

HEALTHWEST
FULL BOARD MINUTES

July 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: Cheryl Natte, Janet Thomas, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Kim Cyr, Mary Vazquez, Thomas Hardy, Charles Nash, Tamara Madison

Members Absent: Marcia Hovey-Wright, Remington Sprague, M.D.

Others Present: Rich Francisco, Holly Brink, Gina Post, Amber Berndt, Gordon Peterman, Christy LaDronka, Kristi Chittenden, Gina Kim, Jackie Farrar, Brittani Duff, Tasha Kuklewski, Gary Ridley, Linda Wagner, Stephanie Baskin, Jennifer Hoeker, Kelly Betts, Jason Bates, Helen Dobb

Guests Present: Mark Eisenbarth, Kristen Wade, Kari Whitman

MINUTES

HWB 111-B - It was moved by Mr. Hardy, seconded by Ms. Natte, to approve the minutes of the June 28, 2024 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Finance Committee

HWB 105-F - It was moved by Commissioner Hovey-Wright, seconded by Mr. Hardy, to approve the minutes of the June 21, 2024, meeting as written.

MOTION CARRIED

HWB 106-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of May 2024, in the total amount of \$8,561,698.85.

MOTION CARRIED

HWB 107-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to approve the HealthWest Executive Director to amend the budgets for the three Provider Network categories with a zero net dollar effect, effective July 29, 2024.

MOTION CARRIED

HWB 108-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Lazarusman Consulting, PLLC effective August 1, 2024, through September 30, 2025, to provide services eligible to HealthWest Consumers. The funding is within the Outpatient Budget of \$7,558,082.00.

MOTION CARRIED

HWB 109-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Pendogani GL LLC effective August 1, 2024 through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$20,998,125.00

MOTION CARRIED

HWB 110-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to authorize HealthWest increasing the approved motion HWB 81-F to procure and fund a Bathroom Remodification completed by Accessible Home Design, LLC up to \$19,400 to be completed by September 30, 2024.

MOTION CARRIED

ITEMS FOR CONSIDERATION

HWB 112-F - It was moved by Mr. Hardy, seconded by Ms. Hilleary to authorize HealthWest recommending Linda Dunmore as an Executive Board Member for the LRE (Lakeshore Regional Entity), and authorizes the HealthWest Board Chairperson, Janet Thomas, to recommend her on behalf of the HealthWest Board of Directors.

MOTION MOVED

HWB 113-F - It was moved by Mr. Hardy, seconded by Ms. Natte to authorize HealthWest amending the HealthWest By-laws, to include a plan for any Board vacancies effective July 29, 2024

MOTION MOVED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Mr. Hardy presented Homelessness & Mental Health Issues.

DIRECTOR'S COMMENTS

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

MDHHS Updates:

- Waskul Case settlement update: MDHHS has sent out an email on 7/21 to all PIHP CEOs to discuss how the Waskul settlement can fit into the Contract for FY25 for all PIHPs to comply with Waskul settlement. This email communication was forwarded to HW by Centra Wellness who stated that they will be strongly opposing the inclusion of Waskul settlement in the contract negotiation meeting on July 26th from 9-11am.
- FY25 CMHSP Contract Update – HW notification for FY25 Contract was received via eGRAMS, unfortunately, MDHHS did not notify the CFI CMHSP Contract Negotiation team that MDHHS

was going to release the contract to the field. CMHA sent an email out on 7/23 (Tuesday) to the CMHSPs that MDHHS missed a key step which was to have the CFI CMHSP contract negotiations review it first and to get a Summary of changes from the previous year. CMHA will provide their guidance and recommendations to the field after review to assist CMHSPs in processing our contract.

- CFAP – Conflict Free Access and Planning – CMHA recently sent an email to the field regarding how to proceed with Conflict Free. One recommendation they stated is that based on field survey, they would like to recommend dropping the CFAP implementation of Oct. 1, 2024 – many CMHA organizations indicated that until issues of implementation are resolved the due date is going to be difficult to attain. Secondly, based on the feedback from CMS, CMHA does not believe that the field proposal for addressing conflict is far apart on the issues following:
 - HCBS eligibility determination (currently determined by MDHHS)
 - IPOS development, monitoring and authorization (carried out by the CMHSP or its designated supports coordination / case management provider organization)
 - HCBS service delivery (carried out by a provider other than the organization carrying out IPOS development, monitoring, and authorization – whenever possible)

Lakeshore Regional Entity updates:

- OHH discussion with the LRE: During the LRE Work session, Wed. 24th, the LRE presented information on the OHH/BHH opportunity for our region. I just wanted to update the board that we have been evaluating this opportunity to see if this is something that will be worth it financially for us to take on being an OHH. We are looking at the data and the numbers to decide whether to consider being an OHH. The potential revenue this would add for HW based on LRE numbers is about 90k to 181k is just not a big amount. The LRE also retains a percentage of this – about 10 to 20%. Other questions we have are how big of a lift would this be for current staff whose current roles would be impacted. LRE contends that the CMHSP already has roles for this but truly it adds more work for these positions. I.e., Certain percentage/time of some medical staff (medical director) and admin staff. In addition, we have questions out to the LRE in terms of how much they would be retaining from the capitation payment a range from 15% to 20%. We are also looking at evaluating if we need to add staff or not.

CMH level:

- Wanted to let the board know that we got our official results from Commission on Accreditation of Rehabilitation Facilities (CARF), and we did get a 3-yr accreditation which is the highest an agency can get. I would like to thank and give a “shout-out” to the Quality improvement team and the HW staff from clinical to admin who put in a lot of hours preparing proofs, meeting with auditors and now working on the recommendations and findings from the audit.
- I also want to thank staff for participating in our Performance Measure Validation (PMV) for MMBPIS (Michigan Mission Based Performance Indicator System) review with HSAG. I heard from the LRE that it went very well and do not expect any significant issues with LRE PMV HSAG audit.
- The quality improvement team has also been very busy with preparing for the LRE audit for July 29th as well.
- HW is also undergoing some internal moving around with space, cubicles, offices, etc. The goal is to consolidate the admin staff more to make room for the needed Clinical space. There will be some location changes for staff in the next couple of months.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:58 a.m.

Respectfully,

A handwritten signature in green ink that reads "Janet A. Thomas". The signature is written in a cursive, flowing style.

Janet Thomas
Board Chair
/hb



TO: HealthWest Board Members

FROM: Janet Thomas, Board Chair, via Rich Francisco, Executive Director

SUBJECT: Full Board Meeting
July 26, 2024
376 E. Apple Ave., Muskegon, MI 49442
<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWlnQmF5NVAYbWRQVG54Tk1GZz09>
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 June 28, 2024
(Attachment #1 – pg. 1-5) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Committee Reports | |
| | A) Finance Committee
(Attachment #2 – pg. 6-9) | Action |
| 6) | Items for Consideration | |
| | A) Approval to Recommend Representative for LRE Executive Board Member
(Attachment #3 – pg. 10) | Action |
| | B) Approval to Amend HealthWest By-Laws
(Attachment #4 – pg. 11-19) | Action |
| 7) | Old Business | |
| 8) | New Business | |
| 9) | Communication | |
| | A) Homelessness & Mental Health Issues Presentation
Thomas Hardy, HealthWest Board of Directors
(Attachment #5 – pg. 20-34) | Information |
| | B) Muskegon County Employee Appreciation Day
(Attachment #6 – pg. 35) | Information |
| | C) Director's Report – Rich Francisco, Executive Director
(Attachment #7 – pg. 36-37) | Information |
| 10) | Public Comment | |
| 11) | Adjournment | Action |

HEALTHWEST
FULL BOARD MINUTES

June 28, 2024

8:00 a.m.

**376 E. Apple Ave.
Muskegon, MI 49442**

CALL TO ORDER

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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

***PRELIMINARY MINUTES
To be approved at the Full Board Meeting of
June 23, 2024***

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

1. The Finance Committee met on July 19, 2024.
- * 2. It was recommended, and I move to approve the minutes of the June 21, 2024, meeting as written.
- * 3. It was recommended, and I move to approve expenditures for the month of May 2024, in the total amount of \$8,561,698.85
- * 4. It was recommended, and I move to approve the HealthWest Executive Director to amend the budgets for the three Provider Network categories with a zero net dollar effect, effective July 29, 2024.
- * 5. It was recommended, and I move to approve the HealthWest Executive Director HealthWest Executive Director to sign a contract with Lazarusman Consulting, PLLC effective August 1, 2024, through September 30, 2025, to provide services eligible to HealthWest Consumers. The funding is within the Outpatient Budget of \$7,558,082.00.
- * 6. It was recommended, and I move to approve HealthWest, to approve the HealthWest Executive Director to sign a contract with Pendogani GL LLC effective August 1, 2024 through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$20,998,125.00.
- * 7. It was recommended, and I move to approve HealthWest increasing the approved motion HWB 81-F to procure and fund a Bathroom Remodification completed by Accessible Home Design, LLC up to \$19,400 to be completed by September 30, 2024.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

July 19, 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

Committee Members Absent: Remington Sprague, M.D., Commissioner Charles Nash

Also Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Shannon Morgan, John Weerstra, Melina Barrett, Brittani Duff, Christy LaDronka, Gordon Peterman, Jackie Farrar, Anissa Goodno, Kristi Chittenden, Jason Bates, Linda Wagner, Kim Davis, Gina Kim

Guests Present: Angela Gasiewski

MINUTES

It was moved by Commissioner Hovey-Wright, seconded by Mr. Hardy, to approve the minutes of the June 21, 2024, meeting as written.

MOTION CARRIED

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for May 2024

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of May 2024, in the total amount of \$8,561,698.85.

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

Ms. Carlson, Chief Financial Officer, presented the May report, noting an overall cash balance of \$7,122,940.99 as of May 31, 2024.

C. Finance Update Memorandum

Ms. Carlson, Chief Financial Officer, presented the Finance Update Memorandum for the Board review.

D. Authorization to Amend Provider Network Category Budgets

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to approve the HealthWest Executive Director to amend the budgets for the three Provider Network categories with a zero net dollar effect, effective July 29, 2024.

MOTION CARRIED

E. Authorization to Approve Contract with Lazarusman Consulting, PLLC

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Lazarusman Consulting, PLLC effective August 1, 2024, through September 30, 2025, to provide services eligible to HealthWest Consumers. The funding is within the Outpatient Budget of \$7,558,082.00.

MOTION CARRIED

F. Authorization to Approve Contract with Pendogani GL LLC

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Pendogani GL LLC effective August 1, 2024 through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$20,998,125.00.

MOTION CARRIED

G. Authorization to Approve Increase of Board Motion HWB 81-F

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to authorize HealthWest increasing the approved motion HWB 81-F to procure and fund a Bathroom Remodification completed by Accessible Home Design, LLC up to \$19,400 to be completed by September 30, 2024.

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

- The LRE Executive Committee is going to be proposing a resolution for the next LRE Board meeting (next week, July 24th) that is a response to Proposed language by MDHHS for Fiscal Year 2025 Limiting the Funding and Use of the Internal Service Fund (ISF). The language by MDHHS for FY2025 arbitrarily caps the amount of funding allowed to be retained by the PIHP (7.5%). This shifts the risk-sharing arrangements between the parties to benefit MDHHS. The LRE further concludes that limiting the funding of the ISF to an amount is not actuarially sound (As you may recall, the LRE hired Wakely Milliman to do an actuarial analysis of how much the LRE should be keeping in their ISF).

The funding limitation of the ISF to an amount:

- Is considered not best practice for operating reserves as proposed by the Government Finance Officers Association (GFOA)

- Contractually limits the LRE's ability to operate independently and manage its risk.
 - LRE would return funds earned and retained from a prior contractual period.
- The LRE Board of Directors strongly encourages the MDHHS to remove the proposed language for fiscal year 2025 that limits limiting the funding and use of the ISF and to honor:
- The PIHP's right to manage its business operations including the management of its contractual risk through an appropriately funding ISF.
 - Generally Accepted Accounting Principles (GAAP) that already provide appropriate limitations on the establishment, purpose, and accounting for an ISF.
 - Generally Accepted Actuarial Principles and Methodologies (GAAPM) that already provide appropriate limitations on determining adequate funding for an ISF.
 - Federal Regulations codified in 2 CFR and 42 CFR that already provide appropriate limitation on allowable costs and utilization of ISF funding.
- HW continues to review space needs to maximize the space that we currently have or rent. There will be moves happening in August to consolidate administration over at Terrace Plaza where there is room, this will open clinical space and offices for staff at MHC west. In addition, the leadership team is looking to expand our current CRU to twelve beds, and we are exploring space options with the help of the County.
- HW and its leadership team continues to work on the following areas to improve financial standing, operations and maximize service delivery:
- Review of Cost based on codes and per unit costs. This will assist HW in understanding how much it is costing HW to provide a service.
 - Continuing to develop dashboards and outcome measures on the program level that is visible to staff. CARF audit recommended that each program area have its own outcome measures. These will include monitoring activities such as development of Autism dashboards, CCBHC dashboards, ACT dashboard, etc.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

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

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
August 16, 2024

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED	NON-BUDGETED X	PARTIALLY BUDGETED
REQUESTING DIVISION HealthWest Board	REQUEST DATE July 26, 2024		REQUESTOR SIGNATURE Janet Thomas, Chairperson
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest board authorization is requested to recommend Linda Dunmore, CNO (Chief Nursing Officer) of Trinity Health, as representative for the LRE (Lakeshore Regional Entity) Executive Board of Directors. Linda Dunmore has leadership over Hackley Behavioral Health and knows the importance and support needed for Mental Health Services here in Muskegon County. Her role in healthcare will help build a collaborative relationship on behalf of HealthWest, as a representative for our consumers and our community. This recommendation is effective August 1, 2024 through August 31, 2027. Linda has been filling the vacancy term of Linda Garzelloni, previous representative, since August 2023.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>The HealthWest Board moves to approve Linda Dunmore as a recommendation for the Executive Board Member for the LRE (Lakeshore Regional Entity), and authorizes the HealthWest Board Chairperson, Janet Thomas, to recommend her on behalf of the HealthWest Board of Directors.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL		
	_____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL		
July 26, 2024	_____ Yes _____ No _____ Other		

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION HealthWest Board	REQUEST DATE July 26, 2024	REQUESTOR SIGNATURE Rich Francisco, Executive Director	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>HealthWest board authorization is requested to amend the HealthWest By-laws. This request is due to our recent recertification with the LRE. It was determined that HealthWest is required to have a plan in place for any Board vacancies. The amended request is shown below for "Section 3 – Term of Office" on page 3 of the current By-laws.</p> <p>Section 3 – Term of Office</p> <p>The term of office of a Board member shall be three years from April 1st of the year of appointment. Provided, However, a Board member's term may continue until the first annual meeting beyond his or her three-year<u>three-year</u> term.</p> <p>Vacancies shall be filled for unexpired terms in the same manner as original appointments. <u>Board vacancies shall be communicated to the County Commission Board Chair. The HealthWest Executive Assistant to the Board of Directors will send all HealthWest Board applications received to the County Commission Board Chair for their review. The County Commission Board Chair will review HealthWest Board Applications, conduct interviews based on those that meet the required HealthWest Board demographic needs and the requirements of the Mental Health Code. Upon completion of the HealthWest Board applicant interviews, the County Commissioner Chair shall present an applicant to the County Commission Board for their voting and appointment.</u></p> <p>Any Board members appointed to serve on this Board as a County Commissioner shall not have membership beyond their elected term of office.</p> <p>Section 4 – Removal of Board Members</p> <p>A Board member may be removed from office by the Muskegon County Board of Commissioners for neglect of official duty or misconduct in office after being given a written statement of reasons and an opportunity to be heard on the removal.</p> <p>Section 5 – Compensation</p> <p>A Board member shall be paid a per diem no larger than the highest per diem for members of other county advisory boards set by the County Board of Commissioners and be reimbursed for necessary travel expenses for each meeting attended. Meetings include monthly full board and committee</p> <p style="text-align: center;">3</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
<p>The HealthWest Board moves to approve amending the HealthWest By-laws, to include a plan for any Board Vacancies effective July 29, 2024.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other		
BOARD DATE	BOARD APPROVAL		
July 26, 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other		

HEALTHWEST BOARD BY-LAWS

ARTICLE I

Section 1 – Name

The name of this organization is HealthWest (hereinafter referred to as the Board).

Section 2 – Service Area

The primary service area of the Board shall consist of the County of Muskegon. However, the Board is authorized to provide regional developmental disabilities residential services via contract.

Section 3 – Legal Basis

These by-laws are adopted in accordance with the provision of the Michigan Mental Health Code as amended by P.A. 258 of 1974, providing for the establishment and administration of county community mental health programs.

ARTICLE II – PURPOSES AND GOALS

The purpose and goals of this Board, subject to the provisions of the Michigan Mental Health Code as amended by P.A. 258 of 1974 and the rules and regulations of the Department of Mental Health, shall be to:

A. Annually conduct a needs assessment to determine the mental health needs of the residents of the county or counties it represents and identify public and nonpublic services necessary to meet those needs. Information and data concerning the mental health needs of individuals with developmental disability, serious mental illness and serious emotional disturbance shall be reported to the department in accordance with procedures, and at times, established by the department, along with plans to meet identified needs. It is the responsibility of the community mental health services program to involve the public and private providers of mental health services located in the county or counties served by the community mental health program in this assessment and service identification process. The needs assessment shall include information gathered from all appropriate sources, including community mental health waiting list data and school districts providing special education services.

B. Annually review and submit to the department a needs assessment report, annual plan, and request for new funds for the community mental health services program. The standard format and documentation of the needs assessment, annual plan, and request for new funds shall be specified by the department.

C. Obtain approval of its needs assessment, annual plan and budget, and request for new funds from the board of commissioners of each participating county prior to submission of the plan to the department. In the case of a community mental health organization, provide a copy of its needs assessment, annual plan, request for new funds, and any other document specified in accordance with the terms and conditions of the organization's inter-local agreement to the board of commissioners of each county creating the organization. In the case of a community mental health

authority, provide a copy of its needs assessment, annual plan, and request for new funds to the board of commissioners of each county creating the authority.

D. Submit the needs assessment, annual plan, and request for new funds to the department by the date specified by the department. The submission constitutes the community mental health services program's official application for new state funds.

E. Provide and advertise a public hearing on the needs assessment, annual plan, and request for new funds before providing them to the county board of commissioners.

F. Submit to each board of commissioners for their approval an annual request for county funds to support the program. The request shall be in the form and at the time determined by the board of commissioners.

G. Annually approve the community mental health services program's operating budget for the year.

H. Take those actions it considers necessary and appropriate to secure private, federal, and other public funds to help support the community mental health services program.

I. Approve and authorize contracts for the purchase of mental health services and property lease arrangement with private or public agencies or individuals.

J. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the community mental health services program. The board shall identify specific performance criteria and standards to be used in the review and evaluation. These shall be in writing and available for public inspection upon request.

K. Appoint an executive director of the community mental health services program who shall meet standards of training and experience established by the department.

L. Establish general policy guidelines within which the executive director shall execute the community mental health services program.

M. Require the executive director to select a physician, a registered professional nurse with a specialty certification issued under section 17210 of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.17210 of the Michigan Compiled Laws, or a licensed psychologist to advise the executive director on treatment issues.

ARTICLE III – MEMBERSHIP

Section 1 – Membership

The composition of the Board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services and the general public. At least one-third (1/3) of the membership shall be primary consumers or family members, and of that one-third (1/3) at least two (2) members shall be primary consumers. All Board members shall be eighteen (18) years of age or older.

Section 2 – Appointment

The County Board of Commissioners shall appoint members to serve on this Board, of which not more than four of the twelve members may be County Commissioners and not more than half of the Board may be state, city or local public officials. Members must have their primary residence in Muskegon County. Individuals employed by the Department, or the Community Mental Health Services Program or who are a party to a contract with the Community Mental Health Services Program or administering or benefiting financially from a contract with the program, or are serving in a policy making position with an agency under contract with the Community Mental Health Services Program shall not be appointed to serve on this Board. If the Board Member is an employee or independent contractor in other than a policy-making position with an agency with which the board is considering entering into a contract, the contract then shall not be approved unless all of the following requirements are met:

- (a) The board member shall promptly disclose his or her interest in the contract to the board.
- (b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.
- (c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.

Section 3 – Term of Office

The term of office of a Board member shall be three years from April 1st of the year of appointment. ~~Provided, However,~~ a Board member's term may continue until the first annual meeting beyond his or her ~~three-year~~three-year term.

Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board vacancies shall be communicated to the County Commission Board Chair. The HealthWest Executive Assistant to the Board of Directors will send all HealthWest Board applications received to the County Commission Board Chair for their review. The County Commission Board Chair will review HealthWest Board Applications, conduct interviews based on those that meet the required HealthWest Board demographic needs and the requirements of the Mental Health Code. Upon completion of the HealthWest Board applicant interviews, the County Commissioner Chair shall present an applicant to the County Commission Board for their voting and appointment.

Any Board members appointed to serve on this Board as a County Commissioner shall not have membership beyond their elected term of office.

Section 4 – Removal of Board Members

A Board member may be removed from office by the Muskegon County Board of Commissioners for neglect of official duty or misconduct in office after being given a written statement of reasons and an opportunity to be heard on the removal.

Section 5 – Compensation

A Board member shall be paid a per diem no larger than the highest per diem for members of other county advisory boards set by the County Board of Commissioners and be reimbursed for necessary travel expenses for each meeting attended. Meetings include monthly full board and committee

meetings, as well as conference attendance at the three (3) Community Mental Health Association of Michigan sponsored events each year. A Board member shall not receive more than one per diem payment per day, regardless of the number of meetings scheduled by the Board for the day.

ARTICLE IV – OFFICERS AND DUTIES

Section 1 – Officers

The officers of this Board shall consist of a Chair, Vice-Chair, Treasurer, Secretary, and any others as may be established by resolutions of the Board.

Section 2 – Selection of Officers

The Board shall elect its own officers by a majority vote of the Board.

In the event of a vacancy in any office, a nominating committee shall be immediately appointed to suggest candidates for the office. The Board shall, within two (2) months, elect a successor to serve the balance of the term.

Section 3 – Duties of Chair/Vice-Chair

The Chair shall be the presiding officer at the meetings of the Board, shall appoint the Chair or Vice-Chair, of the standing and special committees; shall call meetings of the Board; and shall be an ex-officio member of all committees. The Chair shall sign, or delegate authority to the county mental health director to sign, in the name of the Board, any or all deeds, contracts, leases, grant applications and other instruments authorized by the Board; and shall perform such other duties as are required by the Board.

The Vice-Chair, in the event of the incapacity or absence of the Chair, shall assume the duties prescribed to the Chair. In the event of the incapacity or absence of both the Chair and Vice-Chair, the Secretary shall assume the duties as prescribed in Article 4, Section III, above.

ARTICLE V – COMMITTEES

Section 1 – Standing Committees

The Board shall establish the following Standing Committees: Program, Personnel, and Finance.

Section 2 – Responsibilities of Standing Committees

The Program Committee shall be responsible for programmatic activities related to the agency and other activities as designated by the Board.

The Personnel Committee shall be responsible for personnel activities related to the agency and other activities as designated by the Board.

The Finance Committee shall be responsible for finance and facilities related to the agency, as well as other activities as designated by the Board.

Section 3 – Special Committees

The Board may establish such other committees as it deems proper.

Section 4 – Appointment of Committees

The Chair of the Board shall appoint the Chair and Vice-Chair and members of the Standing Committees, who shall be members of the Board. The Chair of the Board shall appoint, subject to full Board confirmation, the Chair and members of Special Committees, who need not be Board members. The Board shall confirm such appointments.

Annually, the Chair shall appoint a Nominating Committee, who shall present a slate of officers to be elected at the annual meeting. Members of the Nominating Committee shall be members of the Board. Officers, once elected, shall serve until the next annual meeting, or for a term of one year.

ARTICLE VI – MEETINGS

Section 1 – Annual Meeting

The annual meeting and all meetings of the Board shall be conducted in conformance with the Open Meetings Act and shall be held in April of each year for the purpose of receiving program reports and electing Board officers as well as other duties that may be, from time to time, required.

Section 2 – Special Meetings

The Chair of the Board may call special meetings.

Upon petition of four (4) members, the Chair is required to call a special meeting.

Section 3 – Meeting Attendance

Each Board member must attend at least one Board or Committee meeting per month or provide the Board Chair with a suitable excuse or else the Board may request their replacement by the appropriate appointing authority.

Section 4 – Frequency of Meetings

The Board shall meet once monthly at a time and place designated by the Board.

Section 5 – Meeting Notices

The Board shall adopt a yearly calendar for the upcoming year at their December meeting. In addition, the CMH Administrative Secretary shall be responsible for sending a monthly calendar to all Board members each month throughout the year.

Notice of special meetings shall be given to all members of the Board in advance as far as practicable, but always shall be given at least 18 hours prior to the meeting date and time.

Section 6 – Quorum

A majority of the Board shall constitute a quorum for all Board meetings.

Section 7 – Closed Session

The Board may meet in closed session for the following purposes:

- a) To consider the dismissal, suspension, or disciplining of, or to hear complaints or charges brought against, or to consider a periodic personnel evaluation of, a public officer, employee, staff member, or individual agent, if the named person requests a closed hearing. A person requesting a closed hearing may rescind the request at any time, in which case the matter at issue shall be considered after the rescission only in open sessions.
- b) For strategy and negotiation sessions connected with the negotiation of a collective bargaining agreement if either negotiating party requests a closed hearing.
- c) To consider the purchase or lease of real property up to the time an option to purchase or lease that real property is obtained.
- d) To consult with its attorney regarding trial or settlement strategy in connection with specific pending litigation, but only if an open meeting would have a detrimental financial effect on the litigating or settlement position of the public body.
- e) To review and consider the contents of an application for employment or appointment to a public office if the candidate requests that the application remain confidential. However, except as otherwise provided in this subdivision, all interviews by a public body for employment or appointment to a public office shall be held in an open meeting pursuant to this act. This subdivision does not apply to a public office described in subdivision (j).
- f) To consider material exempt from discussion or disclosure by state or federal statute.

A 2/3 roll call vote of Board members elected must be obtained in order to convene a closed session for any purpose with the exception of (a) and (b) above.

No vote shall be taken during a closed session on matters considered in the closed session. Any action taken on such matters shall occur in an open meeting and recorded in the minutes of said meeting.

Section 8 – Expenses

Reimbursement of expenses may be authorized by the Board in line with specific assignments which are carried out by members of the Board.

ARTICLE VII – CONDUCT OF MEETINGS

The business of the Board shall be conducted in accordance with the Roberts Rules of Order, Newly Revised Edition, unless the by-laws conflict therewith, in which event the by-laws shall supersede as long as they are not in conflict with the Constitution and the laws of the State of Michigan.

ARTICLE VIII – CONFLICT OF INTEREST

Where a business relationship exists, or appears to exist, between a Board member and HealthWest, said member shall abstain from participating in decisions that could be influenced by his/her business interests. Annually each board member shall sign a statement indicating that he or she will abstain from voting on any issue that has, or appears to have, a possible conflict of interest (See the "Statement of Members of Board of Directors Concerning Possible Conflict of Interest").

ARTICLE IX – AMENDMENT

These by-laws may be amended, altered, changed, added to or repealed by a majority vote of the Board at any regular or special meeting of the Board. All amendments shall be sent in writing to each Board member two (2) weeks prior to the date of the meeting.

ARTICLE X – SUSPENSION OF RULES

These by-laws may be temporarily suspended at any time by a quorum of the members present to facilitate the accomplishment of any legal objective of the Board.

ADOPTED BY A MAJORITY VOTE OF THE HEALTHWEST BOARD OF MUSKEGON COUNTY.

Date: _____

Chair

Secretary



Thomas Hardy “Cowboy”

HealthWest Board of Directors

Homelessness & Mental Health Issues

A man with a long, full white beard and mustache, wearing a black hat with a silver emblem and a plaid shirt, looks directly at the camera. He is holding a small, old photograph of a woman in his right hand. The background shows a grassy area with trees and a house under a cloudy sky.

COWBOY

An American Drifter



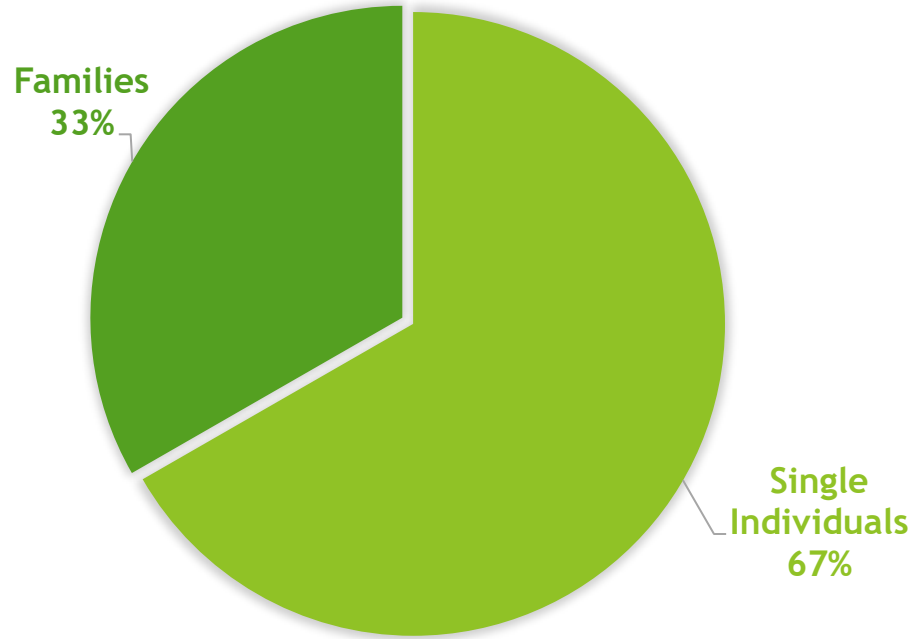
A Little More on My Personal Story

- Homelessness
- Alcoholism
- Abuse
- Jobs
- Now

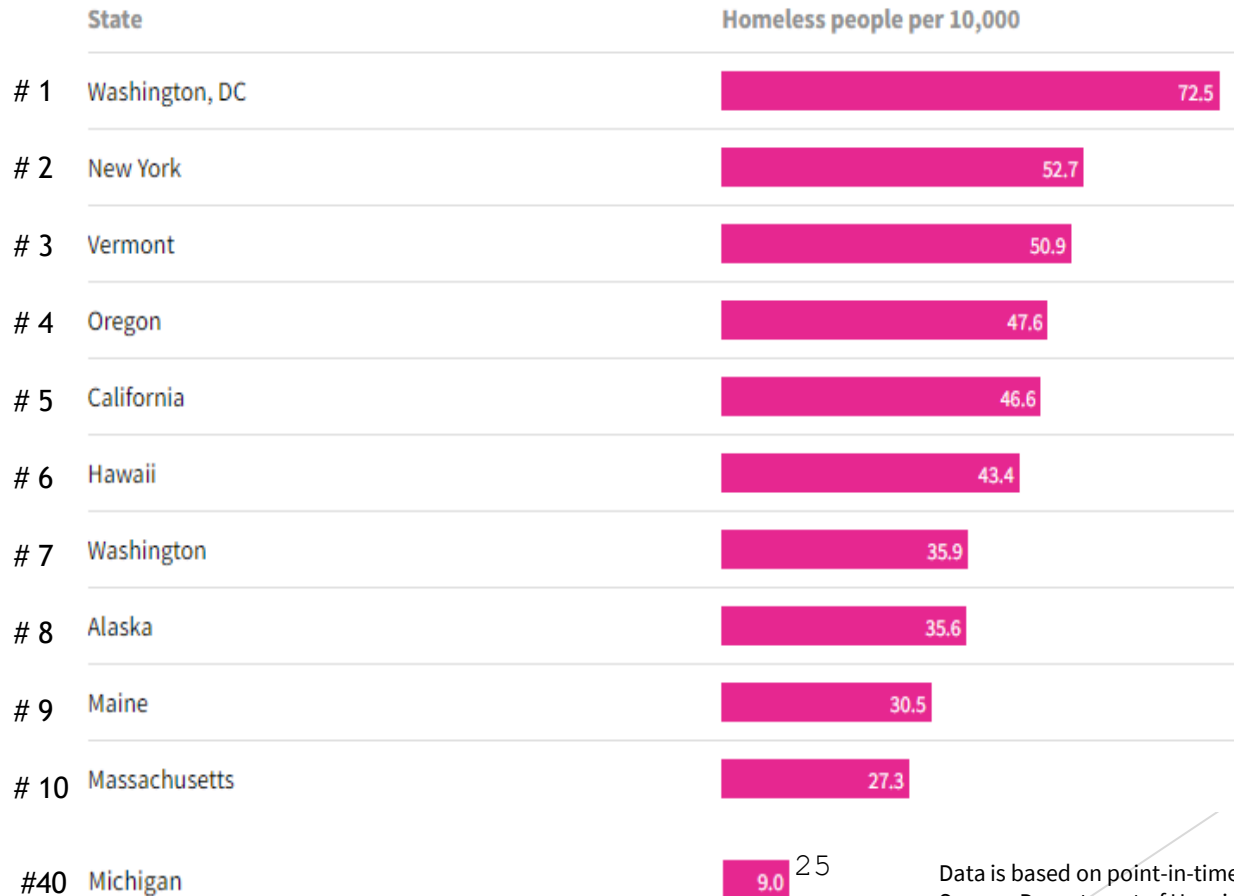
In United States there is over half a million
homeless people as of August 2023.
According to Michigan.gov



Homeless Populations Are Made-up Of Two General Groups



US Point-In-Time Count for January 2023



25

Data is based on point-in-time count that occurred during January 2023.
Source: [Department of Housing and Urban Development](#)

Homelessness

- There are many drivers of modern-day homelessness
- Homeless individuals live in a temporary shelter or transitional housing or sleep in a place not meant for habitation such as under bridges abandoned buildings, cars or in the woods.
- Most researchers agree that the connection between homelessness and mental illness is a complicated





Mental Health Dysfunction Can Include

- Bi-Polar Disorder
- Depression
- Substance Abuse
 - Alcohol
 - Drugs
 - Opioids
 - Speed
 - THC

2023 Michigan Overall Mental Health Rankings

17th in the country for adult and youth

11th in the country for adult

35th in the country for youth

25th for Prevalence of Mental Illness

20th for Access to Care

Mental Health Workforce Availability For Michigan

330:1 or one clinician for 330 people.





Hunger facts in the United States

44 million people in the United States are food insecure

13 million children in the United States are food insecure

49 million people turned to food programs in 2022

100% of U.S. counties have food insecurity



- ▶ Median annual income of people served by Feeding America is \$9,175
- ▶ 1 in 11 children face hunger in West Michigan
- ▶ 1 in 9 adults face hunger in West Michigan
- ▶ An audit in Nov 2023 revealed that 46% of Muskegon county is dependent on Feeding America



Patriot House

- ▶ The idea for Patriot House came from a countywide conference with landlords to address veterans' homelessness
- ▶ Property owner Ratan of RKP Management purchased the house and brought it up to standards. The project employed several out of work veterans.

Walk-a-Mile in My Shoes Rally



Why We Rally...

- To enhance public awareness, because legislators need to know that Mental Health Matters.
- To put an end to the stigma related to mental illness & developmental disabilities.
- To promote mental health and wellness, because we can make a difference!





What Can you Do?



Muskegon County Employees Appreciation Day Attachment #6
Saturday, August 10, 2024
Muskegon County Airport (MKG)
114 Sinclair Drive, Muskegon, MI 49441



This is a private event and you must RSVP in order to receive your parking pass and wrist bands to enter the private area. Each employee will be limited to one parking pass. All family members must be in one vehicle.

Event area (private hangar) will open at 10:30am

Lunch (hot dogs, chips, water, ice cream truck) 11am-Noon

Air Show 12:30pm-3:30pm





MEMORANDUM

Date: July 26th, 2024

To: HealthWest Board of Directors

CC: Mark Eisenbarth, Muskegon County Administrator
Matt Farrar, Muskegon County Deputy Administrator
Angie Gasiewski, Muskegon County Accounting Manager

From: Rich Francisco, Executive Director

Subject: **Director's Update**

MDHHS Updates:

- Waskul Case settlement update: MDHHS has sent out an email on 7/21 to all PIHP CEOs to discuss how the Waskul settlement can fit into the Contract for FY25 for all PIHPs to comply with Waskul settlement. This email communication was forwarded to HW by Centra Wellness who stated that they will be strongly opposing the inclusion of Waskul settlement in the contract negotiation meeting on July 26th from 9-11am.
- FY25 CMHSP Contract Update – HW notification for FY25 Contract has been received via eGRAMS, unfortunately, MDHHS did not notify the CFI CMHSP Contract Negotiations team that MDHHS was going to release the contract to the field. CMHA sent an email out on 7/23 (Tuesday) to the CMHSPs that MDHHS missed a key step which was to have the CFI CMHSP contract negotiations review it first and to get a Summary of changes from the previous year. CMHA will provide their guidance and recommendations to the field after review to assist CMHSPs in processing our contract.
- CFAP – Conflict Free Access and Planning – CMHA recently sent an email to the field regarding how to proceed with Conflict Free. One recommendation they stated is that based on field survey, they would like to recommend dropping the CFAP implementation of Oct. 1, 2024 – a large number of CMHA organizations indicated that until issues of implementation are resolved the due date is going to be difficult to attain. Secondly, based on the feedback from CMS, CMHA does not believe that the field proposal for addressing conflict is far apart on the issues following:
 - HCBS eligibility determination (currently determined by MDHHS)
 - IPOS development, monitoring, and authorization (carried out by the CMHSP or its designated supports coordination/case management provider organization)

- HCBS service delivery (carried out by a provider other than the organization carrying out IPOS development, monitoring, and authorization – whenever possible)

Lakeshore Regional Entity updates:

- OHH discussion with the LRE: During the LRE Work session, Wed. 24th, the LRE presented information on the OHH/BHH opportunity for our region. I just wanted to update the board that we have been evaluating this opportunity to see if this is something that will be worth it financially for us to take on being an OHH. We are looking at the data and the numbers to decide whether to consider being an OHH. The potential revenue this would add for HW based on LRE numbers is about 90k to 181k is just not a big amount. The LRE also retains a percentage of this – about 10 to 20%. Other questions we have are how big of a lift would this be for current staff whose current roles would be impacted. LRE contends that the CMHSP already has roles for this but truly it adds more work for these positions. I.e., Certain percentage/time of some medical staff (medical director) and admin staff. In addition, we have questions out to the LRE in terms of how much they would be retaining from the capitation payment a range from 15% to 20%. We are also looking at evaluating if we need to add staff or not.

CMH level:

- Wanted to let the board know that we got our official results from Commission on Accreditation of Rehabilitation Facilities (CARF), and we did get a 3-yr accreditation which is the highest an agency can get. I would like to thank and give a “shout-out” to the Quality improvement team and the HW staff from clinical to admin who put in a lot of hours preparing proofs, meeting with auditors and now working on the recommendations and findings from the audit.
- I also want to thank staff for participating in our Performance Measure Validation (PMV) for MMBPIS (Michigan Mission Based Performance Indicator System) review with HSAG. I heard from the LRE that it went very well and do not expect any significant issues with LRE PMV HSAG audit.
- The quality improvement team has also been very busy with preparing for the LRE audit for July 29th as well.
- HW is also undergoing some internal moving around with space, cubicles, offices, etc. The goal is to consolidate the admin staff more to make room for the needed Clinical space. There will be some location changes for staff in the next couple of months.