
All Business Operations.**

CORPORATE COMPLIANCE

The Corporate Compliance Officer investigates any suspected fraud, waste, or abuse of services internally or externally and ensures that the agency remains compliant with all rules and regulations.

In FY 23, there were 17 Corporate Compliance Case investigations.

- Six were unsubstantiated
- One was referred to Recipient Rights
- Eight were resolved internally
- Two were substantiated and referred to the LRE/OIG for further investigation

Staff are required to complete Compliance Training annually and this is monitored to ensure all staff adhere to this requirement. CC Officer is a member of the Compliance Roat through the LRE and chairs the internal Corporate Compliance monthly meeting.

CORPORATE COMPLIANCE

The Corporate Compliance Committee has been restructured to ensure regular review of compliance and risk management areas or concerns, make recommendations, and ensure follow-up actions.

Credentialing and Privileging were moved to be a function of the HR team. The Quality Assurance team still works very closely with those responsible for credentialing to ensure all standards are met and necessary documentation is prepared for site reviews and audits.

In regard to Provider Relations, the Quality Assurance team works closely with contracts during LRE site reviews and works together to develop monthly provider audits.

The Grants Management position was hired under finance. The Quality Assurance team works with grants as needed for reporting, particularly with SUD Grants.

A Quality Assurance team member has been a part of the team working to implement TCOM. At this time, the internal team has paused with the introduction of the MichiCANS roll out.

In the area of Critical Incidents the Quality Assurance team has assisted in the introduction of the Lat43 module, trained all internal staff, presented to providers at provider meetings, worked with Recipients Rights and Human Resources to cover Risk Management and accident reports, created cheat sheets for staff use, worked with Data Analytics on a Power BI report to monitor trends in IRs, has started work with IT to develop an electronic form for providers to use, updated policies, and begun process mapping the RCA process when sentinel events occur. The team was also involved in implementing updated reporting requirements in miCAL CRM.

PROVIDER NETWORK

1. Stability Payments totaling \$297,501.88
2. Lakeshore Training System (LMS) completed training modules 17,131
3. Network Adequacy Plan completed
4. Two New Policies
 - 10-018 Provider Capacity and Services
 - 10-017 New Provider Orientation
5. Bimonthly meeting for all providers

SUD Providers

1. Monthly SUD Provider Network meetings
2. Bimonthly SUD provider meetings with in-county providers
3. Financial support for internal and contractual staff to attend the Annual Co-occurring Disorder Conference that was held in Sept 2023

Medicaid Provider Service Agreements

- Autism Service (5)
- Outpatient Services (39)
- Specialized Residential Services (32)
- Substance Use Disorder (SUD) Services (21)
- Community Inpatient Services (10)

Totaling 107

ADDITIONAL INITIATIVES

A Performance Improvement Committee workgroup is being created to further explore health disparities, the causes for them, and what interventions may be effective in reducing disparity.

The PIC has been restructured for monitoring of all QAPIP goals. Membership was expanded to include clinical and non-clinical members, as well as consumer membership.

Performance Improvement Committee Members

- Amie Bakos, Director of Adult Clinical Services
- Ann Gatt, Director of Children's Clinical Services
- Carrie Crummet, Clinical Services Manager - Utilization Management
- Cyndi Blair, Chief Clinical Officer - Clinical Operations Committee
- David Scholtens, Consumer Advisory Committee Representative
- Gary Ridley, Communications & Training Manager - Appeals/Grievances
- Jackie Farrar, Manager of Procurement & Provider Network
- Jennifer Stewart, SUD Quality Assurance Manager
- Linda Anthony, Director of Health Information Services
- Linda Wagner, Recipient Rights Officer - Recipient Rights Advisory Committee
- Matt Plaska, Manager of Performance Improvement & Accreditation - Site Review Standards/CARF
- Mickey Wallace, Director of Diversity, Equity, & Inclusion
- Natalie Walther, Director of Data Architecture & Analytics
- Pam Kimble, Director of Quality Assurance
- Shawna Curran, Evaluation & Innovation Specialist - CIRE/Survey Data
- Suzanne Beckman, Clinical Services Manager - Integrated Health Committee
- Urbain Ndoeye, Accountant I

ADDITIONAL INITIATIVES

Finance

- Finance has moved back to BS&A with an updated chart of accounts to meet the SCA model. AOD (Attendance on Demand) is currently in the pilot phase, and this will be the last obstacle to becoming fully compliant with SCA. This system will allow HW to allocate staff time based from actual hours worked and in real time. All FY23 year-end reports were submitted with the SCA model.
- HealthWest uses the County's fixed asset system and is signing an agreement with Enterprise Fleet Management to maintain and manage the HW fleet of vehicles.
- The Finance Department is also participating in a KATA project to improve financial processes. They are also flowcharting all activities to make both document protocols and to review for process improvement. This will include all financial and CCBHC financial reports.
- Finally, the CFO contracted with Rehman Robson to update and provide templates and documentation for all MDHHS and LRE financial reports. In the process key elements will be delegated to the director of finance and revenue cycle manager.

ADDITIONAL INITIATIVES

Human Resources

- HR Credentialing processes were established including the use of Laserfiche workflows, tracking spreadsheets and process checklists.
- Credentialing policy updates to match established procedures.
- New background checks policy and standard operating procedure written.
- Credentialing Specialist participation on LRE Credentialing meetings and policy revisions.
- Higher Reach (faster onboarding)
- SkillSurvey Reference Checking System - provides faster reference checking for hiring managers

NOTE: Privileging policy was eliminated, and we do not do formal privileging as it is not required.

Standard cost allocation is being supported by Human Resources through our hiring, internal transfers and position change processes ensuring staff are assigned to the correct cost in the County systems. In addition, maintain the finance staffing spreadsheet when we update costs centers, departments, etc for staff.

Establishing a Grants Workgroup to create processes that ensure the departments who need to know about the grant funding are in the communication loop.

THANK YOU!



HealthWest



HealthWest Employee Recognition / Feedback from Consumers:

Customer Service received a phone call on March 21st

Our customer service team received a phone call today who wanted to express her appreciation for a conversation she had with the supervisor of our Youth Behavioral Team, Shaundrica Roberts. This caller specifically asked our customer service team to let Shaun know that she appreciates you and is thankful for your help today. Keep up the great work!

Keep up the GREAT work Shaundrica Roberts!!!!!!

Feedback for Customer Service on March 26th

Positive feedback was given to the Customer Service team. This individual specifically named CJ Eastwood and the "front desk secretaries" at the MHC. "The secretaries up front help me more than you know. They saved my life. CJ is the only reason I am here today. She told me she was pulling for me. They make me want to be a better person. They are my angels." Keep up the great work! Thanks for all you do.

Keep up the GREAT work CJ Eastwood & Front Desk Team!!!!!!

Customer Service received a phone call on April 4th

"I used to see Dr. Jawor at Hackley Behavioral Health and now she is my doctor at HealthWest, things have come full circle. If I didn't have Dr. Jawor, I could have been in the hospital right now. I appreciate that woman so much. She is no-nonsense and she caught my symptoms early. She is working with me, and I am being seen more often to help keep me straight".

Dr. Jawor, Keep up the great work!!



Consumer Advisory Committee Update:

The Consumer Advisory Committee met on April 10, 2024 -

- Committee members request to have a motion for Craig Franklin to be appointed as a member.
- Special Projects Committee was formed. Will work with the customer service team on Consumer Recognition and Walk a Mile.
- Several members have been asked to be interviewed during the CARF survey.
- Consumer Advisory Committee members will be invited during the welcome meeting for the CARF survey.
- Suzanne Beckman, presented information on the Integrated Health Clinic and the Med Clinic.
- Gary Ridley, shared information on MDHHS's approach to conflict-free access and guidelines.

Community Mental Health Association of Michigan

Annual Summer Conference



The Importance of Belonging

**Grand Traverse Resort
Traverse City, MI**

June 10, 2024 - Pre-Conference

June 11-12, 2024 - Main Conference