

HEALTHWEST
FULL BOARD MINUTES

December 20, 2024

8:00 a.m.

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

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:02 a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Marcia Hovey-Wright, Thomas Hardy, Remington Sprague, M.D., Tamara Madison, Mary Vazquez

Members Absent: Cheryl Natte, Kim Cyr, Charles Nash

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Kristi Chittenden, Amber Berndt, Christy LaDronka, Brandy Carlson, Jennifer Hoeker, Gary Ridley, Linda Wagner, Gordon Peterman, Shannon Morgan, Beth Slagboom, Carly Hysell, Melina Barrett, Lori Stevens, Rebecca St. Clair, Amy Krohn, Linda Anthony, Laura Nowak, Helen Dobb, Stephanie Baskin, Madison Rosel, Tasha Kuklewski, Sheila Hurtubise, Latesha Johnson, Nate Cosier, Brandon Baskin

Guests Present: Amy Cell, Kristen Wade, Sara Hough

MINUTES

HWB 37-B - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the November 22, 2024 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Program Personnel Committee

HWB 27-P - It was moved by Mr. Hardy, seconded by Ms. Madison, to approve the minutes of the October 11, 2024, meeting as written.

MOTION CARRIED

HWB 28-P - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Policy and Procedure for Time Keeping, effective January 1, 2025

MOTION CARRIED

HWB 29-P - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Policy and Procedure for Bed Bugs, effective December 20, 2024

MOTION CARRIED

Recipient Rights Committee

HWB 30-R - It was moved by Mr. Weerstra, seconded by Ms. Hilleary, to approve the minutes of the October 11, 2024, meeting as written.

MOTION CARRIED

HWB 31-R - It was moved by Ms. Hilleary, seconded by Ms. Thomas, to approve the Recipient Rights Reports for October 2024 / November 2024.

MOTION CARRIED

Finance Committee

HWB 32-F – It was moved by Mr. Hardy, second by Mr. Weerstra, to approve the minutes of the November 15, 2024 meeting as written.

MOTION CARRIED

HWB 33-F - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve expenditures for the month of October 2024, in the total amount of \$3,293,199.65.

MOTION CARRIED

HWB 34-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Board of Directors to sign a contract with Ample Residential LLC, effective January 1, 2025, through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$19,405,100.00.

MOTION CARRIED

HWB 35-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Faith & Grace effective January 1, 2025, through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$19,405,100.00.

MOTION CARRIED

HWB 36-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize and approve payment of \$169,650.22 to Pioneer Resources for Fiscal Year 2024 Autism Services.

MOTION CARRIED

ITEMS FOR CONSIDERATION

There was no items for consideration.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Amy Cell Talent presented the Wage Study Compensation Report. Once this is in the final stages, this will be brought back to the HealthWest Board and later presented to the Muskegon County Commissioner Board.

DIRECTOR'S COMMENTS

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

Director's Update

MDHHS Updates:

- **MDHHS Contract with the LRE:** Per the last LRE Board meeting that occurred on 12/18/2024, the LRE is still holding the position of not filing an injunction with MDHHS. Region 1, 2, and 10 have already filed an injunction against MDHHS. In my last full board update, I stated that there were 5 CMHSPs that signed the MDHHS contract with alternative language related to and addressing CCBHC, Waskul language, and ISF. At the time, the LRE was still holding on taking action and waiting on MDHHS for a response. Recently, however, as I gave an update to HW Finance Committee, there are now 3 CMHSPs that decided to file an injunction with MDHHS because MDHHS is now holding off on paying for new individuals enrolling in SUDHH (OHH) – Opioid Health Homes citing that because LRE did not sign the FY25 contract “as is” and therefore, cannot receive any new funding for these services because it is included in the FY25 contract. In our region, Ottawa County is the only CMHSP that is going for SUDHH funding which they hoped to start in FY25. At the LRE board meeting on Wednesday 18th, the LRE went into close session with LRE corporate counsel to go over various options and how the LRE should proceed.

Lakeshore Regional Entity updates:

- **CMHSPs contracts with LRE:** All 5 CMHSPs have signed the Contract with LRE and will continue to work with the LRE on policies to improve operations with CMHSPs.
- **West Michigan CEO Announcement:** There was an announcement from the West Michigan CEO on 12/19/2024 that a new CEO has been selected for the role and they have selected Ms. Julia Rupp as the next CEO of West Michigan CMH. The current CEO will work until the end of January.
- N180 and LRE have selected a vendor for Utilization management consulting. The findings from this work will help the other CMHSPs as well and the region to evaluate and address service utilization in the region.

CMH level:

- **Samaritas Transition to new provider:** We continue to meet with Samaritas and will be including Moka in future transition meetings. Moka was awarded the contract to take over Samaritas homes in Muskegon.
- **CSU Project:** We are continuing to put together a white paper on a CSU to present to our Legislative delegation this coming January. We have had several meetings with key individuals for the project including Trinity Health, N180, MDHHS, our County, Muskegon Community Diversion Council made up of law enforcement members from the community and other providers. The report and white paper will be presented to HW board probably in January as well.
- **Technology presentation for the HW board January–** I have asked Kristi and her team to do a presentation for the board in January to showcase our Datacenter- what we have been doing with the data and the dashboards.

- Clinical Teams – Various KATA projects have been happening and a few new ones starting. I want to thank the Directors/Managers and team leads who continue to work on developing outcomes and metrics for the clinical teams. This includes the hard work of coming up with productivity measures and other outcomes.
- Just wanted to recognize and Thank Commissioner Hovey Wright for the many years not only at the County Board but at the HW Board. This is her last HW Board meeting. Thank you! Commissioner Hovey Wright for the perspective and insight she has provided to the HW Board over the years.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:48 a.m.

Respectfully,

Janet Thomas
Board Chair
/hb

***PRELIMINARY MINUTES
To be approved at the Full Board Meeting of
January 24, 2025***



TO: HealthWest Board Members

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

SUBJECT: Full Board Meeting
December 20, 2024
376 E. Apple Ave., Muskegon, MI 49442
<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMW hnQmF5NV AybWRQVG54Tk1GZz09>
One tap mobile: (309)205-3325, 92330401570# Passcode: 428623

AGENDA

- | | | |
|-----|--|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of Minutes | |
| | A) Approval of the Full Board Minutes of November 22, 2024
(Attachment #1 – pg. 1-4) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Committee Reports | |
| | A) Program Personnel Committee
(Attachment #2 – pg. 5-7) | Action |
| | B) Recipient Rights Committee
(Attachment #3 – pg. 8-10) | Action |
| | C) Finance Committee
(Attachment #4 – pg. 11-14) | Action |
| 6) | Items for Consideration | |
| 7) | Old Business | |
| 8) | New Business | |
| 9) | Communication | |
| | A) Wage Study Results and Presentation: Amy Cell Talent
(Attachment #5 – pg. 15-45) | Information |
| | B) Consumer Advisory Update: Tamara Madison | Information |
| | C) CMHA Winter Conference
(Attachment #6 – pg. 46-58) | Information |
| | D) Director's Report – Rich Francisco, Executive Director
(Attachment #7 – pg. 59-60) | Information |
| 10) | Public Comment | |
| 11) | Adjournment | Action |

HEALTHWEST
FULL BOARD MINUTES

November 22, 2024

8:00 a.m.

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

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Kim Cyr, Marcia Hovey-Wright, Thomas Hardy

Members Online: Mary Vazquez

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

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Kristi Chittenden, Amber Berndt, Christy LaDronka, Brandy Carlson, Suzanne Beckeman, Gary Ridley, Mickey Wallace, Linda Wagner, Gordon Peterman, Brittani Duff, Jackie Farrar, Lauren Thomas, Stephanie Baskin, Melina Barrett, Tasha Kuklewski

Guests Present: Stephanie VanDerKooi, Pete Mosher

MINUTES

HWB 24-B - It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the minutes of the October 25, 2024 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Finance Committee

HWB 18-F - It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve expenditures for the month of September 2024, in the total amount of \$11,319,509.91.

MOTION CARRIED

HWB 19-F - It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve expenditures for the month of September 2024, in the total amount of \$11,319,509.91.

MOTION CARRIED

HWB 20-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Enriched Living LLC, effective December 1, 2024, through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$19,405,100.00.

MOTION CARRIED

HWB 21-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize a 3% COLA increase for the HealthWest Executive Director, effective the first full pay in October 2024.

MOTION CARRIED

HWB 22-F - It was moved by Commissioner Hovey-Wright, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Walloon Lake Recovery Lodge, LLC. Dba Bear River Health for SUD treatment services effective December 1, 2024, through September 30, 2025. The funding is within the approved SUD budget of \$7,035,144.00.

MOTION CARRIED

HWB 23-F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve the HealthWest Executive Director to sign a contract with Alternative Choices, LLC. For the period of December 1, 2024, through September 30, 2025, to provide skill building services to eligible HealthWest consumers. The funding is within the approved Outpatients Services budget of \$4,711,620.00.

MOTION CARRIED

ITEMS FOR CONSIDERATION

HWB 25-B – It was moved by Mr. Hardy, second by Mr. Weerstra, to approve the above proposed 2025 Meeting Schedule of the HealthWest Board of Directors for the 2025 calendar year.

MOTION CARRIED

HWB 26-B – It was moved by Commissioner Hovey-Wright, second by Ms. Hilleary, to approve the HealthWest Executive Director to sign the FY 2025 contract between HealthWest and the Lakeshore Regional Entity effective October 1, 2024, through September 30, 2025, to provide the following services: Medicaid, Healthy Michigan, Substance Use Disorder, State Disability Assistance, and Public Act 2.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

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

Director's Update

MDHHS Updates:

- MDHHS contract with LRE: Per the LRE Board of Directors 11/20/2024 – The region is going to maintain their status of having signed the contract MDHHS with the alternative language on Waskul, CCBHC and the ISF (Internal Service Fund). There are still five CMHSPs doing the same. At this point, the group of five are staying the course and waiting on MDHHS to respond.
- I requested a meeting with MDHHS and Jackie Sproat from the contracts division has connected me with the CSU (Crisis Stabilization Unit) experts at the State to discuss CSU programming. I am following up on this project and have started establishing contacts with our lobbyists (Bill Zaagman, Trinity Health, MDHHS and Network 180 staff). The goal is to develop a "white paper" to present to the legislative delegation in January 2025. Christy LaDronka, Gary Ridley, and I will be crafting the paper, in the hopes of getting a proposal to appropriate funding for a CSU in Muskegon. I have already met with Bill Zaagman and invited Mark Eisenbarth as well. Christy and I have also connected with Carrie Mull, from Trinity Health. Having N180's experience in CSU as the pilot in our region, I am hoping to do the same for Muskegon.

Lakeshore Regional Entity updates:

- CMHSPs Spending Plans: All CMHSPs have sent in their Final Spending Plans, and three out of the five CMHSPs are forecasting deficits. HW is forecasting a small surplus and West Michigan submitted a balanced budget.
- Risk Management Strategy: The LRE board approved the Risk Management Strategy to be submitted to MDHHS – I made the case in our CEO meeting that as part of the strategy, HW does not want to have our FY24 (to be paid in FY25) PBIP (Performance Incentive Bonus) used to pay for the deficit for FY25, and that this should be paid out to the CMHs. Eventually all CMHSPs agreed to do the same. We all agreed that it is up to the CMHSPs to do what they think is best for the PBIP as it becomes local dollars.
- LRE CMHSP contracts: After what seems like months of reviews, the LRE and CMHSP contract is finally at a point where the LRE approved the CEO to send the contract to the CMHSPs for signature at the LRE board meeting. We now have consensus that all five CMHSPs agree with the contract and will work towards resolving any operational issues. Moving forward, this could be managed via the LRE policies and other operational guidelines. Every CMH has had the opportunity to provide feedback. Our corporate counsel provided feedback first. However, it took time

for other CMHSPs to complete their reviews and several meetings going back and forth. I am going to request the HW board permission to sign the FY25 LRE contract.

CMH level:

- HW Wage study is progressing along. Amy Cell, our consultant, is now meeting with various staff for initial data and findings review of the Market comparison. I did have a concern with one of the data points and I will be asking them about the number of steps in the new structure. We had requested HW to align with the county step structure of eight steps, but they mentioned six steps in the draft structure. The timeline they presented is to complete the report, review, and feedback by Friday 12/6. They plan to have the final report completed by 12/13 with the hopes of a board presentation for Friday 12/20.
- Samaritas Update: I gave an update at the Finance Committee that we are down to our top two providers. We have asked these providers to do a walk-through of the five homes in Muskegon, and to submit their final rates by today. HW hopes to make a final decision by Thanksgiving.

AUDIENCE PARTICIPATION

Mr. Pete Mosher spoke on "Hiking for Homeless," and the need for support here in Muskegon County.

ADJOURNMENT

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

Respectfully,

Janet Thomas
Board Chair

/hb

***PRELIMINARY MINUTES
To be approved at the Full Board Meeting of
December 20, 2024***

HEALTHWEST

PROGRAM AND PERSONNEL COMMITTEE REPORT TO THE BOARD

via Janice Hilleary, Committee Chair

1. The Program Personnel Committee met on December 6, 2024.
- * 2. It was recommended, and I move, to approve the minutes of the October 11, 2024, meeting as written.
- * 3. It was recommended, and I move, to approve the HealthWest Board to approve the HealthWest Policy and Procedure for Time Keeping, effective January 1, 2025.
- * 4. It was recommended, and I move, to approve the HealthWest Board to approve the HealthWest Policy and Procedure for Bed Bugs, effective December 20, 2024.

/hb

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

**December 6, 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 Vice Chair Hilleary at 8:01a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Cheryl Natte

Staff Present: Holly Brink, Brandy Carlson, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gina Maniaci, Gordon Peterman, Melina Barrett

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Madison, to approve the minutes of the October 11, 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 Time Keeping, effective January 1, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Policy and Procedure for Bed Bugs, effective December 20, 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

There was no Director's comments.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:08 a.m.

Respectfully,

Janice Hilleary
Program/Personnel Committee Vice Chair

JH/hb

HEALTHWEST
RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO THE BOARD

via Thomas Hardy, Committee Chair

1. The Recipient Rights Advisory Committee met on December 6, 2024.
- * 2. It was recommended, and I move, to approve the minutes of the October 11, 2024 meeting as written.
- * 3. It was recommended, and I move, to approve the Recipient Rights Reports for October 2024 / November 2024.

/hb

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

Friday, December 6, 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 8:09 a.m.

ROLL CALL

Members Present: Janet Thomas, Janice Hilleary, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Cheryl Natte

HealthWest Staff Present: Holly Brink, Brandy Carlson, Gina Maniaci, Linda Wagner, Kristi Chittenden, Tasha Kuklewski, Brittani Duff, Christy LaDronka, Gordon Peterman, Melina Barrett, Linda Anthony

APPROVAL OF MINUTES

It was moved by Mr. Weerstra, seconded by Ms. Hilleary, to approve the minutes of the October 11, 2024 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for October 2024 / November 2024

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

MOTION CARRIED.

For the months of October 2024 / November 2024, there were 81 HealthWest and 64 provider employees trained:

Rights Updates HealthWest	69
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	9
New Employee Training Provider	63
SUD Orientation	1

For the months of October 2024 / November 2024 there were 568 incident reports and 22 rights allegations.

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

There were a total of 6 deaths reported in October 2024 / November 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on The Annual State Report.

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 8:36 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

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

1. The Finance Committee met on December 13, 2024.
2. It was recommended, and I move to the minutes of the November 15, 2024, meeting as written.
- * 3. It was recommended, and I move to approve expenditures for the month of October 2024, in the total amount of \$3,293,199.65.
- * 4. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Ample Residential LLC, effective January 1, 2025, through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$19,405,100.00.
- * 5. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Faith & Grace effective January 1, 2025, through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$19,405,100.00.
- * 6. It was recommended, and I move to approve payment of \$169,650.22 to Pioneer Resources for Fiscal Year 2024 Autism Services.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

December 13, 2024

8:00 a.m.

CALL TO ORDER

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

ROLL CALL

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

Committee Members Absent: Commissioner Charles Nash

Also Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Melina Barrett, Kristi Chittenden, Christy LaDronka, Linda Wagner, Gordon Peterman, Mickey Wallace, Gary Ridley Anissa Goodno, Shannon Morgan, Carly Hysell, Brittani Duff

Guests Present: Angela Gasiewski

ITEMS FOR CONSIDERATION

A. Approval of Minutes

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the November 15, 2024, meeting as written.

MOTION CARRIED

B. Approval of Expenditures for October 2024

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve expenditures for the month of October 2024, in the total amount of \$3,293,199.65.

MOTION CARRIED

C. Monthly Report from the Chief Financial Officer

Ms. Carlson, Chief Financial Officer, presented the October report, noting an overall cash balance of \$9,175,110.55 as of October 31, 2024.

D. Finance Update Memorandum

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

E. Authorization to Approve Contract with Ample Residential LLC

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Ample Residential LLC, effective January 1, 2025, through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$19,405,100.00.

MOTION CARRIED

F. Authorization to Approve Contract with Faith & Grace Enterprise LLC

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Faith & Grace effective January 1, 2025, through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$19,405,100.00.

MOTION CARRIED

G. Authorization to Approve Stabilization Payment to Pioneer Resources

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize and approve payment of \$169,650.22 to Pioneer Resources for Fiscal Year 2024 Autism Services.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director HW:

- The FY25 CMHSP contract is now final with all the CMHSPs having signed and agreeing to the language. There are still policies and procedures that need to be updated and finalized regarding operations, but all in all the CMHSPs are confident those items can be worked out with the LRE.
- The MDHHS contract with the PIHP is still in the same status with the LRE signing the contract with altered language related to the Waskul Case, CCBHC language and ISF language. A

new development, however, is that of the remaining 5 CMHSPs, 3 (Region 1, 2, and 10) are ready to file an injunction against MDHHS. A recent communication related to the SUD/OHH and BHH states that the CMHSPs that have not signed the contract “as is” cannot add any new consumers to these programs. They can continue to serve individuals currently but cannot add new consumers in WSA for these programs due to an unsigned contract. The LRE board will decide the next steps whether they will sign or join the other 3 CMHSPs. HealthWest and Region 6 are the remaining CMHSPs that have not signed the injunction against the state.

- Samaritas update: HealthWest awarded the contract to Moka, and transition planning is happening now. We have weekly meetings with Samaritas to continue receiving updates and will be bringing in Moka to ensure a smooth transition of taking over the 5 homes in Muskegon.
- Wage Study: HealthWest is at a point where the draft final wage study will be presented to the Leadership team this coming Monday for input. I have invited Kristen Wade, county HR director, to join as well for the initial presentation. There will be an opportunity to review and double check the results. We hope to have Amy Cell come to the full board meeting on December 20th to present the findings.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:28 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
January 10, 2025



Compensation Study Report

Prepared for: HealthWest of Muskegon County



Presented by Amy Cell, LLC

December 19, 2024

Date: December 19, 2024

To: Rich Francisco, Executive Director
Brandy Carlson, DBA, Chief Financial Officer

Re: **Non-Union Compensation Study**

Amy Cell Talent (ACT) is pleased to present a report for the comprehensive job evaluation and wage analysis of up to one hundred-forty (140) non-union HealthWest positions, seventy-one (71) of which we were able to benchmark in our survey. This report documents our process, findings, and recommendations.

We will gladly answer any questions or clarify points as you review these findings and recommendations. It has been a pleasure working on this project and we look forward to partnering with HealthWest and Muskegon County on future human resources projects.

Kind Regards,

Your ACT Team

/s/ Amy Cell, Chief Team Builder - amy@amycelltalent.com

/s/ Sonja Parkinson, HR Services VP - sonja@amycelltalent.com

/s/ Kimberly Robinson, Director HR Consulting Services - kim@amycelltalent.com

/s/ Ashley Walicki, Compensation Director - ashley@amycelltalent.com

/s/ David Johnson, Operations Director- djohnson@amycelltalent.com

/s/ Brittney Simpson, Sr. HR Consultant- brittney@amycelltalent.com

/s/ Jasmein Minhas, Sr. Associate Consultant - jasmein@amycelltalent.com

/s/ Henry Wurn, Associate Consultant - henry@amycelltalent.com

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Executive Summary

HealthWest, a department of Muskegon County, is the County's community mental health and certified behavioral health clinic. HealthWest serves over 8,000 children and adults with developmental disabilities, mental illness, or substance misuse concerns. The services are community-based, meeting people in the community where they live, work and play. The organization employs over 450 employees working in the areas of case management, recovery coaches, peer support, clinicians, therapists, crisis response, nurses, and more.

HealthWest benefits from retaining key staff and attracting top talent in a competitive job market. As such, HealthWest engaged Amy Cell, LLC to complete a comprehensive job evaluation and wage analysis. The goal of the project was to create an objective methodology to assign jobs to the designated levels and ensure compensation rates that are aligned with the market for job levels.

Primary components of this report include key findings and recommendations for:

- Data collected from comparables with similar revenue/budget, spending on total compensation, similar industry and/or positions and number of FTEs.
- A compensation strategy that matches the market in order to remain competitive with behavioral/mental health and the healthcare industry of Michigan.
- Job description review and job hierarchy.
- The development of a comprehensive wage structure for the positions selected as part of this study along with suggestions for additional pay grades for future broader application within the organization and the financial impact analysis of any changes (supplemental document to be provided).
- Recommendation for strategies to implement changes (including communication plan) into the proposed wage structure, as well as developing guidelines and updates to the policy.
- A compensation philosophy for determining how compensation is set, managed, and communicated to employees. A compensation policy and process that addresses salary

structure movement and salary increases with transparency and consistency, including review and consideration of internal equity.

- An annual review of the market for salary structure and salary increase recommendations along with a comprehensive compensation study to be conducted every 3-5 years.

Project Objectives and Scope

HealthWest's Compensation Study aims to develop a fair, competitive, and transparent compensation structure for approximately 140 non-union job classifications. The objectives were to create an objective methodology to assign jobs to the designated levels and ensure competitive rates for job levels. We used a systematic methodology for assigning jobs to designated levels based on qualifications, skills, and job duties; ensuring that the resulting job levels are compensated at a competitive rate; and provided a sustainable wage structure that supports career growth and internal equity. Additionally, the project includes a financial impact analysis (separate document to be provided) to assess the cost of adjusting current salaries to meet or exceed the minimum for each designated grade level.

This project will ensure that HealthWest's compensation practices are equitable, competitive, and aligned with organizational goals, providing a strong foundation for talent retention and sustainable growth.

Review of Job Descriptions

HealthWest currently uses HireReach and O-Net to assist with creating job descriptions. We identified a total of approximately 140 positions for review. Our high-level review of the job descriptions looked for the following:

- **Essential functions of each position:** These are the fundamental duties that an employee must be able to perform to successfully fulfill the role. Focus on outcomes rather than specific methods. Clearly defined essential functions provide a better avenue for evaluating Americans with Disabilities Act (ADA) accommodation requests.
- **Physical and environmental demands:** If there are physical or environmental demands associated with the job, these should be described accurately. However, employers should be cautious not to include unnecessary or overly restrictive requirements.
- **Non-discriminatory language:** It is important for job descriptions to include inclusive and non-discriminatory language. Avoid requirements or qualifications that may disproportionately exclude individuals with disabilities unless they are essential for the specific job.

- **Key market pricing factors:** These factors include job title, education and experience required, FLSA status (exempt/non-exempt), managing people, reports to, working conditions (no hazard, possible hazard, hazards present), shift (N/A, day, evening, overnight), and security clearance.

Following our preliminary high-level review, we scheduled individual meetings with the department leaders identified during our initial intake meeting with HealthWest's Executive/Leadership team. We spoke with the following leaders regarding their respective departments: Executive Director, Chief Clinical Officer, Chief Information Officer, Medical Director, Chief Financial Officer, Communications & Training Manager, Director of Quality Assurance, Director of Inclusion and Engagement, Recipient Rights Officer, Director of Adult Clinical Services, Director of Children's Clinical Services, Director of Health Information Systems and Director of Access.

As part of this project, HealthWest provided communication to all department leaders to review their respective departments positions and associated job descriptions ahead of these individual meetings to ensure they were up to date in key areas such as:

- General summary of the position
- Essential functions
- Years of experience (entry-level, mid-level, senior-level) required
- Minimum education required
- Specific certifications or licenses required (including local, state, federal-mandated ones)
- Skills, experience, and competencies needed for the essential functions of the role
- Direct reports
- Is the position titled correctly to reflect the role (individual contributor, manager, supervisor, lead, etc.)
- Reporting relationship - Who the position reports to
- FLSA status

In addition to the job description review during these individual department meetings, we discussed any concerns with positions (i.e. any positions with high turnover, low employee engagement, difficulty recruiting, etc.) to help identify benchmark positions for our survey.

General Findings

Overall, the job descriptions were well aligned with current best practices and compliance standards. We reviewed the requirements for each position to ensure they are consistent with what is required for the position's essential duties to be performed and has the appropriate FLSA designation. General findings and thoughts associated with certain position titles are mentioned below:

- Accounting Specialist - entry requirements might not be enough for the position's essential functions. We would consider requiring an associate's degree vs. a high school diploma.
- Administrative Assistant - current requirements are associate's degree and 1 year of experience or high school diploma and 2 years of experience. We recommend reviewing the requirements to ensure they are equivalent.
- Chief Financial Officer - master's degree is not required for this position like the other positions that report to it and we recommend reviewing the requirements.
- Community Education & Prevention Supervisor - lower requirements than direct report position, Customer Services Specialist. We recommend reviewing the requirements.
- Compliance Manager - should consider if more experience is required with an associate's degree. Currently the requirements include the same years of experience with an associate's degree or a bachelor's degree and the years of experience required should be differentiated.
- Customer Services Specialist - bachelor's degree and 3 years of experience required (reports to Community Education & Prevention Supervisor & requirement is higher than this position). We recommend reviewing the requirements.
- Data Analyst - current requirements include a master's degree or bachelor's degree + 1 year of experience or a college certificate + 6 years of experience, consider removing the college certificate requirement.

- Data Analytics Project Manager - current requirements include bachelor's degree + 1 year of experience or high school diploma +2 years of experience. We recommend removing the high school diploma requirement.
- Data Analytics Technician - review the current requirements that include a bachelor's degree or associate's degree + 2 years of experience or high school diploma + 5 years to ensure they are equivalent.
- Director of Inclusion and Engagement - review to see if the wording on the JD should be changed for bachelor's or only 5 year's experience.
- Housekeeper - consider if any education requirements could be added, i.e. high school diploma.
- Learning and Development Coordinator - perhaps remove Coordinator from the job title and have different requirements from Training Coordinator.
- Manager of Data Analytics - current requirements include master's and 2 years of experience or bachelor's and 6 years of experience. Review requirements for equivalency.
- Manager of Procurement and Provider Network - Master's degree is required. Review if this requirement should be lowered since the Director of Finance & CFO do not require it.
- Mental Health Billing Supervisor - same preferred language as Accountant, lower level requirements than Biller/Coder who reports to this position but similar to Claims Supervisor role. We recommend reviewing the requirements.
- Physical Therapy Assistant - we received a job description, however, we do not see anyone on the census in this position. Is this position still budgeted?
- Property Specialist Assistant - there seems to be a wide gap currently with the requirements of a bachelor's and 1 year of experience or a high school diploma and 5 years of experience. We recommend reviewing and considering an update to the requirements.
- Provider Network Specialist - master's degree or bachelor w/4 years required. Reports to & requirements are in line w/Manager of Procurement and Provider Network but the requirements are currently higher than Director of Finance & CFO. We recommend comparing the requirements of these positions.

- Senior HR Coordinator - the years of experience required is the same as the HR Coordinator. It would seem there should be more years of experience required for this position.
- Senior Financial Analyst - there aren't any preferred requirements for the position, should review and consider adding some preferred requirements.
- Secretary vs. Administrative Assistant - review to possibly consolidate the job titles.
- Recipient Rights Officer - this position requires 2 years of experience, which is the same as the Advisor but this position supervises the Advisor.
- Aligning JD header document title w/ JD title - this change keeps all documents clear for the next wage study.
 - “Masters” Level Behavior Specialist (header for JD) but on the JD says “Master.”
 - Special “Project” Coordinator (header for JD) but on the JD says “Projects.”
- Interventionist I - We did not see the job description for this position.
- Combination requirements outlined on many job descriptions:
 - HealthWest does a nice job of providing education and experience combinations as requirements which allows for diverse and inclusive retention and attraction. This practice can be maintained but should also be reviewed periodically to make sure the required skills are accurate. For example, the requirement of a bachelor’s degree and 2 years of experience or an associate’s degree and 4 years of experience is aligned. The bachelor’s degree equals 4 years of experience and associate’s degree equals 2 years of experience.

Overall, the meetings highlighted the complex landscape of compensation and organizational structure, emphasizing the necessity for thorough analysis and proactive measures to address existing challenges, attract and retain talent (especially for those positions with licensing requirements), and promote equity across departments. Feedback and highlights from individual department meetings are mentioned below.

- During department meetings, feedback was gathered from leadership to better understand staffing and compensation challenges. Valuable insights highlighted key issues affecting recruitment and retention including concerns about hard to fill positions such as master’s level clinicians and whether current pay rates are competitive, particularly for high

burn-out roles like crisis and mobile response teams. While turnover is lower among higher-level staff, technician roles, especially in autism-related positions, experience higher turnover. Geographic factors also influence retention, as staff often seek positions closer to home, with Muskegon being a challenging area to recruit from due to limited workforce availability. Some employees leave for private practice or better offers, highlighting the importance of benchmarking productivity and compensation among competitors. While Healthwest offers strong benefits such as stipends, health coverage, training support and tuition reimbursement, there is a perception that compensation may not fully align with employee expectations. Addressing these concerns and clarifying best practices could help enhance retention efforts.

- Across the clinical divisions, we received feedback that recruitment remains a challenge due to competition with private practices, schools, and nonprofits. As well as staff concerns about the recent change requiring employee-paid benefits, which were previously fully covered by the employer. Licensure complexities also impact the workforce, with strong interest in structuring pay to incentivize full licensure by offering higher salaries compared to limited licenses.
- While there is significant internal interest in job openings, offering competitive salaries is hindered by a lengthy approval process. There is also a desire to explore improved compensation strategies for on-call staff and those conducting home and community visits in challenging areas.

Although there are challenges, the team's dedication to the mission shines through, supported by a strong, collaborative culture that emphasizes avoiding burnout and maintaining resilience in demanding roles.

Recommendations

Based on the review of job descriptions, individual department feedback, and general observations, we recommend several updates to ensure consistency, clarity, and alignment with organizational needs. These recommendations are designed to make job descriptions clearer, easier to understand, and more attractive to candidates. They also help ensure compliance with

laws and support HealthWest's goals of hiring, keeping great employees, and promoting fairness. By making these improvements, HealthWest can better attract top talent and create a supportive workplace that aligns with its mission.

- Job titles and responsibilities should be reviewed and standardized for consistency. For example, the title of Secretary vs. Administrative Assistant and discrepancies like Masters vs. Master in Behavior Specialist should be reviewed for alignment. We recommend using Coordinator and Specialist job titles. Additionally, education and experience requirements should align with the responsibilities of each role. For example, the Access Clinician II should require more experience than Access Clinician Level I and supervisory positions should consistently require higher qualifications than the roles they oversee. We recommend reviewing all job description requirements looking at the education and years of experience requirements for equivalency across HealthWest.
- We recommend that the required language stating “individuals with mental illnesses should apply to positions” should be evaluated for change and consider a general statement that reads “we encourage those with mental health challenges or lived experiences to apply.”
- Review all job descriptions to ensure they include the accurate FLSA status. This link is a helpful guide to ensure appropriate FLSA designation per job.
 - [Fact Sheet #17A: Exemption for Executive, Administrative, Professional, Computer & Outside Sales Employees Under the Fair Labor Standards Act \(FLSA\) | U.S. Department of Labor](#)

Compensation Philosophy

A compensation philosophy is a formal statement that provides information regarding HealthWest's position on employee compensation and explains how an organization views and manages compensation. It defines how employees are rewarded for their contributions to the organization. The compensation philosophy is unique to the organization and is used to attract and motivate employees. A compensation philosophy should be reviewed periodically and updated as needed. It should support HealthWest’s strategic plan and initiatives, including any total rewards strategies. Building from the compensation philosophy, a compensation

philosophy policy should include guiding principles, program administration and salary administration guidelines. A sample compensation philosophy for HealthWest could include the following:

"Our compensation philosophy is grounded in principles of fairness, transparency, consistency and competitiveness. We strive to compensate our employees competitively with the market to attract and retain top talent, while ensuring internal equity across all roles. Performance-based pay is a cornerstone of our strategy, rewarding employees for achievements aligned with our strategic plan. We have comprehensive benefits that include employee healthcare (medical, vision, dental), retirement plans, and professional development opportunities complementing our total compensation package, aiming to support our employees' well-being and career growth. We review our plans annually and adjust our compensation practices to remain market competitive and uphold our commitment to ethical conduct and inclusivity."

We believe that some important elements in HealthWest's recommended compensation guidelines should include maintaining fiscal responsibility, while being committed to the following:

- Achieve and maintain internal equity for all union and non-union positions
- Address any pay compression issues between supervisors/managers and subordinates
- Compensation for each position reflects the contribution, content, complexity and requirements of the position
- Reward excellent performance at all levels
- Review external and internal factors
- Do not practice or tolerate any unlawful discrimination in pay

Compensation Study Process, Findings, and Recommendations

Overall, when reviewing market research data, it is important to understand both the internal and external systemic picture of the organization. Externally, one such understanding is how the organization is funded, with typically a large percentage of revenue from Medicaid, State

General Fund, Grants and contract revenue. With this understanding, it is important to design a compensation structure that lends itself to be fiscally responsible across all areas of the organization. Internally, it is important to understand the unique structure of non-union positions within the organization and each department. As such, a market-based compensation study review and process is needed when establishing salaries and wage schedules.

We reviewed approximately 140 positions as part of this project and outlined in [Appendix 1](#) with the goal of developing a competitive market-based salary structure. The use of a market-based pay structure is in line with HealthWest's desire to align compensation levels at the market.

Determining Comparators

For the purposes of this compensation study, we used comparable organizations based on similar revenue/budget, spending on total compensation, similar industry and/or positions, number of FTE's, based on job descriptions provided and using the most comparable industry, behavioral/mental health and healthcare industries. The best comparators are typically determined by similar organizational type, structure, and scope of services provided.

Reviewing Salary Data Sources

Data was collected during October 2024 -November of 2024 from a variety of sources using the HealthWest job descriptions to compare to the data collected. These include: our paid subscription to Salary.com's CompAnalyst Database which provides reliable data sources in real-time and the World at Work's paid subscription service which includes a compensation database that pulls information from the Bureau of Labor Statistics (BLS). The data used for this report is effective for [BLS from May 1, 2023](#) and it has been aged appropriately.

Additionally, we reviewed the data from the 2024-2025 National Association for Community Health Centers (NACHC) Salary and Benefit Report and BH Comparison Rate Report SFY2025. We also received responses to our emailed survey from Allegan County, Ausable Valley Community Mental Health/Wellvance, Cass County CMH Authority, Centra Wellness, CMH Authority of Clinton-Eaton-Ingham Counties, CMH Authority of Clinton-Eaton-Ingham Counties, Macomb County CMH Services, Gogebic CMH Authority, Gratiot Integrated Health

Network, Huron Behavioral Health, LifeWays, Monroe CMH Authority, Similac County CMH Authority, Washtenaw County Community Mental Health, St.Clair County Community Mental Health, Lenawee Community Mental Health Authority, Van Buren CMH, CHW, Bay-Arenac Behavioral Health and Livingston County Community Mental Health.

Lastly, we reviewed the data in the North Country CMH/Municipal Consulting Services LLC survey to compare the range maximums to our salary structure maximums for the selected positions included within the survey.

CompAnalyst Database

We utilized our Salary.com's CompAnalyst Market Database to match each job description to the most comparable jobs in our database for the positions that needed a third match. The CompAnalyst Market Database provides salary data for positions based upon a variety of factors such as: comparable industry, job family, job function, years of experience, certifications and/or education required, reporting structure, number of direct reports and FLSA exemption status. Our primary scope for HealthWest used the geographic area of Michigan (State) with 200-500 FTEs (based upon FTE data provided by the HR team, approximately 400 FTEs) within the most comparable industry, Behavioral/Mental Health and Healthcare.

Proposed Salary Structure

A well-designed pay structure should resemble a step ladder where salaries increase systematically and incrementally as an employee moves upward from one grade to the next using midpoint progressions and range spreads. The midpoint progression is the differential between midpoints amongst the pay grades. We looked at the market data and determined a commonly used 10-20% midpoint progression appropriate for HealthWest's salary structure. Additionally, range spreads can vary for salary ranges across an organization. A salary range spread is designed to allow for ample career growth for employees within these pay ranges. The range spread is the width of a pay grade, expressed as a percentage, and is calculated as follows:

$$\frac{(\text{Maximum} - \text{Minimum})}{\text{Maximum}}$$

The proposed salary structure includes a 40-50% range spread which allows for incumbent growth and movement within the established ranges.

The current recommended and updated salary structure in the chart below includes twenty (20) pay grades with eight (8) steps. The eight (8) steps align with Muskegon County's wage structure.

Proposed Salary Structure

	Minimum							Maximum
Pay Grade	1	2	3	4	5	6	7	8
20	\$314,876	\$337,367	\$359,858	\$382,349	\$404,840	\$427,331	\$449,822	\$472,313
19	\$262,396	\$281,139	\$299,882	\$318,624	\$337,367	\$356,109	\$374,852	\$393,594
18	\$218,664	\$234,282	\$249,901	\$265,520	\$281,139	\$296,758	\$312,377	\$327,995
17	\$182,220	\$195,235	\$208,251	\$221,267	\$234,282	\$247,298	\$260,314	\$273,329
16	\$151,850	\$162,696	\$173,543	\$184,389	\$195,235	\$206,082	\$216,928	\$227,775
15	\$126,541	\$135,580	\$144,619	\$153,657	\$162,696	\$171,735	\$180,773	\$189,812
14	\$105,451	\$112,983	\$120,516	\$128,048	\$135,580	\$143,112	\$150,645	\$158,177
13	\$91,537	\$96,768	\$101,999	\$107,230	\$112,460	\$117,691	\$122,922	\$128,152
12	\$83,216	\$87,971	\$92,726	\$97,481	\$102,237	\$106,992	\$111,747	\$116,502
11	\$75,651	\$79,974	\$84,297	\$88,620	\$92,942	\$97,265	\$101,588	\$105,911
10	\$68,773	\$72,703	\$76,633	\$80,563	\$84,493	\$88,423	\$92,353	\$96,283
9	\$62,521	\$66,094	\$69,667	\$73,239	\$76,812	\$80,385	\$83,957	\$87,530
8	\$56,838	\$60,085	\$63,333	\$66,581	\$69,829	\$73,077	\$76,325	\$79,573
7	\$51,671	\$54,623	\$57,576	\$60,528	\$63,481	\$66,434	\$69,386	\$72,339
6	\$46,973	\$49,657	\$52,342	\$55,026	\$57,710	\$60,394	\$63,078	\$65,762
5	\$42,703	\$45,143	\$47,583	\$50,023	\$52,464	\$54,904	\$57,344	\$59,784
4	\$38,821	\$41,039	\$43,258	\$45,476	\$47,694	\$49,913	\$52,131	\$54,349
3	\$35,292	\$37,308	\$39,325	\$41,342	\$43,358	\$45,375	\$47,392	\$49,408
2	\$32,083	\$33,917	\$35,750	\$37,583	\$39,417	\$41,250	\$43,083	\$44,917
1	\$29,167	\$30,833	\$32,500	\$34,167	\$35,833	\$37,500	\$39,167	\$40,833

Placing Positions into the Salary Structure

We slotted positions into the salary structure using the following process outline below:

- The market data points collected were averaged by position title.

- For benchmarked positions, we are able to rely heavily on the market data points received during the data collection process. Our formula allows us to slot positions to the closest market midpoint in any given range within the structure. We then review position titles/overall scope and requirements of the role on job descriptions. We also look at the position title and its alignment both horizontally and vertically within the structure.
- For non-benchmark positions, we are not able to rely on external market data to set compensation, and rather must look at how the job fits in with the organization's internal hierarchy. We relied heavily on the review of job descriptions (overall scope of the role, supervisory/management responsibility, requirements of the position (degree, license/certifications, years of experience), department structure, and current salary for the position. Reviewing internal equity is an important part of this process.

There may be individual contributor roles that are in the same grades as managers who have multiple direct reports. This can be found at various levels in the organization. The visual chart below is an example of some career ladders capturing the professional career leveling system- entry, developing, career, advanced, expert and principal.

Sample Career Ladders within a Global Job Leveling System

Business Leadership	Executive	Management	7	Vice President						
	Grade 11		6	Sr. Director						
	Grade 10		5	Director	Professional	6	Principal			
Management and Professional	Grade 9		4	Sr. Manager		5	Expert			
	Grade 8		3	Manager		4	Advanced			
	Grade 7		2	Sr. Supervisor		3	Career			
	Grade 6		1	Supervisor		2	Developing			
Entry Level and Support	Grade 5					1	Entry	Support	5	Specialist
									4	Highly Skilled
	Grade 4						3		Senior	
	Grade 3						2		Intermediate	
	Grade 2							1	Entry	

Reviewing The Salary Structure

Market Data - Interpreting the salary survey results and information used to determine appropriate matches is important. CompAnalyst data and current job postings were only used for the positions needing at least 3 data points that were not captured from other survey sources. We used the midpoint data to be competitive with the market. The percentiles in the salary surveys show us where the salaries fall relative to the market- industry, job function or family, and/or region (i.e. midwest), location (i.e. state).

Pay Grades - The pay grade numbers in the salary structure above can be changed from 1 being the lowest grade to 1 being the highest grade. This is a decision HealthWest can make and align with the existing HRIS.

Positions within Pay Grades - The salary structure above includes positions grouped together per pay grade determined to be of comparable value and with a similar scope of responsibilities and requirements.

Adjusting The Salary Structure

Shortly after January 1 of the year in which the salaries are to become effective, the Human Resources Department prepares a Salary Schedule showing the latest approved salary ranges for all HealthWest classifications. When it comes to adjusting the salary structure, we recommend HealthWest continues to review the salary structure movement on an annual basis and moves the structure with the market. It is recommended the salary structure movement is lower than the anticipated merit increase percentage and occurs prior to any annual merit increase. This approach accomplishes a couple of important things:

- It helps to mitigate the possibility that you will outpace the market (especially in a down economy) but keeps you competitive and lowers the potential gap when you complete a market study again in a few years; and
- It will also give your employees a chance to progress in the range, which is a positive reinforcement of the compensation philosophy and approach.

It is important to review the market movement using reputable salary survey results (released annually and free or reduced rate if you participate in the salary survey) such as [World at Work Salary Budget Survey](#) or [Salary.com's US and Canada National Salary Budget Survey](#) and other reliable data sources like the Consumer Price Index (CPI-U) for the Midwest Region, helpful to assess deflation and high rates of inflation. The CPI-U is the general and most widely used index, whereas the CPI-W is a subset of the CPI-U that focuses on hourly workers and clerical workers. The components of the CPI-W are also weighted differently as it places a slightly higher weight on food, apparel, transportation, and other goods and services and a slightly lower weight on housing, medical care, and recreation. The CPI-W is more applicable to blue-collar workers. The Social Security Administration is also a resource for additional information. A common salary adjustment strategy used to counteract inflation, measured by these indexes annually, is a COLA (Cost-of-living adjustment) that we understand HealthWest has utilized. This type of increase is generally tied to an external index.

When reviewing data to update the salary structure, it is important to note again that the effective date of the data is considered and an aging method is used to ensure market competitiveness based on best practices.

Base Salary Strategy

One of the most common compensation strategies is to match the market and this strategy is recommended for HealthWest. This strategy will allow HealthWest to remain competitive; able to attract and retain talent; and better be able to manage labor costs and structure during tight labor markets. HealthWest should target a base salary market position that provides a competitive advantage in attracting and retaining experienced and talented individuals within each salary range. The midpoint of the salary range reflects knowledge and competency of the role and meets all expectations of the job. The salary/compensation range should provide for a range of experience levels, allow for growth, and allow HealthWest to attract qualified candidates should a need arise.

Considerations for Recognizing Varying Education Levels

We discussed an important concern with the leadership team around positions with varying education levels and how to approach this difference. Specific examples raised include:

- Issue of a fully licensed and limited license in the same grade.
- Supervisors credentialed at a Master's Level versus Bachelor's - should the positions be distinguished by a different pay range (i.e. Master's degree personnel in a higher pay range).

According to the information received from HealthWest, specifically the "Fiscal Year Incentive & Stipend Use Report," the organization appears to have a variety of ways to acknowledge and support differing education levels. To the degree the organization is able to maintain and budget for these types of benefits, we recommend the practice continues. Notable incentives and stipends on this report that are common across a variety of organizations include:

- Retention Stipend
- Credential Stipend
- Intern/Licensing Clinical Supervision
- Professional Development Funds
- Education Assistance (i.e. Tuition Reimbursement)

Additional considerations and practices/programs can include:

- Salary increases or lump sum payments in recognition of completion of the degree;
- Moving up one step in the current pay scale;
- Recognition programs (could be included in higher-tier recognition programs, such as invitations to events, awards, or other recognition that aligns with their elevated contribution);
- Career advancement pathways (prioritized for leadership positions, special projects, or accelerated career paths, which could include more generous compensation packages as part of their growth opportunities;
- Creating an in-series position title to differentiate between degrees obtained with additional compensation.

New Hires - Placement within the Range

The current practice for new hire appointments designates the salary rate in a given classification shall be the base or minimum rate of the classification except when the employee enters the new class by way of promotion or transfer from another County classification and upon approval of the Human Resources Director and County Administrator if requesting Step 3 or above (ex: when the employee brings recent, directly comparable work experience or advanced academic qualifications to the classifications or when there is an acute shortage of qualified applicants for the classification). In these situations, internal equity should be reviewed and considered (i.e. within the department, similar position, across the County, as applicable) and considered in comparison with current employee salaries in order to minimize salary compression. If an adjustment needs to be made to a current employee's compensation, there should be discussion and a process outlined to review the salary and make that adjustment. Placement between the minimum and midpoint for new hires and newly promoted is appropriate, as it allows for development within the role. We understand this is not your current practice and they should not be placed at the maximum of the salary grade, as this indicates exceptional performance, knowledge from being in the role and tenure in the role. Placement at the midpoint of the salary grade may indicate the employee meets performance expectations and has the knowledge and experience required of the position.

New classifications, with the exception of lateral, are currently being approved by the Board of Commissioners and we do not recommend a change to this process at this time.

Newly Promoted Employees - The current process for Healthwest includes the following: An employee promoting to a new classification with a higher maximum pay rate shall receive the minimum step of the new class. In the case of an overlap in pay ranges between the employee's current class and the class to which they are promoting, employees shall receive an increase to that step on the new pay range which would most closely approximate a five percent (5%) increase over their present pay rate, not to exceed the maximum pay rate for the class into which they are promoting. A promotion changes the employee's merit date to the effective date of the employee's placement into a new position. We have reviewed this process and agree with the approach that is currently being used. All job title changes currently must be approved by the

County Administrator and Human Resources Director and we do not recommend a change to this process at this time.

Base Salary Change Requests And Process

HealthWest currently has multiple forms of classification determinations including no change, lateral reclassification, an upward reclassification and a downward reclassification and associated processes. We have reviewed the current processes in the personnel rules and have some recommendations captured below.

There are a variety of different reasons a base salary change could be requested by management including but not limited to: **promotions**; **salary adjustments** (i.e. a performance related request, used for a counter-offer (if HealthWest provides counter offers), a position title change to align more closely with market and incumbent responsibilities and required skill set though a title change alone does not automatically justify a compensation adjustment, employee takes on permanent additional duties in addition to their regular position but the original position has not changed, etc.); **reclassifications** (i.e. job title and/or pay grade change request, job description change, etc.); **stipends/interim positions** (i.e. temporary additional responsibilities added to an incumbent's role for a specific period of time that is estimated); and **equity reviews** (i.e. a request to review the salaries of an individual or department to ensure equity amongst the department and individual or potential salary compression. These requests can be part of a County wide initiative or a request that is determined based on a recent hire, equity across all positions in the same job title with the same responsibilities, etc.).

Recommended Process and Guidelines

We recommend determining a set timeframe of when these requests can be reviewed and approved (i.e. anytime during the year or a specified timeframe). It is recommended that the increases are effective at the start of the next pay period or a standard date that is selected by HealthWest.

Our recommended process for requests includes the following:

- Manager submits requests to Human Resources on designated Pay Change Request Form, (not the employee) with any supporting documentation. If a Pay Change Request Form does not already exist, we recommend one be created. Both the form and process should be accessible (i.e. intranet site) and communicated to all managers.
- Human Resources reviews the completed request and provides a detailed overview to a Compensation Committee (to include multiple cross-functional employees). If Finance does not participate on the Committee, it is recommended that Finance provide authorization of the budget supporting the request before the request is reviewed. We recommend the reviews and the committee have established guidelines in place for consistent application such as a set timeframe of when these requests can be reviewed and approved, effective date (i.e. start of the next pay period), and if and when retro pay would apply. Additionally, a detailed overview by Human Resources for the committee may include but not limited to the following:
 - Review of the departmental budget to support the increase.
 - Review internal equity and ensure the pay change is consistent and defensible.
 - Review of job description changes, if applicable, and verification employee meets the job description requirements.
 - Review of personnel file for relevant disciplinary action.
 - Review of any applicable CBA language.
- Human Resources provides the employee with a pay change letter outlining the reason, effective date, new salary rate and pay grade (if applicable), exemption status, etc. and provides the manager with the finalized letter and a new job description (if applicable) to be shared with the employee for review and signature. Any retro-pay considerations should be carefully reviewed
- All documentation regarding the change request is filed in the employee's personnel file.

It is recommended to be transparent with the employee about the process and factual information used to determine the base salary change (or any compensation adjustment). We also recommend refresher and new manager training around having conversations with their employees regarding pay to make them more confident and able to answer questions.

Performance Evaluations and Compensation

As part of the performance process, employees should be clear about their objectives and what level of organizational output is tied to each performance increment so the process drives performance and engagement for all objectives (i.e. individual, department, and overall organization). Transparency is key to maintaining clarity of fairness and equity.

Employees, excluding Directors, who have received an open competitive appointment to a covered County position and are not a current County employee that has already successfully completed a probationary period will serve a probationary period. The probationary period is for six months immediately following an employee's open competitive appointment, or re-employment. The probationary period is a continuation of the selection, or re employment process and the appointment, or re-employment is not complete until the employee has successfully completed the probationary period as demonstrated by the required performance evaluations at two and half (2-1/2) and five (5) month intervals generated by the appointing Department Head. The probationary period will begin on the effective date of the appointment, or re-employment and will end on the same date of the sixth month in the future. A Department Head cannot extend a six-month probation unless approved by the County Administrator

This is a standard evaluation process across many types of organizations and has been effective for HealthWest. HealthWest is using goal setting included in the formal performance evaluation process. In each department informal performance evaluations are ongoing throughout the year between employees and their supervisors, or in the case of a Department Head, the County Administrator. As part of this process, we recommend considering enhancements which include:

- Conducting brief weekly check-ins between the employee and manager for more immediate feedback, action and coaching (no more than 15-30 minutes).
- Incorporating “stay interview” discussion topics during the annual review or even during the weekly check-ins as time allows and if needed (i.e. asking questions like, “What keeps you working here?” and “What do you look forward to when you come to work each day?”).

Annual Performance Approach With Merit Increases

HealthWest currently has the practice of completing formal performance evaluations for employees with regular status at least once every twelve (12) months on the anniversary date of the employee's present classification. The practice of advancing to the next higher rate within a salary range is called a merit increase. The merit increase will not be based solely on the passage of the indicated length of service in the classification, but also on the written recommendation of the employee's Department Head as expressed on the official Human Resources Form. The affected employee receives a copy of the completed form, whether or not the merit increase was granted. Employees shall not receive merit increases to a pay step above the maximum pay step in their classification.

Benefits Review

As part of the scope of this project, we reviewed the retirement plans offered by the County for retirement in comparison to our market collected data in our survey administered. HealthWest falls under the County's benefits as a department of the County. Except as modified elsewhere in these rules, all employees are eligible to earn retirement credit for retirement benefits effective with their benefit date, provided that they are regularly scheduled for and work sixty (60) hours per month to earn retirement credit for that month. The County currently provides a defined contribution retirement plan with a 3% match to new hire employees. There are some employees that were grandfathered into the defined benefit retirement plan.

Retirement Comparisons		
	Percentage of comparator organizations with retirement benefits	Offered by Muskegon County/HealthWest
Defined Benefit Retirement Plan	66%	Yes (only for grandfathered employees)
Defined Contribution Retirement Plan	100%	Yes

Muskegon County/HealthWest's benefits offerings are competitive among the comparator organizations in this study; matching or exceeding the range of benefits offered by all other organizations that participated in the data collection survey.

Total Compensation and Benefits Statements

These statements have been known over the years as "Employee Benefit Statements," "Total Compensation Statements," or "Hidden Paycheck Statements." Demonstrating how employees are valued is more important than ever with the strong and competitive labor market.

Organizations can no longer take retention for granted. The County may want to consider generating these types of statements for new hires and current employees utilizing existing HRIS. These statements are personalized statements listing everything that comes from the organization to the individual employee and can serve as a tangible reminder of the company's financial commitment to them beyond just base pay. There are many different formats of these statements available that can be customized to HealthWest with paid software or a manual process. It is most efficient to understand what the County's current HR technology systems may be able to provide.

Implementation

This section contains suggestions for effectively implementing the new salary structure for green-circled and red-circled employees. HealthWest should decide a path that is best for the organization and can consider the suggestions outlined below.

- o Employees whose current salary is below (green circled) the minimum of the new proposed pay range will be adjusted to the minimum of the new proposed range.
- o The compensation for employees whose current compensation is above the maximum of the new proposed salary range (i.e. red-circled) can be held at their present rate, without a reduction in compensation. HealthWest can consider lump sum increases for the affected employees, which does not impact their annual salary base, until the ranges increase according to the market movement and the employee's salary falls within the current salary range.

HealthWest could utilize the current performance process as a way of incorporating and making necessary adjustments or any additional movement of employees within the new structure and assigned pay grade.

Communicating About Compensation

Clearly communicating HealthWest's compensation philosophy, strategy and plan to employees is important. It's a reflection of your organization's values, goals, and culture. How you communicate your compensation strategy and decisions to your employees can have a significant impact on their level of engagement, motivation, and retention. The communication method used or combination of methods should align with what is available, most commonly used, and reaches all affected employees in the organization (i.e. email, an employee newsletter, intranet, memorandums). The chosen communication method(s) should contain consistent clear, direct and transparent information as well as provide an avenue or resource for questions (ex:

hr@healthwest.org). We recommend having a fluid Frequently Asked Question (FAQ) document in a central location that employees can access. This will support consistency with communication. Consider the following information to include as part of communications:

- Purpose and objectives of the compensation strategy, what the organization is trying to achieve and how it aligns with the business strategy, mission, and values. This sets the context and expectations for your employees and managers.
- Compensation philosophy and principles guiding pay decisions and practices which include things like how pay levels are determined; how pay may adjust over time; how pay is linked to performance; and ensuring pay equity and fairness. By sharing the compensation philosophy and principles, this communicates the rationale and logic behind pay decisions and practices.
- Compensation components and structure which are the different types of pay offered to employees, such as base salary, night shift differential (if applicable to position), longevity pay, benefits, and perks. This helps communicate the value and composition of the total rewards package, not just base salary.
- Compensation processes (steps and procedures) and timelines (dates and deadlines) the organization follows to administer applicable pay programs like salary reviews, merit increases and benefit enrollments.. The clarification of compensation processes and timelines, communicates and aligns the expectations and responsibilities of employees and managers.
- Compensation resources (i.e. sources of information and guidance like the FAQ document, policies, applicable training) and tools (applicable software systems) available to employees and managers. This communicates the support and education the organization has to provide to employees and managers.
- Compensation feedback and evaluation methods in place to seek compensation feedback from employees and managers, such as pulse surveys and exit interviews, combined with evaluation methods such as audits provides communication of continuous improvement and accountability of pay programs.

Overall, employees will want to better understand the goal of the compensation project and how this information will affect them directly. Managers need to be prepared and comfortable to have

conversations with their employees. Clear and transparent communications combined with a common FAQ document will help them be best prepared for these types of conversations.

In conclusion, the successful implementation of the new salary structure will require careful planning, clear communication and training with all employees, and ongoing monitoring to ensure alignment with organizational goals and employee satisfaction. The recommendations outlined provide a comprehensive approach to managing the transition. Moving forward, it will be essential to track progress and gather feedback to refine the structure over time and ensure it delivers the intended benefits for both HealthWest and its employees.

Appendix 1 - List of Positions Reviewed

**Note: '(B)' indicates a Benchmark position used in our survey.*

Access Clinician I	*Clerical Support	Consumer Information
Access Clinician II	Specialist (B)	Specialist/Relationship
Access Services	*Client Information	Coordinator
Supervisor	Manager (B)	Contract Specialist
Accountant I	Client Support Supervisor	Credentialing Specialist
Accounting Specialist	*Clinical Services	Crisis Stabilization
Accounting Supervisor	Manager (B)	Specialist
*Accounting Technician	*Clinical Services	Customer Services
(B)	Supervisor (B)	Specialist
Accreditation and	Clinical Services	Data Analyst
*Performance	Supervisor-OT PT	*Data Analytics Project
Improvement Manager (B)	Clubhouse Rehabilitation	Manager (B)
Administrative Analyst	Specialist	Data Analytics Technician
*Administrative Assistant	COFR CSM (County of	Direct Service Professional
(B)	Financial Responsibility	Director of Access Service
AOT Coordinator	Case Manager)	*Director of Adult Clinical
Autism Team Supervisor	*COFR Specialist	Services (B)
*Behavioral Analysis	(Program	*Director of Children's
Technician (B)	Specialist/Coordinator) (B)	Clinical Services (B)
*Behavioral Health	Communications and	Director of Data
Assessor (B)	Advocacy Coordinator	Architecture & Analytics
Board Certified Assistant	Communications and	*Director of Finance (B)
Behavior Analyst	Event Specialist	*Director of Health
*Board Certified Behavior	*Communications and	Information Services (B)
Analyst (BCBA) (B)	Training Manager (B)	*Director of Inclusion and
*Care Coordination	Community Education &	Engagement (B)
Manager (B)	Outreach Coordinator	Director of Information
*Case Manager I (B)	*Community Education &	Systems
*Case Manager II (B)	Prevention Supervisor (B)	*Director of Quality
*Chief Clinical Officer (B)	*Community Health	Assurance (B)
*Chief Financial Officer	Worker (B)	EHR and CCBHC Project
(B)	*Compliance Manager (B)	Coordinator
*Chief Information Officer	Comprehensive	*Employee Engagement
(B)	Assessment Specialist	and Retention Coordinator
Child Psychiatrist	Comprehensive Jail	(Staff Development and
Claims Supervisor	Assessment Specialist	Retention Specialist) (B)

Employment Coordinator	*Masters Level Behavior Specialist (B)	*Quality Assurance Data Specialist (B)
*Evaluation and Innovation Specialist (B)	*Masters Level Clinician (B)	*Recipient Rights Advisor (B)
*Executive Assistant (B)	*Medical Assistant (B)	*Recipient Rights Officer (B)
*Executive Director (B)	*Medical Director (B)	Recovery Coach
General Psychiatrist	Medical Technician	Referral Specialist
*Grants Coordinator (B)	*Mental Health Biller-Coder (B)	*Registered Behavior Technician (B)
Groups Coordinator	*Mental Health Billing Supervisor (B)	*Registered Nurse (B)
Health Information Supervisor	Mental Health Coordinator	*Secretary (B)
*Help Desk Technician (B)	*Mid-Level Medical Practitioner (B)	Senior Fiscal Analyst
*Housekeeper (B)	*Network Security and Systems Manager (B)	*Senior HR Coordinator (B)
Housing Specialist-MI	*Occupational Therapist (B)	*Senior Technology Analyst (B)
Human Resources Assistant	*Occupational Therapy Assistant (B)	Special Project Coordinator
*Human Resources Manager (B)	Outpatient Therapist	Stabilization Specialist
Individual Placement and Support Worker	*Parent Support Partner (B)	*SUD Treatment QA Manager (B)
Interventionist II	Payroll Specialist	*Supported Employment Supervisor (B)
*IT Operations Manager (B)	Payroll Supervisor	*Talent and Onboarding Coordinator (Recruiter) (B)
Jail Diversion Coordinator	*Peer Mentor (B)	Technology Analyst
Jail SUD-MAT Coordinator	*Peer Support Specialist (B)	Training and Community Resources Specialist
Juvenile Justice Mentor	*Physical Therapy Assistant (B)	Training Coordinator
Lead Behavior Technician	Police Clinician I	Transporter
*Lead Executive Assistant (B)	Police Clinician II	Veterans Systems Navigator
Lead Family Contact	*Project Manager (B)	*Waiver Coordinator (B)
Learning and Development Coordinator	*Property Specialist Assistant (B)	Wraparound Coordinator
*Licensed Practical Nurse (LPN)	*Property Supervisor (B)	*Youth Peer Support Specialist (B)
*Lobby Support Specialist (B)	Provider Network Specialist	
*Manager of Data Analytics (B)	Psychological First Aid Specialist	
Manager of Procurement and Provider Network		

Community Mental Health Association of Michigan

Annual Winter Conference

CMHA

Celebrate Abilities
Inspire Possibilities



February 3, 2025 • Pre-Conference
February 4-5, 2025 • Main Conference

Radisson Plaza Hotel
Kalamazoo, Michigan

CONTINUING EDUCATION

Social Workers: If you attend a Pre-Conference Institute (2/3/25) and the entire Main Conference (2/4/25-2/5/25), you qualify for **12 CE Hours** for Social Work. The “Pre-Conference Institutes both qualify for **3 CE Hours** for Social Work. The “Main Conference” course (2/4/25-2/5/25) qualifies for a maximum of **9 Continuing Education Hours**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. Qualifies as “face-to-face (in-person) education.”

Substance Use Disorder Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Use Disorder Professionals participating in either “Pre-Conference Institute on 2/3/25 qualifies for 3 CE hours. Substance Use Disorder Professionals participating in the Annual Winter Conference (2/4/25-2/5/25) may receive a maximum of **10 contact hours**. If you attend a Pre-Conference Institute (2/3/25) and the entire Main Conference (2/4/25-2/5/25), you qualify for a maximum of **13 CE Hours**. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

Certificate Awarded: At the conclusion of this conference, turn in your Certificate of Attendance form to the CMHA Staff to be approved. You will turn in the top sheet & retain the bottom sheet which serves as your certificate. No other certificate will be given.

Certificate Issued by: Christina Ward, Director of Education & Training, cward@cmham.org; 517-374-6848.

Grievance: If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA 517-374-6848 or through our webpage at www.cmham.org for resolution.

CONFERENCE REGISTRATION

REGISTRATION FEES (per person)

Pre-Conference Institutes: Monday, February 3, 2025, from 1:00pm – 4:00pm The Pre-Conference Institutes fee includes materials and refreshments.	MEMBER	NON-MEMBER
<ul style="list-style-type: none"> Pre-Conference Institute #1: Behavior Treatment Plan Development Pre-Conference Institute #2: Leadership Lifecycles: Developing and Sustaining Leaders in Public Behavioral Health 	\$45	\$55

The Main Conference registration fee provides you with a program packet, admission to all keynote sessions, all workshops, 2 breakfasts, 2 lunches, and all breaks.

	Member Early Bird	Member After 1/17/25	Non-Member Early Bird	Non-Member After 1/17/25
Full Conference	\$440	\$480	\$525	\$570
One Day Tuesday	\$345	\$385	\$410	\$455
One Day Wednesday	\$300	\$340	\$360	\$405

SCHOLARSHIPS AVAILABLE

A limited number of scholarships are available to individuals who receive services and their families. Conference scholarships will cover conference registration fees only. Consumers who serve as CMH board members are not eligible. Deadline to request scholarship: January 17, 2025. To request a scholarship form, contact Chris Ward at cward@cmham.org or 517-237-3143

EARLY BIRD DEADLINE: FRIDAY, JANUARY 17, 2025

CONFERENCE REGISTRATION DEADLINE: 3:00PM ON THURSDAY, JANUARY 30, 2025

PAYMENT METHODS AND CANCELLATION INFORMATION

- Payment will be required prior to attendance.
- Payment methods are available in advance and onsite: credit card, check or exact cash. If payment has not been received, fees will be collected at registration the day of the event unless alternate arrangements are pre-approved by CMHA.
- Purchase Orders are not considered payment. All No Shows will be billed the full amount.

To Pay by Check: Make payment to CMHA and mail to 507 S. Grand Avenue, Lansing, MI 48933

Cancellation Policy: Substitutions are permitted at any time. No shows will be billed at the full rate. Cancellations must be received in writing before **JANUARY 19, 2025**, for a full refund less a \$25 administrative fee. If cancellation is received on or after **JANUARY 20, 2025**, no refund will be given. Please notify apiesz@cmham.org if you cannot attend the conference.

Weather Policy: The Conference will take place as scheduled, and we will not be able to refund conference fees. In the event of severe weather, please check cmham.org for scheduling delays and event updates.

HOTEL INFORMATION

Radisson Plaza Hotel & Suites, 100 W. Michigan Ave., Kalamazoo, MI 49007

2025 Room Rates: **Standard Room:** \$169 plus taxes (Single/Double/Triple/Quad)
 Concierge Room: \$219 (Single/Double)

Parking: Discounted rate for self-parking: \$12 per night/car for all attendees.

Hotel Check In: 4 p.m. **Hotel Check Out:** Noon

To Make Your Reservations at the Radisson Plaza Hotel:

Phone Reservations: (269) 343-3333 and connect with either the reservations team or the front desk.

- Reservations team is available M-F 8 a.m. - 5 p.m. EST; the front desk team will manage requests outside of those times.
- For discounted rates, guests need to mention "CMHA Winter Conference."

Book Your Hotel Reservation Online

Deadline for Reduced Rate:

Booking online: Deadline of 11:59 p.m. EST the day BEFORE 1/13/25 or until the room block fills.

Phone reservations: Deadline of 5:00 p.m. EST on the day OF 1/13/25 or until the room block fills.

Cancellation Policies:

- If you find it necessary to cancel or change plans, please inform the hotel 24 hours prior to check-in time to avoid one night's room and tax charged to your credit card. If the reservation was booked as an advance purchase, non-cancel, or non-refundable, then full penalty applies.
- Reservations can be modified or canceled by calling in-house reservations team at (269) 343-3333.
- If a reservation is canceled after this time, it will be subject to a late-cancellation fee (one night's guestroom rate + taxes). If there is a credit card on file, this fee will be routed to the credit card.
- If a guest does not arrive for their reservation, it will be subject to a no-show fee (one night's guestroom rate + taxes). If there is a credit card on file, this fee will be routed to the credit card.
- If a guest does not arrive for their reservation and check-in for the first night, their reservation will be CANCELED. The hotel can reinstate the reservation as able and requested (based on hotel availability).

[Click Here to Register for the Winter Conference!](#)

Conference Registration Deadline: 3:00pm on January 30, 2025.

[Exhibitors and Sponsors Click Here to Register!](#)

Exhibitor/Sponsor Registration 5:00pm on Deadline: January 24, 2025.

(See exhibitor and sponsorship information at the end of the brochure.)

PRE-CONFERENCE INSTITUTES:

Monday, February 3, 2025

1:00pm – 4:00pm

Radisson Plaza Hotel

Separate Registration Fee:

- Member Fee: \$45 per person. Fee includes materials and refreshments.
- Non-Member Fee: \$55 per person. Fee includes materials and refreshments.

Pre-Conference Institute #1: Behavior Treatment Plan Development: Terminology, Scope of Practice, Billing Codes, Committee Approval, and Technical Standards

- ❖ Qualifies for 3 CE hours for Social Work + Related MCBAP Education Contact Hour
 - Mary Luchies, PhD, LP, LBA, Manager of the Intellectual/Developmental Disabilities and Autism Spectrum Disorder Services Section, Michigan Department of Health and Human Services
 - Raymie Postema, Director, Office of Recipient Rights, Michigan Department of Health and Human Services
 - Price Pullins, MS, LLP, Psychology Manager, Bureau of Children's Coordinated Health Policy and Supports, Michigan Department of Health and Human Services

Behavior Treatment Plans (BTPs) have evolved from useful documentation to support programs serving individuals with complex behavioral needs to specific treatment protocols developed by licensed behavior analysts. How do BTPs exist in behavioral health practices with Behavior Support Plans (BSPs) and how can they both be best utilized by the mental health system. This pre-conference institute will define both types of plans when they are utilized and how they can be useful in behavioral health outcomes. Examples of each type of plan will assist in identifying the different elements and applications. This session will discuss scope of practice guidelines, billing code considerations, and data driven outcomes for behavioral supports. Objectives: 1. Differentiate between a behavior treatment plan and a behavior support plan. 2. Evaluate appropriate applications for BTPs and BSPs. 3. Identify best practice standards for the development of BTPs and BSPs.

Pre-Conference Institute #2: Leadership Lifecycles: Developing and Sustaining Leaders in Public Behavioral Health

- ❖ Qualifies for 3 CE hours for Social Work + Related MCBAP Education Contact Hour
 - Erin Barbus, LMSW, Founder/Chief Clinical Officer, Edgewater Professional Development, PLLC

This pre-conference institute will explore current patterns in hiring and retention within Community Mental Health (CMH) and Prepaid Inpatient Health Plans (PIHPs) in Michigan, highlighting the challenges and strategies for attracting and keeping qualified staff in a rapidly evolving behavioral health landscape. Emphasizing the importance of leadership development, the session will delve into how teaching the history, funding structure and values of the public behavioral health system can foster a deeper sense of purpose and commitment among staff. Key strategies for building strong leadership pipelines will be discussed, focusing on mentorship, training, and creating environments that promote long-term retention. By aligning resources, organizational culture, and leadership practices, CMHs and PIHPs can effectively navigate workforce challenges while ensuring the continued success and resilience of the public behavioral health system. Objectives: 1. Highlight the role of leadership development. 2. Discuss strategies for building leadership pipelines. 3. Promote long-term workforce resilience.

CONFERENCE AGENDA:

Monday, February 3, 2025

12:30pm	Registration for Pre-Conference Institutes
1:00pm – 4:00pm	<p>Pre-Conference Institute #1: Behavior Treatment Plan Development: Terminology, Scope of Practice, Billing Codes, Committee Approval, and Technical Standards</p> <p>Pre-Conference Institute #2: Leadership Lifecycles: Developing and Sustaining Leaders in Public Behavioral Health</p> <p><u>Separate Registration Fee:</u></p> <ul style="list-style-type: none"> • Member Fee: \$45 per person. Fee includes materials and refreshments. • Non-Member Fee: \$55 per person. Fee includes materials and refreshments.
2:30pm – 5:30pm	Early-bird Conference Registration Open
3:00pm – 3:45pm	<p>CMHSP/PIHP Board Chairperson Roundtable and Networking</p> <p>This roundtable will be an informal gathering of chairpersons to discuss the latest issues affecting board members. Hear solutions used by chairpersons to overcome challenges in their board. Compare notes and learn what works and what doesn't. Bring your questions and be ready to be an active participant in this lively discussion! If the board chairperson is unable to attend, a board member may come in their place.</p>
4:00pm – 5:30pm	CMHA Members: Board of Directors Meeting

Tuesday, February 4, 2025

7:15am – 5:00pm	Conference Registration & Exhibits Open
7:15am – 8:15am	Group Networking Breakfast
8:15am – 8:30am	<p>Conference Welcome</p> <p>– <i>Dr. Carl Rice, Jr., CMHA President</i></p>
8:30am – 9:30am	<p>Keynote: Can You Hear the Voices? What Psychosis Feels Like</p> <ul style="list-style-type: none"> ■ Qualifies for 1 CE hour for Social Work + Related MCBAP Education Contact Hour – <i>Bethany Boik, BA, Mental Health Advocate, Artist and Author of the book Diary of a Schizophrenic</i> <p>Have you ever wondered what it's like to live with voices? Learn about the treatment and management of voices in psychosis from a mental health advocate who lives with schizophrenia. Understand where voices come from and why voices tend to have negative content. Finally, learn what professional supports can do to help those living with voices and how social supports are essential in the lives of those living with psychosis. Objectives: 1. Learn what voices represent and mean in the management of psychosis. 2. Understand why voices tend to have negative content for those affected by psychosis. 3. Understand how genetics and environmental factors play a role in the development of schizophrenia. 4. Learn why social support is essential when working with individuals affected by schizophrenia.</p>
9:30am – 10:00am	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
10:00am – 11:30am	<p>1. The CCBHC Playbook: Mastering the Transition to Sustainable, Integrated Care</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours – <i>Julie Hiatt, MSW, VP and GM, Population Health, Netsmart</i> – <i>David Weden, Master of Accountancy, Chief of System Finance, Texas Council</i> <p>This session provides a comprehensive roadmap for behavioral health organizations preparing to transition to the Certified Community Behavioral Health Clinic (CCBHC) model. Attendees will learn how to align their organizational mission with the principles of integrated, community-based care while</p>

	<p>developing leadership structures that foster collaboration across behavioral health, primary care and community partners. The session also covers practical strategies for allocating resources, expanding services, training the workforce, integrating technology and designing sustainable payment models that incentivize high-quality, outcomes-driven care. Insights from early CCBHC adopters will be shared to help organizations navigate challenges and achieve sustainable success. Objectives: 1. Understand how to align your organization's mission with the CCBHC model by creating leadership structures that encourage cross-sector collaboration and integrated care delivery. 2. Learn strategies for resource allocation that support service expansion, workforce training and technology integration while focusing on long-term sustainability. 3. Explore approaches for developing payment structures that incentivize outcomes-driven care, align reimbursement with service delivery goals and address common challenges faced by early CCBHC adopters.</p>
10:00am – 11:30am	<p>2. Intensive Crisis Stabilization Services</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Semaa Shlebah, EdD, LPC, Children Crisis Services Analyst, Michigan Department of Health and Human Services</i> – <i>Julia Hettich, LLMSW, Departmental Analyst, Adult Mobile Crisis, Michigan Department of Health and Human Services</i> <p>This presentation provides an overview of Michigan's Intensive Crisis Stabilization Services (ICSS) which are designed to deliver immediate support for individuals experiencing acute behavioral health crises. The presenters will discuss the core components, including rapid response teams and short-term stabilization aimed at reducing the need for hospitalization. They will also highlight the new ICSS policy updates and certification. Objectives: 1. Understand the scope and purpose of the Intensive Crisis Stabilization services. 2. Learn about the upcoming ICSS policy updates. 3. Understand the policy's alignment between children and adult ICSS.</p>
10:00am – 11:30am	<p>3. MDHHS Capacity Building Center: A Workforce Development Program to Strengthen and Retain Behavioral and Mental Health Providers across Michigan</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Lisa Jenkins-Meredith, EdS, Capacity Building Center Departmental Analyst, Bureau of Children's Coordinated Health Policy and Supports, Michigan Department of Health and Human Services</i> – <i>Lisa Collins, EdS, MA, CCC-SLP, Access, Workforce Development and Education Section Manager, Bureau of Children's Coordinated Health Policy and Supports, Michigan Department of Health and Human Services</i> <p>Join us for an informative workshop introducing the Capacity Building Center (CBC), a new online statewide resource designed to expand training for staff at Prepaid Inpatient Health Plans (PIHP) and Community Mental Health Services Programs (CMHSP). This session will provide an overview of the CBC, detailing its framework and functionality, as well as the launch and implementation process. Participants will learn how the CBC will offer select children's behavioral health training for public mental and behavioral health providers contracted through CMHSPs and PIHPs. The CBC is a centralized resource for providers to access training opportunities to continue to grow capacity and knowledge of those supporting children, youth and their families. Don't miss this opportunity to discover the tools and resources available to enhance your practice and better serve your community. Objectives: 1. Explain what, why, and how the CBC was developed. 2. Describe how the CBC will support professional learning and workforce development for behavioral health staff. 3. Relate how the CBC will align and streamline support and practices statewide to increase support for children, youth, young adults, and their families across Michigan.</p>
10:00am – 11:30am	<p>4. Boardworks: Current and Future Funding for CMHSPs and PIHPs (Formerly Budget)</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Carol Mills, Chief Executive Officer, Newaygo County Mental Health Center</i> – <i>Jeff Labun, Chief Operating Officer, Newaygo County Mental Health Center</i> <p>This workshop will center on the public policy driven financing and accountability expectations for which the board serves as the fiduciary. Objectives: 1. Examine and explore state, federal and local public revenues including each source of revenue, definition as derived by statute, contract and/or public policy directive, conditions for use, determination of amounts to be distributed/available, method of distribution/receipt, application in practice, risk implications, reporting and accounting and audit requirements. 2. Explore current state initiatives and proposals regarding pending changes to the funding of the CMH system and its potential implications for CMHSPs and PIHPs.</p>
10:00am – 11:30am	<p>5. HIPAA and Confidentiality: What You Need to Know</p>

	<p>■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours</p> <ul style="list-style-type: none"> – <i>Neil J. Marchand, Attorney at Law, Miller Johnson</i> <p>This session will address what information is confidential under HIPAA and Michigan's Mental Health Code, and how an individual's confidential medical information can be accessed, used, and disclosed. The session will also cover how to handle a breach, and the potential liability for a breach. Objectives: 1. Understand scope of HIPAA's privacy rules. 2. Understand what information is confidential under Michigan's Mental Health Code. 3. Describe the potential consequences of a breach of these privacy protections.</p>
11:30am – 12:30pm	Group Networking Lunch
12:30pm – 1:30pm	<p>Keynote: Hospital Inpatient Panel Discussion – Challenges and Opportunities</p> <p>■ Qualifies for 1 CE hour for Social Work + Related MCBAP Education Contact Hour</p> <ul style="list-style-type: none"> – <i>Lauren LaPine, MPH, Senior Director, Legislative and Public Policy, Michigan Health & Hospital Association</i> – <i>Other Panelists TBA</i> <p>The keynote panelists will discuss how hospitals and community mental health agencies are working together to address behavioral health capacity gaps. Hospital and CMH leaders will highlight some key partnerships occurring in the community as well as outline some challenges and opportunities in the continuum of care. This keynote will identify some key examples of how hospitals and CMHs can partner together to address one of the biggest challenges facing Michigan's public mental health system – inpatient care. Objectives: 1. Learn what hospitals and CMHs do locally to address inpatient care needs. 2. Describe and identify the key gaps in care. 3. Identify potential solutions to those gaps on the horizon.</p>
1:30pm – 3:00pm	Concurrent Workshops
1:30pm – 3:00pm	<p>6. Strengthening Suicide Prevention Through Lived Experience</p> <p>■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours</p> <ul style="list-style-type: none"> – <i>Kiersten Gutherman, LMSW, Suicide Prevention Program Lead, CNS Healthcare</i> – <i>Sara Kadish Beckett, LLMSW, Suicide Prevention Clinician, CNS Healthcare</i> <p>Individuals with lived experience of suicidal ideation and suicide attempts are invaluable yet often underutilized resources in suicide prevention. Just as lived experience strengthens peer support and recovery coaching, it is essential in suicide prevention work. While communities offer coalitions, awareness walks, and support groups to help loss survivors build connections and find support, clinical settings often overlook the unique insights of those who have experienced suicidal thoughts or attempts. Attempt survivors are typically involved only in crisis intervention, rarely in program development. Stigma, especially in the mental health field, prevents many from disclosing their experiences. This workshop will explore our role in creating community for attempt survivors and those with lived experience, recognizing them as experts. We'll discuss the meaningful inclusion of lived experience in clinical settings, examining how it enhances prevention, informs best practices, and shapes advocacy. Objectives: 1. Understand the concept of "lived experience" in relation to suicidal ideation and suicide attempts and create an action plan to incorporate these perspectives into community mental health practices. 2. Evaluate disparities in research, support, and advocacy for loss survivors and individuals who have experienced suicidal ideation or suicide attempts. 3. Explore the stigma that mental health professionals may face when disclosing their own experiences with suicide.</p>
1:30pm – 3:00pm	<p>7. Understanding and Communicating with Individuals with Complex Communication Needs</p> <p>■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours</p> <ul style="list-style-type: none"> – <i>Lynn A. Sweeney, CCC-SLP, Owner; Sweeney Communication and Consultation Services</i> <p>Many consumers experience medical, psychological, developmental, or situational conditions that make communication challenging for them, their significant others and those who provide services for them. Understanding the status, experiences, wishes, and needs of such consumers is a critical first step to provision of meaningful intervention/resolution of problems and establishing trust, self-determination, and ultimate well-being. Some individuals receiving services are able to communicate if provided with adequate supports but may not be able to speak/use traditional communication methods. Some develop significant behavioral challenges because they are misunderstood. This session will review medical, neurological, motoric, developmental, and situational conditions that challenge communication between consumers and those who strive to help them. Attendees will be provided with ways to help determine status and how challenging behaviors often stem from problems a consumer cannot adequately communicate. Key examples from working with individuals with Autism Spectrum Disorder, developmental and acquired brain injury, mental illness, post-coma, and other neurological conditions</p>

	<p>will be used to demonstrate opportunities to improve understanding, trust and positive interactions. Objectives: 1. Learn common barriers and issues experienced by children and adults with communication challenges. 2. Improve understanding of how certain diagnoses affect receptive and expressive communication abilities and/or become associated with challenging behaviors. 3. Be able to identify basic communication supports and strategies for improving interactions with individuals who may not be able to speak, hear, write, or use traditional communication means.</p>
1:30pm – 3:00pm	<p>8. Behavioral and SUD Health Homes: Keys to Success and Context in the CCBHC Demonstration</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Specific MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Emily Patterson, MHA, Director of Health Homes, Detroit Wayne Integrated Health Network</i> – <i>Amy Adams, MSA, SST, SUD Health Home Administrator, Detroit Wayne Integrated Health Network</i> – <i>Mark Matthews, MA, LPC, CCBHC Program Analyst, Detroit Wayne Integrated Health Network</i> <p>This session will review the background and context of Behavioral and SUD Health Homes in Michigan and explain their benefits to people served and the CMH system. These Medicaid Health Home models will be examined through the lens of their implementation in PIHP Region 7. Lessons learned and keys to success in Health Home implementation and operationalization will be discussed. There is frequently confusion around the differences between Health Homes and the CCBHC demonstration, so these programs will be compared and contrasted, with emphasis on how people can benefit from both and access enhanced care coordination. Objectives: 1. Explain the background context and benefits of Behavioral and SUD Medicaid Health Homes for people served and the greater CMH system. 2. Identify effective strategies for implementing Behavioral and SUD Health Homes, and explain their benefit in the integrated care landscape. 3. Compare and contrast Medicaid Health Homes and the Michigan CCBHC demonstration, and explain how both can help people access enhanced care coordination.</p>
1:30pm – 3:00pm	<p>9. Using System Dynamics Modeling to Understand and Optimize Psychiatric Behavioral Health Treatment Systems</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Gloria Harrington, LMSW, MBA, CCRP, Chief Department Administrator, Michigan Medicine Department of Psychiatry</i> – <i>Nailah Henry, MPH, Health Policy Analyst, Center for Health and Research Transformation</i> – <i>Melisa Tasker, LMSW, Program Administrator, Washtenaw County Community Mental Health</i> <p>This workshop builds upon the effort to refine and apply a system dynamics decision-support model, developed as part of the 2020 APA Presidential Task Force on Assessment of Psychiatric Bed Needs in the U.S. The “Anytown, U.S.” model is being applied and tested in a Southeast Michigan community, incorporating clinical activity data from health care systems and behavioral health agencies in Washtenaw County to optimize the model for the extant systems of care, ensure that the model reflects the perceived reality about pressure points and bottlenecks in the system and help inform the potential impact of different potential investments in expanding different types of services (e.g., mobile crisis, ACT team, inpatient psychiatric) to improve access to the right level of care at the right time for any given patient. System dynamics models consist of computer-based mathematical approaches designed to reflect the flow of patients into and out of multiple systems in a community and inform strategic decision making of scarce resources across complex and otherwise fragmented and uncoordinated systems. The workshop will review the efforts to bring together separate and generally siloed behavioral health treatment entities in the community to better understand the services of each, the ebb and flow of patients between and among service providers, and contribute specific utilization data in order to optimize the model’s ability to reflect the current state, and then allow modeling of the impact of addition, expansion or contraction of specific treatment services (e.g., crisis teams, partial hospital program, or inpatient beds, jail diversion programs) on the overall flow and access to services for patients in behavioral health crisis in the community. Objectives: 1. Describe how system dynamics modeling can be used to reflect patient movement through behavioral health treatment systems in a given community. 2. Identify challenges and opportunities in coordinating siloed community BH systems using activity data to test and refine the model to reflect the current state of care in the community. 3. Understand how system dynamics models can guide decision-making about resource investments to improve access to care, reduce backups and queueing at typical pressure points in the community system. This project was supported by funds from Center of Medicare and Medicaid Services through the Michigan Department of Health and Human Services.</p>
1:30pm – 3:00pm	<p>10. Scaling Compassionate Assent-Based Care for Transformational Organizational Change</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours

	<ul style="list-style-type: none"> – Timothy Yeager, MS, MEd, MPhil, Chief Clinical Officer, Centria Autism – Hillary Laney, MA, Senior Vice President of Clinical Services, Centria Autism <p>Within Applied Behavior Analysis (ABA), historical practices have elicited criticism, catalyzing a shift toward assent-based, compassionate care models. However, despite emerging publications advocating such approaches and the availability of techniques like Practical Functional Assessment and Skill-Based Treatment, systematic integration into organizational structures remains unresolved. Centria Autism has addressed the criticism and systematic integration of compassionate care across its organization. This presentation provides solutions for attendees to implement compassionate practices at scale, addressing the need for operational definitions, clear implementation strategies, and alignment with organizational values. This presentation will not only review how the science of behavior change can inform systemic change towards assent-driven, dignified ABA programming but will also provide outcome data supporting the impact of the various components at scale within a large organization. Ultimately, this presentation empowers attendees with the tools to drive positive change, upholding client dignity alongside behavior change goals. Objectives: 1. Define core components of an assent-based, compassionate model of ABA. 2. Articulate the principles and components of Horner and Kittleman's framework, enabling them to strategically integrate compassionate practices at scale within their organizational structures 3. Understand how to apply behavioral science principles to inform systemic changes towards assent-driven, dignified ABA programming, by defining foundational features, selecting comprehensive interventions, and investing in supportive organizational systems to champion transformation and uphold client dignity alongside behavior change goals.</p>
1:30pm – 3:00pm	<p>11. Journey to Crisis Intervention Team (CIT)</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours – Daniel Arnold, Mental Health Advocate – Melissa Misner, LMSW-Clinical, CAADC, CSOTS, GCDF, Police Social Worker, Lansing Police Department <p>Daniel Arnold will share his recovery story which includes his struggles with Schizoaffective, Bipolar, and ADHD. His journey to CIT explains Daniel's path from breaking the law and rebelling against the mental health care system to becoming an advocate for the intersection of faith, mental health, and public safety including the path to lowest therapeutic dose. Daniel will describe his steps to becoming Lansing's #1 fan of local, state, federal security and police as Daniel joins the Tri-County CIT as a Consumer Advocate Board Member. Melissa Misner will present support stories from the CIT Coordinator view. Objectives: 1. Understand severe mental illness recovery from the consumer point of view. 2. Learn the importance of lived experience in Crisis Intervention Team training. 3. Learn tools and strategies on how providers can work with peers.</p>
3:00pm – 3:30pm	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
3:30pm – 5:00pm	<p>12. Breaking the Cycle of Hospital Readmissions for Youth with an IDD Diagnosis</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours – Jacqueline Carrick, MEd, BCBA, LBA, Executive Clinical Director, Heartland Center for Autism – Dr. Mary Luchies, PhD, LP, BCBA, Manager of the Intellectual/Developmental Disability and Autism Spectrum Disorder Section, Bureau of Children's Coordinated Health Policy and Supports Access Standards, Service Array and Policy Division Department of Health and Human Services, Michigan Department of Health and Human Services <p>The increase of re-admission rates of our youth with an IDD diagnosis in our local emergency departments and in-patient facilities has become a crisis that needs to be addressed. This workshop will review the complex presentation of IDD and discuss the resources available to the CMH to assist in the treatment of youth with an IDD diagnosis. Supporting youth and families who experience severe behavior requires a significant number of resources, has a negative impact on the youth's ability to access education and is forcing our youth into the DHHS system. This workshop will address the increase in the presentation of youth engaging in sexualized behavior and consider a Behavior Analytic approach to treatment. Objectives: 1. Learn how to support consumers effectively with resources available to reduce severe problematic behavior. 2. List tools to reduce cost and alleviate stress on CMH crisis teams when serving consumers with severe challenging behavior. 3. Understand a Behavior Analytic approach to serving youth presenting with sexualized behavior.</p>
3:30pm – 5:00pm	<p>13. Data-Driven Approaches to the Future of Crisis Response in Michigan</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours

	<ul style="list-style-type: none"> – Kaitlyn Kok, BS, Project Coordinator, Center for Behavioral Health & Justice, Wayne State University – Ryan Russ, MSW, Data Assistant, Center for Behavioral Health & Justice, Wayne State University – Barb Davidson, ENP, CMCP, 911 Director, Ingham County Central Dispatch <p>Wayne State University's Center for Behavioral Health and Justice presents their latest quantitative and qualitative analyses on Michigan's crisis programs and systems. Projects include Long-term Medicaid outcomes of five crisis response programs compared to traditional, local law enforcement responses; Michigan's crisis system adherence to SAMHSA's National Guidelines for Behavioral Health Crisis Care; an evaluation of behavioral health-related 911 dispatch calls and a discussion on emerging call diversion models in Emergency Communication Centers (ECCs). The presenters welcome a discussion on various crisis models and future directions for crisis policy on state- and local-levels. Objectives: 1. List the prominent crisis response models, and corresponding evidence-base, across Michigan and the United States. 2. Identify the common system gaps and barriers among Michigan crisis systems, as well as potential interventions to address them. 3. Explore the feasibility of 911 call diversion and partnering with local emergency communication centers.</p>
3:30pm – 5:00pm	<p>14. Lean Management and its Implementation into Behavioral Health</p> <p>■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours</p> <ul style="list-style-type: none"> – Cameron Bullock, MBA, Chief Executive Officer, Pivotal – Jeannnie Goodrich, MBA, Chief Executive Officer, Summit Pointe – Dorothy Malcolm, President, DJ Solutions & Strategies, LLC <p>This presentation will explore the potential benefits of integrating Lean management principles into a community mental health setting. Lean, a methodology focused on eliminating waste and maximizing value, can streamline processes, reduce wait times, and improve patient outcomes. We will delve into specific Lean tools and techniques applicable to mental health care. These include value stream mapping to identify inefficiencies, key performance indicators, and Kaizen for continuous improvement. Additionally, we will discuss potential challenges and strategies for successful implementation, including resistance to change and the unique complexities of mental health care delivery. By adopting Lean principles, community mental health organizations can enhance service delivery, improve patient satisfaction, and create a more effective and efficient care system. Objectives: 1. Understand the core principles of Lean management and their applicability to mental health care. 2. Identify specific Lean tools and techniques relevant to mental health settings. 3. Recognize potential challenges and strategies for successful lean implementation in mental health organizations.</p>
3:30pm – 5:00pm	<p>15. Dental-Behavioral Integration: The Oral Health Recovery Initiative</p> <p>■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours</p> <ul style="list-style-type: none"> – Adrienne Lapidos, PhD, Clinical Associate Professor, University of Michigan Medical School – Jennifer Cullen, RDH, BSDH, MPH, Clinical Assistant Professor, University of Michigan Dental School <p>People with psychiatric disabilities face significant dental health disparities, including higher risk of cavities, periodontitis, and edentulism (losing all teeth). A team of university researchers, state government, and people with lived experience of mental illness and substance use disorders collaborated to develop and launch the Oral Health Recovery Initiative, a series of projects designed to improve the oral health knowledge and service use of people living with serious mental illness or substance use disorders. In project 1, the team developed and launched a series of e-learning modules designed to improve oral health knowledge among Community Health Workers (CHWs) and Peer Specialists/Peer Recovery Coaches (PSS/PRC). In project 2, the team developed and launched a brief PSS/PRC-delivered oral health education program designed for people living with serious mental illnesses. In project 3, the program was adapted as a group-based intervention in CMH and drop-in center settings. This presentation will review all three projects and discuss the special oral health needs of individuals living with psychiatric disabilities or substance use; the social determinants of health that impede oral health recovery; and potential integrated care solutions that improve referral pathways between behavioral health and dentistry. Participants will learn about resources they can begin to use right away in their work. Objectives: 1. List the oral health disparities facing people with mental illness/substance use disorders. 2. Describe the bi-directional relationship between mental health and oral health. 3. State two practical strategies to improve the oral health of the people they serve.</p>
10:30am – 12:00pm	<p>16. The Importance of the Voice of Lived Experience: The Self-Advocates of Michigan</p> <p>■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours</p>

	<ul style="list-style-type: none"> – <i>Renee M. Hall, MA, CRC, Advisor to the Self-Advocates of Michigan (SAM), Michigan Developmental Disabilities Council</i> – <i>Jacqueline Cuevas, Chair, Self-Advocates of Michigan</i> <p>Self-Advocates of Michigan advisor, Renee Hall and SAM's Chair, Jacqueline Cuevas, will cover the importance of the self-advocacy movement in Michigan and beyond. They'll discuss the value of the voice of those with lived experience in program creation, systems management, and decision making. The presenters will address multiple barriers to self-advocates being able to use their voices and the plans that SAM has to help lessen and eliminate those barriers. They'll discuss how self-advocates can make a difference in local communities and provide resources for support persons to connect the people they support to SAM. Objectives: 1. Explain the importance of the voice of those with lived experience. 2. Examine the self-advocacy movement in Michigan and nationwide. 3. Inform about opportunities for self-advocacy connections in local areas.</p>
Wednesday, February 5, 2025	
7:30am – 12:00pm	Conference Registration and Exhibits Open
7:30am – 8:45am	Breakfast Activities (full breakfast buffet will be served until 8:45am) Regional Breakfast Meetings
9:00am – 10:00am	<p>Keynote: The Strategic Thinking of Michigan's Preeminent Advocacy Organizations: Hearing From Their Leaders</p> <ul style="list-style-type: none"> ■ Qualifies for 1 CE hour for Social Work + Related MCBAP Education Contact Hour – <i>Sherri Boyd, MSW, Executive Director, The Arc Michigan</i> – <i>Kevin Fischer, BA, Executive Director, NAMI Michigan</i> – <i>Marianne E. Huff, MSW, President and CEO, Mental Health Association in Michigan</i> – <i>Carla Pretto, BS, RN, Executive Director, Association for Children's Mental Health</i> – <i>Michelle Roberts, MA, Executive Director, Disability Rights Michigan</i> – <i>Facilitator: Robert Sheehan, MSW, MBA, Chief Executive Officer, Community Mental Health Association of Michigan</i> <p>The panelists will discuss their experiences and insights as the leaders of some of the state's leading advocacy organizations. They will discuss the role of statewide advocacy organizations, the strategies that they use in selecting advocacy issues, the advocacy methods that they employ, how they deal with conflict with partners and within their organizations, and how they collaborate around a wide variety of advocacy issues. This keynote will provide concrete examples of advocacy efforts and the decisions that go into making those efforts successful. Objectives: 1. Describe what goes into making sound decisions regarding advocacy issues and targets. 2. Describe the way that seasoned advocates deal with conflict. 3. Identify the key steps and resources needed to ensure a sound advocacy initiative.</p>
10:00am – 10:30am	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
10:30am – 12:00pm	<p>17. Bridging the Gaps: Harnessing Community Collaboration to Transform Access to Care</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours – <i>Chiara Cameron-Wood, CCCM, CRS, CRS-DC, Executive Director, 211 Northeast Michigan</i> – <i>Deana Schad, LPC, CAADC, Chief Clinical Officer, Community Mental Health for Central Michigan</i> <p>The Midland Mental Health Navigator program is a collaborative initiative designed to address systemic challenges in mental health care, such as access, stigma, and fragmented services. This presentation introduces the key stakeholders involved and highlights how this innovative program bridges gaps in care through shared resources, coordinated service delivery, and a commitment to equity and inclusivity. The session will provide an interactive overview of the program's development, including its inception, structure, and the community needs it aims to meet. Presenters will also share honest reflections on the challenges encountered during the program's creation, such as fostering collaboration among diverse partners and the solutions that helped overcome them. Attendees will gain insights into the importance of collaboration in transforming mental health care and learn lessons that can inform similar initiatives. With opportunities for discussion and engagement, the presentation invites participants to explore how such models can be adapted to their communities. Objectives: 1. Gain a clear understanding of the Midland Mental Health Navigator program, including its purpose, structure, guiding principles, and the systemic</p>

	<p>mental health challenges it seeks to address. 2. Learn about the importance of collaboration in mental health care, including how the program fosters partnerships among key stakeholders to bridge access and service delivery gaps. 3. Reflect on the challenges faced during the program's development, explore solutions implemented to overcome obstacles, and gather actionable lessons to apply in their initiatives.</p>
10:30am – 12:00pm	<p>18. What's Going on in Lansing?</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours – <i>Alan Bolter, Associate Director, Community Mental Health Association of Michigan</i> <p>Hear about the latest goings-on in the Michigan Legislature. What does the budget landscape look like for the current year and next fiscal year? What are the major policy items impacting the public mental health system? How has the political shift in Lansing impacted the legislative process and what big issues will the legislature tackle in the future? This workshop will provide an update on the latest legislation and budget issues impacting the CMH system and how members can convey our advocacy message moving forward.</p>
10:30am – 12:00pm	<p>19. Artificial Intelligence (AI) in the Outpatient Behavioral Health Setting</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours – <i>Jim McEvoy, MHSA, BS, Principal Consultant, Health Management Associates</i> <p>In this workshop, we'll explore both the promising opportunities and key threats in deploying AI in behavioral health outpatient care. First, we'll examine AI's potential to enhance diagnosis and personalize treatment by analyzing vast amounts of data, potentially uncovering insights that clinicians might miss. This can improve outcomes through predictive analytics and more tailored intervention plans. However, integrating AI also presents challenges, particularly around ethical concerns, such as patient privacy and the risk of bias in AI models, which could lead to inequitable treatment recommendations. The workshop will address these ethical considerations alongside practical deployment barriers, including clinician skepticism and the need for substantial training. Additionally, we'll discuss regulatory and reimbursement hurdles unique to behavioral health, outlining how these might impact AI adoption. Finally, the talk will suggest strategies for overcoming these threats to build a balanced, AI-enhanced approach in outpatient settings, focused on trust, transparency, and improved patient care. Objectives: 1. Articulate how AI is impacting behavioral health outpatient delivery. 2. Develop a measurement process to determine whether AI is helping. 3. Understand AI trends to come in the future.</p>
3:30pm – 5:00pm	<p>20. Boardworks: Leadership - Participatory Governance and Ethical Implications (formerly Character)</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours – <i>Raul Gonzales, DCSW, Board Member, CMH Authority of Clinton-Eaton-Ingham Counties</i> – <i>Lois Shulman, Former Vice President of the OCHN Board; Liaison to OCHN's CAC</i> <p>This workshop is designed to mirror the nature of successful leadership in the public sector responsible for community well-being. The inherent wisdom of the participants will be engaged in the dynamics of addressing the following subjects and exploring, "How do we do that?" Objectives: 1. Learn the qualities of leadership; capturing the passion for justice and healthy communities. 2. Cultivate the values and intent of public policy. 3. Discuss the board's commitment to the promotion and protection of the intended beneficiary's individual rights and responsibilities of full citizenship. 4. Explore ethical issues of special interests, influence, conflict of interests and operating outside the role and responsibilities of the Board's defined authority. 5. Learn how to distinguish matters of Board and community ethical considerations from issues of personal morality. 6. Discuss ethical responsibility of identifying and developing core competencies for governance members.</p>
10:30am – 12:00pm	<p>21. Independent Facilitators: Your Partners in the Person-Centered Planning Process</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE hour for Social Work + Related MCBAP Education Contact Hours – <i>Angela Martin, LMSW, Senior Associate Director, Michigan Developmental Disabilities Institute (MI-DDI)</i> – <i>Jan Lampman, BA, QIDP, CAPP, Consultant, Community Drive</i> <p>An Independent Facilitator is an individual who facilitates the Person-Centered Planning (PCP) process in collaboration with the person. "Individuals who receive behavioral health supports and services have the right to choose an independent facilitator (IF) to facilitate the Person-Centered Planning process that is used to develop the Individual Plan of Service (IPOS). Independent Facilitators are independent from the public behavioral health system." (Michigan Medicaid Provider Manual, 2024) Independent Facilitation is a Medicaid-covered service. An Independent Facilitator gets to know the person including their preferences, personal goals, and what is important to the person. "Person-Centered Planning is a highly individualized process designed to identify and respond to the expressed needs and desires of an individual receiving services." (Michigan Department of Health and Human Services, Person-Centered</p>

	Planning Policy, 2024) The Independent Facilitator ensures the individual is heard, understood, and respected in the planning process. The Independent Facilitator organizes the planning process information and works with the individual and the Supports Coordinator/Case Manager to assure the IPOS reflects the planning process. Objectives: 1. Identify the role of an independent facilitator in the Person-Centered planning process. 2. Understand the benefits of independent facilitation for the person served and the supports coordinator or case manager. 3. Understand how discussions at the Person-Centered Planning meeting inform the development of the individual plan of service
12:00pm – 1:30pm	<p>Group Lunch & Closing Keynote: 1% Better: The Road to Full Potential</p> <ul style="list-style-type: none"> ■ Qualifies for 1 Related MCBAP Education Contact Hour <ul style="list-style-type: none"> – <i>Chris Nikic, Owner, Team Nikic, Inc.</i> – <i>Nik Nikic, Managing Partner, Team Nikic, Inc.</i> <p>Chris delivers an inspiring and compelling story of how he worked in pursuit of his dreams by achieving a goal of becoming the first person with Down Syndrome to do a 140.6 IRONMAN® and the first to do the SIX world marathon majors and earn the Abbot Six Stars. Chris shares the underlying principles of his success to achieve his full potential using the 1% Better Success Habit. This keynote takes you through a journey that touches on: 1. Overcoming personal physical, intellectual, and external obstacles amplified by the pandemic. 2. How using the 1% Better strategy and developing a success habit helped him achieve the impossible. 3. An overview of the approach that helped Chris build a no quit grit and success mindset. 4. Finishing with the conclusion that helped him realize most of his dreams. Chris's speech is powerful because of the way he makes you feel. When he's done, you will know you can easily achieve much more in your life. Nik explains the underlying principles of success, coaching and execution necessary to achieve your full potential using the 1% Better System that he developed in his consulting firm and later modified and simplified for Chris. Achieving the impossible doesn't happen by accident. It happens following a process and a system. Nik explains the system he designed that was used by Chris to achieve his full potential and can be used by anyone with or without an intellectual disability to achieve their full potential. Nik describes the framework and foundation of the system that anyone can follow to achieve their full potential.</p>
1:30pm	Conference Adjourns

[Click Here to Register for the Winter Conference!](#)

Conference Registration Deadline: 3:00pm on January 30, 2025.

[Exhibitors and Sponsors Click Here to Register!](#)

Exhibitor/Sponsor Registration 5:00pm on Deadline: January 24, 2025.

(See exhibitor and sponsorship information on the next page.)



MEMORANDUM

Date: December 20, 2024

To: HealthWest Board of Directors

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

From: Rich Francisco, Executive Director

Subject: **Director's Update**

MDHHS Updates:

- **MDHHS Contract with the LRE:** Per the last LRE Board meeting that occurred on 12/18/2024, the LRE is still holding the position of not filing an injunction with MDHHS. Region 1, 2, and 10 have already filed an injunction against MDHHS. In my last full board update, I stated that there were 5 CMHSPs that signed the MDHHS contract with alternative language related to and addressing CCBHC, Waskul language, and ISF. At the time, the LRE was still holding on taking action and waiting on MDHHS for a response. Recently, however, as I gave an update to HW Finance Committee, there are now 3 CMHSPs that decided to file an injunction with MDHHS because MDHHS is now holding off on paying for new individuals enrolling in SUDHH (OHH) – Opioid Health Homes citing that because LRE did not sign the FY25 contract “as is” and therefore, cannot receive any new funding for these services because it is included in the FY25 contract. In our region, Ottawa County is the only CMHSP that is going for SUDHH funding which they hoped to start in FY25. At the LRE board meeting on Wednesday 18th, the LRE went into close session with LRE corporate counsel to go over various options and how the LRE should proceed.

Lakeshore Regional Entity updates:

- **CMHSPs contracts with LRE:** All 5 CMHSPs have signed the Contract with LRE and will continue to work with the LRE on policies to improve operations with CMHSPs.
- **West Michigan CEO Announcement:** There was an announcement from the West Michigan CEO on 12/19/2024 that a new CEO has been selected for the role and they have selected Ms. Julia Rupp as the next CEO of West Michigan CMH. The current CEO will work until the end of January.

- N180 and LRE have selected a vendor for Utilization management consulting. The findings from this work will help the other CMHSPs as well and the region to evaluate and address service utilization in the region.

CMH level:

- Samaritas Transition to new provider: We continue to meet with Samaritas and will be including Moka in future transition meetings. Moka was awarded the contract to take over Samaritas homes in Muskegon.
- CSU Project: We are continuing to put together a white paper on a CSU to present to our Legislative delegation this coming January. We have had several meetings with key individuals for the project including Trinity Health, N180, MDHHS, our County, Muskegon Community Diversion Council made up of law enforcement members from the community and other providers. The report and white paper will be presented to HW board probably in January as well.
- Technology presentation for the HW board January– I have asked Kristi and her team to do a presentation for the board in January to showcase our Datacenter- what we have been doing with the data and the dashboards.
- Clinical Teams – Various KATA projects have been happening and a few new ones starting. I want to thank the Directors/Managers and team leads who continue to work on developing outcomes and metrics for the clinical teams. This includes the hard work of coming up with productivity measures and other outcomes.
- Just wanted to recognize and Thank Commissioner Hovey Wright for the many years not only at the County Board but at the HW Board. This is her last HW Board meeting. Thank you! Commissioner Hovey Wright for the perspective and insight she has provided to the HW Board over the years.