

**HEALTHWEST**  
**FULL BOARD MINUTES**

**May 31, 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 8:00a.m.

**ROLL CALL**

Members Present: Charles Nash, Cheryl Natte, Janet Thomas, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Kim Cyr, Marcia Hovey-Wright, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Remington Sprague, M.D.

Others Present: Rich Francisco, Holly Brink, Gina Post, Amber Berndt, Brandy Carlson, Melina Barrett, Gordon Peterman, Christy LaDronka, Pam Kimble, Kelly Betts, Ann Gatt, Mickey Wallace, Kristi Chittenden, Gina Kim, Jackie Farrar, Brittani Duff, Tasha Kuklewski, Gary Ridley, Linda Wagner, Carrie Crummett

Guests Present: Mark Eisenbarth, Angie Gasiewski

**MINUTES**

HWB 87-B - It was moved by Mr. Hardy, seconded by Commissioner Nash, to approve the minutes of the April 26, 2024 Full Board meeting as written.

**MOTION CARRIED**

**COMMITTEE REPORTS**

***Finance Committee***

HWB 78-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve the minutes of the April 19, 2024, meeting as written.

**MOTION CARRIED**

HWB 79-F - It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to approve expenditures for the month of March 2024, in the total amount of \$11,722,160.32.

**MOTION CARRIED**

HWB 80-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the FY2024 HealthWest Fee Schedule effective June 1, 2024.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to table the proposed motion until further investigation of the Fee Schedule.

**MOTION TABLED**

HWB 81-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize HealthWest to procure and fund a Bathroom Remodification completed by Accessible Home Design, LLC up to \$18,600 to be completed by September 30, 2024.

**MOTION CARRIED**

HWB 82-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize HealthWest to accept grant from Michigan Public Health Institute (MPHI), on behalf of MDHHS, in the amount of \$30,366, titled "Mobile Crisis/Crisis Stabilization Unit Tracking Module Grant," effective May 1, 2024, through September 30, 2024.

**MOTION CARRIED**

HWB 83-F - It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to authorize HealthWest to procure and fund a Battery-Operated incline Platform Lift, inclusive of installation, complete by A4 Access up to \$36,435.00 to be completed by September 30, 2024.

**MOTION CARRIED**

HWB 84-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize HealthWest to increase the Rehmann Robson purchase order, not to exceed, \$54,000.00 through September 30, 2024.

**MOTION CARRIED**

HWB 85-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize HealthWest to reimburse the Behavioral Center of Michigan \$94,600.00 for Community Inpatient Services.

**MOTION CARRIED**

HWB 86-F - It was moved by Dr. Sprague, seconded by Mr. Hardy, to authorize HealthWest to sign a contract with Redi-Rental for the rental of portable restrooms, sinks, tables, chairs, tents and fencing for the Health, Wellness, and Recovery Picnic on August 15<sup>th</sup>, 2024, at a total cost not to exceed \$12,173.56.

**MOTION CARRIED**

### **ITEMS FOR CONSIDERATION**

HWB 88-B - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to authorize and approve Resolution #094 Opposing MDHHA Current Plans to Implement a Conflict Free Access and Planning in Michigan.

**MOTION MOVED**

HWB 89-B - It was moved by Mr. Hardy, seconded by Mr. Fortenbacher, to authorize and approve the HealthWest Executive Director to sign the Declaration Regarding the Impact of Waskul Settlement.

**MOTION PASSED WITH COMMISSIONER NASH OPPOSING**

### **OLD BUSINESS**

There was no old business.

### **NEW BUSINESS**

There was no new business.

**COMMUNICATION**

Mr. Francisco presented the remainder of the Annual Report for FY23.

**DIRECTOR'S COMMENTS**

There was no Director's comments.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the board, the meeting adjourned at 9:13 a.m.

Respectfully,



Janet Thomas  
Board Chair  
/hb



**TO:** HealthWest Board Members  
**FROM:** Janet Thomas, Board Chair, via Rich Francisco, Executive Director  
**SUBJECT:** Full Board Meeting  
May 31, 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)  | Approval of Agenda  | Action      |
| 3)  | Approval of Minutes   |             |
|     | A) Approval of the Full Board Minutes of April 26, 2024<br>(Attachment #1 – pg. 1-3)  | Action      |
| 4)  | Public Comment (on an agenda item)  |             |
| 5)  | Committee Reports   |             |
|     | A) Finance Committee<br>(Attachment #2 – pg. 4-8)   | Action      |
| 6)  | Items for Consideration   |             |
|     | A) Authorization to Accept the Proposed Resolution Opposing MDHHA<br>Current Plans to Implement Conflict Free Access and Planning in Michigan<br>(Attachment #3 – pg. 9-10) | Action      |
|     | B) Authorization to Sign the Declaration Regarding Impact of<br>Waskul Settlement<br>(Attachment #4 – pg. 11-14)  | Action      |
| 7)  | Old Business  |             |
| 8)  | New Business  |             |
| 9)  | Communication   |             |
|     | A) Fiscal Year 2023 Annual Report Out -Rich Francisco, Executive Director<br>(Attachment #5 – pg. 15-53)  | Information |
|     | B) Director's Report – Rich Francisco, Executive Director   | Information |
| 10) | Public Comment  |             |
| 11) | Adjournment   | Action      |

**HEALTHWEST**  
**FULL BOARD MINUTES**

**April 26, 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 8:00a.m.

**ROLL CALL**

Members Present: Charles Nash, Cheryl Natte, Janet Thomas, Janice Hilleary, John Weerstra, Kim Cyr, Marcia Hovey-Wright, Mary Vazquez, Remington Sprague, MD, Tamara Madison, Thomas Hardy

Members Absent: Jeff Fortenbacher

Others Present: Rich Francisco, Holly Brink, Gina Post, Amber Berndt, Shannon Morgan, Brandy Carlson, Melina Barrett, Gordon Peterman, Matt Plaska, Christy LaDronka, Pam Kimble, Kelly Betts, Amie Bakos, Jennifer Stewart, Ann Gatt, Mickey Wallace, Kristi Chittenden, Gina Kim, Urbain Ndoeye, Jackie Farrar, Jamie Curtis, Jennifer Hoeker, Brittani Duff, Tasha Kuklewski, Susan Plotts

Guests Present: Mark Eisenbarth, Kristen Wade

**MINUTES**

HWB 74-B - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the March 22, 2024 Full Board meeting as written.

**MOTION CARRIED**

**COMMITTEE REPORTS**

***Program Personnel Committee***

HWB 65-P - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the February 12<sup>th</sup> meeting as written.

**MOTION CARRIED**

HWB 66-P - 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**

HWB 67-P - 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**

HWB 70-P - 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**

***Recipient Rights Committee***

HWB 68-R - It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the February 9, 2024 meeting as written.

**MOTION CARRIED**

HWB 69-R - It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the Recipient Rights Reports for February 2024 / March 2024.

**MOTION CARRIED**

***Finance Committee***

HWB 71-F - 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**

HWB 72-F - 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**

HWB 73-F - 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**

***Nominating Committee***

HWB 76-N - It was moved by Ms. Natte, seconded Ms. Hilleary, to authorize the HealthWest Board Chair to make the above Officer appointments, effective April 26, 2024.

**MOTION CARRIED**

HWB 77-N - It was moved by Ms. Hilleary, seconded Ms. Natte, to authorize the HealthWest Board Chair to make the committee appointments, effective April 26, 2024.

**MOTION CARRIED**

**ITEMS FOR CONSIDERATION**

HWB 75-B - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize and approve the changes to the HealthWest Consumer Advisory Committee members, effective April 29, 2024.

**MOTION MOVED**

**OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

There was no new business.

**COMMUNICATION**

Ms. Kimble presented the Annual Needs Assessment.

Mr. Francisco presented the Annual Report for FY23. However, due to time it was decided to continue the remainder of the presentation at the Full Board Meeting on May 31, 2024.

**DIRECTOR'S COMMENTS**

There was no Director's comments.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the board, the meeting adjourned at 9:27 a.m.

Respectfully,

Janet Thomas  
Board Chair  
/hb

***PRELIMINARY MINUTES  
To be approved at the Full Board Meeting of  
May 31, 2024***

**HEALTHWEST****FINANCE COMMITTEE REPORT TO THE BOARD****via Jeff Fortenbacher, Committee Chair**

1. The Finance Committee met on May 17, 2024.
- \* 2. It was recommended, and I move to approve the minutes of the April 19, 2024, meeting as written.
- \* 3. It was recommended, and I move to approve expenditures for the month of March 2024, in the total amount of \$11,722,160.32.
- \* 4. It was recommended, and I move to approve HealthWest to approve the FY2024 HealthWest Fee Schedule effective June 1, 2024
- \* 5. It was recommended, and I move to approve HealthWest to procure and fund a Bathroom remodification completed by Accessible Home Design, LLC up to \$18,600 to be completed by September 30, 2024.
- \* 6. It was recommended, and I move to approve HealthWest to accept a grant from Michigan Public Health Institute (MPHI), on behalf of MDHHS, in the amount of \$30,366, titled "Mobile Crisis/Crisis Stabilization Unit Tracking Module Grant," effective May 1, 2024, through September 30, 2024.
- \* 7. It was recommended, and I move to approve HealthWest to procure and fund a Battery-Operated incline Platform Lift, inclusive of installation, completed by A4 Access up to \$36,435.00 to be completed by September 30, 2024.
- \* 8. It was recommended, and I move to approve HealthWest to increase the Rehmann Robson purchase order, not to exceed, \$54,000.00 through September 30, 2024.
- \* 9. It was recommended, and I move to approve HealthWest to reimburse the Behavioral Center of Michigan \$96,600.00 for Community Inpatient Services.
- \* 10. It was recommended, and I move to approve HealthWest to sign a contract with Redi-Rental for the rental of portable restrooms, sinks, tables, chairs, tents and fencing for the Health, Wellness, and Recovery Picnic on August 15<sup>th</sup>, 2024, at a total cost not to exceed \$12,173.56.

/hb



**HEALTHWEST**

**FINANCE COMMITTEE MEETING MINUTES**

***May 17, 2024***

***8:00 a.m.***

**CALL TO ORDER**

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

**ROLL CALL**

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

Committee Members Absent: Commissioner Charles Nash

Also Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Shannon Morgan, Amber Berndt, John Weerstra, Melina Barrett, Brittani Duff, Gary Ridley, Justine Tufts, Jennifer Hoeker, Suzanne Beckeman, Bethany Sebree, Matt Plaska, Kris Redmon, Christy LaDronka, Gordon Peterman, Latesha Johnson

Guests Present: Angela Gasiewski

**MINUTES**

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve the minutes of the April 19, 2024, meeting as written.

**MOTION CARRIED**

**ITEMS FOR CONSIDERATION**

**A. Approval of Expenditures for March 2024**

It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to approve expenditures for the month of March 2024, in the total amount of \$11,722,160.32.

**MOTION CARRIED**

**B. Monthly Report from the Chief Financial Officer**

Ms. Carlson presented the February report, noting an overall cash balance of (\$1,058,479.39) as of March 31, 2024.

**C. Finance Update Memorandum**

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

**D. Authorization to Approve FY2024 Fee Schedule**

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the FY2024 HealthWest Fee Schedule effective June 1, 2024.

**MOTION CARRIED**

E. Authorization to Approve Bathroom Remodification

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize HealthWest to procure and fund a Bathroom Remodification completed by Accessible Home Design, LLC up to \$18,600 to be completed by September 30, 2024.

**MOTION CARRIED**

F. Authorization to Enter a Grant Funded Project Agreement

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize HealthWest to accept grant from Michigan Public Health Institute (MPHI), on behalf of MDHHS, in the amount of \$30,366, titled "Mobile Crisis/Crisis Stabilization Unit Tracking Module Grant," effective May 1, 2024, through September 30, 2024.

**MOTION CARRIED**

G. Authorization to Procure Battery Operated Lift

It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to authorize HealthWest to procure and fund a Battery-Operated incline Platform Lift, inclusive of installation, complete by A4 Access up to \$36,435.00 to be completed by September 30, 2024.

**MOTION CARRIED**

H. Authorization to Increase Purchase Order for Rehmann Robson

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize HealthWest to increase the Rehmann Robson purchase order, not to exceed, \$54,000.00 through September 30, 2024.

**MOTION CARRIED**

I. Authorization to Approve Behavioral Center of Michigan Reimbursement

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize HealthWest to reimburse the Behavioral Center of Michigan \$94,600.00 for Community Inpatient Services.

**MOTION CARRIED**

J. Authorization to Approve Contract with Redi-Rental

It was moved by Dr. Sprague, seconded by Mr. Hardy, to authorize HealthWest to sign a contract with Redi-Rental for the rental of portable restrooms, sinks, tables, chairs, tents and fencing for the Health, Wellness, and Recovery Picnic on August 15<sup>th</sup>, 2024, at a total cost not to exceed \$12,173.56.

**MOTION CARRIED**

**OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

There was no new business.

## **COMMUNICATIONS**

Ms. Carlson provided communication from Roslund Prestage & Company.

## **DIRECTOR'S COMMENTS**

Rich Francisco, Executive Director HW

- First, I would like to share with the Finance Board Committee that we have hired a Chief Clinical officer, Christy LaDronka to the position. I have no doubt that Christy, with her background, will provide the leadership needed guide our Clinical programs and service delivery at HW. She is about a week into her new role and already asking the right questions.
- From LRE Ops and Executive Committee meeting: MDHHS has sent N180 Executive Director and the LRE Executive Director a letter that outlines a plan of correction for N180 to address and serve the individuals on their Autism wait list. There is an estimate of about 300 individuals who I believe are at various stages of the wait list such as waiting for initial assessment, waiting for services, or waiting for a different provider. N180 defends that there is a much higher need than is reflected in what the current rate for autism is. This has been one of the reasons that N180 is projecting a deficit. On top of just the autism shortfall in funding, N180 has also projected additional funding shortfall in other areas and will request utilization of the ISF dollars. The LRE executive board meeting will continue to have a discussion on this at the next LRE Board work session and will discuss strategies to address these overspend (higher utilization). The LRE Ops group, which I am a part of, is trying to get together to help brainstorm/resolve the funding issues because it will take a concerted effort from all levels.
- Internal to HW, I will be looking more closely at our service levels for the different programs. We will begin with Autism and expand from there. We are forecasting an underspend in this Autism, and I am trying to understand where we are at with the various stages of service delivery in Autism. We do have a wait list for initial testing based on the data, but I would really like our staff to have access review and monitor it on a regular basis to see where we fall as far as service delivery. By having access to this information, the leaders in the program can pivot and make decisions when they see we are not at normal levels for service delivery.
- I attended a meeting at the state level to discuss some Capitation Rate Structure proposal from Milliman related to CCBHC services for FY2025: Richard Carpenter led the meeting with other PIHPs and CMHSP that are CCBHC to determine the impact of the proposed changes. Again, there are still a lot that is unknown and partners, PIHP and CMHSPS across the state are in the process of a Q and A and producing feedback to the proposed structure. I am sure Brandy will be providing more information on this as it develops. Some of the proposed changes are listed below:
  - One of the proposed changes is to include the CCBHC PPS-1 in the capitation rates.
  - The rate determination will occur on a regionwide basis so Capitation for the region, not statewide like we are used to for all other services. For CCBHC, it will be calculated for the region by Milliman using historical funding inputs.
  - The rate structure for CCBHC program would include Program PPS-1 Medicaid expenditures.
  - The proposed structure would remove the CCBHC Supplemental payments.
  - CCBHC service expenses delivered by non-CCBHC providers would remain in other existing payments.

*HW Corrective Action Plan: Dated March 28,2024 received from Michigan Department of Treasury. I believe that Brandy has already brought this to your attention at the last finance committee meeting, but I wanted to reiterate that HW is going to be addressing the findings from the Financial Audit. This is not the first time that HW was cited for this in our financial audit. The audit findings letter request that HW address the findings by improving deficiencies in the area of:*

- **Actual expenditures exceeded the amounts authorized in the budget. Please describe actions being taken to prevent budget variances.**

***HW responded with the detailed strategies:***

Corrective Action – HealthWest has implemented a number of additional financial dashboards and reports that are reviewed by the Board, Leadership members and Finance members on a monthly basis. Monthly meetings are occurring with our Provider Network to discuss service delivery and payment issues. Monthly review of Medicaid revenue and projections to our Medicaid population are monitored monthly. All these actions will improve the process to amend the budget appropriately. Finally, mid-year budget adjustments have been added to our budget cycle.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 8:51 a.m.

Respectfully,

Jeff Fortenbacher  
Committee Chair

/hb

**PRELIMINARY MINUTES**  
**To be approved at the Finance Meeting on**  
June 28, 2024



## **Caring for Muskegon County Resolution #094**

### **RESOLUTION OF THE HEALTHWEST BOARD OF DIRECTORS OPPOSING MDHHS CURRENT PLANS TO IMPLEMENT CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN**

376 E. Apple Ave., Muskegon, MI 49442

[www.healthwest.net](http://www.healthwest.net)

**WHEREAS** HealthWest is the Community Mental Health Services Program created by and serving Muskegon County continuously since 1965.

**WHEREAS** the Michigan Department of Health and Human Services presented four models for Conflict Free Access and Planning, and announced plans in March and April 2024 that are not substantially different from those models.

**WHEREAS** MDHHS has announced its plan to require HealthWest to separate service assessment and planning from service delivery which will require those obtaining services from HealthWest to obtain their assessment and planning services from one entity while obtaining ongoing direct services from a separate entity as of October 1, 2024.

**WHEREAS** the HealthWest board has concluded that the current MDHHS Conflict Free Access and Planning standards:

- Are in conflict with the statutory responsibilities of CMHSPs under Michigan law.
- Erroneously imply there are profit driven or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs).
- Fail to recognize the legitimate and formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services.

- Prolong the process of service delivery and relief to individuals and families and builds barriers to obtaining services.
- Ignore the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery.
- Ignore Michigan's current shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest.
- Conflict with the state's own Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan such that services provided under CCBHC are not subject to Conflict Free Access and Planning standards, making coordination of services for receiving simultaneous CCBHC and non-CCBHC services impossibly complex and duplicative.
- Ignore, at best, and disregard, at worst, input provided by persons with lived experience who have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS's plan.

**THEREFORE, BE IT RESOLVED** that for all the reasons cited above, the HealthWest Board of Directors strongly opposes MDHHS's announced plan and structural remedy for compliance with federal Conflict Free Access and Planning standards.

**BE IT FURTHER RESOLVED** that the HealthWest Board of Directors requests that MDHHS reconsider its current plan and honor the Centers for Medicare & Medicaid Services (CMS) waiver approval of procedural mitigation of conflict and pursue CMS approval of strengthened procedural safeguards against conflict of interest in Michigan.

**RESOLUTION DECLARED ADOPTED**

\_\_\_\_\_ Date: \_\_\_\_\_  
 Janet Thomas, Board Chairperson

I hereby certify that the foregoing is a true and complete copy of the Resolution duly adopted by the HealthWest Board of Directors at a regularly scheduled meeting held on May 31, 2024, at which a quorum was present, and that said meeting was conducted and public notice of said meeting was given pursuant to and in full compliance with the Open Meetings Act, 1976 PA 267 as amended, and that the minutes of said meeting were kept and will be or have been made available as required by said Act.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Holly Brink, Board Secretary

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Full Board	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> May 31, 2024	<b>REQUESTOR SIGNATURE</b> Rich Francisco, Executive Director	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
HealthWest Board authorization is requested to approve the Executive Director signing the Declaration regarding impact of Waskul Settlement.			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to authorize and approve the HealthWest Executive Director to sign the Declaration Regarding Impact of Waskul Settlement.			
<b>COMMITTEE DATE</b> May 31, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> May 31, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HWB 87-B

## **Declaration Regarding Impact of Waskul Settlement**

1. My name is Rich Francisco, and I am the Executive Director of HealthWest.
2. For years, HealthWest, individually and through the Community Mental Health Association of Michigan, has lobbied the Michigan Department of Health and Human Services (“MDHHS”), our state legislators, and others to fix Michigan’s chronic underfunding of the public behavioral health system.
3. HealthWest fully supports additional funding going into the public behavioral health system as that funding is critically needed. Indeed, Michigan has been facing a direct care worker (“DCW”) crisis for years, and the low wages DCWs receive are a primary challenge for recruiting and retaining direct care workers.
4. In the public behavioral health context, DCW wages are a product of the funding that the State of Michigan and MDHHS provide for a specified Medicaid service.
5. Direct care workers are the “front line” worker for a variety of public behavioral health services. For Community Living Supports (“CLS”) services, DCWs work for individuals who self-direct their CLS services as well as agency providers.
6. Agency providers of CLS services are the backbone of the public behavioral health system for CLS services. HealthWest has an obligation to ensure an adequate and sufficient network of agency providers for CLS services.
7. When a local CMH receives a crisis call from the community, hospital, law enforcement, or others, and an emergency community placement is needed for that individual’s condition, the local CMH and its agency providers are the organizations who step up to serve that individual and ensure they receive the best treatment in the least restrictive environment.



8. And when individuals are eligible for CLS services but do not have the ability to navigate the complex Medicaid system or serve as their own employer of record—and do not have the family or other support to serve in that role—the local CMH’s agency providers are the ones who ensure that those individuals receive CLS services and remain in the community.

9. Given the tight labor market for DCWs, any distortion of that market in favor of a particular service or provider will have system wide implications and cause problems. This is why the Community Mental Health Association of Michigan has lobbied for all direct care worker wages to be increased, because the fundamental and most important principle of delivering a behavioral health service is to help the most people possible and do no harm in the process.

10. At HealthWest, we care about every single recipient of our services. And we hold the above principle to our core, for we do not want any individual or group of people to be harmed by a well-intentioned but ill-advised change to the public behavioral health system.

11. I am familiar with the proposed settlement of the *Waskul* case. While HealthWest applauds MDHHS’s willingness to provide additional funding for CLS services through the *Waskul* settlement, the *Waskul* settlement itself represents terrible public policy that will have catastrophic consequences for the public behavioral health system.

12. Presently, MDHHS’s funding permits a CLS hourly rate of approximately \$20.50. The *Waskul* settlement seeks to increase that CLS hourly rate to \$31 per hour, but only for the individuals who self-direct their CLS service.

13. By limiting the additional funding to those individuals on the Habilitation Supports Waiver who self-direct their CLS service, MDHHS is skewing the labor market away from agency providers—the backbone of the system—and towards self-directed services.

14. Based on feedback from agency providers, we anticipate the *Waskul* settlement to cause agency providers to lose not only their direct care workers but also their lower-level management personnel. This is because MDHHS is funding the CLS service at \$31 per hour for recipients who are able to self-direct their CLS service while providing 40% less funding to agency providers who deliver the exact same CLS service to individuals on the Habilitation Supports Waiver who choose a different service modality.

15. From a system wide perspective, the *Waskul* settlement will harm more individuals than it helps. And the individuals harmed are more likely to be minorities, older, from a less affluent family, and people who do not have family or other support systems to help them—i.e., the most vulnerable in our patient population.

16. In short, MDHHS is favoring the “haves” over the “have-nots.” And at HealthWest, we think that is wrong.

17. Through the *Waskul* settlement, MDHHS’s proposed changes to the public behavioral health system present a substantial risk of a collapse of the agency provider network. The policies in the *Waskul* settlement also materially alter the risk the PIHPs assume by contracting with MDHHS.

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Rich Francisco, HealthWest Executive Director

If you are willing to sign a statement, please contact:

Trish Cortes Executive Director Washtenaw County CMH (734) 368-8683	Neil Marchand MILLER JOHNSON Counsel for WCCMH marchandn@millerjohnson.com (586) 255-1800 (cell) (616) 831-1764 (direct)
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# 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.

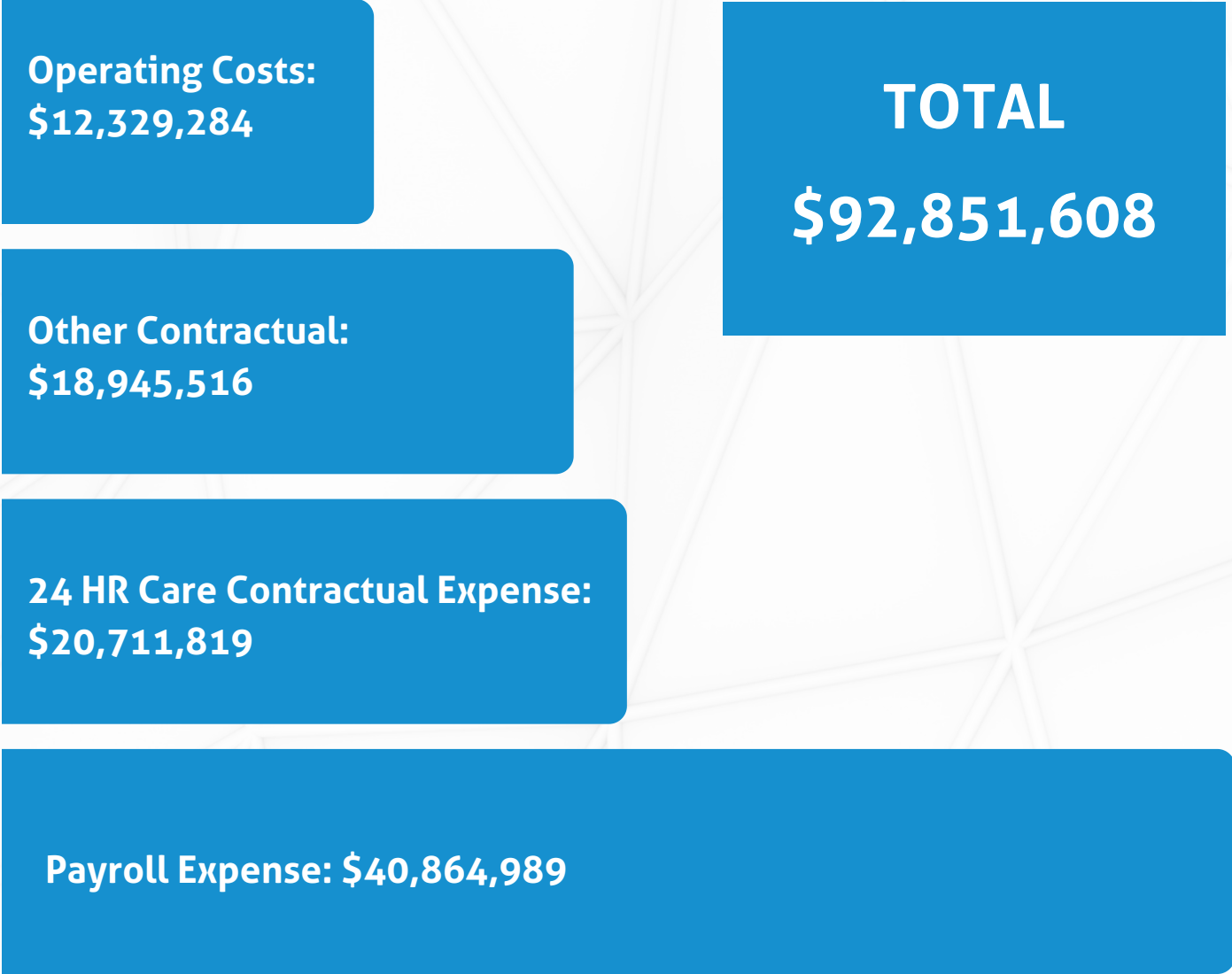
In a short time with new leadership, HealthWest not only met all FY23 requirements but excelled in them. The data and information in this report highlight the accomplishments and events of the past year. A heartfelt thank you to the leadership team, supervisors, managers, and especially the dedicated 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

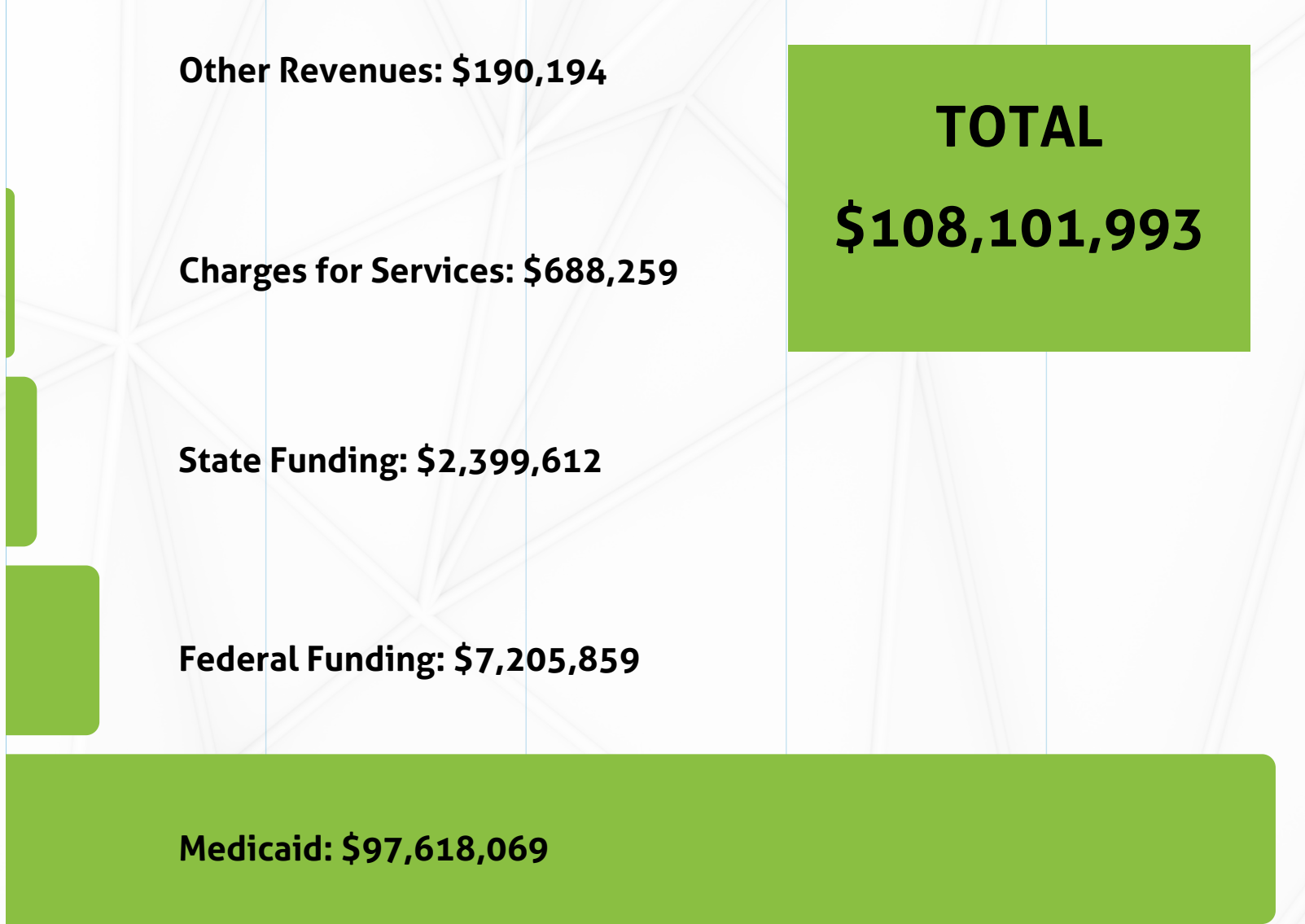
Expenditures for the year represented an increase of \$10.25 million, or 12.41% over the prior fiscal year. Expenditures to be covered by Medicaid specialty supports and services funding of \$84.9 million represents 91.4% of the total. Expenditures to be supported by State General Fund priority population 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

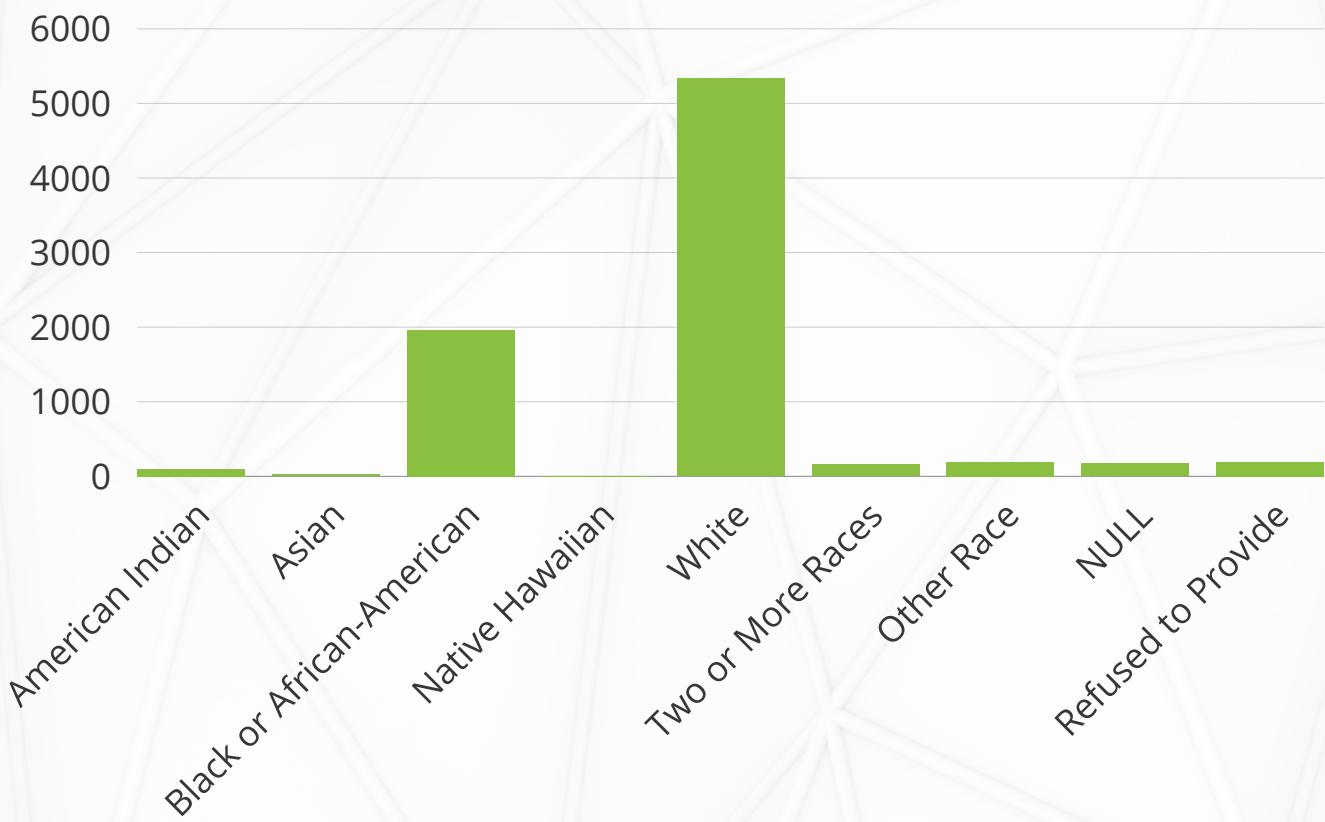


## SOURCES OF FUNDING

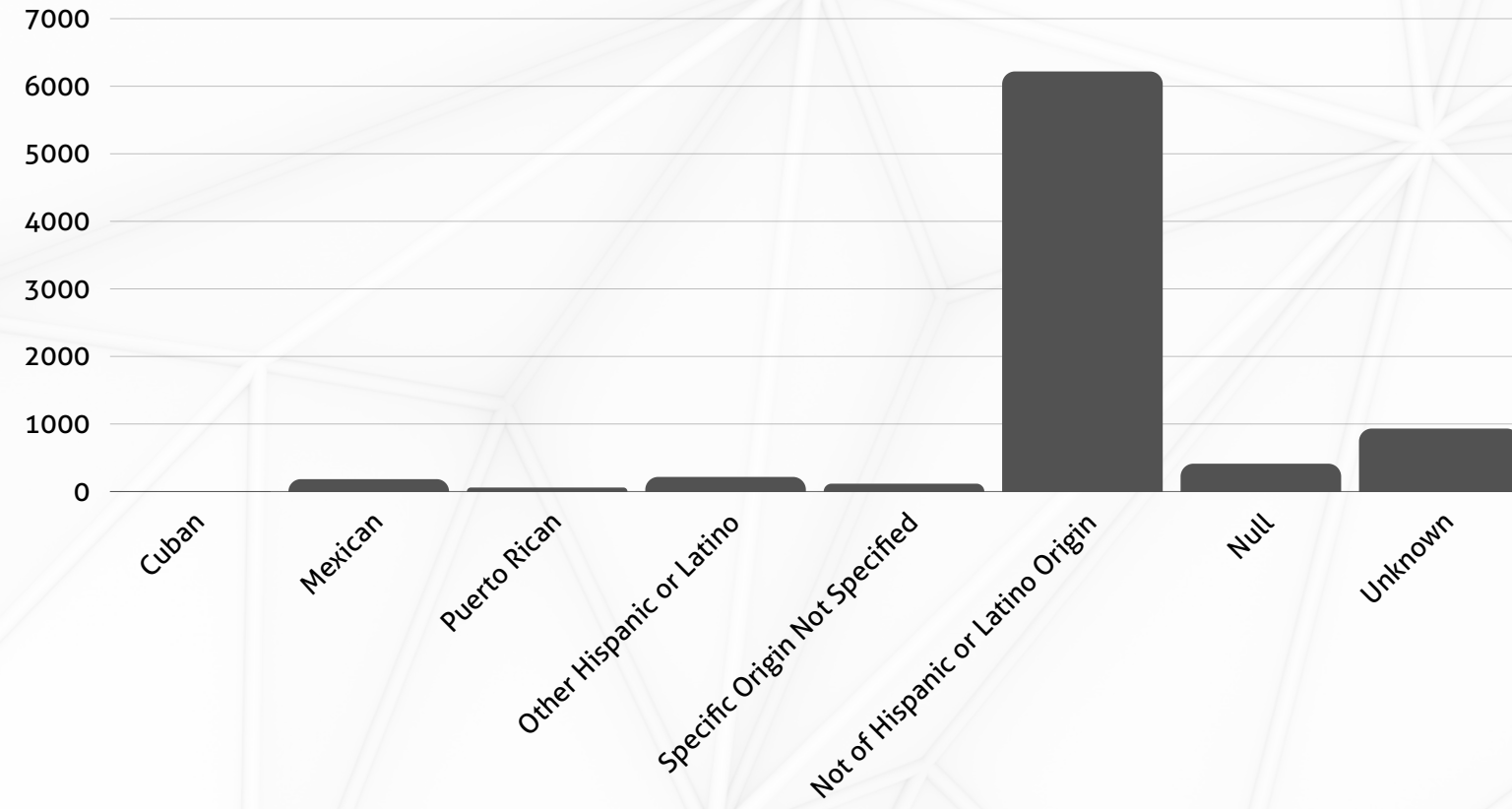


# TOTAL SERVED: 8,143

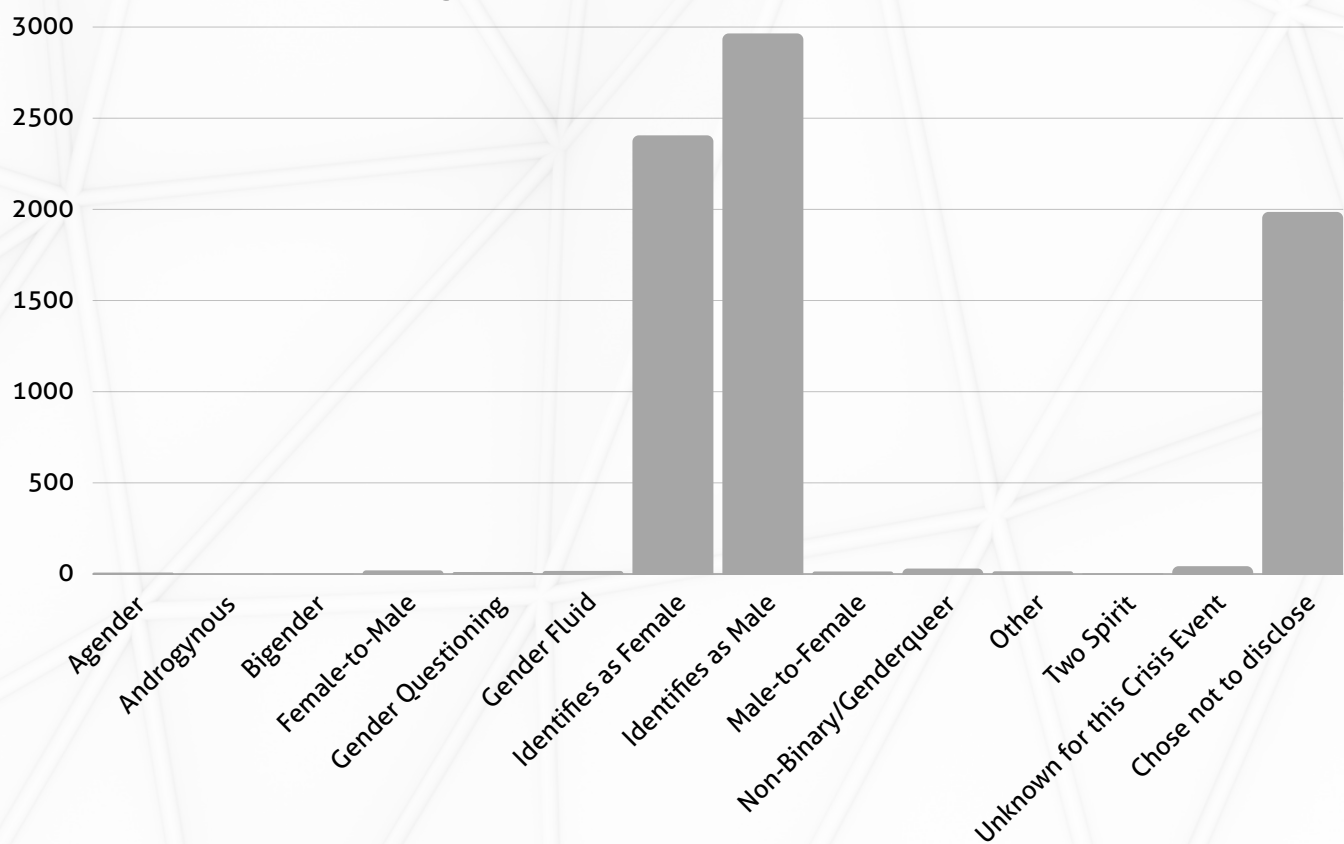
## Race



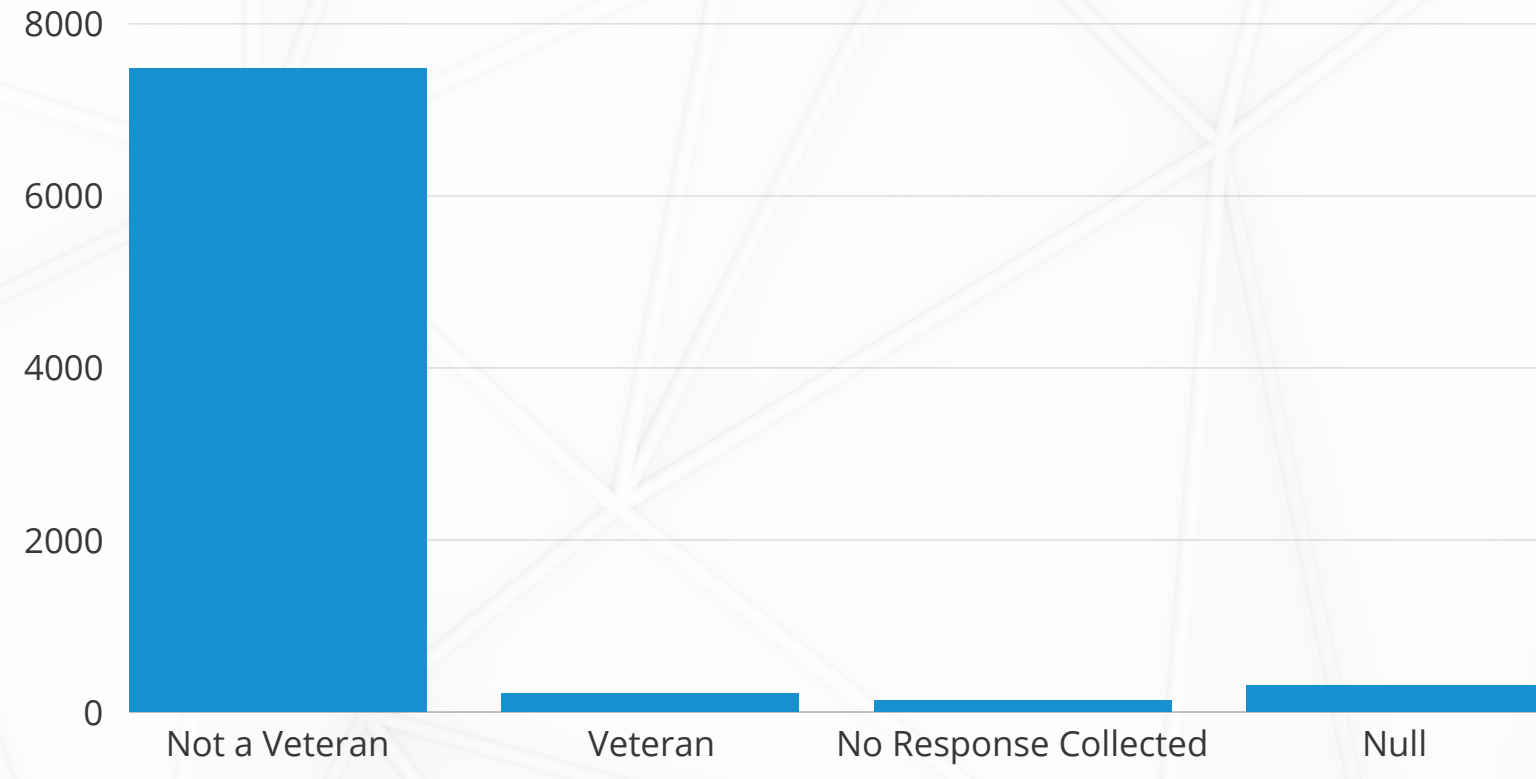
## Ethnicity



## Gender Identity

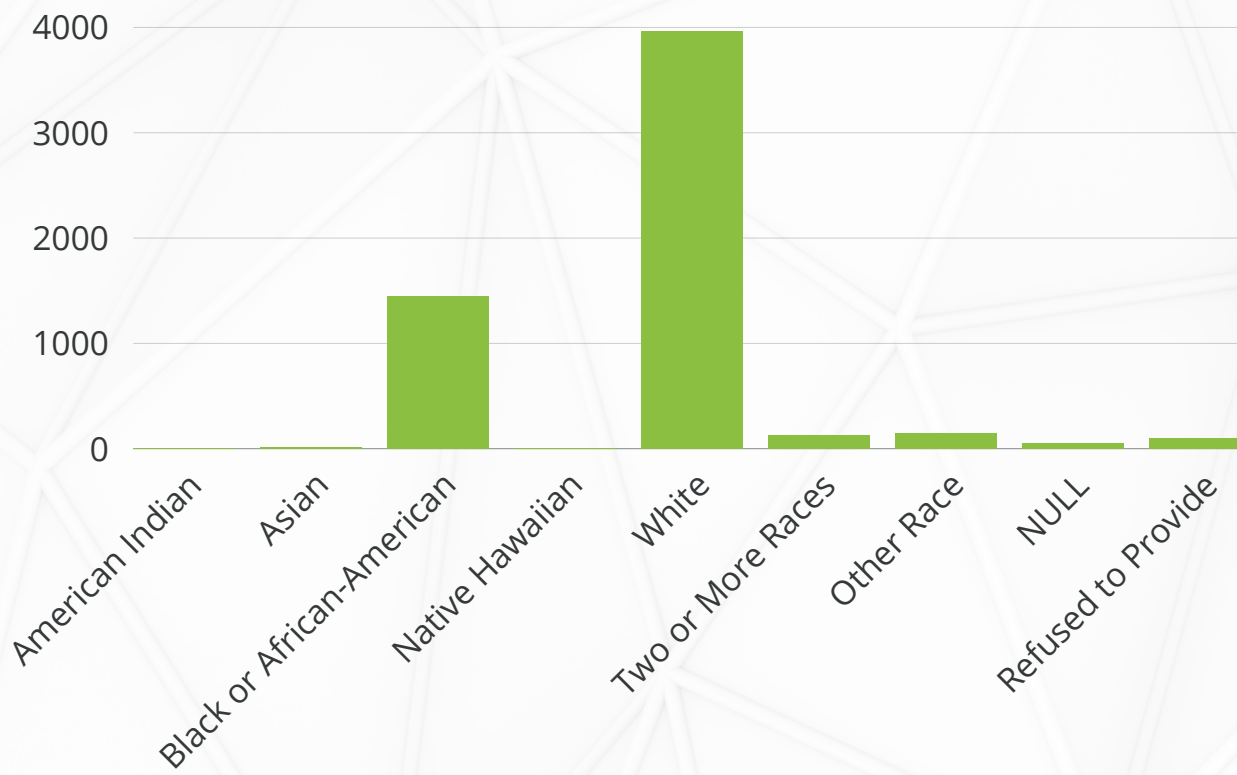


## Veteran Status

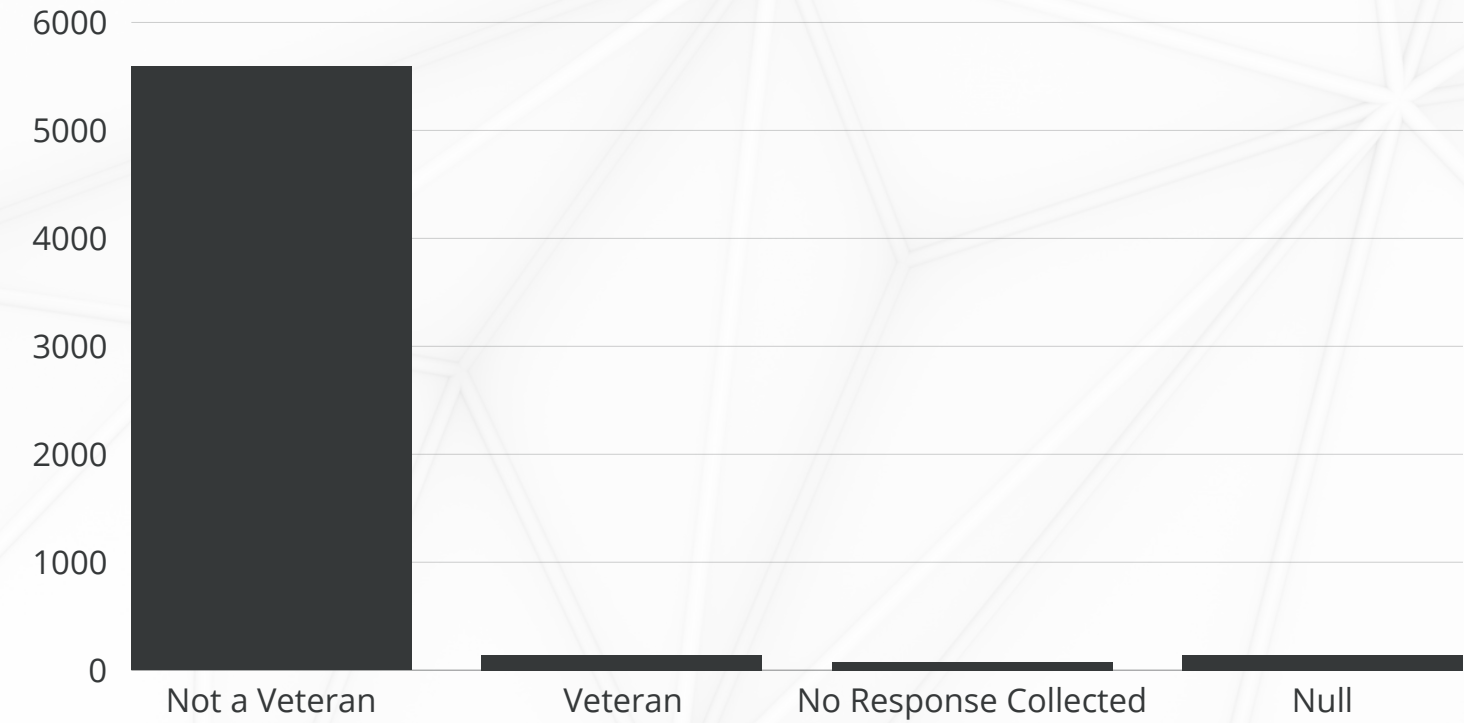


# TOTAL SERVED: 5,921 CCBHC

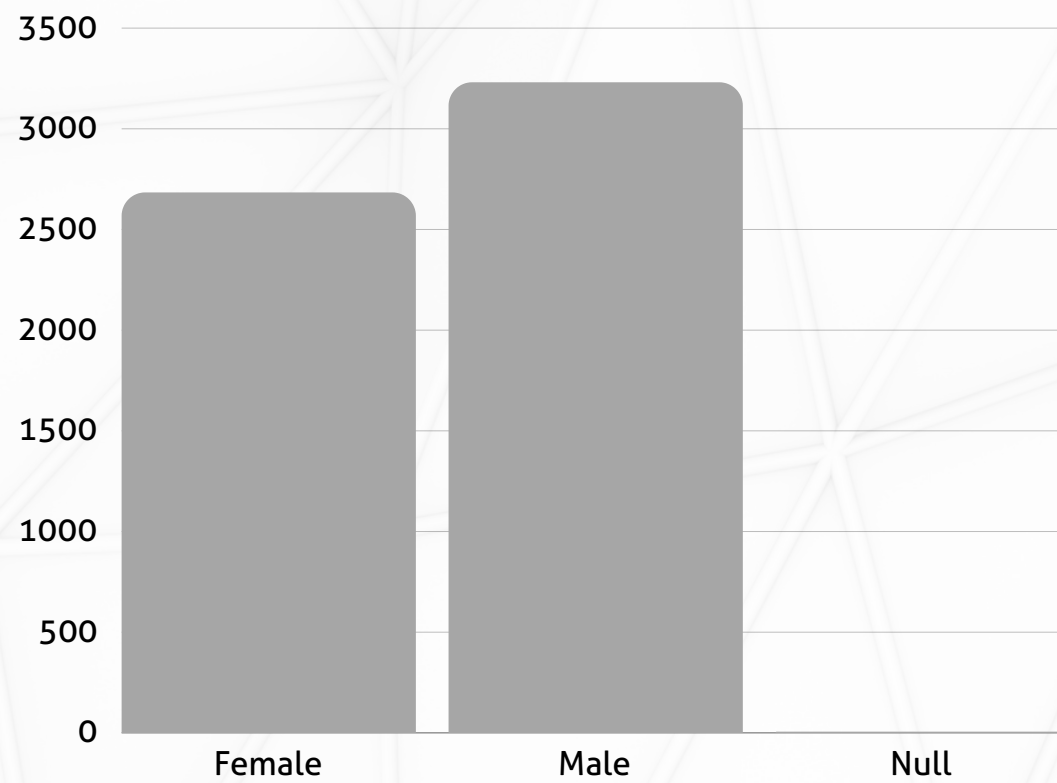
## Race



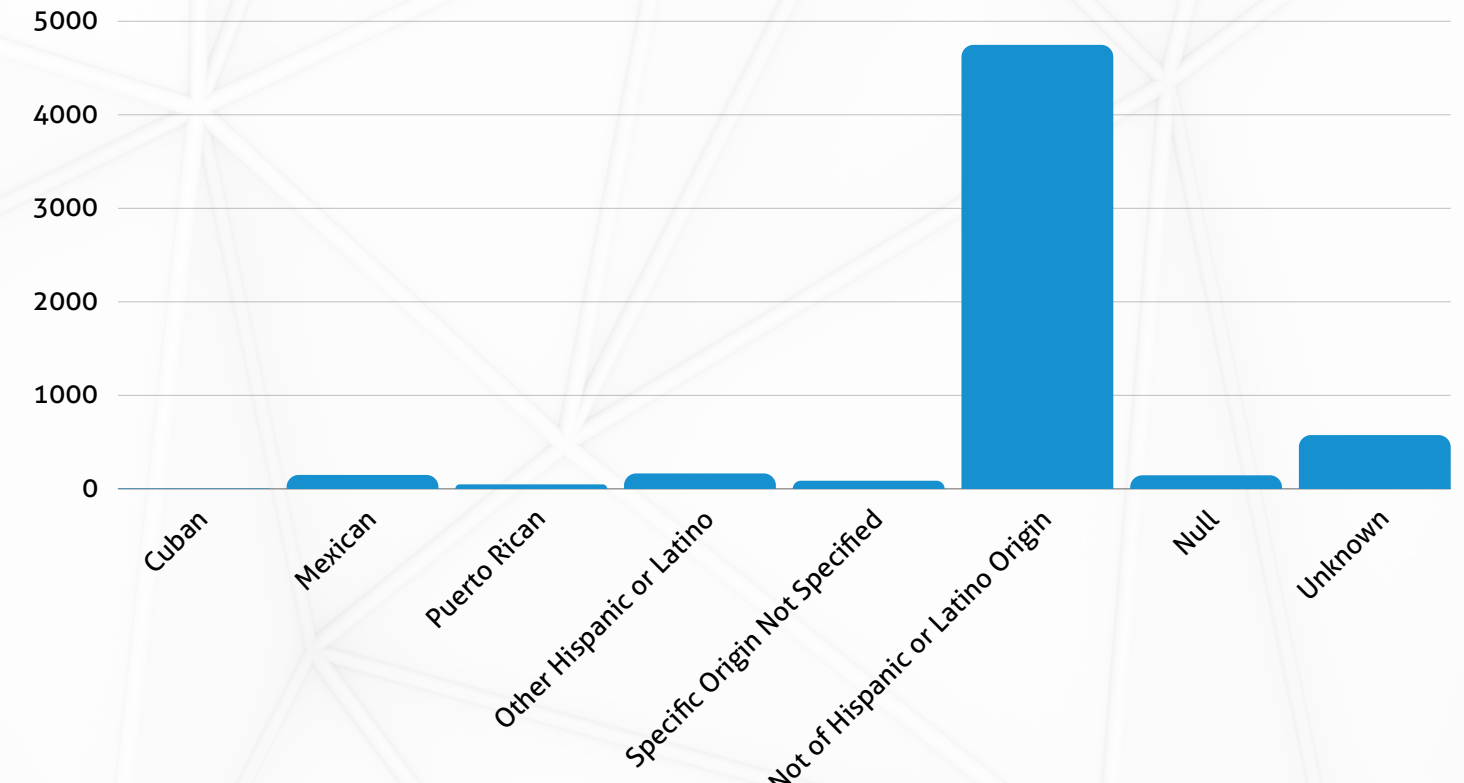
## Veteran Status



## 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

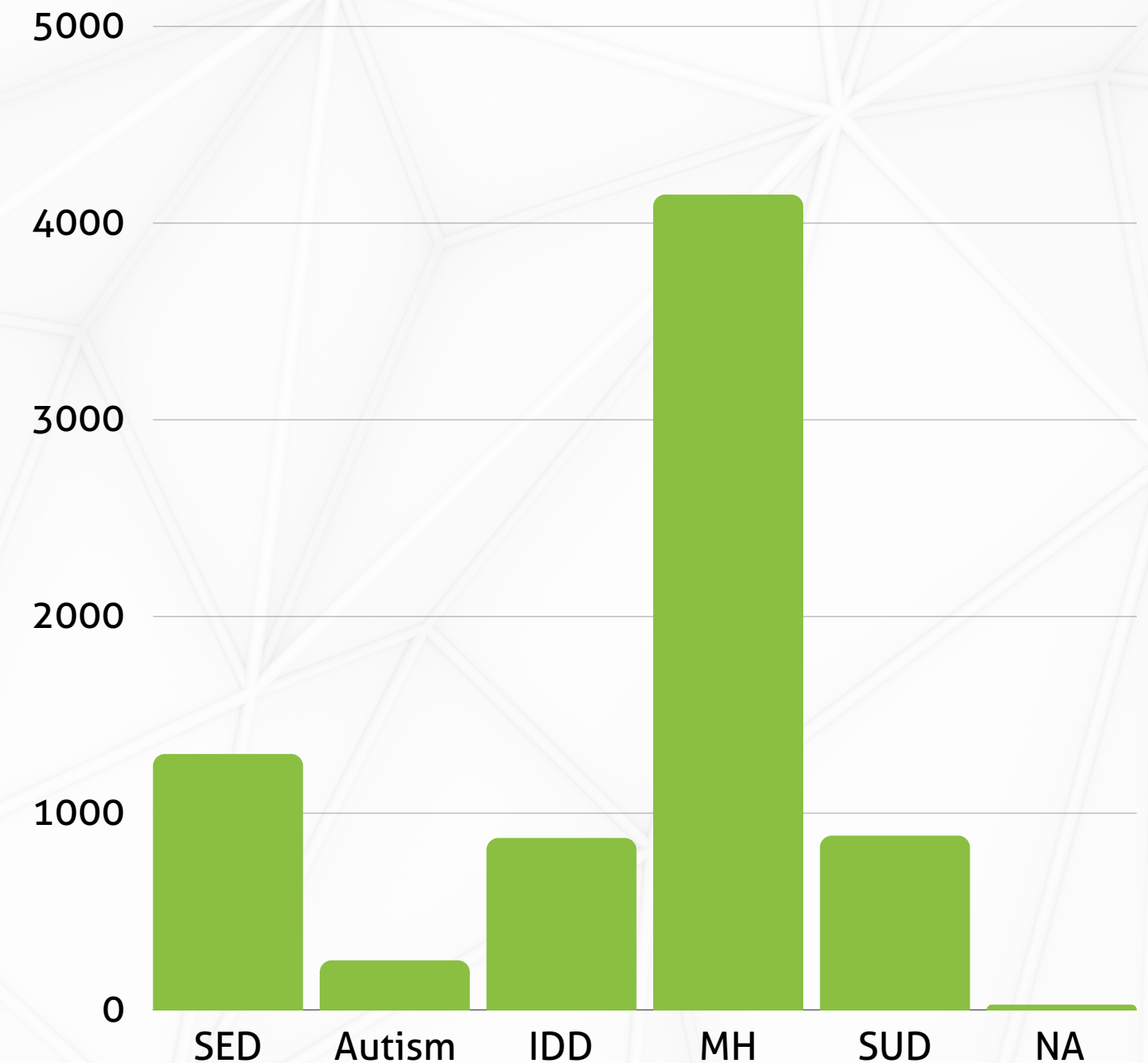
## Mental Health Center

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%

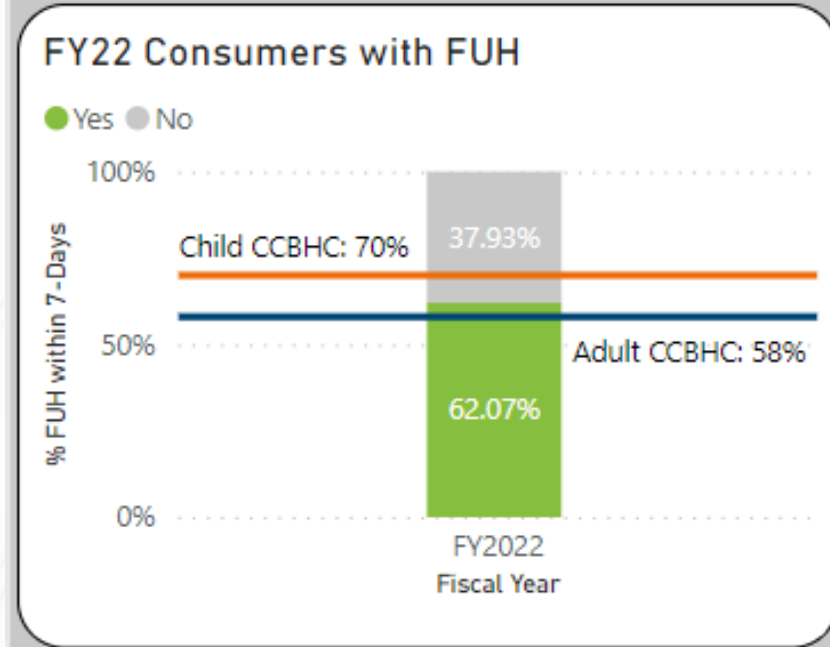
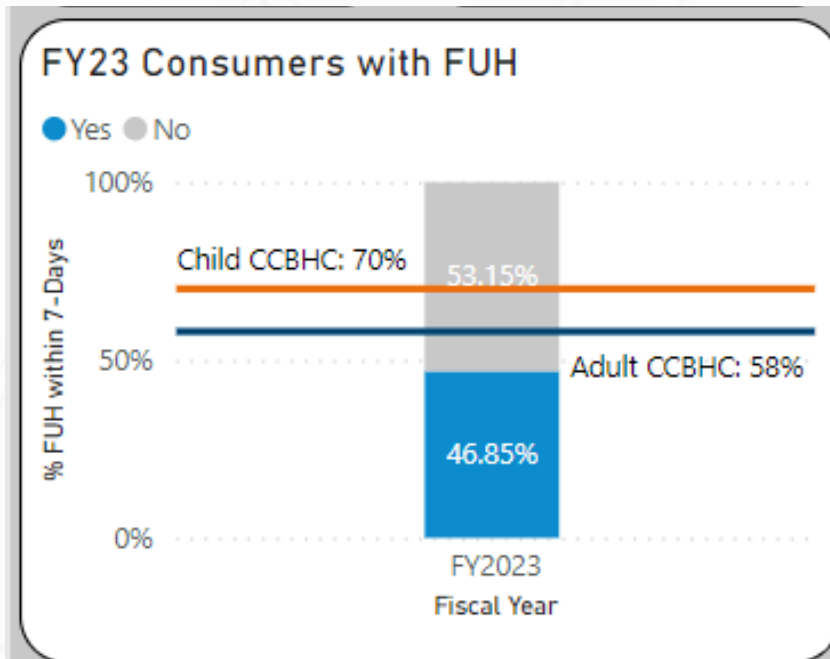


**FY 2023  
Strategic Plan  
GOAL 1**

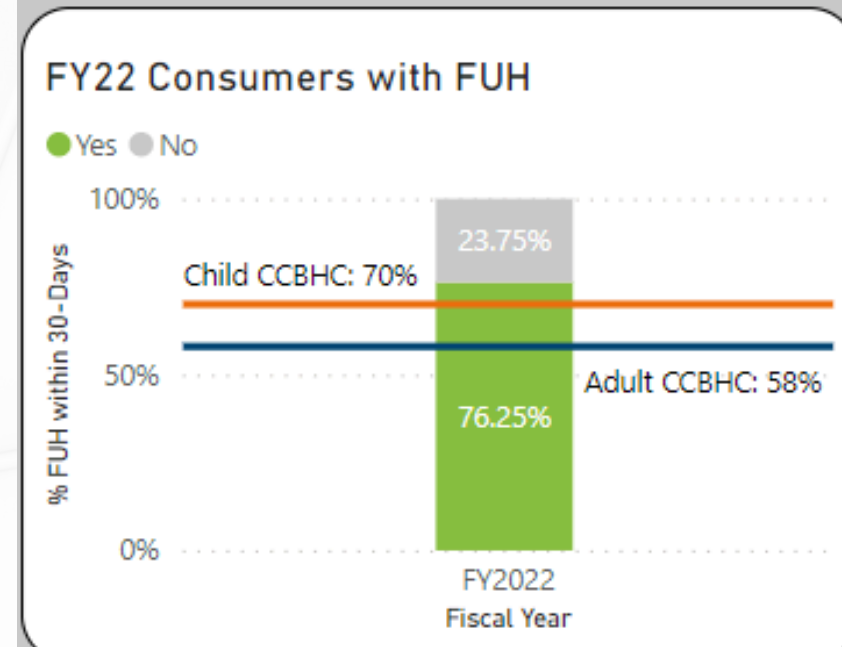
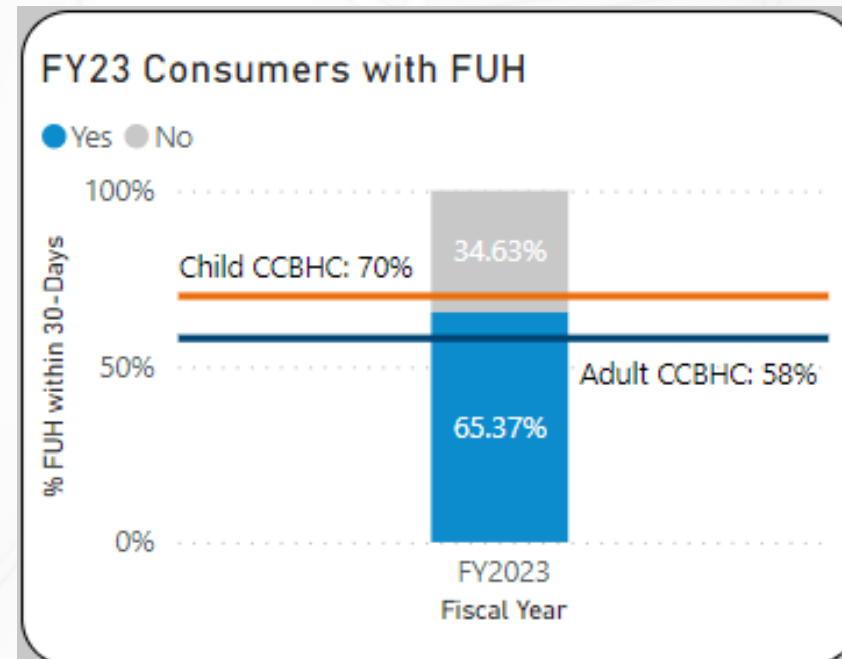
**Implement a Comprehensive Approach to Increasing Inclusion, Diversity, and Equity at HealthWest.**

# 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.

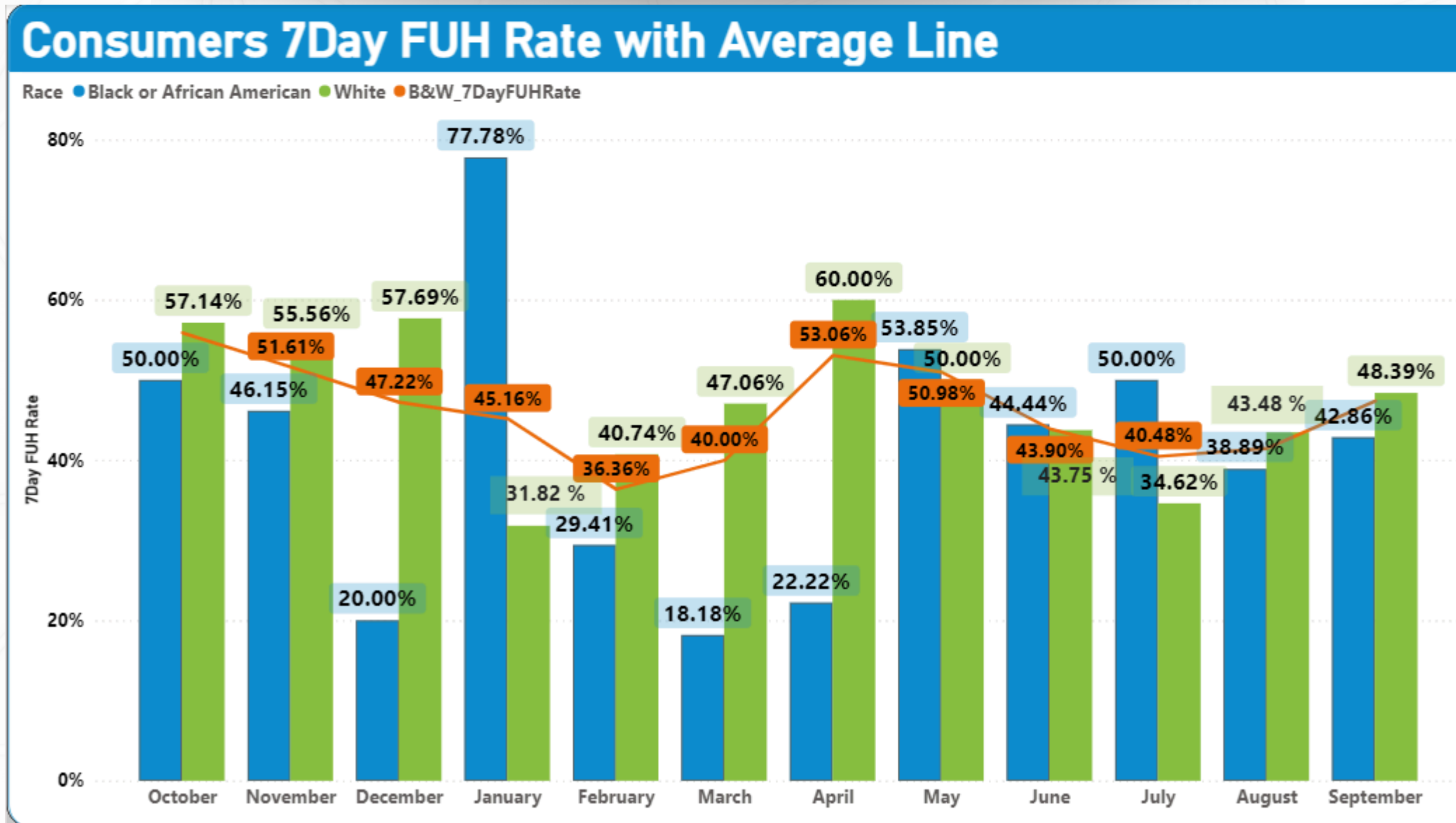
## Presentation, Interpretation and Validation of Data:

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

## Supporting Documents:

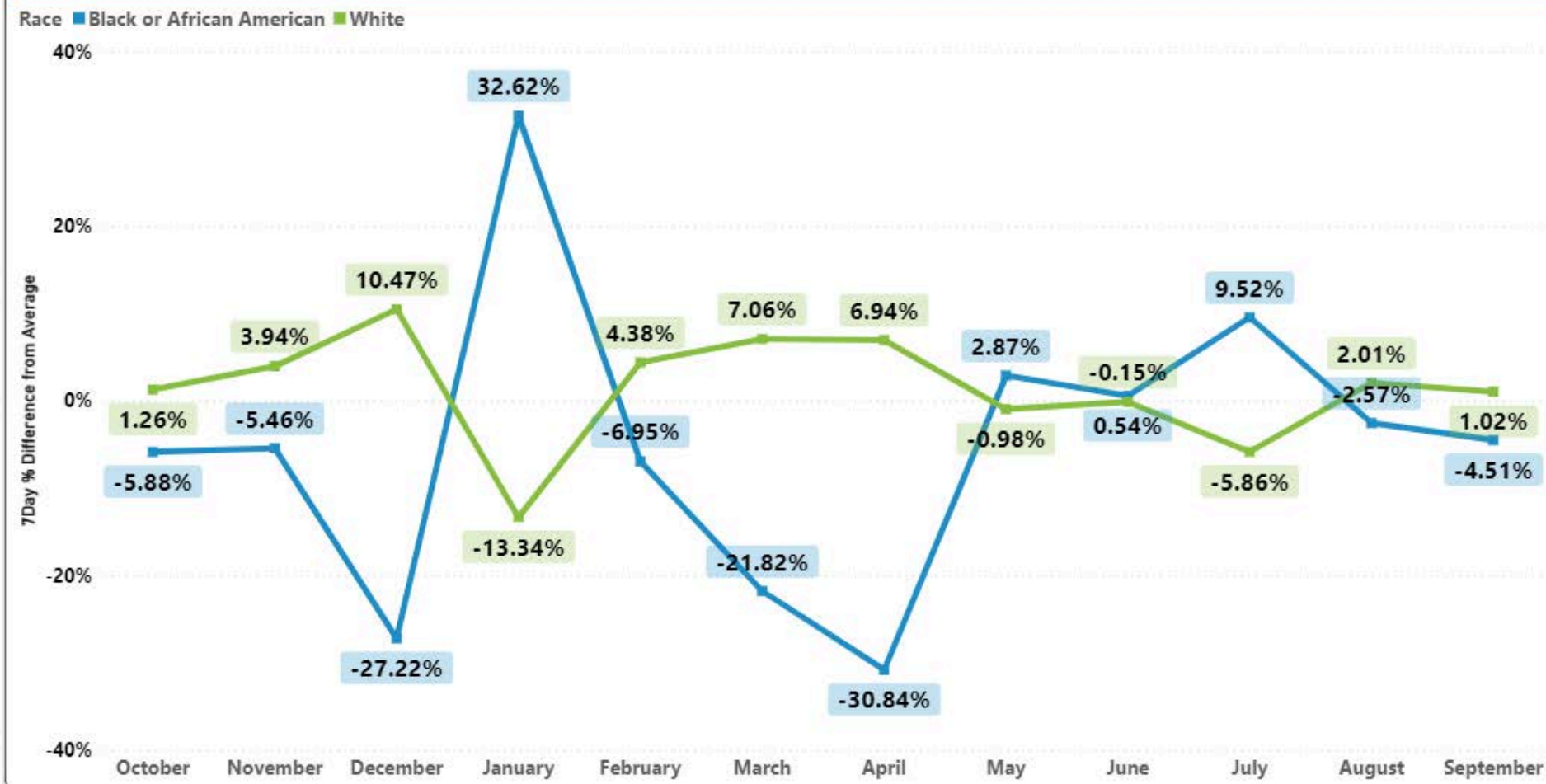
- Action Plan Data Technical Team.docx
- Data Request Process .pdf
- StyleGuide.docx

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.

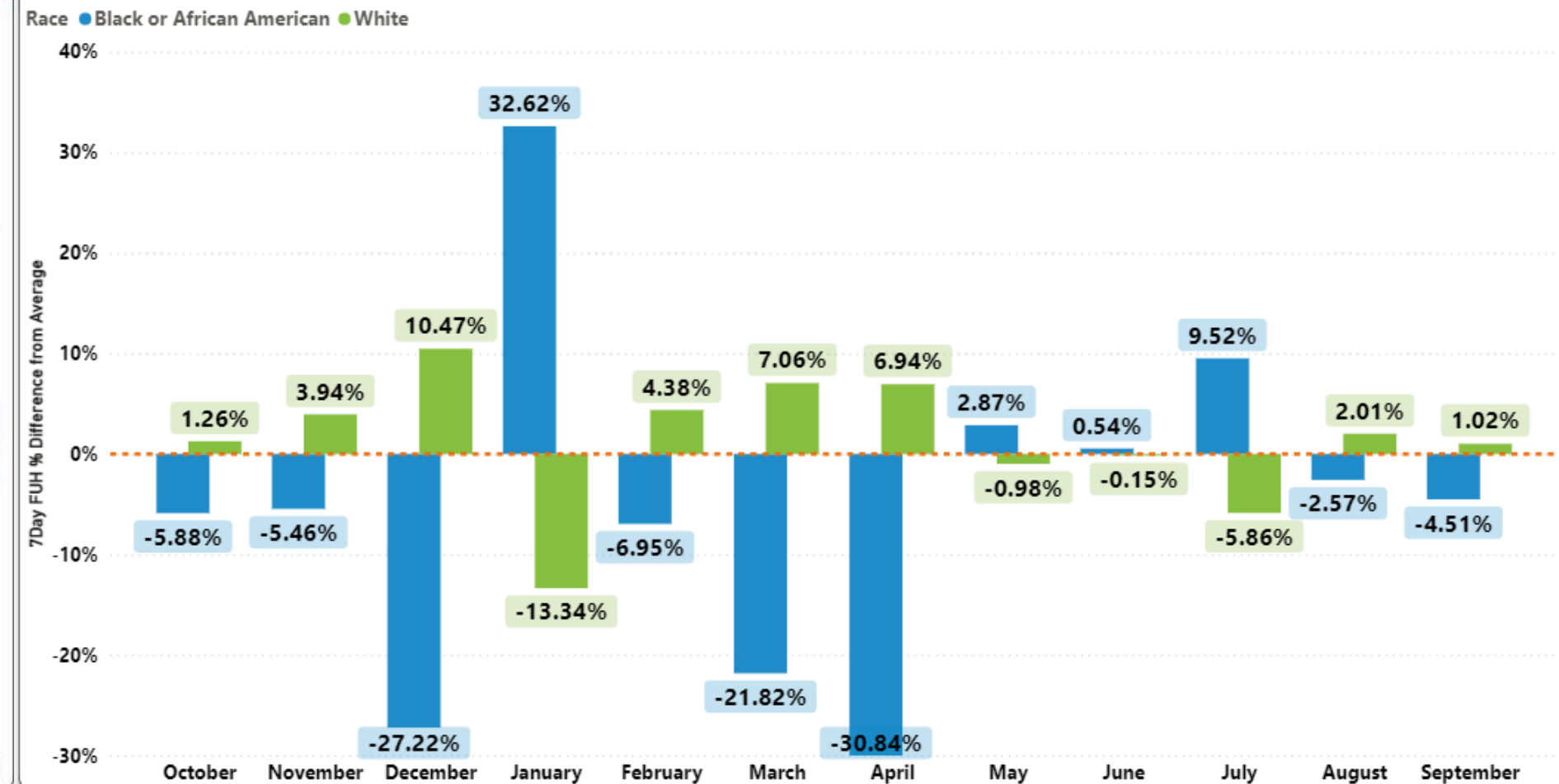


A recommendation was made to use a measure called "Percentage Point Gap" to best measure if a perceived disparity is statistically significant. An additional dashboard was created to measure and monitor the PPG to see if interventions are reducing disparity over time.

**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:

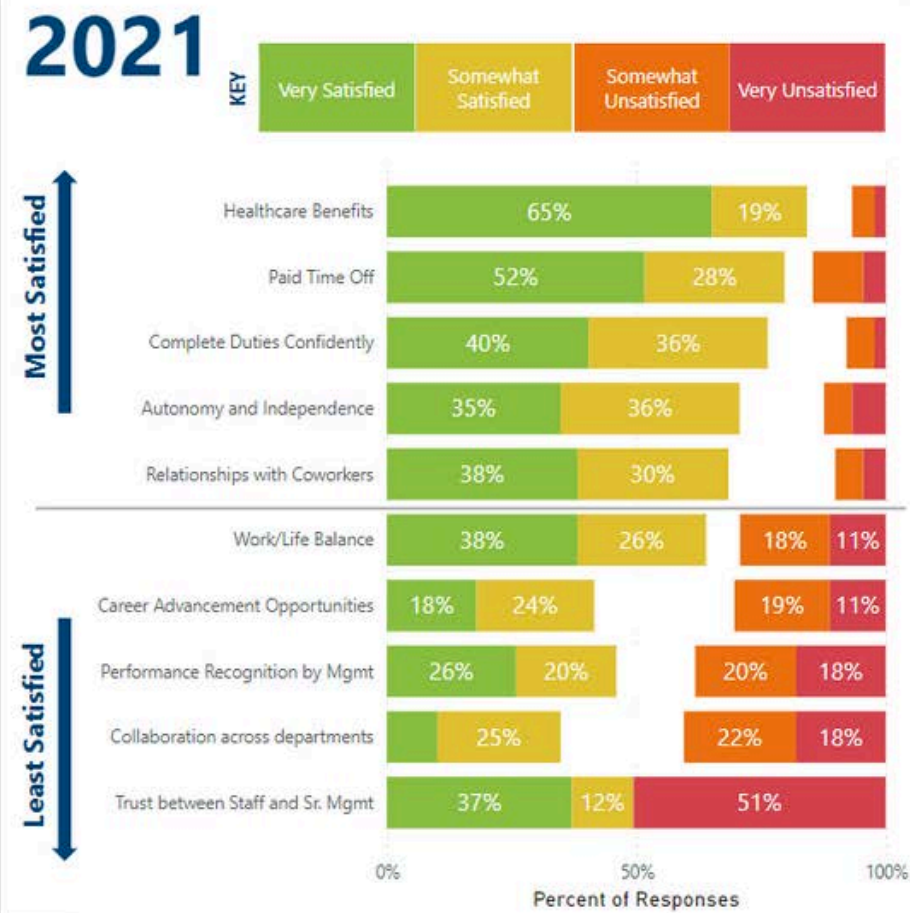
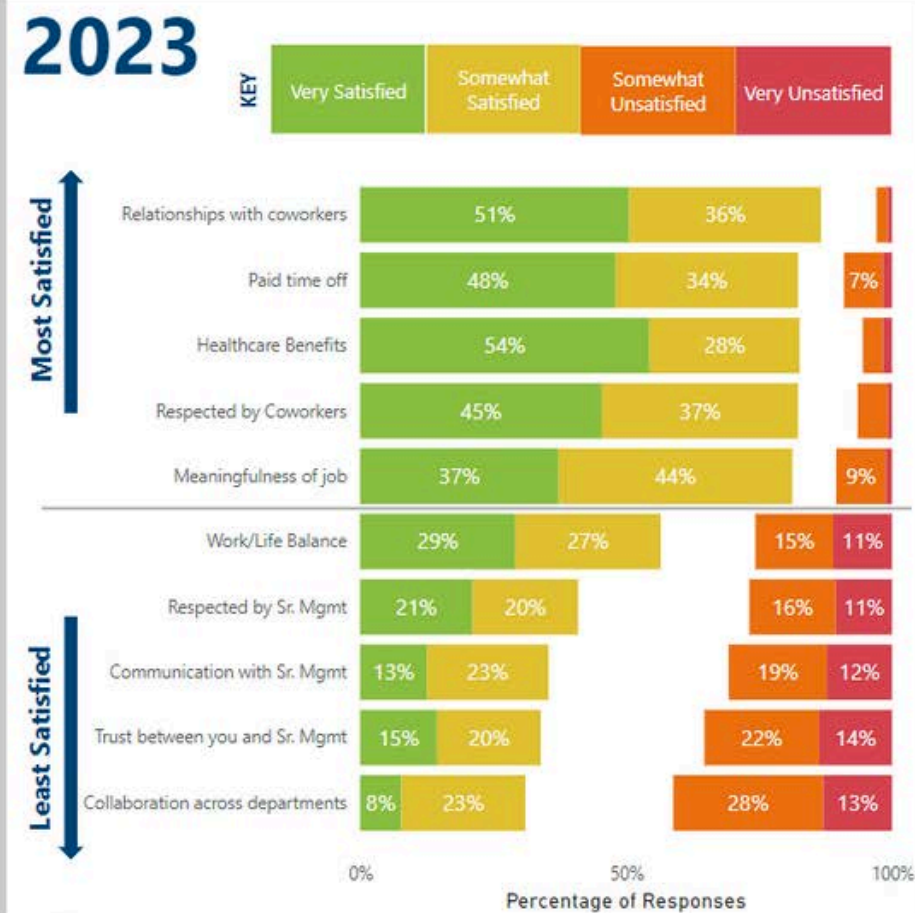
- \$1,000 retention stipend to all staff after 6-months of employment
- Committee Chair and Co-Chair Incentives
- On-Call Incentive Stipends
  - \$300 paid out quarterly
- Education Assistance and Tuition Reimbursement
- \$300 Personal Development Dollars
- Credential Stipends
- Employee Referral Bonus
- 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

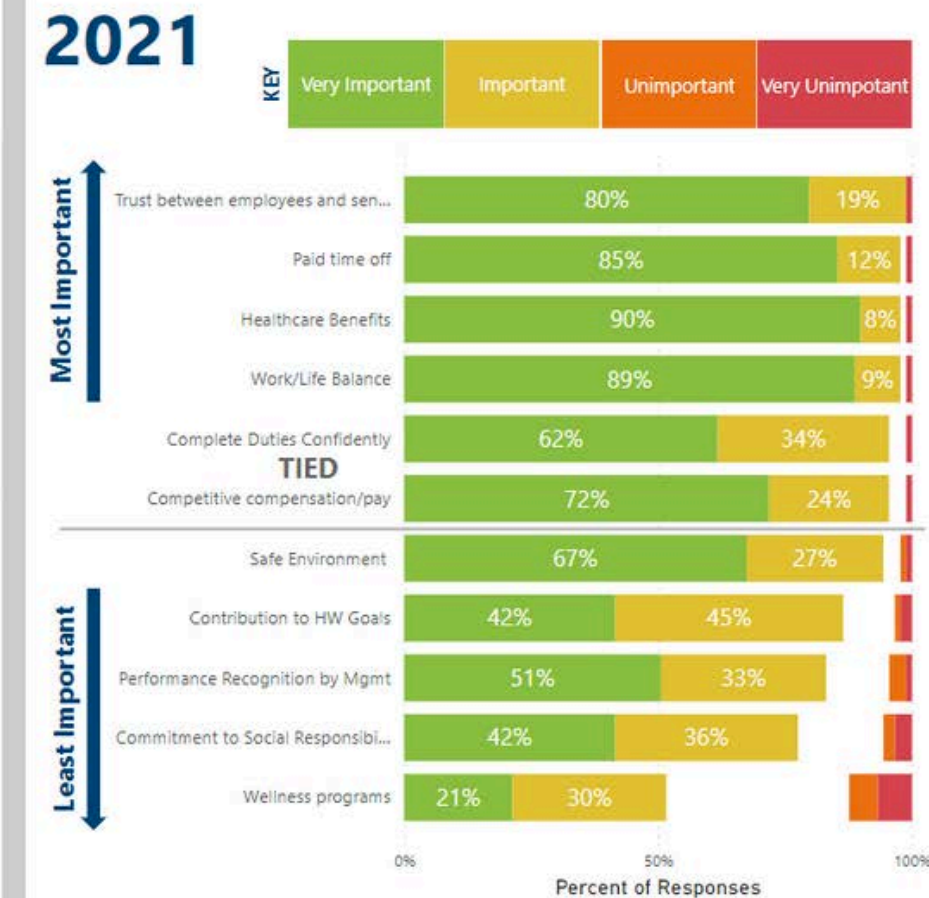
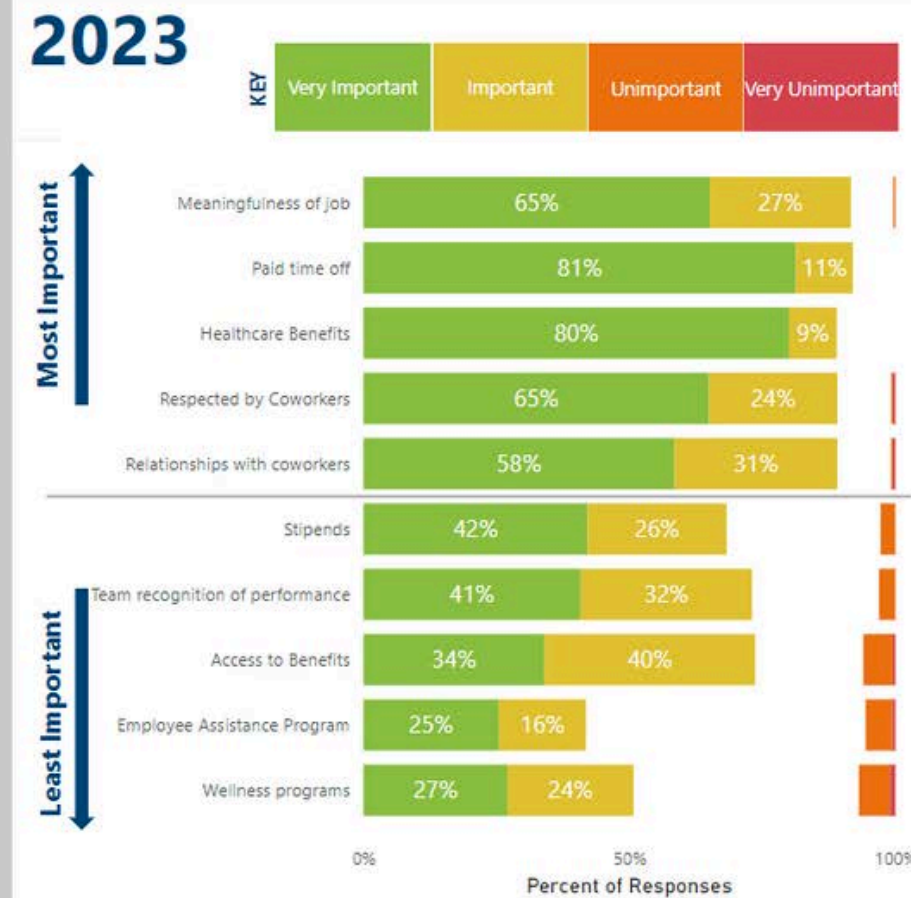
## Satisfaction Top and Bottom Five: 2023 vs 2021

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

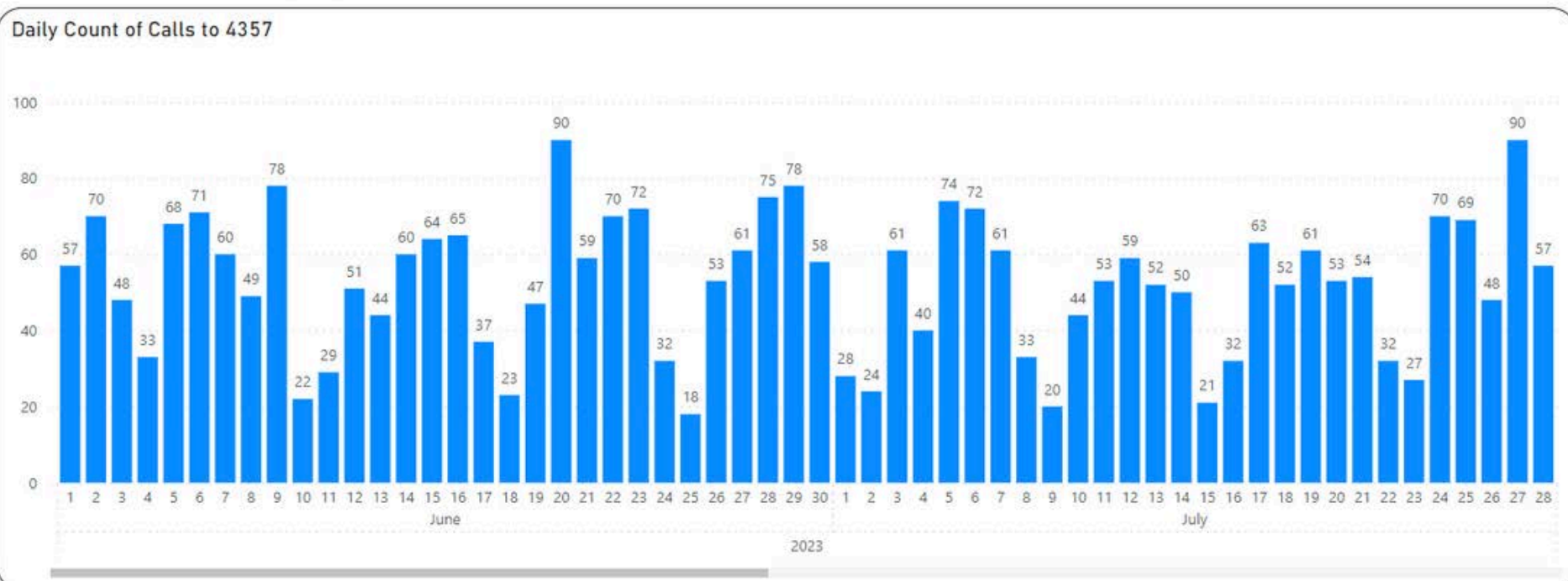
1. Mental health crisis services, including 24/7 mobile crisis teams, emergency crisis intervention, and crisis stabilization.
2. Screening, assessment, and diagnosis, incorporating risk assessment.

## 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, Terrv	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):

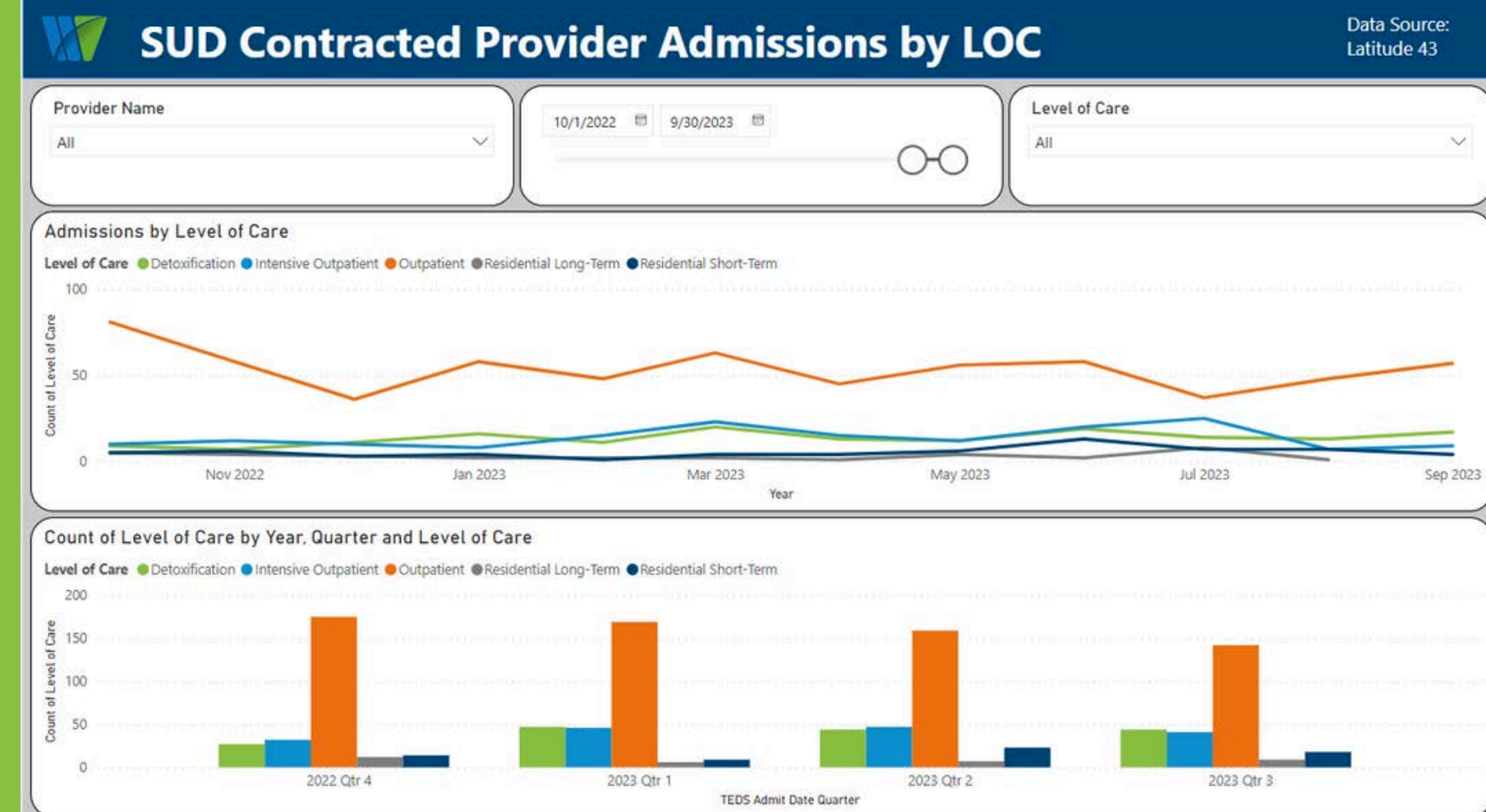
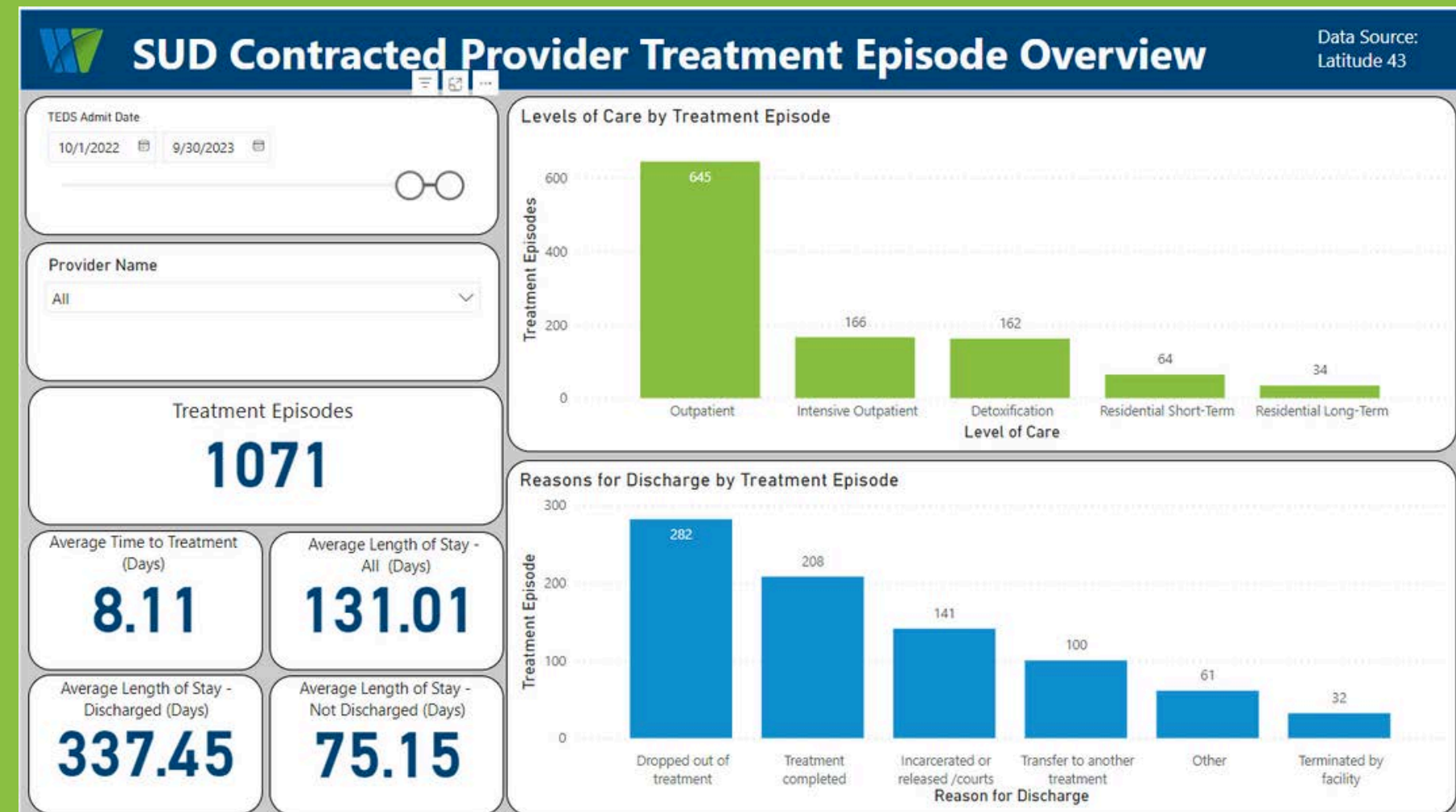
HealthWest currently has one DCO, Services of Hope, to expand our ability to provide Mild to Moderate Outpatient services to our individuals in service. With the addition of our DCO, we are able to serve an additional 200+ individuals annually. They are set to the same standards as any internal program 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

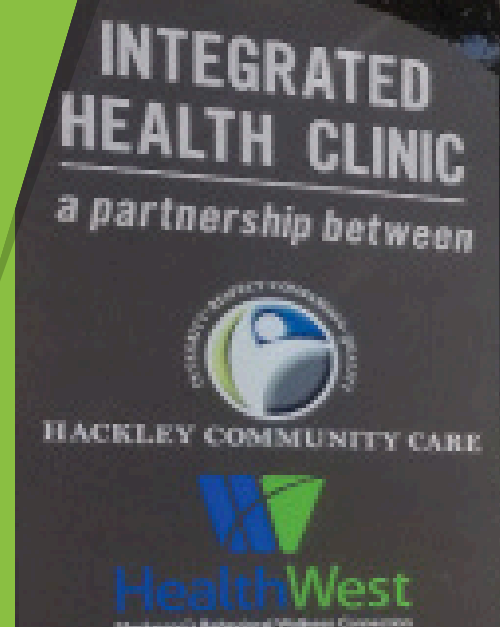
527

+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.

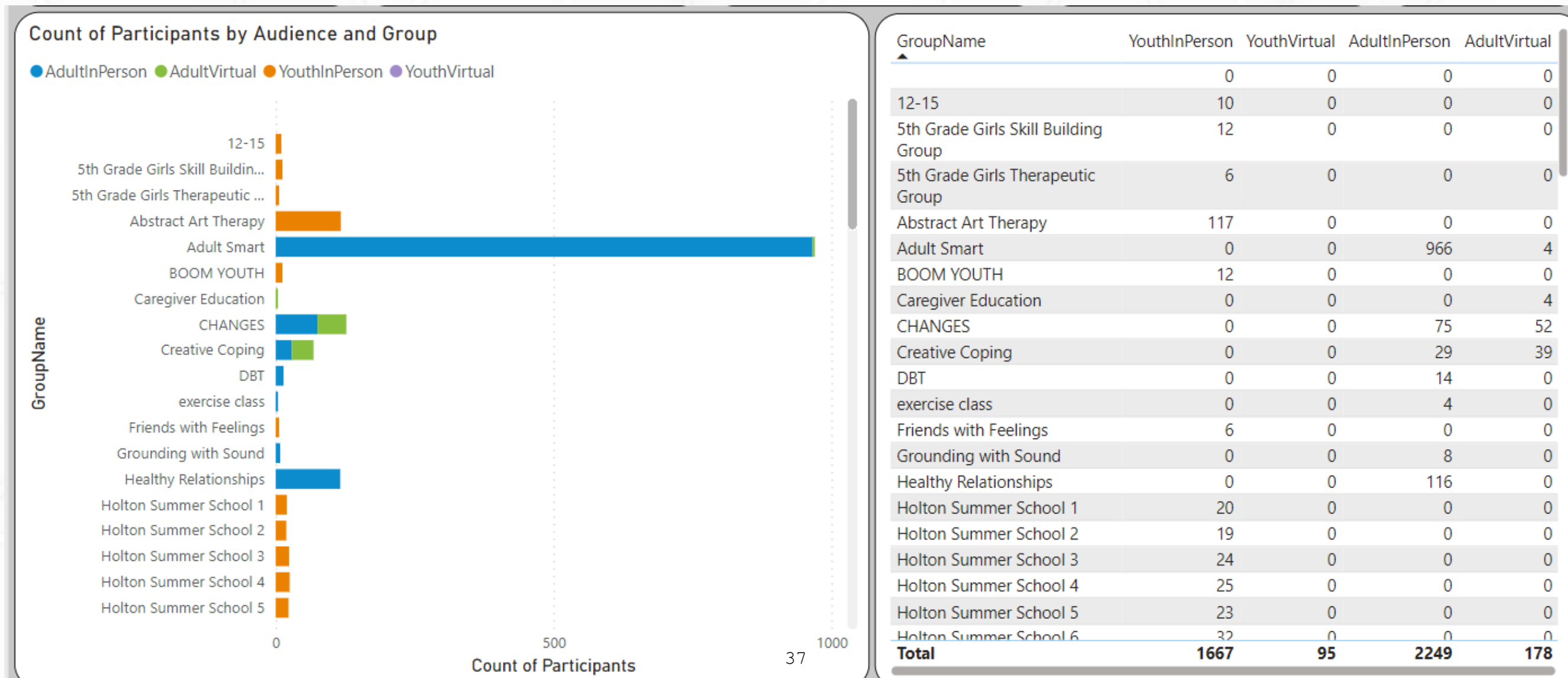


# CCBHC POINT 8

## 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 has partnered 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.

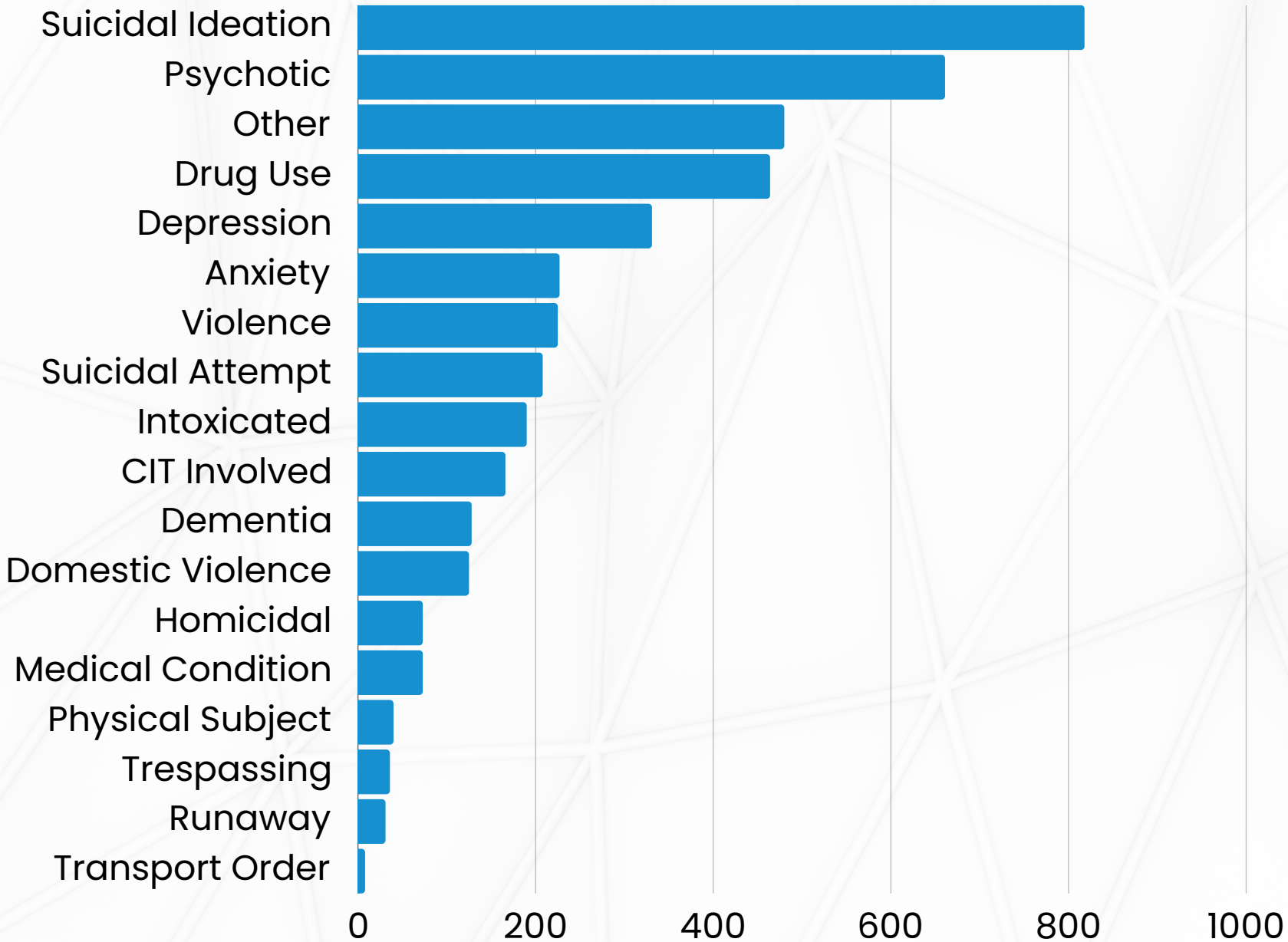


# COMMUNITY CONNECTION

## 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 Ndoye, 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!**

