

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

October 11, 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 8:01 a.m.

ROLL CALL

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

Members Absent: Janet Thomas, Janice Hilleary

Staff Present: Holly Brink, Rich Francisco, Brandy Carlson, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gina Maniaci, Gary Ridley, Anissa Goodno, Shannon Morgan

Guests Present: Kristen Wade

MINUTES

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the August 9, 2024 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 Mr. Weerstra, to approve the HealthWest Policy and Procedure for Representative Payees, effective November 1, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy and Procedure for Community Relations, effective November 1, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy and Procedure for Trauma Informed Care, effective November 1, 2024.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy for Board Governance, effective November 1, 2024.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Executive Director, Rich Francisco, provided an update:

- HealthWest recently received a notice from Samaritas, one of our specialized residential providers, addressing a notice recently received from them. They originally sent a 60-day notice alerting HW of their intent to close. Then after a meeting with their leadership, they agreed to extend the notice and give the CMHSPs 4 to 5 months to plan for their exit out of the specialized residential space. Samaritas cited concern over the rates and expressed that they were focusing on other areas of growth statewide. They are closing a total of 9 homes statewide, 5 of which are in Muskegon. Several of my staff have had several meetings with Samaritas to talk about potential providers that could take over the operations of these homes in Muskegon. Today, I will be talking with a provider who has expressed interest, but this is still in the early stages of negotiations.
- We have a scheduled follow up site visit with MiFAST reviewers this coming Monday, October 14th to review ACT (Assertive Community Treatment) and DBT (Dialectic Behavior Treatment) programs. These are evidence-based practices that we use at HealthWest, and we want to ensure we are meeting fidelity and good outcome measures.
- CCBHC Re-Certification CAP from MDHHS is being worked on. HW is working on the final 2 items, which we must address per MDHHS. One is related to Staffing Requirements / Accreditation of staff, and the other is related to Treatment Appropriate for Phase of Life, which ensures that we are addressing the Older Adult care programming, training of staff for the treatment of older adults to ensure that we are addressing Behavioral Health disparities in aging.
- Internally, HealthWest is reviewing Autism clinical operations and service delivery. This relates back to evaluating why we are seeing underutilization in our Autism program. We are looking at a variety of possible explanations related to testing, scheduling, capacity, etc.

- The CMHA fall conference is on October 20th – October 22nd in Traverse City. We will have some staff and four board members in attendance and representing HealthWest.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:13 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES

To be approved at the Program/Personnel Committee Meeting on December 6, 2024



PROGRAM AND PERSONNEL COMMITTEE

**Friday, October 11, 2024
8:00 a.m.**

376 E. Apple Ave., Muskegon, MI 49442

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

AGENDA

- | | | |
|-----|---|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of August 9, 2024
(Attachment #1 – pg. 1-3) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Authorization to Approve the HealthWest Policy and Procedure for Representative Payees
(Attachment #2 – pg. 4 – 14) | Action |
| | B) Authorization to Approve the HealthWest Policy and Procedure for Community Relations
(Attachment #3 – pg. 15 – 20) | Action |
| | C) Authorization to Approve the HealthWest Policy and Procedure for Trauma Informed Care
(Attachment #4 – pg. 21 – 26) | Action |
| | D) Authorization to Approve the HealthWest Policy and Procedure for Governance Board
(Attachment #5 – pg. 27 – 46) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Director's Update – Rich Francisco | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |

/hb

Main Office

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HealthWest.net

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

August 9, 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 8:01 a.m.

ROLL CALL

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

Staff Present: Holly Brink, Rich Francisco, Brandy Carlson, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Justine Belvitch, Lakshmee Persuad, Brittani Duff, Christy LaDronka, Suzanne Beckeman, Stephanie Baskin, Melina Barrett

Guests Present: Kristen Wade, John Weerstra

MINUTES

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the minutes of the June 14, 2024 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. Thomas, to approve the HealthWest Policy and Procedure for Cell Phones, effective September 1, 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 August.

DIRECTOR'S COMMENTS

Executive Director, Rich Francisco, provided an update:

LRE Update:

- LRE Ops update from 08/07/2024 – LRE CEO stated that in the monthly meeting of PIHP Directors and MDHHS – Belinda Hawks stated that CFAP (Conflict Free Access and Planning) is now being pushed back and 10/1/2024 is no longer the deadline for implementation. No new date was provided and so the field is expecting a notification will be coming out soon.
- Quality Improvement Council meeting for 8/7/2024 hosted a presentation from MDHHS, Jackie Sproat sharing the “BH Quality Transformation Overview and Timeline”. This has been in the works for some time and now a plan has been shared to some stakeholders in the field on the quality plan. Big emphasis on data reporting is the Disaggregation of Demographic factors – this means data must be broken down by race and ethnicity, sex-biologic sex, and geography -rural-urban commuting codes, etc. The plan includes the some of the following highlights:
 - Changes in MMBPIS (Michigan Mission Based Performance Indicator System) Reporting metrics – Will be using HEDIS measures that will start in FY2025 for the year 1 measure. Includes the following measures:

	Measure	Program	Domain
ADD	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	BHCS	MH
CDP	Screening for Depression and Follow-up Plan*	BHCS	MH
FUH	Follow-up After Hospitalization for Mental Illness*	BHCS	Access
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	BHCS	MH
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	BHCS	MH
FUA	Follow-up After Emergency Department Visit for Substance Use*	BHCS	Access
FUM	Follow-up After Emergency Department Visit for Mental Illness*	BHCS	Access
IET	Initiation and Engagement into Substance Use Disorder Treatment	BHCS	SUD
MSC	Medical Assistance with Smoking and Tobacco Use Cessation	BHCS	SUD
ANIM	Antidepressant Medication Management	BHCS	MH
ACC	Access to Care—appointment within 10 days of request	Final Rule	Access

*Some measures are required for both Child and Adult Care Set Measure Reporting and would need to be stratified by age for reporting to CMS

- During year 2 (FY2026), the MDHHS should consider preliminary evaluation of reporting using electronic methods. The NCQA (National Committee for Quality Assurance) also requires electronic reporting, with a shift away from medical record reviews—Electronic Clinical Data Systems (ECDS). Two BH-related HEDIS measures are ECDS only for 2024:

- Follow-Up Care for Children Prescribed ADHD Medication
- Metabolic Monitoring for Children and Adolescents on Antipsychotics.

➤ Year 3 as follows:

Yearly Measures: Year 3 (MY2027)

The third year will focus on implementing patient experience and Home and Community Based Services (HCBS) measures. E standard CAHPS [included in the required CMS Quality Rating System) and HCBS CAHPS measures are included.

All plans (MCOs, PIHPs, and PAHPs) are required to have a QRS publicly available by 2027.

	Measure	Program	Domain
CAHPS	How people rated their health plan	QRS	Patient Experience
CAHPS	Getting care quickly	QRS	
CAHPS	Getting needed care	QRS	
CAHPS	How well doctors communicate	QRS	
CAHPS	Health plan customer service	QRS	
HCBS CAHPS	Choosing the Services that Matter to You	HCBS	Patient Experience and Home and Community Based Services
	Community Inclusion and Empowerment		
	Transportation to Medical Appointments		
	Physical Safety		
	Personal Safety and Respect		
	Staff are Reliable and Helpful		
	Staff Listen and Communicate Well		
	Unmet Needs Composite Measure		
MLTSS-1	Medicaid Managed Long-Term Services and Supports Comprehensive Assessment and Update	MLTSS	
MLTSS-2	Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update	MLTSS	

- Internally to HW – Various projects are in the works related to improving practices such as a KATA (Quality improvement framework used at HW) on productivity, reviewing budgeted vacant positions to see if they are truly needed because vacant positions inflate our budget significantly, looking at the budget for the coming year FY2025 and getting HW budget to align with more accurate operating costs.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:12 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES

To be approved at the Program/Personnel Committee Meeting on October 11, 2024

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE October 11, 2024	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Representative Payees. This will replace our current policy 03-017, Client Payeeship.</p> <p><u>Policy</u> Applies to all individuals aged 18 or older who receive HealthWest services, who are incapable of managing their own funds, and need a representative payee.</p> <p>HealthWest recently underwent CARF accreditation, and it was noted that the current Client Payeeship policy did not incorporate all the requirements. Therefore, the new Representative Payees policy was created, which includes Scope, Procedures and Responsibilities, Documentation, Discontinuation process and closing of accounts.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Representative Payees, effective November 1, 2024			
COMMITTEE DATE October 11, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE October 25, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 2-P

HEALTHWEST
POLICY AND PROCEDURE
No. 03-0xx

Prepared By:
Brandy Carlson, Chief Financial Officer

Effective: October 1, 2024

Approved By:

Subject: Representative Payees

Rich Francisco, Executive Director

I. POLICY

Applies to all individuals aged 18 or older who receive HealthWest services, who are incapable of managing their own funds, and need a representative payee.

II. PURPOSE

To establish a policy that addresses beneficiary choice of representative payee, in addition to providing guidelines for organizations providing representative payee services. This includes guidelines for collaboration between the representative payee organization and behavioral health providers, discontinuation of representative payeeship, and closing accounts of discharged or deceased beneficiaries. This policy does not eliminate other federal, State, or regulatory requirements required for specific programs and services.

III. DEFINITIONS

Beneficiary – Any adult who seeks or receives mental health and substance use services or behavioral health support that is funded or regulated by HealthWest.

Firewall – Legal barrier preventing the transference of inside information and the performance of financial transactions between commercial and investment banks. Restrictions placed on collaborations between banks and brokerage firms under the Glass-Steagall Act of 1933 acted as a form of firewall.

Incapable – Lacking the ability to manage one's own financial affairs; unable to provide regularly for their housing, food, and other necessities, and unable to direct others to do so for themselves.

Representative Payee – Individual or organization that receives payments from various funding sources for someone who is incapable of managing or directing someone else to manage their financial affairs.

Social Security Administration (SSA) – The organization that administers financial benefits to persons who meet criteria for disability. Authority: Social Security Act of 1935.

Social Security Disability Income (SSDI) – Federal income maintenance program administered by the Social Security Administration that protects workers and their families from loss of earnings because of retirement, death, or disability. This benefit is available to individuals with substantial work history.

Supplemental Security Income (SSI) – Federal income maintenance program administered by the Social Security Administration for aged, blind, and disabled persons with little or no income or resources.

IV. SCOPE

This Policy applies to HealthWest providers who meet the representative payee criteria and are working with clients aged 18 or older with a behavioral health diagnosis. Any HealthWest provider that provides representative payee services must meet the requirements within this policy.

V. PROCEDURES/RESPONSIBILITIES

A. Beneficiaries:

1. Beneficiaries' funds are handled in accordance with federal and local governing financial and accounting guidelines and practices, consistent with SSA guidelines for developing a representative payee accounting system.
2. Beneficiaries have easy access to their available funds, account information, and education to assist them in developing skills to become as independent as possible.
3. All beneficiaries who are determined by their treatment team (with acceptance from SSA) to be incapable of managing their own funds will be given choice of representative payee regardless of the funding source of their income. It is the position of HealthWest that all beneficiaries can handle their own funds unless there is compelling evidence to the contrary.

B. SSA Guide for Organizational Representative Payees shall be used to govern SSI/SSDI accounts. To the extent feasible, it shall also be used as a guide in managing other types of beneficiary accounts when no other governing guidelines exist. Updates are in the SSA website at <http://www.ssa.gov/payee/>.

C. Background: If the beneficiary's behavioral health provider is also the beneficiary's representative payee, there must be established policies and procedures for appropriate and distinct separation of representative payee functions from those of the provider services. This is to ensure that there is no potential for, or appearance of, impropriety in the handling of beneficiary funds. The provider who also assumes representative payee services for the beneficiary must maintain a firewall between the representative payee actions and the behavioral health services. The provider must have policies and procedures to assure the provider is completely acting in the best interests of the beneficiary. HealthWest reserves the right to determine if there

needs to be additional policies and procedures to protect the beneficiary's funds when the service provider also functions as the representative payee.

1. The intent of HealthWest is to promote an efficient process and procedure that provides the beneficiary with more timely, efficient, and convenient access to their remaining funds after other necessary services have been paid.
2. Providers that have a representative payee contract with HealthWest will use commercial banks and automated banking systems (or other appropriate systems approved by HealthWest) for the convenience of beneficiaries. Cash withdrawal limits will be set in accordance with the beneficiaries' Ninety-Day Budget and Spending Plan developed during individual recovery planning.

D. Responsibilities and Procedures:

1. Representative Payee: HealthWest, as the representative payee, shall adhere with scope of services and the following:
 - a. Arrange a face-to-face meeting with each beneficiary to explain the role and responsibilities of the representative payee, related rights, and responsibilities of the beneficiary, and to discuss the Ninety-Day Budget and Spending Plan. All contact with the beneficiary and provider must be documented.
 - b. Collaborate closely with the clinical team to provide education to beneficiaries in developing money management skills that lead to independent money management and self-sufficiency. This financial and independent money management training should be part of the beneficiary's care plan, and as requested.
 - c. Provide general money management education to beneficiaries and, if allowed by the client, their families at least annually.
 - d. Serve as liaison and advocate between the beneficiary and their funding source.
 - e. Establish an interest-bearing, direct deposit, checking or savings bank account in accordance with SSA guidelines and serve as liaison between the beneficiary and the commercial banking institution that manages the beneficiary's funds.
 - f. Title bank accounts to show the beneficiary as the owner in accordance with SSA guidelines.
 - g. Educate and advise the beneficiary about the type of account, how to access information, use of ATMs, SSI/SSDI, electronic payment systems, and other funding sources.
 - h. Perform the functions required of a representative payee as outlined in the Social Security Representative Payment Program, including determining continuing eligibility for benefits, and in accordance with this policy.

- i. Collaborate and coordinate with the clinical team and the funding source to expedite exchange of needed information to facilitate an efficient, seamless process.
 - j. Provide monthly statements to the beneficiary, including an account balance and transactions. At the beneficiary's request, the same information may be shared with the clinical team.
 - k. Provide account balance statements to the beneficiary upon beneficiary request.
 - l. Maintain a record of account transactions for three (3) years.
 - m. Notify the beneficiary and the clinical team when the beneficiary's account is in jeopardy, such as the balance in the beneficiary's account is either over the SSA cash allowance limit or too low to meet the beneficiary's support needs.
 - n. Provide an annual report of each beneficiary's account as required by SSA (or other funding sources, if applicable). Beneficiaries may get a copy of the report upon request and may request that a copy be given to the clinical team.
 - o. Ensure that each beneficiary's regularly scheduled bills are paid directly to the respective landlord/vendor unless the Ninety-Day Budget and Spending Plan specifies other arrangements.
 - p. Ensure that funds of HealthWest beneficiaries are kept separate from agency accounts for other clients of the representative payee.
 - q. Maintain SSA funds in either an individual or collective account, separate and exclusive from other funds, and not co-mingled with operating funds. The representative payee must meet SSA conditions for establishing and maintaining a collective account, including having clear records showing the amount of each beneficiary's share in the account.
 - r. Record that all the beneficiary's documented needs and wishes are consistent with the Ninety-Day Budget and Spending Plan.
 - s. Provide a monthly summary report to the HealthWest Chief Financial Officer or designee, indicating name of each beneficiary and each service provided to them during that month, such as intakes, education, burial fund activity, paid bills, and liaison activities.
 - t. Establish an irrevocable end-of-life fund in a separate, exclusive account if the beneficiary makes a written request and identifies money that they wish to place in an end-of-life fund, up to the cash amount allowed by SSA for those recipients.
 - u. Handle discharged or deceased beneficiary accounts in accordance with Section V.F below.
2. Behavioral Health Providers: Behavioral health providers who provide services under contract with HealthWest shall:
- a. Determine and document if a beneficiary is incapable of managing their own funds and needs a representative payee.

- b. If the client is deemed incapable, submit an SSA-1696, Appointment of Representative, signed by the treating psychiatrist to SSA for persons receiving funds from SSA, for approval by SSA.
- c. Provide general information on representative payee services and share a listing of the representative payee providers, inclusive of those within the community, with the beneficiary. The beneficiary and/or family may also select an individual representative payee who satisfies the SSA requirement. SSA provides final appointment of representative payees.
- d. Assist the beneficiary in keeping the appointment with SSA (or other funding source) to finalize the choice of representative payee.
- e. Contact the representative payee organization chosen by the beneficiary by phone or email, then forward the written referral from the behavioral health provider.
- f. Inform and offer choice, change, and discontinuation of representative payee relationship to beneficiaries at four points of service: (1) upon initial determination of need for representative payee by SSA, (2) during service planning, (3) during discharge planning, and (4) upon beneficiary/guardian complaint against current representative payee services.
- g. Give the beneficiary the right to change representative payee whenever they desire, limited only by SSA guidelines and approval.
- h. Document the beneficiary's choice, change, or discontinuation of representative payee relationship, and file the original document in the beneficiary's clinical record.
- i. At least annually, reevaluate and document whether each beneficiary still needs a representative payee, while working with the beneficiary towards their highest level of independence.
- j. Document all matters regarding representative payee in the beneficiary's record.
- k. Collaborate with the representative payee and the funding source as needed to expedite exchange of needed information to facilitate an efficient process.
- l. Notify the representative payee, in writing, within five (5) business days when a beneficiary is discharged or passes away (see Section V.F below).
- m. Develop policies that address, but are not limited to, the following:
 - i. requirement that the clinical team be educated on representative payee services and client choice;
 - ii. training that will be provided on representative payeeship and SSA guidelines;
 - iii. collaboration between the behavioral health provider and the representative payee to accomplish the beneficiary's choice and other required actions;

- iv. process for providing the beneficiary information on representative payee services and for offering the beneficiary choice, change, or discontinuation of representative payee services;
- v. clinical record documentation;
- vi. notifications to representative payee on changes in beneficiary status that impact SSI or other benefits (including re-hospitalization, incarceration, family circumstances, living arrangements, beneficiary employment, missing person, other income sources, etc.);
- vii. assistance that will be provided to the beneficiary, when needed, in completing certain required reporting documents, e.g., continuing disability reviews, work-related reports;
- viii. collaboration between the behavioral health provider and representative payee to expedite exchange of needed information such as copies of medical record material consistent with release of behavioral health information guidelines, including time frames for response; and
- ix. specific actions and steps required by the clinical team to ensure that coordination with the representative payee is a seamless process, such as establishing the beneficiaries' Ninety-Day Budget and Spending Plans and discharge planning.

E. Discontinuing Representative Payeeship: Representative payeeship can end:

- 1. When the clinical team and beneficiary agree that the beneficiary can direct their financial matters, with or without assistance, and can end the representative payeeship.
- 2. When the beneficiary requests the representative payee to conduct a review to end representative payeeship. This is based on the beneficiary's progressive responsibility in handling expenditures and face-to-face interview with the beneficiary. The representative payee then recommends cessation of representative payeeship to the clinical team. If beneficiaries demonstrate capability, the representative payee can also initiate the recommendation to the clinical team to end representative payee services.
 - a. In each case above when there is agreement to end the services and SSA is the funding source, the clinical team shall complete an SSA-1696 and inform the beneficiary that they must contact SSA for an appointment to present the SSA-1696 for SSA acceptance of the determination that the beneficiary can manage their own funds.
 - b. When SSA has accepted the determination, the clinical team will notify the representative payee of SSA acceptance. The clinical team shall collaborate with the representative payee, as needed, and

implement a plan to begin the beneficiary's independent money management.

- c. The representative payee shall promptly send a formal cessation letter to SSA or other applicable funding source stating that based on the determination, they are no longer representing the beneficiary as representative payee.
 3. If the representative payee seeks to terminate the representative payeeship for the beneficiary due to various reasons (e.g., beneficiary will not comply with Ninety-Day Budget and Spending Plan), the representative payee must provide a sixty (60) day notice to the beneficiary before notifying SSA. The representative payee must continue services until a new representative payee is established and transfer all account history to any successor representative payee.
- F. Closing Accounts of Discharged or Deceased Beneficiaries: Accounts shall be handled consistent with applicable governing guidelines (SSA for SSI/SSDI accounts, etc.) and the procedures below. Where no specific governing guidelines exist from the funding source, the SSA guidelines shall be used as a guide for all types of accounts.
1. Discharged Beneficiaries:
 - a. Representative payee services through HealthWest shall be discontinued upon a beneficiary's discharge from HealthWest.
 - b. During discharge planning, the behavioral health provider shall offer the beneficiary choice on how the beneficiary wants their account to be handled after discharge.
 - i. The beneficiary shall be offered opportunity to:
 1. Manage the account personally, if determined capable by the clinical team, or request someone else to do so; or
 2. Continue services with the same representative payee if the beneficiary is still incapable of managing funds; or
 3. Choose another representative payee
 - ii. If a beneficiary chooses either (2) or (3) above, this is a personal arrangement and is not paid by HealthWest. Approval from SSA must be obtained for any choice made as required/applicable.
 - c. The behavioral health provider shall inform the representative payee, in writing, of the beneficiary's choice and the representative payee shall inform SSA or other funding source. The behavioral health provider shall provide the beneficiary assistance as necessary by working with the representative payee to meet their wishes.
 2. Deceased Beneficiaries:
 - a. The behavioral health provider shall:

- i. Notify the representative payee in writing of the date and time of the beneficiary's death, including whether next of kin has been notified.
- b. The representative payee shall:
 - i. Notify the beneficiary's account beneficiary in writing, informing them of the existence of a burial fund, where applicable, and of any other financial assistance known to be available.
 - ii. Release the burial funds to the funeral home or other responsible party for payment of the funeral bill if the beneficiary has established a burial fund. If the beneficiary does not have a burial fund, refer the beneficiary's family to the State's Burial Assistance Program.
 - iii. Notify the SSA or other funding source of the beneficiary's death immediately.
 - iv. Upon request, generate a final report of the last sixty (60) days of account activity including balance at close out, and send a copy of the final report to the account beneficiary and to the behavioral health provider of record if the beneficiary so requests.
 - v. Notify the banking institution to freeze the beneficiary's funds at the time of death in accordance with local law and SSA guidelines.
 - 1. Return any funds to which the client is not entitled to SSA or other funding source.
 - 2. Notify the account beneficiary of any other funds of the deceased beneficiary that remain unclaimed. If the funds are still not claimed after two (2) years, and the account beneficiary does not claim the remaining funds within sixty (60) days from notification, the representative payee shall report unclaimed funds in accordance with instructions issued by the State of Michigan Unclaimed Property Unit and forward a copy of the report to the responsible behavioral health provider and the designated official at HealthWest.

G. Inquiries. Questions regarding this policy should be addressed to HealthWest's Corporate Compliance Officer.

VI. RESOURCES: <http://www.ssa.gov/payee/>

HEALTHWEST

Procedure

No. 03-017


Prepared by:

Effective: June 1, 2010
Revised: May 5, 2024

Mental Health Claims Supervisor

Approved by:

Subject: Client Payeeship

DocuSigned by:

AA7F6A1C19B04F42
Rich Francisco, Executive Director

I. PURPOSE

To provide a procedure for processing payeeship requests for those individuals receiving services for whom HealthWest is payee.

II. APPLICATION

For all HealthWest staff who request money/bills to be paid out of individual funds.

III. PROCEDURE

- A. All income will be entered into the County Finance system when deposited and posted to the individual's account as it is received.
- B. Anytime individuals, for whom we are payee, request money, a CFRA is completed with appropriate approvals; or an invoice is submitted to the Finance department for processing.
- C. After a request is received in Finance, it is entered into the finance system to request a check. The invoices are entered into the County Finance system under the HealthWest invoice section.
- D. Staff may set up automatic payment requests for individuals. These payments will be made at intervals requested by the worker.
- E. Requests are processed after monies are known to have been received by Finance. Requests are processed based on availability of each client's money and on a priority basis. Examples would be: rent, gas, electric, and food; these would be paid before other money requests or bills.
- F. All requests are then posted to that client's account.

Procedure
Client Payeeship
No. 03-017
Page 2 of 2

- G. Each client's account will be balanced to the County Finance system on a monthly basis. Monthly statements are available to individuals at any time upon request.
- H. A separate bank account will be maintained for all consumer funds received.

LS/hb

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program Personnel	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE October 11, 2024	REQUESTOR SIGNATURE Gary Ridley, Communication & Training Manager	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Community Relations.</p> <p><u>Policy</u></p> <p>HealthWest's role as a community leader in integrated healthcare calls for a holistic, consistent and coordinated approach to community relations efforts consistent with best practices and designed to reduce duplication and inefficiencies.</p> <p>HealthWest conducts a wide variety of outreach, training and marketing activities and routinely receives sponsorship requests. This policy is intended to ensure all such activities are in line with our agency's mission, vision and values, align with our agency's brand standards, support the strategic goals of the agency, and are reviewed in a consistent, equitable manner.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Community Relations, effective November 1, 2024.			
COMMITTEE DATE October 11, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE October 25, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 3-P

HEALTHWEST

Policy

No. XXX
DRAFT

Prepared by:

Effective: November 1 , 2024

Gary Ridley
Communications & Training Manager

Approved by:

Subject: Community Relations Policy

Rich Francisco, Executive Director

I. POLICY

HealthWest's role as a community leader in integrated healthcare calls for a holistic, consistent and coordinated approach to community relations efforts consistent with best practices and designed to reduce duplication and inefficiencies.

II. PURPOSE

To support practices that align with the mission, vision and values of the agency pertaining to community relations, including community outreach events; community education/public speaking; media appearances; branding/communications; donations and sponsorships; and hosting of events.

III. DEFINITIONS

- A. COMMUNITY OUTREACH EVENTS: Events or activities organized by third parties where HealthWest is present to distribute information about HealthWest and our Services. Examples include outreach tables and information booths at community events.
- B. COMMUNITY EDUCATION AND/OR PUBLIC SPEAKING ACTIVITIES: Activities such as community trainings, conferences, presentations, forums or similar that involve presenting on behavioral health topics, HealthWest or our services with the intent to educate and inform attendees/participants.
- C. COMMUNITY EDUCATION AND OUTREACH COORDINATOR: The HealthWest employee responsible for directing agency outreach and education activities.
- D. MEDIA APPEARANCES: Include television/digital video, radio/digital audio/podcast, newspaper, and blog/online news interviews.

IV. APPLICATION

All employees, volunteers, student interns, and persons under contract with HealthWest.

V. PROCEDURE

- A. COMMUNITY OUTREACH EVENTS will be performed by HealthWest staff who are trained and equipped to perform these activities.
1. The Community Education and Outreach Coordinator shall host regular training and information sessions with HealthWest staff interested in representing HealthWest at Community Outreach Events. These sessions should include topics such as:
 - a. Staff conduct and communication standards when representing HealthWest.
 - b. Collecting and recording data on Community Outreach Events.
 - c. How to obtain promotional and informational materials for Community Outreach Events.
 2. All HealthWest staff must receive approval prior to participating in a Community Outreach Event.
 - a. Staff who have been asked to participate in a Community Outreach Event by a third party must submit details of the event, including event name, organizer name, event time/date, event location, a brief description of the event, anticipated attendee demographics and estimated attendance numbers to Community.Relations@HealthWest.net prior to agreeing to participate in the event.
 - b. The Community Relations Department will review all requests and issue an approval/denial of a participation request in a timely nature.
 - c. The Community Relations Department will assign the appropriate staff to participate in all approved Community Outreach Events.
 - d. Assigned staff must have supervisor approval for participation if the event is occurring during work hours.
 - e. Staff participating in Community Outreach Events outside of work hours are doing so on a voluntary basis unless a previous agreement has been made with their supervisor.
 3. After a HealthWest staff member has been assigned to a Community Outreach Event, the Community Education and Outreach Coordinator shall provide any promotional, educational and/or informational material to the staff member. Any event infrastructure materials, such as tents, tables and chairs will be provided to the staff person at the discretion of the Community Education and Outreach Coordinator. All infrastructure materials must be returned to the Community Education and Outreach Coordinator by the end of the next business day following the event unless other plans have been approved by the Community Education and Outreach Coordinator prior to the Community Outreach Event.
 4. The participating employee must document their event participation in the Community Outreach Tracker by the end of the next business day following the event unless other plans have been approved by the Community Education and Outreach Coordinator prior to the Community Outreach Event.
 5. All staff participating in the Community Outreach Event must follow all HealthWest policies and procedures, the Muskegon County Employee Code of Conduct, and all applicable laws and statutes, including the Health Insurance Portability and Accountability Act, while participating in Community Outreach Events. Any violation

may prevent the staff from participating in future events and be reported to the staff's supervisor/Human Resources, as necessary.

B. COMMUNITY EDUCATION AND/OR PUBLIC SPEAKING ACTIVITIES will be performed by staff persons who possess the appropriate expertise, knowledge, and skills to perform and report on these activities.

1. All HealthWest staff must receive approval prior to participating in a Community Education And/or Public Speaking activity.
 - a. Staff who have been asked to participate in a Community Education And/or Public Speaking Activity must submit details of the activity, including event name, organizer name, event time/date, event location, a brief description of the event, and topics to be covered to Community.Relations@HealthWest.net prior to agreeing to participate in the activity.
 - b. The Community Relations Department will review all requests, including ensuring the staff member has the necessary training/expertise, and issue an approval/denial of a participation request in a timely nature.
 - c. Assigned staff must have supervisor approval for participation if the event is occurring during work hours.
 - d. Staff participating in Community Education And/or Public Speaking Activities outside of work hours are doing so on a voluntary basis unless a previous agreement has been made with their supervisor.
2. All staff participating in a Community Education And/or Public Speaking Activity must document their activity participation in the Community Outreach Tracker by the end of the next business day following the event unless other plans have been approved by the Community Relations Department.
3. All staff participating in a Community Education And/or Public Speaking Activity must follow all HealthWest policies and procedures, the Muskegon County Employee Code of Conduct, and all applicable laws and statutes, including the Health Insurance Portability and Accountability Act, while participating in a Community Education And/or Public Speaking Activities. Any violation may prevent the staff from participating in future activities and be reported to the staff's supervisor/Human Resources, as necessary.

C. MEDIA APPEARANCES will be performed by staff persons with permission of the Community Relations Department.

1. All HealthWest staff must receive approval prior to participating in a Media Appearance
 - a. Staff seeking to participate in a Media Appearance must submit details of the appearance, including the name of the reporter/interviewer, the name of the outlet/publication conducting the media appearance, the topic to be discussed during the media appearance and any relevant deadlines to Community.Relations@healthwest.net.
 - b. The Community Relations Department shall notify the HealthWest Executive Director immediately of all Media Appearance requests. The Executive Director reserves the right to deny any Media Appearance.

- c. The Community Relations Department will review all requests, including ensuring the staff member has the necessary training/expertise, and issue an approval/denial of a participation request in a timely nature.
 2. The Community Relations Department shall provide media training and messaging guidance to any HealthWest staff participating in a Media Appearance.
 3. All staff participating in a Media Appearance must follow all HealthWest policies and procedures, the Muskegon County Employee Code of Conduct, and all applicable laws and statutes, including the Health Insurance Portability and Accountability Act, while participating in a Media Appearance. Any violation may prevent the staff from participating in future Media Appearances and be reported to the staff's supervisor/Human Resources, as necessary.
- D. **BRANDING AND COMMUNICATIONS:** All HealthWest materials shared with persons served and community members will adhere to the branding and communication standards of the agency.
 1. All HealthWest-branded materials must be approved by the Community Relations Department.
 - a. Staff seeking production of HealthWest-branded materials can submit a request by using the Marketing Request Form.
 - b. HealthWest-branded materials will strive to be accessible to all in our community.
 2. The Community Relations Department may prohibit the distribution of third-party promotional materials by HealthWest staff and within HealthWest facilities if the materials are found to be contrary to our agency's mission, vision and values; are found to be in violation of HealthWest policy and procedures, the Muskegon County Employee Code of Conduct, and any applicable laws and statutes; or fail to meet minimum accessibility standards.
 3. All requests by third-party organizations to use the HealthWest logo, brand or other trademarked material must be approved by the Community Relations Department. Any third-party usage of the HealthWest logo, brand or other trademarked material must meet HealthWest brand standards.
- E. **FINANCIAL SUPPORT:** All sponsorship and donation requests must be approved by the Community Relations Department.
 1. HealthWest staff approached by outside organizations seeking donations or sponsorships from HealthWest shall direct the requesting party to contact the Community Relations Department.
 - a. The Community Relations Department shall notify the HealthWest Executive Director immediately of all sponsorship/donation requests. The Executive Director reserves the right to deny any sponsorship/donation request.
 - b. All approved sponsorship/donation requests shall comply with all applicable requirements of the source of funding used to fulfill the request, including grants; align with our agency's mission, vision, and values; and comply with all

HealthWest policy and procedures, the Muskegon County Employee Code of Conduct, and any applicable laws and statutes.

- F. HOSTING EVENTS AND TRAININGS: All events hosted by HealthWest must be approved by the Community Relations Department.
1. All staff seeking to host an event or training should contact the Community Relations Department.
 - a. Community Relations approval is not required for activities such as internal team trainings or those directly related to clinical service delivery that do not include non-HealthWest staff participants.
 2. All Events and Trainings must follow all HealthWest policies and procedures, the Muskegon County Employee Code of Conduct, and all applicable laws and statutes, including the Health Insurance Portability and Accountability Act and Americans with Disabilities Act.

VI. REFERENCES

None

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE October 11, 2024		REQUESTOR SIGNATURE Pamela Kimble, Director of Quality Assurance
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Trauma Informed Care.</p> <p><u>Policy</u></p> <p>It is the policy of HealthWest to have a trauma-informed system for individuals of all ages and populations who are served through direct service operations and network providers which ensures the following elements:</p> <ul style="list-style-type: none"> A. Adoption of trauma informed culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization. B. Engagement in organization self-assessment of trauma informed care. C. Adoption of approaches that prevent and address secondary trauma of staff. D. Screening for trauma exposure and related symptoms for each population. E. Trauma specific assessment for all populations served. F. Trauma specific services for all populations served using evidence-based practice(s) (EBPs); or evidence informed practice(s) are provided in addition to EBPs. G. HealthWest shall join with community organizations to support the development of a trauma informed community that promotes healthy development of children and reduces the likelihood of adverse childhood experiences. <p>HealthWest recently underwent an Audit by the Lakeshore Regional Entity. As a result, it was recommended and added to a Corrective Action Plan that while HealthWest's policies do mention Trauma Informed Care, there should be a complete written policy which meets the "MDHHS Trauma Policy expectations."</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Trauma Informed Care, effective November 1, 2024.			
COMMITTEE DATE October 11, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE October 25, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HEALTHWEST

Policy and Procedure

No. 12-XXX

Prepared by:

Effective: October 25, 2024

Trauma Informed Care Committee

Revised:

Approved by:

Subject: Trauma Informed Care

Rich Francisco, Executive Director

I. POLICY

It is the policy of HealthWest to have a trauma-informed system for individuals of all ages and populations who are served through direct service operations and network providers which ensures the following elements:

- A. Adoption of trauma informed culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
- B. Engagement in organization self-assessment of trauma informed care.
- C. Adoption of approaches that prevent and address secondary trauma of staff.
- D. Screening for trauma exposure and related symptoms for each population.
- E. Trauma specific assessment for all populations served.
- F. Trauma specific services for all populations served using evidence-based practice(s) (EBPs); or evidence informed practice(s) are provided in addition to EBPs.
- G. HealthWest shall join with community organizations to support the development of a trauma informed community that promotes healthy development of children and reduces the likelihood of adverse childhood experiences.

II. PURPOSE

The purpose of this policy is to address the trauma in the lives of individuals and families served by HealthWest. The goal of this policy is to promote the understanding of trauma and its impact, ensure the development of a trauma informed system and the availability of trauma specific services for all populations served.

III. APPLICATION

All HealthWest programs and contracted providers.

IV. DEFINITIONS

- A. Trauma: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
- B. Re-Traumatization: Reliving stress reactions experienced as a result of a traumatic event when faced with a new, similar incident.
- C. Secondary Traumatic Stress: The presence of post-traumatic stress disorder (PTSD) symptoms caused by a least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.
- D. Compassion Fatigue: A less stigmatizing way to describe secondary traumatic stress and has been used interchangeably with the term.
- C. Vicarious Trauma: A condition that may affect helping professionals who are indirectly exposed to the trauma of others. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another individual's traumatic experiences. Vicarious trauma can impact a staff member's professional performance and function, personal life and relationships, and health, both mental and physical.
- D. Compassion Satisfaction: The positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues and the conviction that one's work makes a meaningful contribution to clients and society.
- E. Burnout: Physical, emotional, or mental exhaustion brought on by prolonged or repeated stress which can lead to decreased motivation, lowered performance and negative attitudes towards oneself and others. While it is also work-related, burnout develops because of general occupational stress. The term is not used to describe the effects of indirect trauma exposure specifically.

V. PROCEDURE

- A. Adoption of trauma informed culture, values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
 - 1. HealthWest has a Trauma Informed Care Committee. This committee will include representatives from both clinical and administrative departments, as well as peer support/peer recovery coach, consumer representative(s), and a community partner member.
 - 2. HealthWest ensures that all staff, including direct care staff, is trained/has ongoing training in trauma informed care. Training needs to be updated on a regular basis due to changes in the research and/or evidence-based approaches. Staff trained in trauma informed care should:
 - a. Understand what trauma is and the principles of trauma informed care;
 - b. Know the impact trauma can have on a person over a lifespan utilizing a developmental perspective;

- c. Know strategies to mitigate the impact of the trauma(s);
 - d. Understand re-traumatization and its impact and works with colleagues to support systemic improvements to organizational cultures and processes to improve consumer and staff experience of care.
3. Policies and procedures shall ensure a trauma informed system of care is supported and that the policies address trauma issues, re-traumatization and secondary trauma of staff.
4. HealthWest will address trauma informed principles in hiring practices and staff performance reviews (i.e., interview questions include trauma related questions, etc.)
5. HealthWest follows the six (6) principles of trauma informed care:
- a. Safety: HealthWest will ensure an environment where individuals feel safe in the following ways:
 - i. Physical Safety: The sense of one's body not being threatened in any way.
 - ii. Psychological Safety: The ability to express oneself and be genuine without threat of humiliation or judgment.
 - iii. Emotional safety: The ability to express or share emotions freely without shame or punishment.
 - iv. Social Safety: The feeling of support from others, belonging, and a give-and-take that occurs in strong relationships.
 - v. Moral Safety: The sense of being surrounded by people who share similar values and a sense of right and wrong.
 - b. Trustworthiness and Transparency: HealthWest will ensure that staff are well-informed about policies and procedures that impact how they can care for individuals using the Relias training system, all staff meetings, weekly newsletters, and other methods of communication. This includes, but is not limited to, policies related to professional boundaries (Policy and Procedure No. 01-004 and HealthWest Code of Ethics), privacy and confidentiality (Policy and Procedure No. 04-001), and ensuring follow-through with supports and services. HealthWest seeks to build trust through transparency and making sure that information is clear and understood.
 - c. Peer Support: HealthWest offers Peer Support and Parent Support Services for those who need them. Those with life experience may best be able to support individuals who are dealing with trauma. Staff will actively listen without judgement and create regular opportunities to meet with peers, debrief experiences, and celebrate progress toward goals.

- d. Collaboration and Mutuality: HealthWest views individuals in services as partners when developing treatment plans, uses person-centered planning (Policy and Procedure No. 06-026) and allows individuals to have control and responsibility for addressing their needs (Procedure No. 06-020). HealthWest employees engage with colleagues to make systemic improvements to organizational cultures and processes, through efforts such as Cultural Intelligence and the Introduction of Kata as a performance improvement tool.
 - e. Empowerment, Voice, and Choice: HealthWest empowers individuals to share their stories and be heard. Examples of this are seen within the Consumer Advisory Committee, Club House, use of Peer Support and Recovery Coaches, and in sponsored events such as the Walk-a-Mile event. Healthwest works to communicate with individuals about their options for treatment and to enable them to actively participate in their treatment plan.
 - f. Cultural, Historical, and Gender Issues: HealthWest works, to recognize cultural differences. Those with lived experience are invited and encouraged to lead conversations on challenging topics if they feel comfortable doing so. HealthWest offers learning opportunities through Diversity Walks and other events as facilitated by the Team for Inclusion, Diversity, and Equity (T.I.D.E) Resource Groups. At access and throughout treatment, HealthWest staff use person first language and ask open-ended questions to better understand how experiences are interpreted by individuals from diverse backgrounds.
- B. Engagement in organization self-assessment of trauma informed care.
- 1. HealthWest conducts an organization self-assessment to evaluate the extent to which current organization's policies are trauma-informed, identify organizational strengths and barriers, including an environmental scan to ensure that the environment does not re-traumatize. The self-assessment will be updated every three (3) years.
- C. Adoption of approaches that prevent and address Secondary Trauma of staff.
- 1. HealthWest adopts approaches that prevent and address secondary traumatic stress of all staff, including but not limited to:
 - a. Opportunity for supervision
 - b. Trauma-specific incident debriefing
 - c. Training
 - d. Opportunities to support wellness and resilience
 - e. Organizational support, such as Employee Assistance Program (EAP) and Psychological First Aid (PFA).

- D. Screening and Assessment for trauma exposure and related symptoms for each population.
1. HealthWest uses a culturally competent, standardized and validated screening tool appropriate for the populations served during the intake process and other points in service as appropriate.

Children are screened utilizing the Children's Trauma Assessment Center (CTAC) Trauma Screening Checklist, as well as a submodule integrated within the MichiCANS (Children's Assessment of Needs and Strengths). Adults are screened utilizing the Life Events Checklist for DSM-5 (LEC-f), as well as through screening that is built into the Comprehensive Assessment of Needs and Strengths (CANS).
 2. HealthWest uses a culturally competent, standardized and validated assessment instrument appropriate for child and adolescent populations served. Trauma assessment is administered based on the outcome of the trauma screening. Children and adolescents are assessed utilizing the UCLA Trauma Assessment.
- E. Trauma-specific services for individuals served using evidence-based practice(s) (EBPs) or evidence informed practice(s) are provided in addition to EBPs. EBPs used by HealthWest include but are not limited to: Trauma Informed Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), and Eye Movement Desensitization and Reprocessing (EMDR) Therapy.
- F. HealthWest joins with other community organizations, agencies, faith-based organizations, community collaboratives and coalitions (i.e. the Great Start Collaborative, Substance Abuse Council, Child Abuse Council, etc.) to support the development of a trauma informed community that promotes healthy development of a trauma informed community that promotes healthy environments for children, adults, and their families and reduces the likelihood of adverse childhood experiences.

VI: REFERENCES

- A. Fallot, PhD, Roger, Harris, PhD, Maxine. *Creating Cultures of Trauma Informed Care*. Community Connections, Inc., March 2009. Page 59.
- B. Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Trauma Policy. July 29, 2020, [Trauma-Policy.pdf \(michigan.gov\)](#)
- B. The National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC. National Center for Child Traumatic Stress.
- C. Substance Abuse Mental Health Services Administration (SAMHSA), <https://www.michigan.gov/-/media/Project/Web/sites/mdhhs/Folder3/Folder88/Folder2/Folder188/Folder1/Folder288/Trauma-Policy.pdf?rev=928ce68949f640cfbdce418cd872cdfb#:~:text=Last%20Revision%20Date:%20July%202029,I>
- D. Substance Abuse Mental Health Services Administration (SAMHSA),

<http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

PK/hb

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE October 11, 2024	REQUESTOR SIGNATURE Holly Brink, Executive Assistant	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
HealthWest Board authorization is requested to approve the HealthWest Policy for Governance Board.			
<u>PURPOSE</u>			
To specify the HealthWest Governing Board to establish consistent guidelines and practices.			
<u>POLICY</u>			
<p>A. Mission Statement: Successfully accomplish the mission, vision, values, guiding behaviors and operating philosophy of HealthWest to provide quality services to persons with mental illness and/or developmental disability.</p> <p>B. Governance: To Specify the Governing Board responsibility in the organization, establishment of policies and procedures, and provide strategic and visionary leadership</p> <p>C. Board Parameters and Role of the Executive Director: To define the parameters of the Board and specify the role of Executive Director and their responsibilities to each other.</p> <p>D. Executive Director's Responsibility: To define the Executive Director's responsibility to the organization and the HealthWest Governing Board.</p> <p>E. Values: To define the values adopted by the HealthWest Governing Board, Executive Director and staff.</p> <p>F. Board Member Orientation: To ensure HealthWest Board Member orientation to the HealthWest mission and vision, structure, process and Board Member expectations.</p> <p>G. Board Performance: To ensure the HealthWest Board of Directors conducts a self-assessment of the entire board at least annually.</p> <p>H. Executive Director Performance: To ensure the HealthWest Board of Directors conducts an annual evaluation of the Executive Director.</p> <p>I. Executive Director Compensation: To ensure the HealthWest Board of Directors provides a written contract and executive compensation package in conjunction with Muskegon County Commissioners.</p> <p>J. Annual Board Nominations: To ensure the HealthWest Board is conducting annual board seat appointments</p> <p>K. Board Member Exit Process: To ensure feedback and quality improvement recommendations is obtained from exiting HealthWest Board Members.</p> <p>L. Succession Planning and Leadership Development: To plan for and ensure a continuity in leadership through the identification and development of candidates for leadership positions that may become vacant due to retirement, resignation, death or new business opportunities.</p> <p>HealthWest recently underwent CARF accreditation, and it was noted that no Governance Policies were in place and was recommended a policy was created to specify the HealthWest Governing Board establish consistent guidelines and practices.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy for Governance Board, effective November 1, 2024			
COMMITTEE DATE October 11, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE October 25, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HEALTHWEST
POLICY / PROCEDURE

No. 01-XXX

Prepared by:

Effective: November 1, 2024

Holly Brink, Lead Executive Assistant

Approved by:

Subject: Governance Board

Rich Francisco, Executive Director

I. PURPOSE

To specify the HealthWest Governing Board to establish consistent guidelines and practices.

II. APPLICATION

HealthWest Governing Board Members and Executive Director.

III. POLICY

A. **Mission Statement:** Successfully accomplish the mission, vision, values, guiding behaviors and operating philosophy of HealthWest to provide quality services to persons with mental illness and/or developmental disability.

1. Mission: To be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families and the community.
2. Vision: Building a healthier, more informed and inclusive community through innovation and collaboration.
3. Values:
 - a. Diversity – We value differences and recognize our unique experiences and perspectives make us stronger and more effective.
 - b. Development – We believe that all persons have the ability to continually grow and learn.
 - c. Excellence – We work to be the very best in our field and embrace innovation, creativity and continual improvement.
 - d. Integrity – We hold ourselves accountable and operate with fairness and honesty.

4. Guiding Behaviors:

- a. Positivity – We are generous with our interpretation and of other's actions assuming positive intent.
- b. Mutual Respect – We display politeness and kindness, treating each other how we would like to be treated.
- c. Encouragement – We offer motivating words and gestures, showing appreciation and support for each other.
- d. Customer Service – We go above and beyond to assure that others feel safe, respected and valued.
- e. Trauma Informed – All our actions and behaviors are guided through a trauma informed lens.
- f. Hope – We create an environment of hope where individuals are encouraged to believe in a more positive future.
- g. Partnership – We believe we can achieve more through teamwork, collaboration and partnership than alone.
- h. Recovery Oriented – We create an environment in which a person can improve their health and wellness, live a self-directed life, and strive to reach their full potential.

5. Operating Philosophy:

- a. We have a responsibility to build a comprehensive integrated system of care for persons served.
- b. We need to describe and define levels of care, including common language and understanding for our staff, partners and the community. (See "good and modern document").
- c. Our place in the continuum of care is specialized in high need services. Programs and services will be developed based on community needs and gaps in services.
- d. As a Community Mental Health Organization, we are obligated to ensure that all members of our community are screened/assessed, and that recommendations for services are made based on that assessment. We will work to be more trauma-informed and collaborate with our partners to create a "no wrong door" approach, improving access to services. We will use standardized assessment tools to help standardize level of care recommendations, while continuing to respect clinical judgment.

- e. We have an obligation to provide education and prevention services to the community. Such services may include Infant Mental Health, suicide prevention, psychological first aid/CISM, debriefing and school-based services.
- f. We have an integrated approach to care/ Starting with comprehensive assessment we will address in an integrated manner all treatment needs, including mental health, substance use disorders, developmental disabilities, health issues, etc. While at times funding may require that we identify a primary diagnosis, operationally diagnoses are all considered co-occurring.
- g. We will lead by example, sharing data, strengths and needs for improvement with our partners and expecting the same from them.
- h. Every one of our partner providers has something valuable to offer the community and our system of care.
- i. Paperwork should not be meaningless. If you are doing something that you feel is meaningless then we need to evaluate why we are doing it.
- j. Supervision is essential and every staff person deserves regular scheduled supervision.
- k. Every staff is a valuable member of a team, and no one should be marginalized.
- l. Staff need to feel safe.
- m. We will operate within a team approach that appreciates differences and facilitates an environment of mutual respect.
- n. We will embrace change and encourage flexibility. Our field is constantly evolving; we see this as an opportunity with a spirit of innovation and willingness to learn.

B. Governance: To Specify the Governing Board responsibility in the organization, establishment of policies and procedures, and provide strategic and visionary leadership

- 1. Direct, control and inspire the organization through careful deliberation and establishment of policies. Policies will be statements of values or approaches which address:
 - a. The “products”
 - b. The boundaries of prudence and ethics to be observed by staff
 - c. Board roles and responsibilities, and

d. The Board -staff relationship

2. Keep its major involvement with the intended long-term impact of the organization, not with the administrative or programmatic means of attaining those effects.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to attendance, policy-making principles, respect for clarified roles, speaking with one voice, and self-policing of board tendencies to stray from rigorous governance.
4. Be accountable to the general public for competent, conscientious, and effective accomplishment of its obligation as a body. The Board has authority only as a body, not as Individual Board members or committee. It will allow no officer, individual, or committee of the board to usurp this role or deter this discipline.
5. Be an initiator of policy and responsible for its own performance.

C. **Board Parameters and Role of the Executive Director:** To define the parameters of the Board and specify the role of Executive Director and their responsibilities to each other.

1. The parameters of the Board and role of the Executive Director are described by the following:
 - a. Only the Board, by majority vote, has authority over the Executive Director. If requests for information about the specific delegated activities of the Executive Director or the Agency are made by individual board members, a response to those requests may be deferred by the Executive Director to obtain the direction of the entire Board.
 - b. The Executive Director is authorized to implement all Board policies, to make business decisions for the Agency on a day-to-day basis consistent with law and County policies, and to take all actions, and perform and direct all activities that are consistent with the policies, procedures and programs established by the Board. The Board may, from time to time, and if consistent with law, remove an area of delegation from the Executive Director's authority and responsibility, but will respect the Executive Director's choices and decisions as long as a delegation continues in effect. This shall not prevent the Board from requesting and obtaining information about the activities of the Executive Director and the Agency in the delegated areas.
 - c. The Executive Director will keep the Board informed regarding major trends affecting or likely to affect the Agency, and of specific threats to the orderly operations of the Agency. Should the Executive Director deem it necessary, in the performance of his or her duties, to violate a Board policy without prior Board approval, he or she shall inform the

Board of the problems and of the violation as soon as possible thereafter and shall plan for corrective action. This process is intended to assure that no violation of Board policy is kept from the Board. The fact that the Board has been notified of a policy violation by the Executive Director shall not be construed as approval of the violation, unless the violation is subsequently ratified by majority vote of the Board. Ratification of any specific policy violation does not exempt the Executive Director from subsequent Board review of the violation. Provided, however, that nothing in this Policy shall authorize the Executive Director to perform an illegal act, or to knowingly fail to take an action required by law.

D. Executive Director's Responsibility: To define the Executive Director's responsibility to the organization and the HealthWest Governing Board.

1. It is policy that the Executive Director shall not cause or allow any practice, organizational circumstance, activity or decision that is either imprudent or in violation of commonly accepted business or professional ethics. To that end, the Executive Director shall not:
 - a. Commit or allow staff to commit any illegal act.
 - (1) Discriminate on the basis of race, color, sex, age, religion, national origin, citizenship, height, weight, marital status, sexual orientation, or handicap.
 - b. Expose the agency to imprudent financial risks.
 - c. Commit or allow staff to commit to unethical acts.
 - d. Fail to inform the Board of issues, internal or external, that may affect the functioning, health or well-being of the agency.
 - e. Violate established County Board policies.
 - f. Fail to follow the agency's Mission Statement.
 - g. Fail to maintain accreditation.
 - h. Fail to meet requirements of funding source and all applicable rules and regulations. Expended more than the approved budget without specific Board's permission. In addition, the Executive Director may not:
 - (1) Make any line-item adjustments if they will adversely affect a service or services without explicit Board approval.
 - (2) Allow the Agency's cash balance to reach below 1% of the total budget.

- E. **Values:** To define the values adopted by the HealthWest Governing Board, Executive Director and staff.
1. It is the policy of the HealthWest Governing Board to adopt a set of organizational values that will enhance the services provided to our consumers while promoting a health work environment to our staff.
 - a. The Governing Board and staff agree that for our services, we value:
 - (1) Creativity, innovation, and effectiveness.
 - (2) Diversity and collaboration in providing services.
 - (3) Quality as defined by outcome for the people served.
 - b. For the people we serve, we value:
 - (1) Dignity of the individual.
 - (2) Abilities and opportunities to grow.
 - (3) Empowerment of the individual.
 - c. For corporate culture, we value:
 - (1) Dignity and empowerment of the staff.
 - (2) Striving for enjoyable, innovative and creative working environment.
 - (3) Open door communication.
 - (4) Opportunity for education and career enhancement.
 - (5) Immediate problem intervention and timely resolution.
- F. **Board Member Orientation:** To ensure HealthWest Board Member orientation to the HealthWest mission and vision, structure, process and Board Member expectations.
1. It is the policy of the HealthWest Governing Board that all HealthWest Board Members are oriented to the HealthWest mission and vision statement, HealthWest structure, process and Board Member expectations.
 - a. Within 60 days of Board Appointment, the Executive Director's Executive Assistant will meet with all new HealthWest Board appointees and provide them with Board Orientation Binde, Board By-laws and all required forms.

- b. Within 60 days of Board Appointment, the HealthWest Board Chair / Executive Director will meet with all new HealthWest Board appointees. The focus of this meeting will be to update new HealthWest Board appointees to current issues being discussed by the board and to ascertain new HealthWest Board member interest related to HealthWest Board Committee appointments.
- c. Within 90 days of a HealthWest Board appointment, the Executive Director will provide all new HealthWest Board members with a tour of the HealthWest programs and sites.

G. **Board Performance:** To ensure the HealthWest Board of Directors conducts a self-assessment of the entire board at least annually.

- 1. It is the policy of the HealthWest board that the Board of Directors conduct a self-assessment of the entire board at least annually.
 - a. The Lead Executive Assistant will coordinate with the HealthWest Board to complete the self-assessment annually. The self-assessment will be conducted using the [HealthWest Board Self-assessment tool](#).
- 2. It is the policy of the HealthWest board that each individual Board Member conduct an Annual Board Assessment regarding the performance and functioning of the Board of Directors as a whole.
 - a. The Lead Executive Assistant will coordinate with each Board Member to complete the [HealthWest Annual Board Assessment Tool](#).
- 3. It is the policy of the HealthWest board that each individual Board Member conduct a HealthWest Board Assessment Tool for each Board Member. If there are 12 board members, each board member would conduct 1 Board Assessment Tool for each member having them complete 11 total. These shall be completed annually.
 - a. The Lead Executive Assistant will coordinate with the HealthWest Board to complete the Board Assessment Tool annually. This shall be conducted using the [HealthWest Board Assessment Tool](#).

H. **Executive Director Performance:** To ensure the HealthWest Board of Directors conducts an annual evaluation of the Executive Director.

- 1. It is the policy of the HealthWest Board that the Board of Directors conduct an annual evaluation of the Executive Director.
 - a. The Lead Executive Assistant will coordinate and communicate with the HealthWest Board of Directors to conduct the annual evaluation for the Executive Director.

- (1) Each Board Member completes an individual evaluation form for the Executive Director using the [HealthWest Evaluation Tool Executive Director](#).
- (2) Upon completion of all Annual Evaluations, the Lead Executive Assistant will compile one final [HealthWest Evaluation Tool Executive Director](#).
- (3) The Lead Executive Assistant will Coordinate a formal evaluation with the Board Chair selecting two additional Board Members to conduct / deliver the in-person evaluation to the Executive Director.
- (4) Upon completion the Lead Executive Assistant will obtain a copy of the annual evaluation and send a copy to County HR for their files.

I. **Executive Director Compensation:** To ensure the HealthWest Board of Directors provides a written contract and executive compensation package in conjunction with Muskegon County Commissioners.

1. It is the policy of the HealthWest Board that the Board of Directors provide a written contract and executive compensation package in conjunction with the Muskegon County Commissioners.

- a. The Lead Executive Assistant will coordinate and communicate with the HealthWest Board of Directors and Muskegon County Commissioners regarding the written contract and executive compensation package for the Executive Director.

- (1) The Employment Contract between the HealthWest Board of Muskegon County (referred to as the "HW Board") and the Executive Director ultimately ratified the Muskegon County Board of Commissioners shall include:

- a. Duties of Executive Director

- b. Term

- c. Performance Evaluation

- d. Termination

- e. Compensation

- f. Benefits – [Muskegon County Administrator and Director Benefit Compensation Package](#)

- g. Expense Reimbursement
- h. Automobile Allowance
- i. Availability of Funds
- j. Outside Employment

J. **Annual Board Nominations:** To ensure the HealthWest Board is conducting annual board seat appointments

1. It is the policy of the HealthWest Board to conduct an annual Board Nominating committee conducting seating appointments.
 - a. The Board Chair will select a Nominating Committee consisting of the Board Chair and two additional members of their choosing. The Lead Executive Assistant will send Memorandum to the selected Nominating Committee informing them of their committee appointment.
 - b. The Nominating Committee will appoint the following seats: Board Chair, Board Vice Chair, Board Treasurer and Board Secretary. During this time Committee Officers will also be nominated for Program Personnel Chair, Program Personnel Vice Chair, Recipient Right Chair, Recipient Rights Vice Chair, Finance Chair and Finance Vice Chair. This appointment will be in effect for one calendar year. Board Members shall not nominate / appoint themselves for Board positions, even if they nominate other board members for positions.
 - c. The Nominating Committee Meeting will take place in April prior to the Full Board meeting.

K. **Board Member Exit Process:** To ensure feedback and quality improvement recommendations is obtained from exiting HealthWest Board Members.

1. It is the policy of the HealthWest Board that feedback and quality improvement recommendations are obtained from exiting HealthWest Board Members.
 - a. Within 30 days prior to the end of a term of a HealthWest Board Member, the HealthWest Executive Director will meet with the exiting board member to obtain any feedback or quality assurance recommendations related to HealthWest. The HealthWest Executive Director will forward any feedback obtained by the exiting HealthWest Board member to the HealthWest Board of Directors.
 - b. Within 30 days prior to the end of a term of a HealthWest Board Member, the HealthWest Board Chair will meet with the exiting board member to obtain any feedback or quality assurance

recommendations related to HealthWest. The HealthWest Board Chair will forward any feedback obtained by the exiting board member to the HealthWest Board of Directors.

L. Succession Planning and Leadership Development: To plan for and ensure a continuity in leadership through the identification and development of candidates for leadership positions that may become vacant due to retirement, resignation, death or new business opportunities.

1. It is the policy of HealthWest, its executive leadership, and Board of Directors to ensure the identification and selection of qualified leaders that are diverse, possess the necessary skills, and fit the organizational mission and goals, and to plan for continuity of leadership in the event of expected or unexpected vacancies of executive leadership within HealthWest.
 - a. For a temporary change in executive leadership (i.e., illness, or leave of absence), we should defer to [HealthWest Policy 01-008 Delegation of Authority](#).
 - b. In the event the Executive Director is no longer able to serve in the position (i.e., leaves indefinitely), the executive committee of the board shall do the following:
 - (1) Within five (5) business days appoint an interim executive director.
 - (2) Within fifteen (15) business days appoint an executive transition committee.
 - c. The purpose of the executive transition committee is to:
 - (1) Discuss, based on the needs of the organization, the continuance of the appointed interim executive director and, if necessary, develop a plan for seeking other interim leadership during the transition period.
 - (2) Communicate with key stakeholders regarding actions taken by the board in naming an interim successor, appointing a transition committee, and implementation of the succession policy.
 - (3) Consider the need for external consultation in matters relating to transition management or conducting an executive search, based on the circumstances of the transition.
 - (4) Review the organization's strategic plan and conduct a brief assessment of strengths, weaknesses, opportunities, and threats (SWOT) to identify priority issues and considerations during the transition period.

- (5) Establish a time frame and plan for the recruitment and selection process.
- d. HealthWest will, through various and ongoing training opportunities, develop internal leadership capacities of individuals within the organization identified as potential successors for key leadership positions in the future. This will be done through training opportunities within the organization and in conjunction with county-wide development opportunities for employees.

/hb

HealthWest

Board Member Self-Assessment

Rate each item based on your personal experience as a member of the HealthWest Board of Directors

	<i>Strongly Agree</i>				<i>Strongly Disagree</i>
MISSION & PURPOSE	1	2	3	4	5
<i>I am familiar with the mission statement of the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The current mission statement is relevant for the role and purpose of the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Issues brought before the Board are addressed consistent with the organization's mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The organization's programs and services are in concert with and support the mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board has reviewed and discussed the mission statement within the past 12 months to ensure that it is current and relevant.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

	<i>Strongly Agree</i>				<i>Strongly Disagree</i>
STRATEGIC PLANNING	1	2	3	4	5
<i>The Board has reviewed the strategic plan for the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board regularly reviews progress toward meeting goals in our strategic plan to assess the degree to which we are meeting the mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

	<i>Strongly Agree</i>				<i>Strongly Disagree</i>
FINANCE	1	2	3	4	5
<i>Providing ways and means oversight for the organization, the Finance Committee assures that financial policies, plans and standards are in place to ensure preservation of the organization's financial assets.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The annual operating budget of the organization is discussed thoroughly before being acted upon.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Understandable, accurate and timely financial statements are prepared and submitted to the Board on a regular basis.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board recognizes that the oversight of finances must be closely related to our quality and strategic planning oversight responsibilities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

QUALITY	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>I have a clear understanding of quality initiatives, performance improvement efforts, and regulatory statutes.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

COMMUNICATION	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>Board members are provided with a thorough orientation describing the functions of the Board and individual member responsibilities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Information provided between Board meetings is sufficient to maintain an appropriate level of awareness of issues and activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>There is opportunity for communication and interaction among Board members.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clear and succinct agendas and sufficient supporting materials are provided to the members prior to the meeting.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I am satisfied with the volume and quality of information received to assist me in performing my role as a member of the Board of Directors?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

BOARD EFFECTIVENESS	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>Meetings are conducted in a manner that fosters consensus- building, encourages members to actively participate, and allows for the casting of dissenting votes without discomfort.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The frequency and duration of Board meetings is adequate to conduct identified responsibilities, while ensuring productive use of the Board members' time.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>There is an appropriate amount of Staff/Board member involvement in presentations and discussions.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The process we are using to make decisions at Board meetings enables the Board to properly do its business</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>During Board meetings, I feel I have adequate opportunity to participate in the deliberation of issues being considered.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

EXECUTIVE MANAGEMENT	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>The Board understands the role and responsibilities of the Executive Director and understands the distinction between its policymaking oversight role and the Executive Director's management and policy implementation responsibilities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive keeps the Board informed of key policy issues, as well as the organization's strategic direction and budget/resource requirements.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive maintains an effective senior management staff as well as talented professional and support staff to effectively represent the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive is an effective public spokesperson for the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive maintains effective liaison with national, statewide and regional CMH and allied health organizations and associations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Staff is responsive when Board members raise concerns or questions.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Additional Remarks:

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

HealthWest

Annual Board Assessment

Completed By _____

Date Completed _____

The following Assessment is designed to obtain your input about the performance and functioning, during the last 12 months, of our Board of Directors. This inquiry is part of the annual assessment process as recommended by CARF.

Please Rate each item based on your personal experience of the ENTIRE HealthWest Board as a whole.

	Strongly Agree				Strongly Disagree
	1	2	3	4	5
MISSION & PLANNING OVERSIGHT					
<i>Each Board Member has received a copy of our Bylaws.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Proposals brought before the Board of Directors are evaluated to ensure they are consistent with our bylaws</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board periodically reviews, discusses and if necessary, recommends changes to their bylaws.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Issues brought before the Board are addressed consistent with the organization's mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The organization's programs and services are in concert with and support the mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board has reviewed and discussed the mission statement within the past 12 months to ensure that it is current and relevant.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board supports and assists the HealthWest Executive Director in achieving the HealthWest mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

	Strongly Agree				Strongly Disagree
	1	2	3	4	5
STRATEGIC PLANNING					
<i>The Board has reviewed the strategic plan for the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board regularly reviews progress toward meeting goals in our strategic plan to assess the degree to which we are meeting the mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

	Strongly Agree				Strongly Disagree
	1	2	3	4	5
BOARD EFFECTIVENESS					
<i>The Board evaluates their own performance and the individual performance of each Board Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>The Board has the right number of members</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board Members have the appropriate talent, experience, diversity, independence, character and judgement</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board has the appropriate number of meetings per year</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board has enough time during the meetings for presentation and discussion of topics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board Members work for the overall good of the organization and those we serve.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board Chair ensures that members have equal opportunity to participate, meeting time is used appropriately, and agenda items are addressed with adequate discussion.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board Members receive the agenda and packet materials well in advance of meetings.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Board Members come to meetings well prepared</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

QUALITY	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>I have a clear understanding of quality initiatives, performance improvement efforts, and regulatory statutes.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

COMMUNICATION	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>Board members are provided with a thorough orientation describing the functions of the Board and individual member responsibilities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Information provided between Board meetings is sufficient to maintain an appropriate level of awareness of issues and activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>There is opportunity for communication and interaction among Board members.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clear and succinct agendas and sufficient supporting materials are provided to the members prior to the meeting.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I am satisfied with the volume and quality of information received to assist me in performing my role as a member of the Board of Directors?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

BOARD EFFECTIVENESS	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>Meetings are conducted in a manner that fosters consensus- building, encourages members to actively participate, and allows for the casting of dissenting votes without discomfort.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The frequency and duration of Board meetings is adequate to conduct identified responsibilities, while ensuring productive use of the Board members' time.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>There is an appropriate amount of Staff/Board member involvement in presentations and discussions.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The process we are using to make decisions at Board meetings enables the Board to properly do its business</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>During Board meetings, I feel I have adequate opportunity to participate in the deliberation of issues being considered.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

EXECUTIVE MANAGEMENT	Strongly Agree				Strongly Disagree
	1	2	3	4	5
<i>The Board understands the role and responsibilities of the Executive Director and understands the distinction between its policymaking oversight role and the Executive Director's management and policy implementation responsibilities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive keeps the Board informed of key policy issues, as well as the organization's strategic direction and budget/resource requirements.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive maintains an effective senior management staff as well as talented professional and support staff to effectively represent the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive is an effective public spokesperson for the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Executive maintains effective liaison with national, statewide and regional CMH and allied health organizations and associations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Staff is responsive when Board members raise concerns or questions.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Additional Remarks:

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

HealthWest

Board Member Assessment

Name _____ Date _____

Name of Board Member Assessing _____

*Rate each item based on your personal experience as a member of the
HealthWest Board Member you are assessing*

MISSION & PURPOSE	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
<i>I feel they are familiar with the mission statement of the organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel they actively and enthusiastically participate in Board discussion.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel they encourage everyone's participation and input.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel they understand the impact the Boards decisions have on the agency and consumers we serve.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel they consider others points of views.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel they come prepared and have reviewed materials ahead of time.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel they are a good fit and for the Board of Directors.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel the meet the demographic requirements of the Board (i.e. primary consumer / lived experience, secondary consumer / family member receives services, or County Commissioner).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I feel they meet the monthly attendance requirements (1 committee or Board meeting per month).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Additional Remarks:

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

Friday, October 11, 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 8:14 a.m.

ROLL CALL

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

Members Absent: Janet Thomas, Janice Hilleary

HealthWest Staff Present: Holly Brink, Rich Francisco, Brandy Carlson, Gina Maniaci, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gary Ridley, Shannon Morgan, Anissa Goodno

Guest Present: Kristen Wade

APPROVAL OF MINUTES

It was moved by Mr. Weerstra, seconded by Ms. Madison, to approve the minutes of the August 9, 2024 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for June 2024 / July 2024

It was moved by Mr. Weerstra, seconded by Ms. Natte, to approve the Recipient Rights Reports for August 2024 / September 2024.

MOTION CARRIED.

For the months of August 2024 / September 2024, there were 109 HealthWest and 115 provider employees trained:

Rights Updates HealthWest	87
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	25
New Employee Training Provider	103
SUD Orientation	4

For the months of August 2024 / September 2024 there were 654 incident reports and 37 rights allegations.

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

There were a total of 3 deaths reported in August 2024 / September 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on The Right to Vote.

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 8:32 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
December 6, 2024***



RECIPIENT RIGHTS ADVISORY COMMITTEE

October 11, 2024 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

Zoom: <https://healthwest.zoom.us/j/92247046543?pwd=ZXY0QnFPVGc5UVZENIRwcExTTmdvdz09>

Join by Phone: (312) 626-6799, 92718779426#

Recipient Rights Committee Chair: Thomas Hardy
Recipient Rights Committee Vice-Chair: Tamara Madison

AGENDA

- | | | |
|-----|---|-------------|
| 1) | Call to Order | Quorum |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of August 9, 2024
(Attachment #1 – pg. 1-2) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Motion to Accept Recipient Rights Bi-Monthly Report for
August 2024 / September 2024
(Attachment #2 – pg. 3-15) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Training Recipient Rights: The Right to Vote
Tasha Kuklewski, Recipient Rights Advisor
(Attachment #3 – pg. 16-23) | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |
- /hb

Main Office

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HealthWest.net

HEALTHWEST**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES****Friday, August 9, 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 8:13 a.m.

ROLL CALL

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

HealthWest Staff Present: Holly Brink, Rich Francisco, Brandy Carlson, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Justine Belvitch, Lakshmee Persuad, Brittani Duff, Christy LaDronka, Suzanne Beckeman, Stephanie Baskin, Melina Barrett

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 June 14, 2024 meeting as written.

MOTION CARRIED.**ITEMS FOR CONSIDERATION*****A. Motion to Accept Recipient Rights Reports for June 2024 / July 2024***

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

MOTION CARRIED.

For the months of June 2024 / July 2024, there were 87 HealthWest and 44 provider employees trained:

Rights Updates HealthWest	74
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	13
New Employee Training Provider	36
Rights Updates HGA Employees	7

For the months of June 2024 / July 2024 there were 530 incident reports and 27 rights allegations.

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

There were a total of 6 deaths reported in June 2024 / July 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on Rights Versus Privilege.

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 8:34 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
October 11, 2024***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE October 11, 2024	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested to accept the Recipient Rights Reports of August 2024 and September 2024. The report includes:</p> <ul style="list-style-type: none"> • Training sessions conducted by the Rights Office from August 1, 2024 through September 30, 2024. • Site Reviews from August 1, 2024 through September 30, 2024. • Incident Reports and Rights Allegations for August 1, 2024 through September 30, 2024. • Formal Complaints and Interventions for August 1, 2024 through September 30, 2024. • Deaths reported for August 1, 2024 through September 30, 2024. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to approve the Recipient Rights Reports for the months of August 1, 2024 through September 30, 2024.			
COMMITTEE DATE October 11, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE October 25, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 6-R



BI-MONTHLY RECIPIENT RIGHTS REPORT

Date: **October 11, 2024**

To: **Recipient Rights Advisory Committee**

From: **The Office of Recipient Rights**

Subject: **Recipient Rights Report for August and September 2024**

I. TRAINING

August 08, 2024, New Employee Rights Training for 12 Provider Employees.

August 09, 2024, Recipient Rights Annual Update for 37 HealthWest and 1 Provider Employees.

August 20, 2024, SUD Orientation for 1 Cherry Health Employee.

August 22, 2024, New Employee Rights Training for 1 HealthWest and 8 Provider Employees.

August 29, 2024, New Employee Virtual Rights Training for 31 Provider Employees.

September 05, 2024, New Employee Rights Training for 6 Provider and 7 HealthWest Employees.

September 12, 2024, New Employee Right Training for 4 Provider and 11 HealthWest Employees.

September 13, 2024, Annual Rights Update for 25 HealthWest Employees.

September 17, 2024, Annual Rights Update, in person, for the I/DD Department, 25 HealthWest Employees.

September 18, 2024, SUD Orientation for 3 HealthWest Employees.

September 19, 2024, New Employee Virtual Rights Training for 42 Provider Employees.

109 HealthWest and 115 Provider employees were trained for the months of August and September.

II. SITE REVIEWS

May 10, 2024, Eastwood Cottage II Home, residential mixed, Turning Leaf, Muskegon, MI.

June 04, 2024, Lawrence Home, residential I/DD, Pioneer Resources, Muskegon, MI.

June 13, 2024, Folkert Community Hub, Autism Services, HealthWest, Norton Shores, MI.

June 14, 2024, Terrace Plaza-4th floor, Administrative, HealthWest, Muskegon, MI.

June 14, 2024, Terrace Plaza-1st floor, Administrative, HealthWest, Muskegon, MI.

June 14, 2024, Mental Health Center, Mixed Outpatient Services, HealthWest, Muskegon, MI.

June 17, 2024, FAHOLO Home, residential I/DD, FaHoLo Family Inc., Muskegon, MI.

June 21, 2024, Amanda Home, residential I/DD, Amanda Family Inc., Muskegon, MI.

June 21, 2024, Joseph's Home, Residential I/DD, Safe Harbor Christian Community, Norton Shores, MI.

June 23, 2024, Crisis Residential, Crisis Residential Services, HealthWest, Muskegon, MI.

June 24, 2024, Club Interactions Clubhouse Services, HealthWest, Muskegon, MI.

June 24, 2024, Terrace Street Office Based, Outpatient Services, HealthWest, Muskegon, MI.

June 27, 2024, Mary's House, Residential I/DD, Safe Harbor Christian Community, Norton Shores, MI.

July 01, 2024, Ruddiman Home, Residential I/DD, Pioneer Resources, Muskegon, MI.

July 01, 2024, Riverwood Home, Residential I/DD, Pioneer Resources, Twin Lake, MI.

July 01, 2024, Sheridan Home, Residential I/DD, Pioneer Resources, Muskegon, MI.

July 05, 2024, Muskegon Covenant Academy, Outpatient Services, HealthWest, Muskegon, MI.

July 05, 2024, MOKA-Rehab, Outpatient Rehabilitation Services, HealthWest, Muskegon, MI.

July 05, 2024, State Probation-3rd Floor, Mixed Services, HealthWest, Muskegon, MI.

July 05, 2024, Johnny O. Harris Building, Mixed Services, HealthWest, Muskegon, MI.

July 09, 2024, Shaffer Home, Residential I/DD, HGA Support Services, Fruit Port, MI.

Recipient Rights Report

10/11/2024

Page 3 of 12

July 09, 2024, Black Creek Cove, Residential I/DD, HGA Support Services, Muskegon, MI.

July 09, 2024, Lilac Home, Residential I/DD, HGA Support Services, Muskegon, MI.

July 09, 2024, Walker Home, Residential I/DD, HGA Support Services, Muskegon, MI.

July 09, 2024, Virginia's House, Residential I/DD, HGA Support Services, Muskegon, MI.

July 09, 2024, Mararebecah Home, Residential I/DD, Samaritas, Muskegon, MI.

July 10, 2024, Slocum Home, Residential I/DD, MOKA, Whitehall, MI.

July 10, 2024, Horton Home, Residential I/DD, Samaritas, Muskegon, MI.

July 10, 2024, Ducey Home, Residential I/DD, Samaritas, Muskegon, MI.

July 10, 2024, Hansen Home, Residential I/DD, Samaritas, Muskegon, MI.

July 10, 2024, Sophia Home, Residential I/DD, MOKA, Whitehall, MI.

July 11, 2024, Skyline Home, Residential I/DD, MOKA, Whitehall, MI.

July 12, 2024, Brooks Home, Residential I/DD, Samaritas, Muskegon, MI.

July 24, 2024, Pendo Gani Home, residential mixed, PENDOGANI GL LLC., Grandville, MI.

July 31, 2024, Crescent Home, Residential I/DD, MOKA, Norton Shores, MI.

July 29, 2024, Milliron Home, Residential I/DD, Pioneer Resources, Muskegon, MI.

July 30, 2024, Oxford Circle Home, Residential I/DD, MOKA, Whitehall, MI.

August 06, 2024, You're Always at Home, Residential mixed, You're Always at Home, Kalamazoo, MI.

August 09, 2024, Terra Nova, Residential I/DD, MOKA, Twin Lake, MI.

August 09, 2024, Beachwood Dunes Home, Residential I/DD, MOKA, Norton Shores, MI.

August 09, 2024, Recovery Cooperative of Muskegon, MI Drop in Center, Muskegon, MI.

August 16, 2024, Northridge Home, Residential mixed, Turning Leaf, Muskegon, MI.

August 23, 2024, Graceland, Residential I/DD, MOKA, Norton Shores, MI.

August 26, 2024, DBT Institute of Michigan, Residential MI, Mason, MI.

August 26, 2024, Kelly's Kare Community Life Skills, Day Program-CLS, Kelly's Kare LLC, Whitehall, MI.

August 26, 2024, Kelly's Kare AFC, Residential I/DD, Kelly's Kare LLC, Whitehall, MI.

August 28, 2024, Beacon Home at Morton Terrace, Residential mixed, Beacon Specialized Living Services, Norton Shores, MI.

August 28, 2024, Beacon Home at Lakeview, Residential mixed, Beacon Specialized Living Services, Whitehall, MI.

August 28, 2024, DayBreak Adult Day Services, Day Program, Day Springs Inc. Norton Shores, MI.

September 11, 2024, Brookmere Home, Residential I/DD, MOKA, Muskegon, MI.

III. STATISTICAL INFORMATION

The Office of Recipient Rights reviewed **654** incident reports and **37** rights allegations for the months of August and September. Provided for your review is the statistical data showing type and location.

IV. FORMAL INVESTIGATIONS

Old Business:

- A. June 04, 2024, HealthWest Outpatient Therapy. A Recipient filed a complaint stating that she was upset by the comments made by her therapist during her last appointment. The complaint said the therapist said the following things: "Yea, you wanted to go get something from your boyfriend." "I'm in control of your doctor." "I know you, " and "I take great pride in knowing my clients." **The investigation into DIGNITY AND RESPECT is not substantiated.**
- B. June 06, 2024, Riverwood Home, residential I/DD, Pioneer Resources. HealthWest Staff arrived at the home and noted that the door alarms were not engaged, and the laundry/medication room's half door was not locked as is outlined in the Recipient's plans. The HealthWest staff also noted some inappropriate exchanges between the home staff and the Recipient. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved were retrained on ensuring that the door alarms are engaged per the Recipient's skill and behavior support plan. The Staff involved was retrained on Dignity and Respect for all Recipients.**

- C. June 06, 2024, Riverwood Home, residential I/DD, Pioneer Resources. HealthWest Staff arrived at the home and noted that the laundry/medication room's half door was not locked as it is outlined in the Recipient's plans. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved received training.**
- D. June 11, 2024, Riverwood Home, residential I/DD, Pioneer Resources. The Home Manager filed a complaint on behalf of a Recipient because they were told by an interim staff that had come to the home to cover a shift that another staff member was facetimeing on her phone while changing the brief of a Recipient. **The Investigation ABUSE-CLASS II is substantiated. The Staff involved was given a written reprimand.**
- E. June 17, 2024, Slocum Home, residential I/DD, MOKA. A Recipient said that a home staff member called him a "nigger." The Recipient also stated this same staff member told him that he did not need to use the wheelchair that he just needed to get up and walk. **The investigation into ABUSE CLASS-III and DIGNITY AND RESPECT is substantiated. The Staff involved was terminated .**
- F. June 18, 2024, Brookmere Home, residential I/DD, MOKA. A HealthWest staff observed a baby monitor being used in the home. This had previously been addressed with the home manager that no one presently has this approved in a behavior plan, so therefore it should not be in use. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated for two Recipients and not substantiated for three Recipients. The Home Supervisor ensured the immediate removal of the audio monitor, and all staff were retrained on each individual's behavior and individual plan of service.**
- G. June 24, 2024, Graceland Home, residential I/DD, MOKA. A recipient fell and hit her nose which caused a laceration. The staff member cleaned it up and put a band aid on it, contacted the on call RN and began Head Protocols. When the next shift came in, staff contacted the home manager and said that her nose was bleeding, and she was unable to get it to stop. The recipient was taken for medical treatment and received two stitches. The home manager does not feel that the first staff member provided proper care for the recipient. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved received a written reprimand and additional training.**
- H. July 01, 2024, Walker Home, residential I/DD, HGA. Two HealthWest Case Managers witnessed an incident when they pulled into the HealthWest parking lot and needed to slam on their brake because a Recipient was in her wheelchair in the parking lot. The staff said they almost did not see the Recipient due to where she was and the other parked cars. The staff said the electric chair had stopped working, so the staff had to manually push it. The Case Managers stated that when the Home Staff heard them brake, they came around and loaded the Recipient into the van. **The investigation into NEGLECT-CLASS III is not substantiated.**

- I. July 01, 2024, Beacon Home at Ludington, mixed residential, Beacon Specialized Living. A Home Staff reported that another Staff Member had send a text to a community member venting about her job which included Recipient's names and also described the Recipients as "Retards." **The investigation into DISCLOSURE OF CONFIDENTIAL INFORMATION and DIGNITY AND RESPECT is substantiated. The Staff involved was terminated.**
- J. July 02, 2024, Mary's House, residential I/DD, Safe Harbor Chrisitan Communities. A Recipient said that she was taken to a party by a Home Staff where there was music, beer and weed. The Recipient said she was told not to tell anyone and thinks if she does she will lose her devices. **The investigation into ABUSE-CLASS III AND SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is substantiated. The two staff involved resigned.**
- K. July 03, 2024, MHC Lobby. Two HealthWest Staff Members reported that a Recipient came in for medications and appeared to be manic. He proceeded to the restroom and when he exited his pants were not pulled up. Another HealthWest Staff Member told him to pull up his pants and this caused him to escalate. The Staff Member continued to speak to him, and he kept telling her to "f off." **The Investigation into DIGNITY AND RESPECT is not substantiated.**
- L. July 03, 2024, MHC Lobby. Two HealthWest Staff Members reported that a Recipient was here for an appointment with their Case Manager when they had an altercation with another HealthWest Staff Member in the Lobby. **The Investigation into DIGNITY AND RESPECT is not substantiated.**
- M. July 03, 2024, Forest Trail Home, residential I/DD, MOKA. The Home Manager was told by a Recipient that after he threw a potted plant at the staff, the staff attached him. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was terminated due to violation of MOKA Policies.**
- N. July 10, 2024, Clubhouse Interactions, HealthWest. A Recipient who attends the Clubhouse stated that a HealthWest Staff Member commented on her clothing and asked her to cover up. The Recipient said that the Staff Member said that she had no respect for herself while she was laughing. The Recipient said it made her cry. **The Investigation into DIGNITY AND RESPECT is not substantiated. During the investigation, another issue was discovered. The Investigation into SAFE, SANITARY AND HUMANE TREAMEMNT ENVOMROENT is substantiated. HealthWest is in the process of hiring a new cleaning company that will service this location three times per week. The Clubhouse administrator will update the tasks related to this job duty to two times per day. HealthWest will have cleaning staff available three days a week to clean and sanitize the bathrooms before members arrive.**

- O. July 10, 2023, Beacon Home at Blue Lake ^{mixed residential}. Beacon Specialized Living. A Beacon Staff overheard another Staff Member speaking rudely to two separate Recipients. **The Investigation into DIGNITY AND RESPECT is not substantiated.**
- P. July 17, 2024, A Recipient receiving services from HealthWest stated that a HealthWest Staff Member, jumped up and yelled at her during her appointment. The Recipient stated that she stood over her and slammed a paper in her face causing her to feel as if she was being interrogated. **THE INVESTIGATION INTO DIGNITY AND RESPECT is not substantiated.**
- Q. July 18, 2024, Shaffer Home, ^{residential I/DD}, HGA. A Staff Member was assisting a Recipient when another Staff Member came in and yelling and swearing at the Recipient. **The investigation into ABUSE-CLASS III is not substantiated.**
- R. July 25, 2024, Graceland Home, ^{residential I/DD}, MOKA. Two Recipients, who are on pureed diets, were given Nutri Grain bar's while sitting in the recliner. The bars were not prepared the way that they should in order to meet the dietary requirements and could have caused choking. **The Investigation into NEGLECT CLASS III is substantiated. The staff involved received a written reprimand and further training.**

New Business:

- A. August 06, 2024, Pioneer Resources Community Living Support Services Program. During an inquiry of a HealthWest Case Manager into a Recipient's injury it was discovered that video cameras were recording at all times in the rooms where services were being provided. **The investigation into FINGERPRINTS, PHOTOGRAPHS, AUDIO RECORDINGS AND USE OF ONE-WAY GLASS was substantiated. Pioneer Resources removed the battery packs from the recorders after it was discovered they did not have proper consents in place.**
- B. August 06, 2024, Pioneer Resources Community Living Support Services Program. A Recipient was injured by another Recipient while attending the CLS Program at Pioneer Resources. The family feels that Pioneer Resources did not handle the situation appropriately. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**
- C. August 12, 2024, MOKA-Muskegon Merriam Launchpad program. A Recipient complained that a staff at the Merriam Launchpad made her drink too fast and it caused her to choke and spit up phlegm. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand and additional training.**
- D. August 13, 2024, Virginia's House, ^{residential I/DD}, HGA. A Recipient reported to staff that another staff member left three recipients in the homes van while the staff member

went into her father's house. During that time, the recipients were unsupervised, and there was an altercation between the other two recipients causing an injury to one of the recipients. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved received written progressive action and retraining.**

- E. August 13, 2024, Black Creek Cove Home, *residential I/DD*, HGA. Staff said that another staff member has been taking pictures and videos dancing in front of and with some of the recipients. **The investigation into DISCLOSURE OF CONFIDENTIAL INFORMATION is substantiated for one recipient and not substantiated for four other recipients. The staff involved was terminated.**
- F. August 20, 2024, Beacon Home at Blue Lake, *mixed residential*, Beacon Specialized Living. Staff stated she was leaving the home and was advised by the Home Manager not to leave as it would cause the home to be out of staff to recipient ratio. The Staff left and the Home Manager arrived at the home. The ratio of recipients to staff was out of ratio for approximately 30 minutes. **The investigation into NEGLECT CLASS-III is substantiated. The staff involved received written progressive action and is no longer employed by Beacon Specialized Services.**
- G. August 21, 2024, Oxford Circle, *mixed residential*, MOKA. The Home Manager reported that a staff member left two recipients unattended in a vehicle while he went into a store. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is not substantiated.**
- H. August 28, 2024, A Recipient who receives Adult Case Management services at HealthWest complained that her assigned staff person did not respond to her text in a timely manner. **The investigation into DIGNITY AND RESPECT is not substantiate.**
- I. September 04, 2024, Virginia's House, *residential I/DD*, HGA. Staff noted that dessert was given to three out of the five recipients of the home. Staff complained that two other staff were teasing the two recipients while denying them dessert. There are no restrictive diets for the two recipients. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- J. September 04, 2024, A recipient who resides at Marcoux home, *SIL*, Pioneer Resources works in the community. On several occasions a community member observed a Marcoux staff engaging in inappropriate ways with the recipient. There were also occasions when the staff asked and received money from the recipient. **The investigation into ABUSE-CLASS I was not substantiated and NEGLECT-CLASS III is substantiated. The staff involved was terminated.**
- K. September 06, 2024, Shaffer Home, *residential I/DD*, HGA. A guardian of a recipient filed a complaint because home staff had not followed through with scheduling needed

- medical appointments. **The investigation into NEGLECT-CLASS II is not substantiated.**
- S. September 10, 2024, MOKA-Muskegon Merriam Launchpad program. A Recipient complained that the van driver was ignoring her when she asked for the music to be turned down because it was too loud. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand.**
- T. September 16, 2024, Pioneer Resources Bus. A recipient asked not to ride the bus because she said the driver is not a nice person and stated that she had seen him hit someone. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is not complete.**
- U. September 16, 2024, Crescent Home, *residential I/DD*, MOKA. A home staff member said they saw another staff on two occasions take something of a recipient's. They later checked with the recipient, and they said they were missing their sandwich and a drink packet. **The investigation into ABUSE-CLASS II-EXPLOITATION is not substantiated.**
- V. September 17, 2024, Cornerstone-Kalamazoo, *mixed residential*. The home manager was driving the home's recipients in the company van when he reportedly fell asleep and hit another vehicle causing an accident. The recipient was reported to not be wearing a seatbelt at the time of the accident. She was transported to the hospital and is being treated for multiple injuries and required her leg to be amputated above the knee. **The investigation into NEGLECT-CLASS I is not complete.**
- W. September 19, 2024, Brooks Home, *residential I/DD*, Samaritas. A HealthWest Case Manager was visiting the home and observed a recipient who is on a specialized diet eating unthicken food. When the Case Manager addressed this with the Home Manager she said that she eats this all the time and there has never been a problem. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not complete.**
- X. September 23, 2024. Black Creek Cove Home, *residential I/DD*, HGA. A HealthWest Case Manager visited the home and observed staff providing a whole hot dog and a bun for the recipient. The Case Manager asked the staff to remove the food until her diet could be verified. The Case Manager said that this recipient has a history of aspiration and requires staff to monitor her so she can be encouraged to slow down and take drinks. It was noted that this was addressed yesterday, and it was posted on the refrigerator that her current diet is pureed with think liquid. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is not complete.**
- Y. September 25, 2024. Black Creek Cove Home, *residential I/DD*, HGA. A HealthWest Case Manager visited the home and observed a recipient who was seeking food grabbed a plastic grocery sack from the counter. When the staff retrieved the bag they found a

pint of Tito's Vodka in the bag. The Home Staff took the bag and threw it in the outside garbage. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is not complete.**

- Z. September 30, 2024. Sophia Home, ^{residential I/DD}, MOKA. A HealthWest Case Manager was contacted by a recipients mother/guardian stating that the home was not providing food for her son that he would eat and when asked for an alternative the staff responded that they are not a short order cook. The Case Manager reached out to the home manager, and they said that since the recipient did not have an allergy or medical condition they could not alter the meals from the meal plan that had been set for the home. **The investigation into DIGNITY AND RESPECT is not complete.**

V. INTERVENTIONS

Old Business:

- A. June 12, 2024, Pine Rest, ^{Psychiatric Inpatient}. A Clinical staff from Pine Rest alleged that a Patient was not given a dose of their controlled medication and when the Patient asked about it the staff was rude towards the Patient. **This complaint was not within HealthWest ORR's jurisdiction and was referred to the Pine Rest Recipient Rights Office.**
- B. July 09, 2024, Marcoux Home, ^{Mixed Semi-Independent Living}, Pioneer Resources. A member of Staff from Preferred Employment and Living Services submitted a complaint on behalf of a Recipient stating that a house staff was discussing personal matters of the Recipient in front of others. **Because Marcoux is a SIL, it does not fall under the Jurisdiction of this office. The Complainant was referred to Jill Bonthuis-Pioneer Resources and Adult Protective Services.**
- C. July 15, 2024, A Recipient who receives Adult Case Management Services from HealthWest and lives independently in the Community reported that her Home Health Staff has not been providing appropriate services for her and she would like a new company. **The Home Health Staff in question work for Bedside Buddies, which is arranged by DHHS and not HealthWest, therefore this does not fall within this ORR's Jurisdiction. The Complainant was referred to Adult Protective Services and to the Leadership of Bedside Buddies as well as her HealthWest Case Manager for assistance with changing Home Health Companies.**

New Business:

- A. August 05, 2024, A Recipient who resides in an out of county home and receives COFR Case Management Services was restrained by staff for 2-3 minutes using CPI. The Guardian stated that CPI is not approved in the Recipient's Behavior Treatment Program (BTP). **Emergency Physical Management is never part of a person's BTP as it is for Emergencies only as long as the staff are properly trained. This**

complaint is not a code protected right in which the Office of Recipient Rights would investigate.

- B. August 20, 2024, Overcoming Barriers-Elwood Home. A HealthWest staff reported that recipients are living there with no hot water in the house, the cable had been turned off, the electricity has been going out, and they were unable to do laundry in the home. Recipients report that home staff that is no longer there has been asking her for money. The recipient shared she gave her money, but in the last couple of days the staff has asked for more money. It is known by the staff reporting that this staff was in trouble for financially exploiting a recipient of the Elwood home recently. Current residents shared that the owner is expecting the residents to pay for bills such as cable, electric, and gas in addition to the rent they are paying. It is unknown what is stated in the lease agreement; however, the residents have not been asked to pay this previously in the time they have been staying here. **This home functions as a room and board and is not under the jurisdiction of this ORR. The staff was encouraged to contact Adult Protective Services or Legal Aid for assistance.**
- C. August 26, 2024, Mary's House, residential I/DD, Safe Harbor Christian Communities. In an Anonymous complaint it was stated that it has been observed that a recipient is verbally abusing the residents as well as staff at the home. It stated that the recipient constantly yelled at residents making them very afraid of her. She has constantly bullied them and there was a time when she had thrown very hot soup on staff. There was a police report filed because of it and has threatened to push a pregnant staff down a long flight of stairs. **Because these issues are between recipients this is not within the jurisdiction of the Office of Recipient Rights. Because this was anonymous, the case manager and home supervisor was contacted and directed to contact Adult Protective Services, the Police Department and Safe Harbor Christian Community Human Resources Department for assistance.**
- D. September 01, 2024, Community. While a recipient and his wife were at a park, they claim that they had an altercation with a community member where she called the recipient a "crackhead" and said that he has mental health issues and is enrolled in mental health services. **This was outside provider jurisdiction and was referred to Adult Protective Services and the Muskegon Police Department.**
- E. September 11, 2024. Organic Care AFC, mixed residential. A recipient reported issues of being assaulted by another recipient in her home and believes it to be due to lack of staff monitoring and neglect of their duties. **This was outside provider jurisdiction because this individual is funded through Ottawa County. The case was transferred to the Rights Office for Ottawa County.**

VI. SUBSTANCE USE DISORDER

Old Business: n/a

New Business: n/a

VII. Summary of ORR Complaint Status for August and September 2024

Complaints Received	Complaints Investigated	Complaints in Process	Complaints Substantiated	Completed in 30 Days	Completed in 60 Days	Completed in 90 Days
37	32	11	12	21	0	0

VIII. DEATHS

August 08, 2024. A 64 year old male who received Adult MI Case Management services died while hospitalized for complications due to cancer.

August 12, 2024. An 84 year old male who resided at the Lawrence Home, Pioneer Resources died of natural causes while under hospice care.

September 01, 2024. A 57 year old male was found deceased at home in the community. The Recipient received MI Adult Case Management services. Cause of death is unknown at this time.



The Right to VOTE



**Disability
Rights**
Michigan

Why Voting Matters

- Impact on policy
- Self-determination in action
- Meaningful community inclusion
- Empowerment
- Visibility

Determinations of who is or is not allowed to vote tell us who is or is not viewed as a full adult and citizen.



**Vote as if Your Life
Depends on It -
Because It Does**

-Justin Dart, co-founder of AAPD



ORR and Voting Advocacy

- Emphasize voting rights in Recipient Rights trainings
- Connect with residential providers
- Connect recipients and providers with voting resources
- Hold providers accountable, proactively and reactively
- Work with providers and organizations to ensure voter education events are available and accessible to recipients
- Refer recipients with voting needs to Disability Rights Michigan



Voting and the Mental Health Code

“The right of a recipient to participate in the electoral process, including primaries and special and recall elections, shall not be abridged.”

- providers must proactively canvass recipients with enough time for registration and voting
- providers must work with local officials to facilitate registration and voting as necessary
- providers must allow access to campaign and political materials and not interfere in recipients placing campaign and political materials in personal living spaces



Know Your Rights: Voting Accessibility

You have the right to cast a private and independent vote.

You have the right to vote in person at your assigned polling place, regardless of your accommodation needs.

You have the right to use an accessible Voter Assist Terminal (VAT) at your polling place.

You have the right to accommodation without disclosing details of your disability.

You have the right to vote by mail.

You have the right to reasonable accommodations, including a place to sit and assistance with understanding and using the VAT

You have the right to assistance from an election official or the person of your choosing (cannot be your employer, an agent of your employer, or an agent/officer of your labor union)

You have the right to contact DRM if anyone interferes with your right to vote, even your guardian, parents, or caregivers.



What's a Voter Assist Terminal?



Accessibility Matters

- States providing easier access to voting by mail between 2018 and 2022 had significantly higher turnout increases among people with disabilities
- 14% of voters with disabilities reported difficulty voting vs. 4% of voters without disabilities
 - Estimated 2.2 million voters with disabilities experienced difficulties
 - In-person difficulties: 20%
 - Vote by mail difficulties: 6%
 - Significant overall decrease from 26% in 2012
 - Overall increase from 11% in 2020
 - Oversight can be difficult, especially in Michigan
- Voting rate among people with hearing impairments (59.4%) was higher than the overall voting rate for people without disabilities, and the lowest rate was among those with difficulty dressing or bathing (37.9%)





Thank you for this opportunity!
Questions?

