

HEALTHWEST
FULL BOARD MINUTES

June 28, 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: Cheryl Natte, Janet Thomas, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Kim Cyr, Marcia Hovey-Wright, Mary Vazquez, Thomas Hardy

Members Absent: Charles Nash, Remington Sprague, M.D., Tamara Madison

Others Present: Rich Francisco, Holly Brink, Gina Post, Amber Berndt, Melina Barrett, Gordon Peterman, Christy LaDronka, Mickey Wallace, Kristi Chittenden, Gina Kim, Jackie Farrar, Brittani Duff, Tasha Kuklewski, Gary Ridley, Linda Wagner, Amie Bakos, Stephanie Vanderkooi, Jason Bates, Anissa Goodno, Lauren Thomas, Justine Tufts, Urbain Ndoeye, Devan Peterson, Kris Redmon, Jennifer Hoeker

Guests Present: Mark Eisenbarth, Kristen Wade

MINUTES

HWB 104-B - It was moved by Mr. Hardy, seconded by Ms. Natte, to approve the minutes of the May 31, 2024 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Program Personnel Committee

HWB 90-P - It was moved by Ms. Hilleary, seconded by Mr. Hardy, to approve the minutes of the April 12, 2024, meeting as written.

MOTION CARRIED

HWB 91-P - It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy and Procedure for Criminal History Record Information Security, effective June 28, 2024.

MOTION CARRIED

HWB 92-P - It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the appointment of Ms. Chritine LaDronka to serve as the authorized licensure designee for HealthWest's Crisis Residential Unit, effective June 28, 2024.

MOTION CARRIED

HWB 93-P - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the policy and procedural changes as described above and attached for 06-026 Person Centered Planning, effective June 28, 2024.

MOTION CARRIED

HWB 94-P - It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy and Procedure for Application of the Sliding Fee Scale, effective June 28, 2024.

MOTION CARRIED

Recipient Rights Committee

HWB 95-R - It was moved by Ms. Thomas, seconded by Mr. Hilleary, to approve the minutes of the April 12, 2024, meeting as written.

MOTION CARRIED

HWB 96-R - It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the Recipient Rights Reports for April 2024 / May 2024.

MOTION CARRIED

Finance Committee

HWB 97-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve the minutes of the May 17, 2024, meeting as written.

MOTION CARRIED

HWB 98-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of April 2024, in the total amount of \$7,188,853.50.

MOTION CARRIED

HWB 99-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to approve the HealthWest Executive Director to sign a contract with DBT Institute of Michigan effective July 1, 2024, through September 30, 2025 to provide services to eligible HealthWest Consumers. The Funding is within the Specialized Residential budget of \$20,998,125.00

MOTION CARRIED

HWB 100-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign contract #DFA25-61001 with the State of Michigan Department of Health and Human Services for \$74,900.00. This contract will fund an Eligibility Specialist at the HealthWest building from October 1, 2024, through September 30, 2025.

MOTION CARRIED

HWB 101-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Community Programs, Inc. dba Meridian Health Services, for SUD residential services, sub-acute detox withdrawal management, and methadone dosing services, effective July 1, 2024, through September 30, 2025. The funding is within the SUD budget of \$7,035,144.00.

MOTION CARRIED

HWB 102-F - It was moved by Dr. Sprague, seconded by Commissioner Hovey-Wright to authorize HealthWest to procure and fund a stockade fence inclusive of installation, completed by Oasis Fence up to \$4,540.00 to be completed by September 30, 2024.

MOTION CARRIED

HWB 103-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Henn Lesperance PLC effective June 28, 2024, to provide legal representation to Dr. David Van Winkle.

MOTION CARRIED

ITEMS FOR CONSIDERATION

There was no items for consideration.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Gary Ridley, Training and Communications Manager, presented the HealthWest Strategic Plan for FY24 / FY25.

Kris Redmon, Clinical Services Supervisor, presented on Occupational Therapy & Speech Therapy.

Jennifer Hoeker, Communications and Advocacy Coordinator provided an update from the Consumer Advisory Counsel and the Demario Phillips' video.

DIRECTOR'S COMMENTS

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

Director's Update

- CFAP – Conflict Free Access and Planning – We have received some communication, an email from Kristen Jordan Dated 06/24/2024, outlining a series of CMS guidance as a response and feedback to the CMHA proposal which Kristen Jordan shared with CMS. CMS offered their feedback and comments on the CMHA proposal and told MDHHS that the proposal does not comply with COI (Conflict of Interest) regulations. CMS included their guidance/comments in the CMHA proposal document and referenced various COI regulations for clarification which may be useful for the CMHs. HW is currently reviewing the feedback and comments. There has also not been a response to the email from any of the other CMH/PIHP agencies that this email addressed to. Kristen Jordan further stated that CMS has shared with the state that CFAP requirements will be a part of the upcoming waiver renewal process. In addition, CMS has also made it clear with the state that under no circumstances can a direct service provider determine eligibility – applies to financial and service eligibility. Kristen Jordan also stated that if there are further questions we

should reach out and continue to work on solutions that best fits the needs of feds, the state, CMHSP and individuals we serve.

Lakeshore Regional Entity updates:

- Wakely BH TEDS (Behavioral Health Treatment Episodic Data Set) analysis – Just wanted to reiterate that at the LRE board meeting (Wed. 26th), Wakely/Milliman presented the BH TEDS entity factor analysis on BH TEDS completion. They presented and analyzed how much money the region is leaving at the table for incomplete BH TEDS. The total for the region was about \$4 to 5 M. The LRE would like the CMHSPs to continue to close the gap by improving their submission of the BH TEDS data so that we do not have any missing data. Per LRE, we could really use that \$4 to 5M given the regional forecast of overspending. BH TEDS completion is one of the entity factors used by Milliman to determine how much money the region receives in capitation. The question asked at the meeting was if is worth the amount of work getting BH TEDS cleaned up? Just to note, the region is meeting the compliance requirement of 95% but it is beyond the 95% where rates differ for CMHSPs/PIHP, regions with better completion rates will be allocated higher entity factors related to BH TEDS and therefore get more money. The LRE is towards the bottom of the list overall compared to other PIHPs which accounts for the \$4 to \$5M they are leaving at the table and the other PIHPs are picking up.
So, is it worth it to get that \$4M?

For some CMHSPs like HW where our completion rate is 99.42% for MH services and 99.73% for Crisis Only BH TEDS it will be incredibly hard to make small gains. We really should be focusing on CMHSPs that have the biggest volume of impact which would be N180 who generates about 50% of BH TEDS at 95.40% compliance rate. HW represents about 22 to 23% of BH TEDS for the region second to N180.

Counts of missing BHTEDS Records (per MDHHS, as of 6/11/2024... clients served FY24 [based on encounters with dates of service through 4/30/2024])					CMH Estimated % of Total Clients served in the Region (based on FY22 totals):		
Missing Records: Missing MH	Missing Q	Missing SUD Total	% of Total				
OnPoint	70	18	6	94	14.42%	6.1%	
HealthWest	24	2	1	27	4.14%	22.6%	
Network180	372	48	57	477	73.16%	46.9%	
Ottawa	19	7	12	38	5.83%	14.2%	
West Michigan	4	1	11	16	2.45%	10.2%	
	489	76	87	652			

MH: Regional Completeness: * (non-Crisis)			
Denominator	Numerator	% Complete	
18,326	17,837	97.33%	

MH: Regional Completeness: * ("Crisis Only")			
Denominator	Numerator	% Complete	
3,712	3,636	97.95%	

SUD: Regional Completeness:			
Denominator	Numerator	% Complete	
4,323	4,236	97.99%	

Mental Health (non-Crisis) BHTEDS Completeness - by CMH:			
Denominator	Numerator	% Complete	
Allegan	2,077	2,007	96.63%
HealthWest	4,127	4,103	99.42%
Network180	8,082	7,710	95.40%
Ottawa	2,414	2,395	99.21%
West Michigan	1,782	1,778	99.78%
	18,482	17,993	97.35%

Mental Health (Crisis Only) BHTEDS Completeness - by CMH:			
Denominator	Numerator	% Complete	
Allegan	245	227	92.65%
HealthWest	729	727	99.73%
Network180	1,782	1,734	97.31%
Ottawa	578	571	98.79%
West Michigan	420	419	99.76%
	3,754	3,678	97.98%

- Just wanted to let the board know that also that come October 2024, we will also have another CCBHC in the region, Cherry Health is also going to be joining the ranks of CCBHC. There are some impacts to the region, and we are still trying to understand how this will impact not only N180 but also all of the other CMHSPs that contract with Cherry Health. My understanding is that N180 is going to be a DCO for Cherry Health in Kent County, so I am not sure what the impact of that is yet.

CMH level:

- June 20th, another KATA training was completed for a group of staff, board members, and public health. I was told that the training went well per our Quality Improvement Director.
- Reviewing our Autism encounter reporting and ensuring that our claims line up with our EQI (Encounter Quality Initiative) reports. We want to make sure that the cost we have in encounters is close to what we are reporting in the EQI.
- Starting to look at our CCBHC costs internally and doing an analysis of how well we are providing this service.
- Still preparing for the LRE site audit for July 30 into August (first week of Aug.) of this year. The quality improvement team is well underway in terms of getting “proofs” over to the LRE.
- Leadership is also now starting to look at what the gaps would be if we were to implement Conflict Free Access and Planning per MDHHS. We will be required to submit a plan to MDHHS when the time comes.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 9:00 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
June 28, 2024
376 E. Apple Ave., Muskegon, MI 49442
<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWWhnQmF5NVAYbWRQVG54Tk1GZz09>
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 May 31, 2024
(Attachment #1 – pg. 1-3) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | 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 |
| 6) | Items for Consideration | |
| 7) | Old Business | |
| 8) | New Business | |
| 9) | Communication | |
| | A) HealthWest Strategic Plan FY2024 / FY2025
Gary Ridley, Communications and Training Manager
(Attachment #5 – pg. 15-27) | Information |
| | B) Occupational Therapy & Speech Therapy Presentation
Kris Redman, Clinical Services Supervisor
(Attachment #6 – pg. 28-35) | Information |
| | C) Consumer Advisory Update & Demario Phillips' Story / Video
(Attachment #7 – pg. 36) | Information |

- | | | |
|-----|---|-------------|
| | D) Staff Kudos
(Attachment #8 – pg. 37) | Information |
| | E) Muskegon County Employee Appreciation Day
(Attachment #9 – pg. 38) | Information |
| | F) Director's Report – Rich Francisco, Executive Director
(Attachment #10 – pg. 39-40) | Information |
| 10) | Public Comment | |
| 11) | Adjournment | Action |

/hb

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: Marcia Hovey-Wright, 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 15th, 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

***PRELIMINARY MINUTES
To be approved at the Full Board Meeting of
June 28, 2024***

HEALTHWEST

PROGRAM AND PERSONNEL COMMITTEE REPORT TO THE BOARD

via Cheryl Natte, Committee Chair

1. The Program Personnel Committee met on June 16, 2024.
- * 2. It was recommended, and I move, to approve the minutes of the April 12, 2024, meeting as written.
- * 3. It was recommended, and I move, to approve the HealthWest Board to approve the HealthWest Policy and Procedure for Criminal History Record Information Security, effective June 28, 2024.
- * 4. It was recommended, and I move, to approve the HealthWest Board to approve the appointment of Ms. Chritine LaDronka to serve as the authorized licensure designee for HealthWest's Crisis Residential Unit, effective June 28, 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 06-026 Person Centered Planning, effective June 28, 2024.
- * 6. It was recommended, and I move, to approve the HealthWest Board to approve to approve the HealthWest Policy and Procedure for Application of the Sliding Fee Scale, effective June 28, 2024.

/hb

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

June 16, 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, Janice Hilleary, Tamara Madison, Thomas Hardy

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, Gordon Peterman, Gina Kim, Lakshmee Persuad, Charlie Chea, Shannon Morgan, Sheila Hurtubise, Brittani Duff, Matt Plaska, Christy LaDronka, Urbaine Ndoye

Guests Present: Kristen Wade, John Weerstra

MINUTES

It was moved by Ms. Hilleary, seconded by Mr. Hardy, to approve the minutes of the April 12th meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy and Procedure for Criminal History Record Information Security, effective June 28, 2024.

MOTION CARRIED.

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the appointment of Ms. Chritine LaDronka to serve as the authorized licensure designee for HealthWest's Crisis Residential Unit, effective June 28, 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 06-026 Person Centered Planning, effective June 28, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy and Procedure for Application of the Sliding Fee Scale, effective June 28, 2024.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Communication was shared regarding the motions HealthWest brought to the County Commissioners for approval during the month of June.

DIRECTOR'S COMMENTS

Executive Director, Rich Francisco, provided an update:

Mr. Francisco shared an Update from CARF audit: We have completed our CARF survey and just based on the summary of findings we had 34 recommendations from the audit. This was the least number of recommendations ever according to the Quality improvement team. The summary is as follows from Matt Plaska, our audit performance improvement manager.

Standard Section	# of Recommendations
Leadership	3
Governance	5
Legal	1
Finance	1
Risk Management	1
Health & Safety	7
Workforce Development	2
Technology	2
Rights	1
Accessibility	1
Performance Measurement	1
General Program Structure	4
Med Management	1

Treatment Program Standards	4
Total	34

In addition, this is the first year that we included the Governance standard in our CARF audit. We had a total of 5 recommendations in this area, and considering that it is new for us, we did very well. I am also pleased to hear that our auditors found more recommendations from the administrative standards than the clinical practice standards which we did very well on. It is much easier to address administrative standards than clinical practice standards. Our quality improvement team has already started working on this recommendation and will resolve them quickly. I will be sharing a more detailed report once we receive the final report from CARF. I want to thank Pam and Matt and the entire quality improvement team for doing a great job coordinating the audit.

Our next audit is with the LRE and staff are already preparing for this as well. The LRE site review will be July 30 to August 2nd. Staff are on track and have already been submitting proofs for this audit. Once again, thanks to the quality improvement team for coordinating and preparing for this audit

The quarterly meeting for the Quality Improvement Council at the state level was on 6/5/2024. One of the topics discussed was Conflict Free Access and Planning, there will be stakeholder meetings on June 20th and June 24th and the latter one will be for beneficiaries. Resources will be sent out for implementation to PIHP/CMHSP who will need to complete a plan and report back to MDHHS. We are eager to see what the details are of the implementation plan to guide in our efforts to develop our response plan. The other topic of discussion was from the Federal Compliance team who talked about the 1915 iSPA amendment status – public comment is currently ongoing and will end on June 19th. The links are provided below:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/medwaivers>

Lastly, we are also hearing there will be some changes to the MMBPIS reporting which the Michigan Mission Based Performance Indicator System. There will be a significant change to the measures and the switch will be leaning more towards national metrics such as HEDIS measures. The plan will span a transition over a 3-year period.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:21 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES

To be approved at the Program/Personnel Committee Meeting on August 9, 2024

HEALTHWEST
RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO THE BOARD

via Thomas Hardy, Committee Chair

1. The Recipient Rights Advisory Committee met on June 14, 2024.
- * 2. It was recommended, and I move, to approve the minutes of the April 12, 2024 meeting as written.
- * 3. It was recommended, and I move, to approve the Recipient Rights Reports for April 2024 / May 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 8:22 a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, Tamara Madison, Cheryl Natte, Thomas Hardy

HealthWest Staff Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Kristi Chittenden, Susan Plotts, Linda Wagner, Tasha Kuklewski, Lakshmee Persaud, Gordon Peterman, Amber Berndt, Justine Belvitch, Gina Kim, Gary Ridley, Jennifer Hoeker, Charlie Chea, Shannon Morgon, Sheila Hurtubise, Brittani Duff, Matt Plaska, Christy LaDronka, Urbaine Ndoye

Guest Present: Kristen Wade, John Weerstra

APPROVAL OF MINUTES

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the minutes of the April 12, 2024 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for April 2024 / May 2024

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the Recipient Rights Reports for April 2024 / May 2024.

MOTION CARRIED.

For the months of April 2024 / May 2024, there were 71 HealthWest and 21 provider employees trained:

Rights Updates HealthWest	48
Rights Updates Provider	2
New Employee Training HealthWest/Contracted	17
New Employee Training Provider	14
SUD Recipient Rights Orientation Employee	0
SUD Recipient Rights Orientation Provider	5

For the months of April 2024 / May 2024 there were 654 incident reports and 25 rights allegations.

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

There were a total of 10 deaths reported in April 2024 / May 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on The Mental Health Code.

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 8:47 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
August 9, 2024***

HEALTHWEST

FINANCE COMMITTEE REPORT TO THE BOARD

via Jeff Fortenbacher, Committee Chair

1. The Finance Committee met on June 21, 2024.
- * 2. It was recommended, and I move to approve the minutes of the May 17, 2024, meeting as written.
- * 3. It was recommended, and I move to approve expenditures for the month of April 2024, in the total amount of \$7,188,853.50.
- * 4. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with DBT Institute of Michigan effective July 1, 2024, through September 30, 2025 to provide services to eligible HealthWest Consumers. The Funding is within the Specialized Residential budget of \$20,998,125.00
- * 5. It was recommended, and I move to approve HealthWest to approve the HealthWest Executive Director to sign contract #DFA25-61001 with the State of Michigan Department of Health and Human Services for \$74,900.00. This contract will fund an Eligibility Specialist at the HealthWest building from October 1, 2024, through September 30, 2025.
- * 6. It was recommended, and I move to approve HealthWest, to approve the HealthWest Executive Director to sign a contract with Community Programs, Inc. dba Meridian Health Services, for SUD residential services, sub-acute detox withdrawal management, and methadone dosing services, effective July 1, 2024, through September 30, 2025. The funding is within the SUD budget of \$7,035,144.00.
- * 7. It was recommended, and I move to approve HealthWest to approve HealthWest to procure and fund a stockade fence inclusive of installation, completed by Oasis Fence up to \$4,540.00 to be completed by September 30, 2024.
- * 8. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Henn Lesperance PLC effective June 28, 2024, to provide legal representation to Dr. David Van Winkle.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

June 21, 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., Commissioner Charles Nash

Also Present: Rich Francisco, Holly Brink, Gina Post, Shannon Morgan, John Weerstra, Melina Barrett, Brittani Duff, Gary Ridley, Suzanne Beckeman, Matt Plaska, Christy LaDronka, Gordon Peterman, Justine Belvitch, Jackie Farrar, Anissa Goodno, Carrie Crummett, Kristi Chittenden, Jason Bates, Urbaine Ndoeye, Kayla King

Guests Present: Angela Gasiewski

MINUTES

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the May 17, 2024, meeting as written.

MOTION CARRIED

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for April 2024

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of April 2024, in the total amount of \$7,188,853.50.

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

Ms. Belvitch, Director of Finance, presented the April report, noting an overall cash balance of \$6,988,500.47 as of April 30, 2024.

C. Finance Update Memorandum

Ms. Belvitch, Director of Finance, presented the Finance Update Memorandum for the Board review.

D. Authorization to Approve Contract with DBT Institute of Michigan

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to approve the HealthWest Executive Director to sign a contract with DBT Institute of Michigan effective July 1, 2024, through September 30, 2025 to provide services to eligible HealthWest Consumers. The Funding is within the Specialized Residential budget of \$20,998,125.00

MOTION CARRIED

E. Authorization to Approve Contract with State of Michigan Department of Health and Human Services

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign contract #DFA25-61001 with the State of Michigan Department of Health and Human Services for \$74,900.00. This contract will fund an Eligibility Specialist at the HealthWest building from October 1, 2024, through September 30, 2025.

MOTION CARRIED

F. Authorization to Approve Contract with Community Programs, Inc.

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Community Programs, Inc. dba Meridian Health Services, for SUD residential services, sub-acute detox withdrawal management, and methadone dosing services, effective July 1, 2024, through September 30, 2025. The funding is within the SUD budget of \$7,035,144.00.

MOTION CARRIED

G. Authorization to Procure Stockade Fence from Oasis Fence

It was moved by Dr. Sprague, seconded by Commissioner Hovey-Wright to authorize HealthWest to procure and fund a stockade fence inclusive of installation, completed by Oasis Fence up to \$4,540.00 to be completed by September 30, 2024.

MOTION CARRIED

H. Authorization to Contract with Henn Lesperance PLC

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Henn Lesperance PLC effective June 28, 2024, to provide legal representation to Dr. David Van Winkle.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director HW

- Kristen Jordan sent out a memo from MDHHS dated 6/13/2024 and referenced the SCA or Standard Cost Allocation, which required the CMHSPs to implement the SCA methodology by December 1, 2021. As of May 2024, 41 of the 46 CMHSPs will not fully

implement FY24 with 2 remaining CMHSPs self-reported not implementing by FY24 and 3 partially implementing by FY24. Kristen Jordan in the memo addressed the initial concerns of CMHSPs and their role in the public mental health system as a sub-contractor and what expenses can be attributed as an incurred claim. The whole question on the dual role of CMHSPs carrying out manage care functions and being a provided and subcontractor. It was a lengthy memo outlining why MDHHS did not agree with CMHAM's stance when they sought out legal advice on the role of CMHSPs.

I just wanted to say that HW is complying with SCA template and following the methodology. I believe the only remaining piece for HW is the payroll system which has now been currently tested and is also implemented with many staff.

- From the LRE, various groups are still discussing the deficit/overspend showing from the N180 budget related to residential and Autism utilization where they cite higher utilization. This has been an ongoing discussion not only at CEO Ops group but also at the LRE Executive Committee and the LRE Board.
- Milliman (Wakely) presented and reviewed again the Entity Specific Factor that went into analysis of the ISF. This was a deeper dive into what the CMHSPs can potentially do to impact getting more revenue for the region. This Wakely presentation will go to the LRE Board next week but just giving you a summary of the presentation: LRE is leaving about \$4 to 5M on the table annually that could be additional revenue for the region when CMHSPs are forecasting deficits in their budgets.
- From a HW operations, I am working with leadership to continue to look at internal costs and cost for services. We recently looked at Autism and our underspending issues and the good news is that we are finding some process issues related to documentation of Autism consumers. The leadership team will be looking at CCBHC cost for service next as we are showing a trend of overspending in this area.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:41 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
July 19, 2024



FY2024-2025

I. INTRODUCTION

HealthWest serves as Muskegon County's Community Mental Health Service Provider and Certified Community Behavioral Health Clinic. Organized as a department of Muskegon County, HealthWest serves approximately 8,100 Muskegon County residents per year at more than 8 service locations. HealthWest provides these services by managing a budget of roughly \$100 million per year, comprised mainly of Medicaid, state, local and grant funds.

HealthWest provides developmental disability, mental health, substance use, physical health, laboratory and pharmacy services internally, and manages a network of 100 Medicaid-funded service providers who provide additional services to our community.

The HealthWest strategic plan is updated annually and serves as the framework for the agency's decision-making process. The plan serves as an opportunity for the agency to recognize and communicate its priorities while improving transparency of the agency's operations.

A. Strategic Plan Development

The HealthWest strategic plan serves as a guide for the agency's policy and financial priorities, while helping agency leadership better plan for the use of agency resources. The development of the plan allows for input from numerous stakeholders and creates a framework to ensure accountability in agency operations. Regular updates on the progress of objectives identified by the plan will be provided to the HealthWest Board of Directors and other community stakeholders.

B. Plan Input

HealthWest relied on extensive and diverse streams of input to develop the plan, including:

- i. Comprehensive Needs Assessment: This assessment used a survey to capture input from individuals in services at HealthWest, community stakeholders and partners, local municipalities, and members of the HealthWest provider network.
- ii. HealthWest Staff: All teams at HealthWest conducted a SWOT analysis to provide input on the agency's internal strengths, internal weaknesses, external threats and external opportunities in an effort to identify topics to be addressed by the strategic plan. Staff also evaluated and assessed the goals outlined in the agency's previous strategic plan, and provided input as to the agency's current needs.
- iii. HealthWest Consumer Advisory Committee: Input was solicited from the HealthWest Consumer Advisory Committee.
- iv. HealthWest Board of Directors: The HealthWest Board of Directors were presented with a draft plan and were given the opportunity to identify their own priorities for inclusion in the agency strategic plan.

C. Scope of Plan

HealthWest is routinely tasked with addressing current and emerging needs, while also creating policies and procedures to advance the agency mission and improve the quality of service delivery. This plan is intended to guide HealthWest leadership in:

- Setting policy and budget priorities
- Managing and identifying funding sources
- Administering agency resources and staff
- Managing the HealthWest provider network and other contractual needs
- Identifying and engaging in community partnerships
- Identifying and using data to track agency progress

II. ABOUT HEALTHWEST

A. Mission, Vision, and Values

Our Mission

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

Our Vision

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

Our Values

Our values are the compass of our agency. We strive to emulate diversity, development, excellence, and integrity in all that we do.

Diversity: We value differences and recognize our unique experiences and perspectives make us stronger and more effective.

Development: We believe that all persons have the ability to continually grow and learn.

Excellence: We work to be the very best in our field and embrace innovation, creativity and continual improvement.

Integrity: We hold ourselves accountable and operate with fairness and honesty.

B. HealthWest Activities and Services

HealthWest provides mental health, substance use, intellectual/developmental disability and integrated care services through a blend of internal staff and an extensive external provider network. Services are provided in a variety of settings, including in-office, telehealth, home-based, within our

county jail, at our local schools and within our community.

Internally, HealthWest employs more than 450 staff who fill a variety of roles, including:

- Behavioral health crisis services such as crisis stabilization, 24-hour mobile crisis response, a crisis residential unit and a community-wide 24-hour behavioral health Warm Line.
- Outpatient counseling
- Correctional services including Law Enforcement Assisted Diversion, recovery coaches, embedded clinicians with local law enforcement agencies and in-jail treatment teams.
- Occupational, physical and speech therapy
- Adult and youth mental health and intellectual/developmental disability case management
- Integrated nursing and substance use supports
- Youth behavioral supports and autism services
- School-based clinicians and parent support partners
- Transition age, infant mental health and wraparound services
- Clubhouse services
- Integrated health and psychiatric services
- Ancillary services such as housing and employment assistance, veteran system navigation and groups
- Outreach, prevention and community psychological first aid
- Administrative services such as finance, human resources, IT, training, building maintenance, customer services, quality assurance, and recipient rights

The HealthWest provider network consists of 100 Medicaid funded service providers and continues to grow. HealthWest's network includes core provider agencies, specialty providers, direct service providers, a Designated Collaborating Organization (DCO) and behavioral health home providers.

- HealthWest has more than 300 consumers living in and receiving community living support from specialized residential homes operated by 37 contracted providers. These homes are primarily located within Muskegon County or within a short drive from the area.
- HealthWest contracts with 22 substance use disorder prevention and treatment providers who are reimbursed via a combination of fee for service contracts as well as various grants.
- HealthWest contracts with 18 providers for a combination of community living supports and vocational supports to assist our consumers in living to their fullest potential within their own community.
- HealthWest contracts with four agencies specializing in evidence-based therapy for children with autism. We are currently providing services to 53 Muskegon County children through these services. HealthWest also contracts with one specialized residential provider for youth with autism.
- HealthWest currently has one contracted Designated Collaborating Organization (DCO) providing mild to moderate therapy services to more than 200 open consumers. This particular contract collaboration is pursuant to our status as a Certified Community Behavioral Health Clinic.
- The network also includes two consumer-run service providers.

C. Management, Oversight and Governance

HealthWest is a department of Muskegon County and receives staffing and financial oversight from the elected Muskegon County Board of Commissioners. HealthWest is also governed by a Board of Directors appointed by the Muskegon County Board of Commissioners. This board is responsible for oversight of the agency's programmatic direction and includes three county commissioners, multiple individuals with lived experience with the behavioral health system, and community leaders with expertise in the behavioral healthcare setting.

As a Community Mental Health Service Provider, HealthWest receives additional oversight from its Prepaid Inpatient Health Plan, the Lakeshore Regional Entity, as well as the State of Michigan's Department of Health and Human Services. HealthWest is also accredited by the Commission on Accreditation of Rehabilitation Facilities, or CARF.

Internally, HealthWest is led by an executive director and executive team, which includes our chief financial, chief clinical and chief information officers. The agency also employs a Leadership Team consisting of director and manager-level staff, which helps to provide guidance and insight to the agency's executive leadership on big picture and day-to-day operational items.

III. BEHAVIORAL HEALTH LANDSCAPE

HealthWest analyzed the internal and external trends in the behavioral healthcare setting to help educate and inform our strategic plan. This analysis included a review of qualitative and quantitative data related to service delivery, feedback from our annual Needs Assessments, policy and healthcare trends, and other relevant materials.

1. National Landscape

- **Lingering Impacts of COVID-19 Pandemic**

HealthWest has played a large role in Muskegon County's public health response to the COVID-19 pandemic, including hosting vaccination clinics, testing, contact tracing, marketing and other logistical supports. Despite the rollback of federal emergency orders and HealthWest's role in the community response, individuals served by HealthWest continue to report infections and deaths related to the pandemic. Moreover, many of the populations served by HealthWest continue to be at higher risk for more serious complications, including death, upon infection. Studies continue to show the pandemic had a substantial impact of the mental health of our community. Rates of anxiety, depression, and substance use disorder have increased since the beginning of the pandemic, according to the National Institutes of Health. The pandemic has also changed the way services are delivered at HealthWest, including the continued use of telehealth expansion and the development of remote work agreements for some HealthWest staff. HealthWest also continues to respond to the impact of the pandemic on our provider network by increasing rates for all providers in an attempt to stabilize the system. HealthWest continues to advocate for increased autism and CCBHC rates.

- **Certified Community Behavioral Health Clinics (CCBHC)**

HealthWest continues to serve as a local demonstration site for the federal expansion of the CCBHC program. CCBHCs are non-profit or local government entities that must provide comprehensive and coordinated services, serve all people regardless of insurance status or ability to pay, adhere to stringent quality and cost reporting requirements, and utilize a state-developed prospective payment system. CCBHCs are required to provide nine core services, including 24-hour behavioral health and mobile crisis response, immediate screening and risk assessment, patient-centered treatment planning, outpatient mental health and substance use services, outpatient primary care screening and monitoring, targeted case management, psychiatric rehabilitation services, peer support counseling and family support, and intensive mental health care for active-duty military and veterans. Through this program, HealthWest has contracted with Services of Hope as a Designated Collaborative Organization.

The CCBHC program has provided HealthWest an opportunity to create a fund balance and utilize earnings from the prospective payment system. However, it has also created a level of risk at both the PIHP and CMH level. Should HealthWest's Medicaid Base and Supplemental payments not cover all the costs to provide these services, then those costs would need to be covered at the CMH/CCBHC level. Full risk is held at the CCBHC level for any individual that is receiving these services and is not eligible for Medicaid or Healthy Michigan coverage. A significant amount of HealthWest's State General Fund, Local Funds, and savings from CCBHC Supplemental payments during the first two years of the State pilot have been needed to cover services provided to CCBHC eligible individuals without Medicaid.

- **Nationwide Workforce Shortage**

HealthWest continues to be impacted by the nationwide healthcare worker shortage. Muskegon County has been identified as a Health Professional Shortage Area due to a lack of mental and physical health providers. These staffing shortages have been exacerbated by the COVID-19 pandemic, and have had a meaningful impact on the agency's ability to deliver some services in a timely fashion. HealthWest has increased its recruitment and retention efforts and has reduced its annual turnover rate by roughly 19 percent.

2. State/Local Landscape

- **Community Census Profile**

Muskegon County is a community of roughly 176,000 people on the shores of Lake Michigan. The county is a blend of urban, suburban and rural communities. Roughly 76 percent of the county population identifies as white, 13.6 percent identify as African American, and 5.8 percent identify as Hispanic or Latino. The county is also home to 1,380 individuals of Native American ancestry and includes the Little River Band of Ottawa Indians. Nearly 3.5 percent of households speak a language other than English. Roughly 7.1 percent of residents are military veterans. The county's employment rate is roughly 56 percent and the median household income is just over \$58,000 (nearly \$9,000 less than the state average), according to the U.S. Census Bureau. Muskegon County's poverty rate is 14.3 percent, roughly

7 percent higher than the state average, and roughly 22 percent of residents under the age of 18 live in poverty. Only 22.4 percent of county residents possess a bachelor's degree or higher, a rate 30 percent less than state average.

- **Community Health Profile**

The U.S. Census Bureau reports 15.7 percent of Muskegon County residents live with a disability, which is roughly 10 percent more than the state average. Just over 4 percent of residents live without health care coverage. Muskegon County is the state's 69th healthiest county, according to the Robert Wood Johnson Foundation. The Robert Wood Johnson Foundation reports the county has higher rates of premature death, smoking, excessive drinking, adult obesity, teen births and sexually transmitted infections when compared to the rest of the state. The Robert Wood Johnson Foundation also reports there is one primary care physician for every 1,760 county residents, well short of state and national averages.

- **Standard Cost Allocation**

Standard Cost Allocation (SCA) is a financial model being implemented by the Michigan Department of Health and Human Services to help the agency better understand the variations in benefit cost and administrative expenses reported by the state's 10 PIHPs. One of the key observations identified from the project, thus far, has been the difference in cost allocation methods employed by the CMHSPs and the significance these variations are contributing to the variation in reported benefit unit costs and administrative expenses. The methodology that was created in the SCA is to establish a standard approach to allocating defined expenses incurred by the CMH and PIHP in providing the services and performing the administrative functions that are necessary under the behavioral health managed care program. The outcome of the SCA model will support future PIHP Medicaid medical loss ratio reporting required by the federal government as well as the Encounter Quality Initiative reporting. In order to meet SCA guidelines, HealthWest had to create an entirely new Chart of Accounts and implement a time sheet system. This remains a heavy burden on all HealthWest staff along with Muskegon County administrative staff. All CMHs are required to be 100 percent compliant with the SCA model by Oct. 1, 2024.

- **Lack of Affordable Housing and Transportation**

The lack of safe and affordable housing is one of the most powerful barriers to recovery, according to the National Alliance on Mental Illness. Nearly 1,900 occupied housing units in the area are considered substandard, while 16,661 occupied housing units are housing cost burdened, according to a 2023 Housing Needs Assessment of Muskegon County conducted by Bowen National Research. The report also showed, "there is limited available inventory among multifamily rentals and pent-up demand for housing serving lower-income renter households." Data shows that roughly 12 percent of county households experienced a severe housing problem, including overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities.

Transportation continues to be a barrier for many individuals receiving services at HealthWest. In 2020, the Muskegon Area Transit Service cut nearly in half its number of bus routes, including dropping Satur-

day and evening services. All of the existing routes serve the county's urban and suburban core, leaving rural residents without reliable public transportation options. This lack of transportation is routinely identified as a barrier by individuals in services at HealthWest and greatly reduces our ability to provide services outside of traditional business hours.

- **Elevated Suicide and Overdose Rates**

Muskegon County has experienced a sharp increase in suicides and fatal drug overdoses in recent years. In 2023, Muskegon County reported 86 fatal drug overdoses, according to preliminary data from the Muskegon County Medical Examiner. This was a 10 percent increase from the previous year and 54 percent higher than the annual average over the past decade. Preliminary medical examiner data from 2023 also showed 39 reported suicides in Muskegon County, an 11 percent decrease from the previous year. Despite the year-over-year decrease, the county's suicide total remains roughly 20 percent higher than the county's annual average over the past decade.

- **Demand Outpacing Availability of Some Services**

Some services continue to experience a lack of local providers, which is creating a wait list among consumers. Services with wait lists include employments services, occupational therapy, physical therapy, speech therapy, community living supports, specialized residential, psychological services - ADHD testing, autism and medication assisted treatment. These provider shortages can lead to substantial wait times for some services or lead to services being provided by providers outside of Muskegon County.

- **Settlement of Outstanding Financial Liabilities**

HealthWest was able to secure payment of its past financial liabilities from the Lakeshore Regional Entity. The payments, released in two installments, totalled nearly \$15.2 million.

3. Results of HealthWest Stakeholder Survey

A survey of individuals in HealthWest services, our Consumer Advisory Committee and other community stakeholders showed that 46 percent of respondents identified that Muskegon County needed more attention on the behavioral health needs of youth, including increased focus on trauma, the need for more school-based care, better coordination with schools, as well as the need for additional inpatient beds, community living support services and youth groups. Additional themes that appeared in survey results included drug use within the community, increased rates of suicides and the lack of local behavioral health providers.

4. Internal SWOT Analysis

All HealthWest teams completed a SWOT analysis of the agency as part of the strategic planning process. In total, 26 analyses were completed by HealthWest teams. The following themes were identified

based on staff responses:

- **Internal Strengths**

- Teamwork and Collaboration: Multiple mentions of working together, supporting each other, and collaborating with other departments or agencies.
- Innovation: References to being innovative, creative, and open to new ideas.
- Leadership and Vision: Descriptions of visionary leadership and leadership support for staff.
- Community Engagement: Strong partnerships with the community and engagement with diverse providers.
- Staff Wellbeing: Emphasis on staff care, including compassion, empathy, and support.
- Continuous Improvement: Focus on excellence, efficiency, and willingness to adapt and change.
- Client-Centered Care: Providing person-centered treatment, caring for clients, and offering a variety of services.
- Training and Development: Opportunities for growth, training, and professional development.
- Organizational Support: Supportive leadership, strong organizational skills, and a caring work environment.
- Flexibility and Adaptability: Ability to be flexible, adaptable to change, and willing to accommodate needs.

- **Internal Weaknesses**

- Communication Issues: Various mentions of communication problems, including lack of transparency, miscommunications, and poor communication between teams and departments.
- Staffing Challenges: Concerns about high caseloads, lack of staff, and burnout among employees.
- Leadership Concerns: Lack of leadership understanding or support for ancillary programs, as well as a lack of clarity on clinical definitions and roles.
- Organizational Culture and Change: Challenges related to organizational culture, resistance to change, and lack of a defined organizational culture.
- Training and Development: Issues with training absorption, lack of job-specific training, and challenges in on-boarding new staff.
- Process and Planning: Disorganization, lack of planning for sustaining projects, and difficulties in sustaining projects.
- Accountability: Lack of accountability, follow-through on projects, and adherence to policies and procedures.
- Resource Constraints: Lack of cars for community outreach, lack of funding, and limitations in resources and equipment.
- Workload and Time Constraints: Concerns about high workloads, time constraints, and not enough time to complete tasks.
- Inter-agency Collaboration: Barriers to advancement between agencies, lack of collaboration between departments, and difficulties in working with external partners.

- **External Opportunities**

- Community Engagement and Outreach: Strategies to increase agency presence in under-served areas, improve reputation, and build positive relationships with the community and county staff.
- Professional Development: Focus on ongoing training and development opportunities for staff to enhance skills and stay updated on industry best practices.
- Collaboration and Partnerships: Emphasis on collaborating with other agencies, community partners, and educational institutions to improve services and resources.
- Funding and Grants: Efforts to seek and secure additional funding, grants, and resources to support agency programs and services.
- Better Space Allocation: Identify spaces to better meet the needs of HealthWest staff and consumers while presenting a more professional image.
- Care Coordination and Integration: Enhancing care coordination and integration with other services, such as law enforcement, mental health court, and medical/dental services.
- Staff Well-being and Support: Addressing staff needs, such as better pay, benefits, professional growth opportunities, and work-life balance.
- Communication and Transparency: Improving internal and external communication, transparency in plans, and sharing of information across teams and departments.
- Continuous Quality Improvement: Focus on accreditation, data-driven decisions, and ongoing improvement of processes and services.
- Community Resource Utilization: Identifying and utilizing untapped resources in the community, such as educational institutions, non-profits, and other service providers.

- **External Threats**

- Regulatory Challenges: Concerns about redundant and burdensome regulatory requirements, as well as changes in regulations impacting providers and agencies.
- Funding and Financial Challenges: Issues related to funding cuts, economic uncertainty, and insurance-related challenges such as copays and coverage changes.
- Staffing and Workforce Issues: Challenges with staff turnover, shortages, burnout, and difficulties in recruiting and retaining qualified candidates.
- Community Engagement and Partnerships: Efforts to improve relationships and collaboration with community partners, shelters, and other agencies.
- Lack of Community Mental Health and Substance Abuse Resources: Concerns about community violence, drug trends, and lack of resources for recovery and treatment programs.
- Transportation: Challenges related to transportation accessibility and availability for clients attending appointments or accessing services.
- Communication and Coordination: Issues with communication between agencies, hospitals, and primary care providers, as well as challenges in coordinating care efficiently.
- Infrastructure and Safety: Concerns about building safety, security, and pest control, as well as limitations in space and resources.
- Stigma and Perception: Challenges related to the stigma of being a CMH, negative perceptions, and lack of understanding of the work by the public, politicians and regulators.

- Technology and Cybersecurity: Concerns about cybersecurity threats, the use of AI, and the need for secure messaging systems.

IV. GOALS AND STRATEGIES

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

- **Objective 1:** Reduce health disparities as identified by HealthWest and the LRE contract.
- **Objective 2:** Ensure HealthWest leadership is reflective of the diverse population of Muskegon County and the individuals we serve.
- **Objective 3:** Ensure HealthWest staff feel included, supported, and represented, have access to resources, and that opportunities for education and professional development are available to all.
- **Objective 4:** Reduce staff turnover.
- **Objective 5:** Strengthen agency leadership's ability to meet the needs of our staff, those we serve and our oversight authorities.

2. Position HealthWest for Excellence by Maintaining Status as a CCBHC and Fulfilling Our Responsibilities of Being a Community Mental Health Services Provider

- **Objective 1:** Identify and engage community organizations whose work would bolster our service array.
- **Objective 2:** Maintain a system for data monitoring, analysis, performance improvement, and timely reporting to ensure compliance with federal, state and local quality standards.
- **Objective 3:** Strengthen community-based partnerships to improve the health and wellness of our entire community.
- **Objective 4:** Increase outreach and engagement of priority populations as defined by the LRE Contract, CCBHC, other oversight authorities and HealthWest leadership.
- **Objective 5:** Implement programs and services to address gaps in the HealthWest service array.
- **Objective 6:** Implement and support all evidence-based practices as identified by the CCBHC program.
- **Objective 7:** Improve integration and coordination of care for persons served.
- **Objective 8:** Improve the experience of care of persons served to ensure better health outcomes.
- **Objective 9:** Reduce the administrative burden for direct services staff to increase the availability of time for service delivery.
- **Objective 10:** Ensure all aspects of the HealthWest service array are developed and implemented with long-term sustainability in mind.
- **Objective 11:** Support efforts to improve the quality of life of individuals in services.

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

- **Objective 1:** Ensure staff have the competencies needed to meet the needs of our agency, individuals in services, and our oversight authorities.
- **Objective 2:** Ensure agency supervisors have the skills and tools needed to provide quality supervision and leadership.
- **Objective 3:** Increase community knowledge of behavioral health topics to support a healthier, more trauma-informed Muskegon County.
- **Objective 4:** Increase the opportunities for individuals in services to have meaningful input on the operations of HealthWest and our service delivery.
- **Objective 5:** Support efforts to increase the engagement and development of individuals in services.

4. Demonstrate High Integrity in All Business Operations

- **Objective 1:** Align staffing and systems to meet the needs of a changing public behavioral health landscape.
- **Objective 2:** Define and structure roles within the Quality Assurance department to support continuous quality improvement throughout HealthWest.
- **Objective 3:** Ensure agency communications and operations support the needs of our agency, individuals in services, and oversight authorities.
- **Objective 4:** Ensure HealthWest facilities meet the needs of our agency, individuals in services, and oversight authorities.

IV. SUPPORTING DOCUMENTATION

- Robert Wood Johnson Foundation, County Health Ranking & Roadmaps, <https://www.county-healthrankings.org/health-data/michigan/muskegon?year=2023>
- United States Census Bureau, Muskegon County Profile, https://data.census.gov/profile/Muskegon_County,_Michigan?g=050XX00US26121
- Muskegon County Medical Examiner, 2022 Annual Report, <https://mimedicalexaminer.com/sites/default/files/2023-07/2022%20Annual%20Report%20Final.pdf>
- Bowen National Research, Housing Needs Assessment Muskegon County, Michigan, <https://drive.google.com/file/d/1T-JpjhxoJy4boASBUr2tD6Tp5rniflOj/view>

DRAFT

OT/ST



Purpose:

Brief explanation of who we are and what we do

OT = Occupational Therapy

ST = Speech Therapy

OT Practitioners

- Skilled Health Care Professionals / Licensed
- Utilize research and scientific evidence to ensure interventions are effective
- Strong knowledge of a person's psychological, physical, emotional and social makeup - Holistic Approach
- Focus on increasing independence across the life span with various diagnoses.
- Help people with what they need to do, but also with what they want to do through everyday use of therapeutic activities or occupations.
- Various settings: Mental Health, Schools, Outpatient Clinics, Hospitals, Home Health, Private Practice, Early Intervention, Work Industry, Skilled Nursing Facilities, Hospice, and Community Centers.

ST Practitioners

- Skilled Health Care Professionals / Licensed
- Utilize research and scientific evidence to ensure interventions are effective
- Speech-language pathologist (SLP) engages in the areas of communication and swallowing across the life span
- Various settings: Mental Health, Schools, Outpatient Clinics, Hospitals, Private Practice, Early Intervention, Skilled Nursing Facilities, and Hospice

Health West Therapy Staff

Occupational Therapy Practitioners

- Kayla King, M.S., OTR/L
- Sara Zwart, M.S., OTR/L
- Sabrena McCarthy, COTA/L
- Kris Redmon BHA, COTA/L

Speech Therapy Practitioners

- Swan Reddy, M.S., CCC-SLP (Contract)

Help people increase their functional independence in daily life while preventing or minimizing disability

Help people safely swallow and increase functional communication

OT Services

- Home Modification
- Task Analysis
- Adaptive Equipment / DME Equipment
- Skill Building
- Education
- Sensory Strategies

 Consultation

 Screening

 Evaluation

 Treatment

 Education

 Coordination & Linking

ST Services

- Feeding and Swallowing
 - Non-instrumental Evaluation
 - Safe Swallow Guidelines
 - Education
- Communication
 - Expressive
 - Receptive
 - ACC

 Consultation

 Screening

 Evaluation

 Treatment

 Education

 Coordination & Linking

Eligibility for OT/ST Services

- MI/DD Diagnosis (Not Medical Dx)
- Starts with a Conversation / Consultation with an OT/ST Practitioner
- Depends on agency rules, funding and situation
- OT/ST will guide case manager through referral process
- OT/ST may provide suggestions, recommendations, and/or coordinate and link with community supports.

The background of the slide features a dark blue-to-black gradient. On the right side, there is a dense cluster of 3D question marks in various shades of gray and blue, some appearing to be floating or stacked. A solid black horizontal bar spans the width of the slide, positioned in the lower half. To the right of this bar is a solid orange rectangular area.

Questions?



Consumer Advisory Committee Update:

The Consumer Advisory Committee met on June 12, 2024 -

- Several members were interviewed during the CARF survey.
- Consumer Advisory Committee members were invited to the Exit meeting for the CARF survey.
- Marjory Erdman presented on Lived Experience.
- The Special Projects committee gave feedback on Walk A Mile.
- Gary Ridley reviewed the Leadership draft plan and asked for feedback.
- 2024 Satisfaction Surveys were introduced to the committee members.



HealthWest Employee Recognition / Feedback from Consumers:

Customer Service received a phone call on April 24th

Customer Service received a call specifically naming Thomas Meier, who works in Outpatient counseling. The caller wanted to share that he had a “very fine meeting”, and that Thomas is a “good guy”. Thomas, keep up the great work!

Keep up the GREAT work Thomas Meier!!!!!!

Feedback for Customer Service on May 13th

Customer Service received a call today who specifically named Julie Wilde and JoAnn Ackerberg from the warm line. The caller stated she appreciated the consideration and their time and wanted to thank them.

Keep up the GREAT work Julie Wilde & JoAnn Ackerberg!!!!!!

Customer Service received a phone call on June 17th

A consumer reached out on HealthWest Facebook Messenger with this compliment. "Ok I want to compliment Stephanie Baskin for always being kind to us and helping me understand stuff and Caitlin Williams for helping me with my coping skills"

***Great job Stephanie Baskin & Caitlin Williams,
Keep up the great work!!***

Muskegon County Employees Appreciation Day
Saturday, August 10, 2024
Muskegon County Airport (MKG)
114 Sinclair Drive, Muskegon, MI 49441

Attachment #9



MUSKEGON
County

The Muskegon County Employees Appreciation Day includes tickets to the 2024 Wings Over Muskegon Air Show for Muskegon County Employees and Immediate Family Members Only.

MORE DETAILS TO FOLLOW





MEMORANDUM

Date: June 28, 2024

To: HealthWest Board of Directors

CC: Mark Eisenbarth, Muskegon County Administrator
Matt Farrar, Muskegon County Deputy Administrator
Angie Gasiewski, Muskegon County Finance Director

From: Rich Francisco, Executive Director

Subject: **Director's Update**

- CFAP – Conflict Free Access and Planning – We have received some communication, an email from Kristen Jordan Dated 06/24/2024, outlining a series of CMS guidance as a response and feedback to the CMHA proposal which Kristen Jordan shared with CMS. CMS offered their feedback and comments on the CMHA proposal and told MDHHS that the proposal does not comply with COI (Conflict of Interest) regulations. CMS included their guidance/comments in the CMHA proposal document and referenced various COI regulations for clarification which may be useful for the CMHs. HW is currently reviewing the feedback and comments. There has also not been a response to the email from any of the other CMH/PIHP agencies that this email addressed to. Kristen Jordan further stated that CMS has shared with the state that CFAP requirements will be a part of the upcoming waiver renewal process. In addition, CMS has also made it clear with the state that under no circumstances can a direct service provider determine eligibility – applies to financial and service eligibility. Kristen Jordan also stated that if there are further questions we should reach out and continue to work on solutions that best fits the needs of feds, the state, CMHSP and individuals we serve.

Lakeshore Regional Entity updates:

- Wakely BH TEDS (Behavioral Health Treatment Episodic Data Set) analysis – Just wanted to reiterate that at the LRE board meeting (Wed. 26th), Wakely/Milliman presented the BH TEDS entity factor analysis on BH TEDS completion. They presented and analyzed how much money the region is leaving at the table for incomplete BH TEDS. The total for the region was about \$4 to 5 M. The LRE would like the CMHSPs to continue to close the gap by improving their submission of the BH TEDS data so that we do not have any missing data. Per LRE, we could really use that \$4 to 5M given the regional forecast of overspending. BH TEDS completion is one of the entity factors used by Milliman to determine how much money the region receives in capitation. The question asked at the meeting was if is worth the amount of work getting BH TEDS cleaned up? Just to note, the region is meeting the compliance requirement of 95% but it is beyond the 95% where rates differ for CMHSPs/PIHP, regions with better completion rates will be allocated higher entity factors related to BH TEDS and therefore get more money. The LRE is towards the bottom of the list overall compared to other PIHPs which accounts for the \$4 to \$5M they are leaving at the table and the other PIHPs are picking up.

So, is it worth it to get that \$4M?

For some CMHSPs like HW where our completion rate is 99.42% for MH services and 99.73% for Crisis Only BH TEDS it will be incredibly hard to make small gains. We really should be focusing on CMHSPs that have the biggest volume of impact which would be N180 who generates about 50% of BH TEDS at 95.40% compliance rate. HW represents about 22 to 23% of BH TEDS for the region second to N180.

Counts of missing BHTEDS Records (per MDHHS, as of 6/11/2024... clients served FY24 [based on encounters with dates of service through 4/30/2024])					CMH Estimated % of Total Clients served in the Region (based on FY22 totals):	
Missing Records:	Missing MH	Missing Q	Missing SUD	Total	% of Total	
OnPoint	70	18	6	94	14.42%	6.1%
HealthWest	24	2	1	27	4.14%	22.6%
Network180	372	48	57	477	73.16%	46.9%
Ottawa	19	7	12	38	5.83%	14.2%
West Michigan	4	1	11	16	2.45%	10.2%
	489	76	87	652		

MH: Regional Completeness: * (non-Crisis)			
Denominator	Numerator	% Complete	
18,326	17,837	97.33%	

MH: Regional Completeness: * ("Crisis Only")			
Denominator	Numerator	% Complete	
3,712	3,636	97.95%	

SUD: Regional Completeness:			
Denominator	Numerator	% Complete	
4,323	4,236	97.99%	

Mental Health (non-Crisis) BHTEDS Completeness - by CMH:			
CMH	Denominator	Numerator	% Complete
Allegan	2,077	2,007	96.63%
HealthWest	4,127	4,103	99.42%
Network180	8,082	7,710	95.40%
Ottawa	2,414	2,395	99.21%
West Michigan	1,782	1,778	99.78%
	18,482	17,993	97.35%

Mental Health (Crisis Only) BHTEDS Completeness - by CMH:			
CMH	Denominator	Numerator	% Complete
Allegan	245	227	92.65%
HealthWest	729	727	99.73%
Network180	1,782	1,734	97.31%
Ottawa	578	571	98.79%
West Michigan	420	419	99.76%
	3,754	3,678	97.98%

- Just wanted to let the board know that also that come October 2024, we will also have another CCBHC in the region, Cherry Health is also going to be joining the ranks of CCBHC. There are some impacts to the region, and we are still trying to understand how this will impact not only N180 but also all of the other CMHSPs that contract with Cherry Health. My understanding is that N180 is going to be a DCO for Cherry Health in Kent County, so I am not sure what the impact of that is yet.

CMH level:

- June 20th, another KATA training was completed for a group of staff, board members, and public health. I was told that the training went well per our Quality Improvement Director.
- Reviewing our Autism encounter reporting and ensuring that our claims line up with our EQI (Encounter Quality Initiative) reports. We want to make sure that the cost we have in encounters is close to what we are reporting in the EQI.
- Starting to look at our CCBHC costs internally and doing an analysis of how well we are providing this service.
- Still preparing for the LRE site audit for July 30 into August (first week of Aug.) of this year. The quality improvement team is well underway in terms of getting "proofs" over to the LRE.
- Leadership is also now starting to look at what the gaps would be if we were to implement Conflict Free Access and Planning per MDHHS. We will be required to submit a plan to MDHHS when the time comes.