

## HEALTHWEST

### FINANCE COMMITTEE MEETING MINUTES

**August 15, 2025**

**8:00 a.m.**

#### CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Committee Chair Fortenbacher at 8:01 a.m.

#### ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Thomas Hardy, John M. Weerstra,

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

Also Present: Holly Brink, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Tasha Kuklewski, Gary Ridley, Shannon Morgan, Jackie Farrar, Helen Dobb, Jennifer Hoeker

#### ITEMS FOR CONSIDERATION

A. Approval of Expenditures for June 2025

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve expenditures for the month of June 2025, in the total amount of \$9,029,218.93.

**MOTION CARRIED**

B. Monthly Report from the Chief Financial Officer

Ms. Carlson, Chief Financial Officer, presented the June report, noting an overall cash balance of \$4,014,174.90 as of June 30, 2025.

C. Finance Update Memorandum

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

D. Approval of Mission Ambition Contract Extension

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve contract with Mission Ambition, LLC for 5 (five) years Fiscal Year 2026 – Fiscal Year 2030 at an amount not to exceed \$30,000 a year. Contingent upon approval to amended request in December 2025 of funding increase at the amount not to exceed \$300,000 over the five-year term without prior approval.

**MOTION CARRIED**

E. Approval to Accept MDHHS Peer Recovery Coach Retention Bonus 2025 Grant

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the MDHHS Peer Recovery Coach Retention Bonus 2025 grant in the amount of \$8,000 and pay a one-time retention bonus to the Peer Recovery Coaches per the grant requirements before September 30, 2025.

**MOTION CARRIED**

**F. Approval to Enter Interagency Cash Transfer Agreement (ICTA)**

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Executive Director to sign an Interagency Cash Transfer Agreement with Michigan Rehabilitation Services, effective October 1, 2025 through September 30, 2026, with a projected expenditure not to exceed \$69,200.00

**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 provided an update:**

- FY22 LRE / MDHHS cost settlement – I received an update from Mary Dumas via text indicating that the LRE will pursue legal action with MDHHS. Mary stated that per the last communication with MDHHS, MDHHS will be giving the LRE 21 days' notice before taking the money back. Just as a reminder, MDHHS in January did withhold a payment of \$4 million from LRE revenues and put in an escrow.
- CCBHC Direct payment transition group meetings continue to happen, and our staff have been getting information from these groups as details regarding the CCBHC direct payment processes are addressed. We have staff represented in these various transition work groups and they are addressing how we would as a CMH / CCBHC fulfill this new requirement.
- PIHP Rebid / Procurement – I provided an update to our Program Personnel Committee (8/8/2025) that MDHHS has released the RFP on their Sigma site which is the MDHHS platform used to release new RFPs. Several agencies, including CMHA, have been able to download details of the PIHP procurement in more detail and outline requirements for those interested in being an eligible bidder. However, there are a lot of concerns from the field: CMHA, PIHP directors, and CMHSP directors have expressed concerns regarding the privatization of the public mental health system. HW along with many others in the region and in the state are currently reviewing these new requirements in the RFP. CMHA has had a meeting to debrief on the issues as well as a second meeting on Thursday, August 14<sup>th</sup>. CMHA will be exploring and will likely discuss legal actions against the release of the RFP. I will provide a more detailed update at the full HW board meeting.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

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

Respectfully,

Jeff Fortenbacher  
Committee Chair

/hb

**PRELIMINARY MINUTES**  
**To be approved at the Finance Meeting on**  
**September 12, 2025**



## FINANCE COMMITTEE

**August 15, 2025 – 8:00 a.m.**  
**376 E. Apple Ave. Muskegon, MI 49442**

<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWlnQmF5NVAYbWRQVG54Tk1GZz09>

One tap mobile: (309)205-3325, 92330401570# Passcode: 428623

**Committee Chair: Jeff Fortenbacher**  
**Committee Vice-Chair: Janet Thomas**

### AGENDA

- |    |  |             |
|----|--|-------------|
| 1. | Call to Order  | Quorum      |
| 2. | Approval of Agenda   | Action      |
| 3. | Items for Consideration  |             |
|    | A. Approval of the Expenditures for June 2025<br>(Attachment #1 pg. 1)                                     | Action      |
|    | B. Monthly Report from the Chief Financial Officer<br>(Attachment #2 pg. 2-5)                              | Information |
|    | C. Finance Update Memorandum<br>(Attachment #3 pg. 6-8)  | Information |
|    | D. Approval to Extend Contract with Mission Ambition, LLC<br>(Attachment #4 pg. 9)                         | Action      |
|    | E. Approval to Accept MDHHS Peer Recovery Coach Retention<br>Bonus 2025 Grant<br>(Attachment #5 pg. 10-12) | Action      |
|    | F. Approval to Enter Interagency Cash Transfer Agreement (ICTA)<br>(Attachment #6 pg. 13)                  | Action      |
| 4. | Old Business   |             |
| 5. | New Business   |             |
| 6. | Communication  | Information |
| 7. | Director's Comments  | Information |
| 8. | Audience Participation   |             |
| 9. | Adjournment  | Action      |

/hb

# REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Finance	<b>REQUEST DATE</b> August 15, 2025	<b>REQUESTOR SIGNATURE</b> Brandy Carlson, Chief Financial Officer	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Expenditures for the month of June 2025 totaled \$9,029,218.93. Large or unusual expenditures for the month include:</p> <ol style="list-style-type: none"> <li>1. Payments to Beacon Residential Services in the amount of \$493,325.97 for Residential Services</li> <li>2. Payments to Cherry Street in the amount of \$233,722.18 for Substance Use Disorder Services</li> <li>3. Payments to Forest View in the amount of \$106,229.89 for Community Inpatient Services</li> <li>4. Payments to HGA in the amount of \$234,397.91 for Residential Services</li> <li>5. Payments to Ivy Rehab in the amount of \$103,993.00 for Autism Services</li> <li>6. Payments to Lakeshore Regional Entity in the amount of \$3,943,703.43 for Fiscal Year 2024 Medicaid/Healthy Michigan cost settlement</li> <li>7. Payments to Mercy Health Partners in the amount of \$297,654.00 for Community Inpatient Services</li> <li>8. Payments to Moka Corporation in the amount of \$1,080,987.37 for Residential and Outpatient Services</li> <li>9. Payments to Pine Rest in the amount of \$187,962.76 for Community Inpatient Services</li> <li>10. Payments to Pioneer Resources in the amount of \$296,667.17 for Autism and Residential Services</li> <li>11. Payments to Samaritas in the amount of \$110,120.80 for Residential Services</li> <li>12. Payments to Turning Leaf in the amount of \$171,245.48 for Outpatient and Residential Services</li> <li>13. Payments to Walloon Lake Recovery Lodge in the amount of \$178,957.51 for Substance Use Disorder Services</li> </ol>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to approve expenditures for the month of June 2025, in total amount of \$9,029,218.93.			
<b>COMMITTEE DATE</b> August 15, 2025	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 22, 2025	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HealthWest



June 2025

Board Report

**COMMUNITY MENTAL HEALTH  
INTERIM BALANCE SHEET 2220  
MENTAL HEALTH**

**June 30, 2025**

<b>ASSETS</b>		<b>THIS YEAR</b>	<b>LAST YEAR</b>
Cash in Bank		4,014,174.90	8,237,488.25
Imprest (Petty) Cash		1,600.00	2,700.00
Due from Credit Cards		995.05	-
Accounts Receivable		126,775.68	170,579.02
Due From Other Funds		9,269.55	2,383.58
Prepaid Items		293,670.78	485,042.53
Due from other governments		2,504,189.29	3,542,130.23
Total Assets		<u>\$ 6,950,675.25</u>	<u>\$ 12,440,323.61</u>
<b>LIABILITIES AND EQUITY</b>			
Accounts Payable	\$	76,599.51	\$ 48,237.61
Undistributed Receipts		21,622.04	11,689.60
Accrued Wages and Fringes		-	-
Total Liabilities and Equity	\$	<u>98,221.55</u>	<u>\$ 59,927.21</u>
<b>DEFERRED INFLOWS OF RESOURCES</b>			
Deferred Medicaid fee for services and capitation	\$	<u>217,464.98</u>	<u>\$ 8,217.16</u>
Fund Balance at beginning of year		942,565.51	(1,855,032.17)
Nonspendable FB-Prepays		420,673.60	
**Total Fund Balance	\$	<u>1,363,239.11</u>	<u>\$ (1,855,032.17)</u>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE</b>	<b>\$</b>	<b><u>1,678,925.64</u></b>	<b><u>\$ (1,786,887.80)</u></b>
<b>NET OF REVENUES VS EXPENDITURES</b>		<b><u>\$ 5,271,749.61</u></b>	<b><u>\$ 14,227,211.41</u></b>
<b>Transferred to County Equipment Revolving Account for:</b>			
Mental Health Center Building (6660-0000-349220)		\$2,394,322.48	\$2,526,809.65
Future Equipment Purchases (6660-0000-349222)		\$86,607.86	\$117,184.04

**COMMUNITY MENTAL HEALTH  
INTERIM BALANCE SHEET 7930  
CMH CLIENT FUNDS**

**June 30, 2025**

<b>ASSETS</b>		
	<b>THIS YEAR</b>	<b>LAST YEAR</b>
Cash	\$ 492,231.15	\$ 355,856.84
Imprest Cash	\$ -	\$ 60,647.12
Accounts Receivable	\$ -	\$ 177.00
Total Assets	<u>\$ 492,231.15</u>	<u>\$ 416,680.96</u>
 <b>LIABILITIES AND EQUITY</b>		
Accounts Payable	\$ -	\$ -
Due to Other Funds	\$ 5,621.34	\$ 2,383.59
Undistributed Receipts	\$ 486,609.81	\$ 414,297.37
	<u>\$ 492,231.15</u>	<u>\$ 416,680.96</u>



# HealthWest

## Statement of Revenues, Expenditures and Changes in Fund Balances

Budget to Actual

For the Period from October 1, 2024 through June 30, 2025

	Original Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Revenues</b>				
Medicaid funding:				
Medicaid capitation	\$ 63,176,322	\$ 47,382,242	\$ 45,068,615	\$ (2,313,627)
Medicaid - Autism capitation	9,643,002	7,232,252	8,847,151	1,614,899
Medicaid capitation - settlement	-	-	(6,237,224)	(6,237,224)
Healthy Michigan Plan	6,618,061	4,963,546	5,486,172	522,626
Healthy Michigan Plan - settlement	-	-	2,950,279	2,950,279
CCBHC Supplemental	17,430,250	13,072,688	13,670,579	597,891
State General Fund:				
Formula Fundings	2,066,287	1,549,715	1,549,716	1
Settlement	-	-	-	-
Grant Revenue	5,282,051	3,961,538	3,852,799	(108,739)
Local revenue:				
County appropriation	706,819	530,114	530,113	(1)
Client and third party fees	1,746,837	1,310,128	402,058	(908,070)
Interest income	393,117	294,838	181,783	(113,055)
Other revenue	215,589	161,692	129,016	(32,676)
Total revenue	107,278,335	80,458,753	76,431,057	(4,027,696)
<b>Expenditures</b>				
Salaries and wages	29,676,018	22,257,014	21,274,728	(982,286)
Fringe benefits	19,940,330	14,955,248	12,901,301	(2,053,947)
Staff professional development	610,808	458,106	322,593	(135,513)
Contractual expense	49,160,285	36,870,214	38,979,591	2,109,377
Overhead expense	2,891,260	2,168,445	2,209,264	40,819
Supplies	443,252	332,439	439,543	107,104
Utilities	417,090	312,818	210,074	(102,744)
Insurance	474,348	355,761	-	(355,761)
Capital outlay	5,060	3,795	-	(3,795)
Other expenses	3,528,318	2,646,239	691,932	(1,954,307)
Transfers	287,010	215,258	174,699	(40,559)
Total expenditures	107,433,779	80,575,337	77,203,725	(3,371,612)
Net change in fund balance	(155,444)	(116,584)	(772,668)	(656,084)
Fund balance, beginning of year	1,363,240	1,363,240	1,363,240	-
<b>Fund balance, end of year</b>	<b>\$ 1,207,796</b>	<b>\$ 1,246,656</b>	<b>\$ 590,572</b>	<b>\$ (656,084)</b>

This financial report is for internal use only. It has not been audited, and no assurance is provided.



## MEMORANDUM

Date: August 15, 2025

To: HealthWest Board of Directors  
Rich Francisco, Executive Director

CC: Mark Eisenbarth, Muskegon County Administrator  
Matt Farrar, Muskegon County Deputy Administrator  
Angie Gasiewski, Muskegon County Director of Finance  
Carly Hysell, HealthWest Director of Finance

From: Brandy Carlson, Chief Financial Officer

Subject: **Finance Update**

During the month of August, HealthWest will bring the following motion to the County Commissioners for approval.

Move to create a Recipient Rights Officer, Wage Grade HW12, and appoint employee E93033587 at Step 2, effective November 1, 2025, and authorize this position to be eliminated on February 3, 2026.

Linda Wagner, Recipient Rights Officer, has announced she will retire by February 3, 2026. HealthWest requests permission to create a Transitional Recipient Rights Officer, Wage Grade HW 12 (\$44.45 - \$56.01) and appoint Linda Wanger to the position at Step 2, \$46.10/hr, which is her current pay rate. This will allow Human Resources to immediately post the position, allowing for overlap between the time a new Recipient Rights Officer is hired and Linda's retirement date. The projected cost of this transitional position will be \$33,500 and HealthWest will budget this in our FY2026 budget.

Move to award the HealthWest restroom remodel solicitation to Tridonn Construction Company for the bid amount \$199,960.00 and authorize the HealthWest Executive Director to sign the contract agreements and further authorize the HealthWest Executive Director to execute any necessary change orders for a total amount not to exceed ten percent (10%) of the original contract cost.

The east wing restroom at the HealthWest main facility, located at 276 E. Apple Avenue in Muskegon, is due for a remodel to bring it up to current accessibility standards and align its appearance with the west wing restrooms. The project includes

**Main Office**

removing a wall and changing the layout of the restrooms to bring them up to compliance.

In accordance with the procurement policy, the project was publicly bid under solicitation number 25-2579. One bid was received from Tridonn Construction Company. Following a thorough review, the bid was deemed responsive and responsible. A post-bid interview was conducted, confirming that the response was fair and reasonable.

Staff is requesting the Board award the solicitation to Tridonn Construction Company in the amount \$199,960.00 and authorize the HealthWest Executive Director to sign the contract agreements. HealthWest is also requesting that the HealthWest Executive Director be authorized to execute any properly documented change orders that may occur in an aggregated amount not to exceed ten percent of the original contract amount.

Move to approve the renewal of the Zoom license subscription for 09/28/2025 through 09/28/2026 at an approximate cost of \$47,464.00 and authorize the HealthWest Executive Director to sign the agreement.

Board approval is requested for the renewal of the Zoom license subscription from 09/28/2025 through 09/28/2026 for continued use as the organization's primary telehealth and virtual client meeting platform at an approximate cost of \$47,464.00.

In accordance with the procurement policy, Zoom qualifies as a single-source vendor for the following reasons:

1. **User Familiarity and Ease of Use:** Zoom is widely recognized for its intuitive interface and reliability. Both staff and clients are already familiar with the platform, reducing the need for additional training or onboarding.
2. **Operational Continuity:** All currently scheduled telehealth appointments are integrated with Zoom, including pre-generated meeting links and workflows. Transitioning to a new platform would require rescheduling and reconfiguring all future appointments, which would be highly time-intensive and disruptive to client care.
3. **Efficiency and Integration:** Zoom is already embedded in our operational processes, including calendar integrations, automated reminders, and documentation workflows. Switching platforms would necessitate significant reengineering of these systems.

Given the above considerations, staff is requesting the renewal of the Zoom license subscription as a single source vendor to ensure continuity of care, minimize disruption, and maintain operational efficiency.

Move to authorize the Procurement Department to solicit snow removal and salt services for two (2) HealthWest locations (Mental Health Center 276 E. Apple and Clubhouse 1470 Peck) for a three (3) year period, beginning with the 2025-2026 season.

The snow-removal & salting contract has expired for the two HealthWest locations at 276 E. Apple (Mental Health Center) and 1470 Peck Street (Clubhouse). HealthWest  
Main Office

requests permission to solicit snow removal and salting services for a three (3) year period for these two HealthWest locations beginning with the 2025-2026 season.

Move to approve the HealthWest Executive Director to accept and sign the Professional Liability Insurance policy for the policy period of August 7, 2025, through August 7, 2026, as proposed by Jencap Insurance Services Inc and brokered through Hub International, not to exceed \$55,000.00.

Authorization is requested by HealthWest to approve the Professional Liability Insurance policy for the policy period of August 7, 2025, through August 7, 2026, as proposed by Jencap Insurance Services Inc. and brokered through Hub International.

**Details of the Proposal:**

- **Carrier:** General Star Indemnity Company (Non-Admitted)
- **Coverage:** Professional Liability
- **Total Premium, Taxes, and Fees:** \$54,357.50
  - Professional Liability Premium: \$52,300.00
  - Michigan Regulatory Fee: \$261.50
  - Policy Fee: \$750.00
  - Surplus Lines Tax: \$1,046.00
- **Minimum Earned Premium:** 25%
- **Application Number:** IJG760353
- **Insured:** HealthWest
- **Broker Contact:** Sandy Lipshaw, Hub International

**Conditions:**

- Subject to the terms and conditions outlined in the attached carrier quote.
- A completed Michigan Statement of Diligent Effort form is required.
- This quotation is preliminary and non-binding, pending final underwriting review.

Authorization is requested by HealthWest to approve the Professional Liability Insurance policy for the policy period of August 7, 2025, through August 7, 2026, as proposed by Jencap Insurance Services Inc. and brokered through Hub International.

**Details of the Proposal:**

- **Carrier:** General Star Indemnity Company (Non-Admitted)
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  - Professional Liability Premium: \$52,300.00
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**Conditions:**

- Subject to the terms and conditions outlined in the attached carrier quote.
- A completed Michigan Statement of Diligent Effort form is required.
- This quotation is preliminary and non-binding, pending final underwriting review.

Main Office

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b>	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Veteran Navigator Program	<b>REQUEST DATE</b> August 15, 2025	<b>REQUESTOR SIGNATURE</b> Rachel Harden, Veteran Navigator	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>HealthWest Board authorization is requested to extend the current contract with Mission Ambition, LLC. (Women Veteran Organization) to a 5 (five) year contract extension for supported services in Muskegon County with reimbursement being at the rate of \$2,500.00 per month, not to exceed \$150,000 over the five-year term. Contingent upon amendment for funding increase in December 2025, increasing the current rate of \$2,500.00 per month, to \$5,000.00 per month, not to exceed \$300,000 over the five-year term without prior approval.</p> <p>Mission Ambition, LLC was contracted for FY25, where they have proven to be an asset to the Muskegon Veterans Program. Providing monthly in-person opportunities for women veterans, a regular presence for female veterans, holding a safe space for small groups. Increased the outreach for Vietnam Era Veteran women, supported events in Muskegon for women, quarterly site visits, weekly online visits as well as providing mentorship to veteran women.</p> <p>Mission Ambition continues to show improvement each quarter with outreach, support and presence for women within Muskegon County. In Q1 to 6 active members with 20 new contacts in Q2, to 50% growth reaching 9 active members with 25 new contacts in Q3—representing a sustained upward trajectory that has directly impacted 18 women through sustained peer support engagement, including serving a local veteran with suicidal ideation.</p> <p>This will be fully funded by both the Connecting Veterans Grant and Vietnam Veterans Grant.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
<p>I move to authorize the HealthWest Board to extend the contract with Mission Ambition, LLC (39160 Lakeshore Drive, Harrison Township, MI 48045) for 5 (five) years Fiscal Year 2026- Fiscal Year 2030 at an amount not to exceed \$30,000.00 a year. Contingent upon approval to amended request in December 2025 of funding increase at the amount not to exceed \$300, 000 over the five- year term without prior approval.</p>			
<b>COMMITTEE DATE</b> August 15, 2025	<b>COMMITTEE APPROVAL</b> _____ Yes _____ No _____ Other		
<b>BOARD DATE</b> August 22, 2025	<b>BOARD APPROVAL</b> _____ Yes _____ No _____ Other		

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Finance	<b>REQUEST DATE</b> August 15, 2025	<b>REQUESTOR SIGNATURE</b> Jennifer Stewart, Director of SUD Prevention & Treatment	
<p><b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b></p> <p>With the goal of retaining Certified Peer Recovery Coaches, The Michigan Department of Health and Human Services' Substance Use, Gambling and Epidemiology Division (MDHHS/SUGE) granted Opioid Settlement funds to issue a one-time retention bonus for eligible HealthWest Peer Recovery Coaches.</p> <p>To be eligible for this bonus, peers must have completed the MDHHS Certification training and exam for Peer Recovery Coaches and be working as a Peer Recovery Coach or Peer Recovery Coach Supervisor, providing services that would be eligible for reimbursement under Healthcare Common Procedure Coding System code H0038.</p> <p>-Peer Recovery Coach for less than one year - \$1,000          -Peer Recovery Coach for one year or more - \$2,000          -Peer Recovery Coach Supervisor - \$2,500</p> <p>HealthWest requests authorization to accept the MDHHS Peer Recovery Coach Retention Bonus 2025 grant in the amount of \$8,000 and pay a one-time retention bonus to the Peer Recovery Coaches who meet this requirement before September 30, 2025.</p>			
<p><b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b></p> <p>I move to authorize HealthWest to accept the MDHHS Peer Recovery Coach Retention Bonus 2025 grant in the amount of \$8,000 and pay a one-time retention bonus to the Peer Recovery Coaches per the grant requirements before September 30, 2025.</p>			
<b>COMMITTEE DATE</b> August 15, 2025	<b>COMMITTEE APPROVAL</b> _____ Yes _____ No _____ Other		
<b>BOARD DATE</b> August 22, 2025	<b>BOARD APPROVAL</b> _____ Yes _____ No _____ Other		

HWB 107-F



**MUSKEGON COUNTY**  
**GRANT INFORMATION FORM**

Grant Name \_\_\_\_\_ Grant # \_\_\_\_\_

Dept. Name \_\_\_\_\_ Fund # \_\_\_\_\_ Dept/Org # \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Description of Grant:**

**Funding Sources:**

		<b>Amount</b>	<b>%</b>
<b>Federal</b>	<b>CFDA#</b> _____	_____	_____
<b>State (or Federal pass thru)</b>	<b>CFDA#</b> _____	_____	_____
<b>Local</b>		_____	_____
<b>In-Kind Match</b>		_____	_____

**Total Grant Amount**

<b>Percentage funded by General Fund</b>	_____	_____
--	-------	-------

<b>Number of Positions funded by Grant</b>	_____
--	-------

**Restrictions on Grant spending:**

**Maintenance of Effort/Continuing Program after Grant ends:**

**Is there a requirement, and if so explain:**

**Contact:**

**Phone:**

**E-mail:**

<b>Dept:</b> _____	_____	_____
<b>Grant:</b> _____	_____	_____
<b>Other:</b> _____	_____	_____



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

**M E M O R A N D U M**

**DATE:** June 6, 2025

**TO:** Prepaid Inpatient Health Plans  
Agencies Employing Certified Peer Recovery Coaches

**FROM:** Michigan Department of Health and Human Services,  
Substance Use, Gambling and Epidemiology Division  
(MDHHS/SUGE) *KH*

**SUBJECT:** **Certified Peer Recovery Coach Retention Bonus**

The Michigan Department of Health and Human Services' Substance Use, Gambling and Epidemiology Division (MDHHS/SUGE) is excited to share that we will be utilizing the Opioid Settlement funds to issue a one-time retention bonus for Peer Recovery Coaches.

To be eligible for this bonus, peers must have completed the MDHHS Certification training and exam for Peer Recovery Coaches and be working as a Peer Recovery Coach or Peer Recovery Coach Supervisor, providing services that would be eligible for reimbursement under Healthcare Common Procedure Coding System code H0038. Please see the bonus allocation amounts listed below. Please note that we cannot use settlement funds to increase peer wages.

- Peer Recovery Coach for less than one year - \$1,000
- Peer Recovery Coach for one year or more - \$2,000
- Peer Recovery Coach Supervisor - \$2,500

The most efficient way for our division to distribute these funds will be to create a contract between MDHHS and each provider that employs peers. To do this, we ask that you complete the attached spreadsheet with provider and peer information using a separate tab for each provider.

Please return the completed spreadsheet to MDHHS-BHDDA@michigan.gov by July 1, 2025.

Thank you



## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Finance	<b>REQUEST DATE</b> August 15, 2025	<b>REQUESTOR SIGNATURE</b> Brandy Carlson, Chief Financial Officer	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>  <p>Approval is requested to enter into an Interagency Cash Transfer Agreement (ICTA) with Michigan Rehabilitation Services (MRS) for the term period October 1, 2025 through September 30, 2026. Under this agreement, HealthWest will provide \$69,200.00 in non-Federal share funds, matched by \$187,096.00 in Federal funds from MRS, for a total program value of \$256,296.00. The purpose of the agreement is to enhance and expand vocational rehabilitation services for eligible Muskegon County residents with mental illness or developmental disabilities, with the goal of increasing self-sufficiency through employment. Services provided will align with the MRS State Plan and focus on activities such as job exploration counseling, work-based learning experiences, workplace readiness training, and individualized employment support.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>  <p>I move to authorize the HealthWest Executive Director to sign an Interagency Cash Transfer Agreement with Michigan Rehabilitation Services, effective October 1, 2025 through September 30, 2026, with a projected expenditure not to exceed \$69,200.00.</p>			
<b>COMMITTEE DATE</b> August 15, 2025	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 22, 2025	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		