

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

October 10, 2025
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:00 a.m.

ROLL CALL

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

Members Absent: Mary Vazquez

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Christy LaDronka, Kristi Chittenden, Linda Wagoner, Carly Hysell, Melina Barrett, Tasha Kuklewski, Amber Berndt, Suzanne Beckeman, Kim Davis, Kara Zielinski, Gordon Peterman, Devan Peterson, Shannon Morgan, Jennifer Hoeker

Guests Present: Sara Hough

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the August 8, 2025 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

There was no items for consideration.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director, provided his Director's Report:

- **PIHP Procurement:**

On 10/9/2025, Judge Yates with the Court of Claims in Grand Rapids presided over the hearing with MDHHS vs. the PIHPs and CMHSPs who filed a lawsuit against the RFP released by MDHHS in February of this year. After presenting their cases and cross-examining witnesses, Judge Yates will offer an opinion by next Tuesday. I will keep the board informed of the results at the upcoming full board meeting. The link to the hearing is found here: <https://www.youtube.com/watch?v=XFNYkDDY2Bc>

- **HealthWest Training:**

HealthWest has completed the HealthWest Way training, with over 400 staff trained over a two-month period to implement a customer-centric framework for service. The Leadership Team assisted with various components of the training, including participating themselves. The primary goal of the customer service training is to revisit the foundational reason for HealthWest's existence. The pandemic caused a drift away from our purpose, and HW needs to reset by defining the "why." This training aims to craft the HealthWest Story, clarify what it means to be customer-centric, develop codes of conduct for excellent service, and create an implementation plan to ensure that a customer-centric philosophy (rooted in the Golden Rule) guides how we treat both clients and each other. Staff provided input through the storyboard process, identifying barriers to customer-centric service that leadership will prioritize and address. Key barriers identified include:

- Effective communication across the board, including from leadership, supervisors, and between teams (e.g., changes are not communicated well before implementation).
- Clear expectations of roles and responsibilities.
- Accountability, not just for leadership but for everyone at the agency.
- More supervisor and management training.

The Leadership Team's next steps include conducting ongoing "Brain Trust" sessions with supervisors to gather input on agency issues. A Customer Experience Team (CET) will be created to address issues identified during the HealthWest Way training. Additionally, the executive team will continue regular "Hot Seat" Q&A sessions with staff.

- **CCBHC Direct Payment:**

HW continues to work on administrative processes to address all issues related to CCBHC direct payment, including reporting data, encounter reporting for CCBHC services, and other processes that shift responsibility to the CMH, as the LRE will no longer be as involved in CCBHC oversight.

- **CSU Update:**

HealthWest will resume discussions with Trinity Health regarding the CSU. HW has

been working to secure legislative appropriations for capital improvement funds. Given the budget and cuts to MDHHS, there is a possibility this will not go through. A meeting is scheduled for Monday, 10/20/2025, to discuss potential alternative funding.

- **Urgent Care:**

HW has been running the pilot program for about three weeks and has served approximately 20 to 25 clients/patients. The Urgent Care is open Thursday & Friday from 8 a.m. to noon. We are still recruiting and have posted for additional staff to support UC.

- **Leadership Training:**

Leadership team members continue to participate in High Performance Leadership training through the Professional Development Academy. The executive team completed this training to improve leadership skills, including effective and positive communication and outcome reporting. The goal is to eventually extend this training to all supervisory staff and above, as the budget allows.

- **Board Membership:**

Mike Weesies has expressed interest in serving on the LRE board, replacing Linda Dunmore, who is retiring. I have met with him to review requirements, and he is willing to learn more.

- **KATA Projects:**

KATA is the tool we use to improve processes and outcomes, utilizing the Plan, Do, Check, Act steps. There are currently about 11 KATA projects running, and 11 have been completed. I want to highlight the CCBHC KATA project that started on 11/24 of last year. It was identified that we were heading into deficit territory for CCBHC services. The project aimed to reduce the deficit by 75%. The total deficit forecasted was about \$5.5M for CCBHC. With Linda Anthony as the KATA lead, the challenge and goal were achieved, bringing the total deficit down to about \$477K. This is a significant improvement in service delivery. Factors addressed included documentation practices and increasing daily visits to ensure steady service delivery. Kudos to HealthWest for achieving this goal!

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:19 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES

To be approved at the Program/Personnel Committee Meeting on December 5, 2025



PROGRAM AND PERSONNEL COMMITTEE

**Friday, October 10, 2025
8:00 a.m.**

376 E. Apple Ave., Muskegon, MI 49442

<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWWhnQmF5NVAYbWRQVG54Tk1GZz09>

Meeting ID: 92330401570 Passcode: 428623

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

AGENDA

- | | | |
|-----|--|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of Friday, August 8, 2025
(Attachment #1 – pg. 1-3) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Director's Report | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |

/hb

Main Office

376 E. Apple Ave. | Muskegon, MI 49442 | P (231) 724-1111 | F (231) 724-3659

[HealthWest.net](https://healthwest.net)

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

August 8, 2025
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:01 a.m.

ROLL CALL

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

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Linda Wagoner, Carly Hysell, Melina Barrett, Helen Dobb, Brittani Duff, Mickey Wallace

Guests Present: Kristen Wade

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the June 13, 2025 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

There was no items for consideration.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director, provided his Director's Report:

- CSU new location: August 13th, 1 pm to 3pm, 1713 7th St. The features of the new and expanded space of facility will help with:
 - Reducing feelings of confinement and promotes calm
 - Improves staff visibility for better monitoring and quicker response
 - Enhance openness, which can reduce anxiety and depression
 - Encourages social interactions while still allowing for privacy
- Health Wellness and Recovery Picnic (HWR) will be on Thursday, August 14th, from 11am to 2pm at Hackley Park. Through our HealthWest HWR community picnic, residents can access **more than 100 local health and human service providers**. This event is completely free and offers children's activities, live music, raffle giveaways and even a free picnic lunch for the first 1,000 attendees. In addition to the traditional picnic favorites, this year's event will feature resources for job seekers looking for a career in the health or human services field.
- The PIHP Re-bid update: MDHHS has released the RFP on the sigma application site for where all RFPs are posted. The RFP was released early this week. CMHA immediately set up a debrief meeting with PIHP Directors and CMHSP CEOs to review the documents from the RFP. CMHA has sent a compilation of questions and concerns regarding the document.
- CCBHC Direct payment – HW is continuing to receive updates from MDHHS and from the various workgroups that is addressing the transition to pay the CCBHCs directly. There are multiple groups that HW is currently participating in. There was also a new release of the CCBHC Handbook (version 3) and our CCBHC lead, Linda Anthony, is reviewing the changes and updates in the new version.
- Lastly, I just want to share that the Leadership Team is completing the last day of Customer Services training modeled after Disney Way. The General Customer services training course for the rest of the staff will start in a couple of weeks. The leadership training was geared towards developing the values and framework to determine how we as an agency will deliver great customer service. The first general customer services training course will be on August 19th.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:09 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

Friday, October 10, 2025
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 8:20 a.m.

ROLL CALL

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

Members Absent: Mary Vazquez

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Christy LaDronka, Kristi Chittenden, Carly Hysell, Linda Wagoner, Melina Barrett, Tasha Kuklewski, Gordon Peterman, Jennifer Hoeker, Shannon Morgan, Kim Davis, Kara Zielinski, Devan Peterson, Suzanne Beckeman

Guests Present: Sara Hough

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the August 8, 2025 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for August 2025 / September 2025

It was moved by Ms. Thomas, seconded by Ms. Natte to approve the Recipient Rights Reports for August 2025 / September 2025.

MOTION CARRIED.

For the months of August 2025 / September 2025, there were 98 HealthWest and 55 provider employees trained:

Rights Updates HealthWest	85
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	11
New Employee Training Provider	55

For the months of August 2025 / September 2025 there were 682 incident reports and 23 rights allegations.

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

There were a total of 5 deaths reported in August 2025 / September 2025.

B. Motion to Accept FY2026 HealthWest Recipient Rights Recommended Budget

It was moved by Ms. Natte, seconded by Ms. Thomas to approve the HealthWest Recipient Rights Recommended Budget in the amount of \$353,032.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on Policy 04-008 Family Planning, Policy 04-009 Restraint, Seclusion, and Physical Management, Policy 04-010 Services Suited to Condition, Dignity and Respect, and Policy 04-013 Treatment by Spiritual Means.

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 8:52 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb



RECIPIENT RIGHTS ADVISORY COMMITTEE

October 10, 2025 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWWhnQmF5NVAybWRQVG54Tk1GZz09>

Meeting ID: 92330401570 Passcode: 428623

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

AGENDA

- | | | |
|----|--|-------------|
| 1) | Call to Order | Quorum |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of August 8, 2025
(Attachment #1 – pg. 1-2) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Motion to Accept Recipient Rights Bi-Monthly Report for
August 2025 / September 2025
(Attachment #2 – pg. 3-13) | Action |
| | B) Motion to Accept FY2026 HealthWest Recipient Rights
Recommended Budget
(Attachment #3 – pg. 14) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Policy 04-008: Family Planning
(Attachment #4 – pg. 15-16) | Information |
| | B) Policy 04-009: Restraint, Seclusion, and Physical Management
(Attachment #5 – pg. 17-20) | Information |
| | C) Policy 04-010: Services Suited to Condition, Dignity, and Respect
(Attachment #6 – pg. 21-24) | Information |
| | D) Policy 04-013: Treatment by Spiritual Means
(Attachment #7 – pg. 25-27) | Information |

- | | | |
|-----|--|-------------|
| E) | Recipient Rights Policy Training: 04-008 / 04-009 / 04-010 / 01-013
Linda Wagner, Recipient Rights Officer
(Attachment #8 – pg. 28-39) | Information |
| F) | QR Code for Complaints
Linda Wagner, Recipient Rights Officer
(Attachment #9 – pg. 40-41) | Information |
| G) | Recipient Rights Audit Update
Linda Wagner, Recipient Rights Officer | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |

HEALTHWEST**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES****Friday, August 8, 2025****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 8:10 a.m.

ROLL CALL

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

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Carly Hysell, Linda Wagoner, Melina Barrett, Helen Dobb, Brittani Duff, Mickey Wallace

Guests Present: Kristen Wade

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the June 13, 2025 meeting as written.

MOTION CARRIED.**ITEMS FOR CONSIDERATION*****A. Motion to Accept Recipient Rights Reports for June 2025 / July 2025***

It was moved by Mr. Weerstra, seconded by Ms. Natte to approve the Recipient Rights Reports for June 2025 / July 2025.

MOTION CARRIED.

For the months of June 2025 / July 2025, there were 112 HealthWest and 63 provider employees trained:

Rights Updates HealthWest	79
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	12
New Employee Training Provider	63
SUD Orientation	21

For the months of June 2025 / July 2025 there were 740 incident reports and 72 rights allegations.

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

There were a total of 8 deaths reported in June 2025 / July 2025.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on Policy 04-003 Consent, Policy 04-004 Duty to Warn, and Policy 04-006 Safeguarding the Rights of Recipients.

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 8:29 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
October 10, 2025***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE October 10, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
Approval is requested to accept the Recipient Rights Reports of August 2025 and September 2025. The report includes: • Training sessions conducted by the Rights Office from August 1, 2025, through September 30, 2025. • Site Reviews from August 1, 2025 through September 30, 2025. • Incident Reports and Rights Allegations for August 1, 2025 through September 30, 2025. • Formal Complaints and Interventions for August 1, 2025 through September 30, 2025. • Deaths reported for August 1, 2025 through September 30, 2025.			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to approve the Recipient Rights Reports for the months of August 1, 2025 through September 30, 2025.			
COMMITTEE DATE October 10, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE October 24, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 3-R



BI-MONTHLY RECIPIENT RIGHTS REPORT

Date: **October 10, 2025**

To: **Recipient Rights Advisory Committee**

From: **The Office of Recipient Rights**

Subject: **Recipient Rights Report for August 2025 and September 2025**

I. TRAINING

August 14, 2025, New Employee Recipient Rights Training was provided for 6 HealthWest and 10 Provider Employees.

August 15, 2025, Annual Recipient Rights Training was provided for 22 HealthWest Employees.

August 21, 2025, New Employee Virtual Recipient Rights Training was provided for 14 Provider Employees.

August 28, 2025, New Employee Recipient Rights Training was provided for 0 HealthWest and 9 Provider Employees.

September 04, 2025, New Employee Recipient Rights Training was provided for 4 HealthWest and 4 Provider Employees.

September 12, 2025, Annual Recipient Rights Update Training was provided for 29 HealthWest Employees.

September 16-19, 2025, Linda K. Wagner-RRO and Tasha R. Kuklewski-RRA attended the 2025 MDHHS-Recipient Rights Conference and received a total of 20.5 Recipient Rights Credits.

September 22, 2025, New Employee Virtual Recipient Rights Training was provided for 10 Provider Employees.

September 23, 2025, Annual Recipient Rights Update Training was provided for 34 HealthWest Employees.

September 25th, New Employee Recipient Rights Training was provided for 1 HealthWest and 8 Provider Employees.

98 HealthWest employees and 55 Provider employees for a total of 153 Employees were trained by the Rights Team during the months of August 2025 and September 2025.

II. SITE REVIEWS

August 13, 2025, Kelly's Kare AFC Home, residential I/DD, Kellys Kare LLC, Whitehall, MI.

August 13, 2025, Kelly's Kare Community Program, adult day program, Kellys Kare LLC, Whitehall, MI.

August 26, 2025, Beacon Home @ Morton Terrace, mixed residential Beacon Specialized Living, Muskegon, MI.

August 26, 2025, Day Break, adult day program, Day Spring Inc., Norton Shores, MI.

August 26, 2025, Northridge, mixed residential Turning Leaf, Muskegon, MI.

August 27, 2025, Terra Nova, residential I/DD, MOKA, Twin Lake, MI.

August 27, 2025, Beacon Home @ Lakeview, mixed residential Beacon Specialized Living, Whitehall, MI.

August 27, 2025, Graceland, residential I/DD, MOKA, Norton Shores, MI.

September 04, 2025, Beacon Home @ Ossineke, mixed residential Beacon Specialized Living, Ossineke, MI.

September 10, 2025, Crisis Residential (New Location), HealthWest, Muskegon, MI.

September 11, 2025, Brookmere, residential I/DD , MOKA, Muskegon, MI.

III. STATISTICAL INFORMATION

The Office of Recipient Rights reviewed **682** incident reports and received **23** rights allegations for the months of **August 2025** and **September 2025**. Provided for your review is the statistical data showing type and location.

IV. FORMAL INVESTIGATIONS

Old Business:

- A. June 02, 2025, Brookwood North, mixed residential, Flatrock. Home Manager reported that a Recipient alleged that a Staff punched them on the right side of the head.

The investigation into ABUSE CLASS II NON-ACCIDENTAL ACT is not substantiated.

- B.** June 02, 2025, Marcoux Home, *residential I/DD*, Pioneer Resources. An Anonymous Person reported that staff was threatening, yelling, and cursing in front of a Recipient. **The investigation into DIGNITY AND RESPECT and SAFE SANITARY AND HUMANE TREATMENT ENVIRONMENT are substantiated. The staff involved with the Dignity and Respect Substantiation received a written warning while the staff involved with the safe, sanitary, and humane treatment environment received consultation and training.**
- C.** June 03, 2025, A Recipient who lives independently and receives Case Management services from HealthWest reported that after he contacted the police about an issue at his apartment, a HealthWest Staff disclosed information to the police that made the Recipient look bad. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- D.** June 03, 2025, Marcoux Home, *residential I/DD*, Pioneer Resources. A Recipient reported to staff that another staff member was not providing appropriate care for them. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- E.** June 06, 2025, Lilac Home, *residential I/DD*, HGA Support Services. A HealthWest RN reported that she was made aware that a Recipient was accidentally given another Recipient's medications and the Home Staff caused the Recipient to vomit the medications up. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated.** It was also discovered during this investigation that the staff did not follow proper medication administration practices, therefore, **NEGLECT III is also substantiated. The staff involved received a written reprimand and additional training.**
- F.** June 09, 2025, Recipients of Marcoux Home, *residential I/DD*, Pioneer Resources were seen in the community by an Anonymous Person who witnessed staff putting recipients in harm's way while loading them into a van. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIRONMENT and NEGLECT III is substantiated. The staff involved have received a final warning and training.**
- G.** June 09, 2025, Beacon Home: The Oaks, *mixed residential*, Beacon Specialized Living. A member of Beacon's Leadership Team reported that when she stopped in to a the home for a visit she noticed that one of the staff was missing, which left only one member of staff in the home with the recipients, which violates Beacon Policy. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved received a counseling form and training.**

- H. June 11, 2025, Walker Home, residential I/DD, HGA Support Services. HGA Leadership reported that they witnessed a member of staff pull a recipient by her arm while they were on the floor, across the room, before assisting them into their wheelchair. **The investigation into ABUSE II-UNREASONABLE FORCE is substantiated. The staff involved received a written corrective action that included suspension and additional training.** During the investigation it was found that the staff did not promptly notify the Office of Recipient Rights, therefore **the investigation into NEGLECT CLASS III-FAILURE TO REPORT was also substantiated. The staff involved discontinued their employment with HGA Support Services.**
- I. June 16, 2025, Westlake Campus-Cottage II mixed residential, Hope Network. A Recipient reported that a member of staff was being disrespectful to them. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand and will complete the new employee rights training.**
- J. June 16, 2025, Marcoux Home, residential I/DD, Pioneer Resources. A Home Manager reported that two staff were arguing and yelling in front of the residents of the home. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIRONMENT is substantiated. The first staff involved received a written warning and the other staff was terminated from their employment with Pioneer Resources.**
- K. June 18, 2025, Marcoux Home, residential I/DD, Pioneer Resources. A leadership staff from Pioneer Resources stated that they had witnessed by video a staff snorting a substance while on the job. **The investigation into NEGLECT III is substantiated. The staff involved was terminated from employment with Pioneer Resources.**
- L. June 23, 2025, Virginia's House, residential I/DD, HGA Support Services. The Home Manager reported that a member of staff clocked in and went to sleep and was not responsive to the needs of a sick recipient who needed medical attention. **The investigation into NEGLECT III is substantiated. The staff involved in the incident was terminated from employment with HGA Support Services.**
- M. June 23, 2025, Virginia's House, residential I/DD, HGA Support Services. The Home Manager reported that a member purposefully went to sleep while on the clock. **The investigation into NEGLECT III is substantiated. The staff involved was terminated from employment with HGA Support Services.**
- N. July 01, 2025, Black Creek Cove Home, residential I/DD, HGA Support Services. HGA Leadership stated that the staffing agency that they use reported that a home staff fell asleep during their shift, yelled, grabbed one of the recipients and made another recipient stay in their room and took the agency vehicle to get themselves dinner.

The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION, FREEDOM OF MOVEMENT, DIGNITY AND RESPECT, and ABUSE II-NON ACCIDENTAL ACT was not substantiated.

- O.** July 07, 2025, Brookmere Home, residential I/DD, MOKA. A HealthWest Case Manager visited a home and noticed there was only one member of staff in the home with five recipients. When asked the staff present stated that the other staff had ran to the store. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**
- P.** July 07, 2025, Brooks Home, residential I/DD, Samaritas. The Home Manager was notified that one of the two staff scheduled for the shift had left to get pizza for the recipients so that they did not have to cook. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIORNMENT is not substantiated. After consulting with the State ORR, we were not able to complete this investigation due to the home transitioning from one provider to another which took place during the processing of this complaint.**
- Q.** July 07, 2025, Graceland Home, residential I/DD, MOKA. Home Manager discovered bruises on a recipient while providing personal care. **The investigation into NEGLECT CLASS III is not substantiated.**
- R.** July 08, 2025, Walker Home, residential I/DD, HGA Support Services. A Staff from the HealthWest Rehab Department reported that the staff at are not managing a recipients equipment well and have lost required parts that could lead to skin breakdown. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The corrective action is pending.**
- S.** July 08, 2025, The Medows, mixed residential, Hope Network. A Hope Network Staff reported that a staff member fought with a recipient after learning they had called 911. A witness said that the staff member wouldn't leave the recipient alone and use some foul language. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved was terminated from employment with Hope Network.**
- T.** July 10, 2025, Pioneer Resources, skill building services. A Pioneer Resources Supervisor reported that a Pioneer staff member grabbed ahold of a recipients backpack and pulled her backwards to get her out of the bus doorway. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was given a written reprimand and training.**
- U.** July 14, 2025, Walker Home, residential I/DD, HGA Support Services. A home staff delayed calling 911 when a recipient needed medical care because the HealthWest RN did not answer the phone when they called after hours. **The investigation into NEGLECT II is substantiated. All home managers and staff were inserviced**

regarding emergency call plans. The call plan was updated in the Walker Home.

- V. July 21, 2025, Brooks Home, residential I/DD, MOKA. A HealthWest Case Manager reported that she had been made aware of concerns with a recipients care from their Special Education Teacher. The Teacher said that communication with the home has been challenging, and the home is not sending the recipient to school with proper equipment. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was issued a written reprimand and will receive ongoing coaching.**
- W. July 22, 2025, Black Creek Cove Home, residential I/DD, HGA Support Services. A home staff reported that they had heard another staff comment that they keep a recipients adaptive equipment away from them in order to keep them from getting food they should not have. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION and FREEDOM OF MOVEMENT are substantiated. The staff involved in this incident was terminated from employment with HGA Support Services.**
- X. July 22, 2025, Westlake Campus- Cottage 8, mixed residential, Hope Network. A Hope Network Case Manager reported that while she was working in the cottage she witnessed a home staff swearing and yelling in front of the recipients of the cottage. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand and was required to retake Recipient Rights training.**
- Y. July 25, 2025, Pioneer Resources, transportation services. A HealthWest Case Manager reported that she had been made aware that a bus driver for Pioneer Resources had been observed yelling, swearing and intimidating recipients on the bus. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- Z. July 28, 2025, Beacon Home at Morton Terrace, mixed residential, Beacon Specialized Living. It was reported that while at a local restaurant, home staff were observed by a community member to be treating the recipients inappropriately. **The investigation into ABUSE CLASS II and ABUSE CLASS III is not substantiated.**
- AA. July 28, 2025, Westlake Campus-Cottage 8, mixed residential, Hope Network. A Recipient told home staff that another staff had yelled and shoved them the day prior. **The investigation into ABUSE CLASS II-UNREASONABLE FORCE and MENTAL HEALTH SERVICES SUITED TO CONDITIONS is not substantiated.**
- BB. July 30, 2025, Beacon Home at Luddington, mixed residential, Beacon Specialized Living. A Home Staff reported that a Recipient told them that another staff was

being mean to them causing them to stop eating and want to move. **The investigation into DIGNITY AND RESPECT is not substantiated.**

New Business:

- A. August 04, 2025, Wavecrest Home, mixed residential, Beacon Specialized Living Services. A Beacon Case Manager reported that they were told by a recipient that on two separate occasions, two different staff had engaged in sexual activity with him. **The Investigation into ABUSE CLASS I-SEXUAL ABUSE is not substantiated.**
- B. August 05, 2025, Ducey Home, residential I/DD, MOKA. A HealthWest Case Manager reported that they were informed that when family went to pick up a recipient at the home for a visit they were unable to locate any of the recipients clothing and also they were made aware of multiple grooming issues. **The Investigation into PERSONAL PROPERTY AND MENTAL HEALTH SERVICES SUITED TO CONDITION are substantiated. The corrective action include coaching for all staff of the home on proper documentation. Also new systems were put into place to ensure that new procedures are implemented properly.**
- C. August 25, 2025, Sheridan Home, residential I/DD, Pioneer Resources. A HealthWest Case Manager said she received a call from a guardian with concerns about an individual's personal care not being completed appropriately by the home staff. **The Investigation into NEGLECT CLASS III is not substantiated.**
- D. September 02, 2025, Cornerstone Kalamazoo-West, mixed residential, Cornerstone/Hernandes AFC. A Home Staff reported that another Home Staff was reported to work under the influence of alcohol. **The Investigation into SAFE, SANITARY, AND HUMANE TREATMENT ENVIRONEMENT is not complete. *A 30-Day Status Report was completed on 10-01-2025.**
- E. September 02, 2025, Cornerstone Kalamazoo-West, mixed residential, Cornerstone/Hernandes AFC. A Care Coordinator for Cornerstone reported that a Recipient told her that two staff members at her home have been verbally and physically abusing her. **The Investigation into ABUSE CLASS II-UNREASONABLE FORCE AND ABUSE CLASS III is not complete. *A 30-Day Status Report was completed on 10-01-2025.**
- F. September 08, 2025, The Meadows, mixed residential, Hope Network. Home staff reported that another home staff did not include a recipient in an outing because they eloped which caused an exchange of words between the two. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION and DIGNITY and RESPECT is substantiated. The corrective action is pending.**

- G. September 09, 2025, HealthWest-Mental Health Center A Recipient stated that while waiting for a Med Review a Supervisor who met with them was disrespectful. **The Investigation into DIGNITY AND RESPECT is not substantiated.**
- H. September 15, 2025, Lilac Home, residential I/DD, HGA Support Services. A home staff reported that another home staff was sleeping while working the overnight shift. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was terminated from employment from HGA Support Services.**
- I. September 15, 2025, Black Creek Cove, residential I/DD, HGA Support Services. A home staff reported that when they came in for their shift two recipients had not received proper care from the staff on the prior shift. **The Investigation into NEGLECT-CLASS III is not complete.**
- J. September 15, 2025, Virginia's House, residential I/DD, HGA Support Services. When a home staff arrived for their shift they stated they found one staff asleep, and one looked as if they had just woke up and they were on their phone. The house was dark and one of the recipients who takes an early morning medication had not received it. **The investigation into NEGLECT-CLASS III is not complete.**
- K. September 23, 2025, Black Creek Cove, residential I/DD, HGA Support Services. A HealthWest Case Manager stated that home staff are not following a recipients prescribed diet. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not complete.**
- L. September 25, 2025, Shaffer Home, residential I/DD, HGA Support Services. A home staff reported that a recipient woke up in the night to use the restroom and they noticed that they had bruises in several locations and noted blood in their urine. When asked about this, the recipient stated that a staff had punched and pushed them. **The Investigation into ABUSE-CLASS II, NON-ACCIDENTAL ACT is not complete.**
- M. September 30, 2025, Maple Cottage, mixed residential, Turning Leaf. A recipient told their case manager that a home staff is treating them poorly and that they don't appreciate the way the staff person talks to them. **The Investigation into DIGNITY AND RESPECT is not complete.**

V. INTERVENTIONS

Old Business:

- A. June 09, 2025, Beacon Home: The Oaks, mixed residential, Beacon Specialized Living. Staff reported that when a recipient returned from a home visit with family, they told them that their family member had verbally abused them. The Office of

Recipient Rights does not have jurisdiction over family members, so the staff was referred to Adult Protective Services and the local Police Department.

- B.** July 08, 2025, Brooks Home, residential I/DD, Samaritas. An anonymous reporter said that they do not feel the recipients are being well cared for at the Brooks Home. **After consulting with the State ORR, the acknowledgment letter was revised to reflect that we are not able to investigate this matter due to the home transitioning from one provider to another which took place during the processing of this complaint.**
- C.** July 08, 2025, Brooks Home, residential I/DD, Samaritas. A Staff from the HealthWest Rehab Department reported that home staff failed to follow through on getting a recipients wheelchair fixed. **After consulting with the State ORR, the acknowledgment letter was revised to reflect that we are not able to investigate this matter due to the home transitioning from one provider to another which took place during the processing of this complaint.**

New Business: n/a

VI. Summary of ORR Complaint Status for August 2025 and September 2025

Complaints Received	Complaints Investigated	Complaints in Process	Complaints Substantiated	Completed in 30 Days	Completed in 60 Days	Completed in 90 Days
23	23	13	4	4	0	0

VII. SUBSTANCE USE DISORDER

Old Business: n/a

New Business: n/a

VIII. DEATHS

August 07, 2025, 79 year old female who lived in an AFC home and received HealthWest Case Management Services died at home unexpectedly while in respiratory distress.

August 30, 2025, 43 year old male who lived independently and had received HealthWest I/DD Community Based Services died from a suspected drug overdose.

August 31, 2025, 45, year old male who lived independently and had received HealthWest LEAD Team Services died from a suspected drug overdose.

September 05, 2025, 67 year old male who lived independently and had received HealthWest MI Case Management Services died at home from an unknown cause.

Recipient Rights Report

10/10/2025

Page 10 of 10

September 28, 2025, 40 year old female who lived in an AFC home and received HealthWest I/DD Case Management Services died at home after medically declining for some time, but the cause is unknown at this time.

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED																								
REQUESTING DIVISION Finance	REQUEST DATE October 10, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer																									
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u> HealthWest Board approval is requested for the FY2026 HealthWest Recipient Rights Recommended Budget, proposed to the County of Muskegon, in the amount of \$353,032. A summary of the requested changes is shown below: <table border="0"> <thead> <tr> <th></th> <th><u>FY25 Budget</u></th> <th><u>Proposed FY26 Budget</u></th> <th><u>Increase</u></th> </tr> </thead> <tbody> <tr> <td>Salaries</td> <td>\$206,210</td> <td>\$240,539</td> <td>\$34,329</td> </tr> <tr> <td>Fringes</td> <td>\$81,175</td> <td>\$99,621</td> <td>\$18,446</td> </tr> <tr> <td>Supplies</td> <td>\$1,900</td> <td>\$710</td> <td>(\$1,190)</td> </tr> <tr> <td><u>Staff Development & Travel</u></td> <td><u>\$9,300</u></td> <td><u>\$12,162</u></td> <td><u>\$2,862</u></td> </tr> <tr> <td>Total Expenditures</td> <td>\$298,585</td> <td>\$353,032</td> <td>\$54,447</td> </tr> </tbody> </table> The increase from FY2025 Budget to FY2026 budget is attributed to a planned overlap in employment of the Recipient Rights Officer due to an upcoming retirement. This strategic overlap supports succession planning allowing for adequate training and a smooth transition of responsibilities.					<u>FY25 Budget</u>	<u>Proposed FY26 Budget</u>	<u>Increase</u>	Salaries	\$206,210	\$240,539	\$34,329	Fringes	\$81,175	\$99,621	\$18,446	Supplies	\$1,900	\$710	(\$1,190)	<u>Staff Development & Travel</u>	<u>\$9,300</u>	<u>\$12,162</u>	<u>\$2,862</u>	Total Expenditures	\$298,585	\$353,032	\$54,447
	<u>FY25 Budget</u>	<u>Proposed FY26 Budget</u>	<u>Increase</u>																								
Salaries	\$206,210	\$240,539	\$34,329																								
Fringes	\$81,175	\$99,621	\$18,446																								
Supplies	\$1,900	\$710	(\$1,190)																								
<u>Staff Development & Travel</u>	<u>\$9,300</u>	<u>\$12,162</u>	<u>\$2,862</u>																								
Total Expenditures	\$298,585	\$353,032	\$54,447																								
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u> I move to approve the FY2026 HealthWest Recipient Rights Recommended Budget in the amount of \$353,032.																											
COMMITTEE DATE October 10, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other																										
BOARD DATE October 24, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other																										

DRAFT

Policy Title: Family Planning	Policy#: 04-008	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure family planning issues and options for recipients are addressed according to the Mental Health Code and Administrative Rules.	Prepared by: The Office of Recipient Rights Approved by: Rich Francisco, Executive Director	09/10/2025	
	Effective Date: 04/22/1983	Last Revised Date: July 5, 2017	

I. POLICY

- A. HealthWest staff shall not advise recipients, or their legal representatives, on whether or not to seek an abortion or sterilization. Staff may assist recipients, or their legal representatives, in reaching a decision regarding abortion or sterilization through standard counseling practices. Such practices may include values clarification, examination of alternatives, securing information from pertinent community resources, and making referrals for specialized counseling related to abortion or sterilization.
- B. HealthWest staff may assist recipients, or their legal representatives, in obtaining information, education and assistance in securing supplies related to family planning, and health services.
- C. The supplying of non-prescription contraceptive supplies does not require guardian consent.
- D. Mental health services will not be contingent upon a recipient receiving family planning services.

II. APPLICATION

All mental health programs operated by or under contract with HealthWest.

III. DEFINITIONS

- A. Abortion: The termination of pregnancy before the stage of viability induced or performed purposely as by a surgeon.
- B. Contraception: The prevention of conception by chemical or mechanical means, not to include surgical sterilization.
- C. Recipient: A person who receives mental health services from HealthWest.
- D. Sterilization: The process of rendering an individual incapable of reproduction.

IV. PROCEDURE

- A. The individual in charge of the recipient's written plan of service shall provide recipients, or their legal representatives, with notice of the availability of family planning, and health information services.
- B. The individual in charge of the recipient's written plan of service shall provide referral assistance to providers of family planning, and health information services upon request of the recipient, guardian or parent of a minor.
- C. The notice shall include a statement that receiving mental health services does not depend in any way on requesting or not requesting family planning or health information services.

V. REFERENCES
Administrative Rule R 330.7029.

Authors Initials GK/hb

DRAFT

Policy and Procedure Title: Restraint, Seclusion, and Physical Management	Policy and Procedure #: 04-009	<u>Review Dates</u>	
Category: Recipient Rights Subject: To establish a guideline for staff interventions involving the use of physical management techniques and to promote the use of practices that protect the rights, dignity, and safety of recipients, effectively respond to behaviors and de-escalate crises, uphold the principles of trauma-informed care, and comply with all applicable standards and requirements.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/24/2025	

I. POLICY

- A. The Office of Recipient Rights shall provide or coordinate the protection of recipient rights for all directly operated or contracted services and review the recipient rights policies and the rights system of each provider of mental health services under contract with the community mental health services program or licensed hospital to ensure that the rights protection system of each provider is in compliance with the Mental Health Code and is of a uniformly high standard.
- B. HealthWest does not allow the use of seclusion or restraint.
- C. Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to self, or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm. Both of the following shall apply:
 1. Physical management shall not be included as a component in a behavior treatment plan.
 2. Prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record..

II. APPLICATION

All HealthWest employees and contracted providers

III. DEFINITIONS

- A. Mandt System: A comprehensive, integrated approach to preventing, de-escalating, and, if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others. The focus of The Mandt System is on building healthy relationships among recipients, staff, and other stakeholders to facilitate the

development of an organizational culture and treatment settings that provide the emotional, psychological, and physical safety necessary to teach new behaviors.

- B. Physical Management: A technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming self or others.
- C. Physician: May include psychiatrist, dentist, physician's assistant, and nurse practitioner.
- D. Protective Device: A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in the written individual plan of service shall not be considered a restraint as defined in Paragraph E, below.
- E. Restraint: The use of a physical device to restrict an individual's movement. Restraint, which does not include the use of a device primarily intended to provide anatomical support, is prohibited in all agency programs and at all agency and contractual service sites.
- F. Seclusion:
 - 1. The temporary placement of a recipient alone in a room where egress is prevented by any means (MHC 700).
 - 2. The separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion (CARF).
- G. Time Out: A voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

IV. PROCEDURES:

- A. Staff shall perform physical management only under the following conditions:
 - 1. Staff must be trained and hold current certification in Mandt techniques.
 - a. Staff required to obtain and maintain certification in Mandt techniques will be determined in accordance with the requirements established by the Mental Health Code, Medicaid Provider Manual, and Provider Qualifications and Behavioral Health Code Chart, and as reflected in Attachment I of the Lakeshore Regional Entity Contract.
 - b. Additional staff may be required to obtain and maintain certification in Mandt techniques as appropriate for job duties and as designated by the HealthWest Leadership Team.
 - 2. Staff will use only Mandt-approved physical management techniques, or physical management techniques from a comparable alternative curriculum that has been

reviewed by the HealthWest Training and Provider Network Departments, Office of Recipient Rights, and Behavior Support Committee and granted approval for use with recipients.

3. Acceptable Mandt-approved physical management techniques are limited to the following:
 - a. Physical Releases: wrist, finger, and clothing holds, biting, and hair pulls
 - b. Escorting
 - c. Three Person Physical Assisting
 - d. One Person Support using a Side Body Hug
 - e. Two Person Support using a Side Body Hug
 - f. One Person, One Arm Supporting Skill
 - g. One Person, Two Arm Supporting Skill
 4. Staff are barred from using any practice prohibited by the Mental Health Code, as well as the following practices expressly prohibited by the Mandt system:
 - a. Any technique that involves substantial risk of injury
 - b. Any manual restraint that maintains a person on the floor in any position (prone, supine, side-lying)
 - c. Pain Compliance, trigger points, or pressure points
 - d. Hyper-extension of any part of the body
 - e. Pressure or weight on chest, lungs, sternum, diaphragm, back, or upper abdomen
 - f. Any technique that obstructs or restricts circulation of blood or airways
 - g. Straddling or sitting on any part of the body
 - h. Any type of choking, such as hand chokes or arm chokes
 - i. Any technique that involves pushing into the person's mouth, nose, eyes, or any part of the face, or covering the face or body
 - j. Any technique that forces the person to the floor, chair, wall, etc.
 - k. Any technique that puts or keeps the person off balance, e.g. shoving, tripping, or pushing on the backs of the knees
 - l. Any technique that involves punching, hitting, biting, hair pulling, poking, pinching, or shoving
 - m. Any lifting or carrying of a person who is actively combative unless an extreme hazard or emergency exists (e.g. the building is on fire)
 5. Physical management may only be used as an emergency response when a recipient is presenting an imminent risk of physical harm to self or others, and lesser restrictive interventions have not reduced or eliminated the risk of harm.
 - a. Physical management may not be included as an intervention within any Individual Plan of Service (IPOS) or as a component of any Behavior Support Plan (also referred to as a Behavior Treatment Plan).
 6. Staff will use Mandt-approved physical management at the least restrictive level necessary.
- B. The implementing staff must document all uses of physical management, including the technique used and the length held, in the following manner:
1. Progress note or equivalent document in the recipient's clinical record, AND

2. Incident Report Form, AND
 3. Data collection sheet accompanying the Behavior Support Plan, if applicable.
- C. No physical management technique may be used for more than 15 minutes at one time. Staff must release their hold and monitor the recipient's response. If the behavior that warranted physical management recurs, then the technique may be repeated (or "recycled") two times up to a maximum of 45 minutes to the least restrictive level necessary for safety and assisting the recipient in regaining self-control.
 - D. If a recipient's behaviors reach the level of threat of lethal, staff shall call 911 for the protection of other recipients and staff. The staff must try less restrictive measures first.
 - E. The Behavior Support Committee will review all incidents of physical management.
 1. When physical management involves a recipient with a Behavior Support Plan, review will include assessment of whether revisions of the plan are necessary.
 - F. Physical management shall be performed in front of other staff if practical.
 - G. Restraint & Seclusion: Staff will never use restraint or seclusion with any HealthWest recipient in agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy.
 - H. Inpatient Contractual Providers: The Office of Recipient Rights will review the restraint and seclusion policies of all contractual providers of inpatient services and child caring institutions for compliance with applicable state and federal rules and regulations.

V. REFERENCES

MDHHS Guideline IV-001-002-I
 MDHHS Administrative Rules
 HealthWest Policy No. 06-001 Behavior Support Committee
 Mandt System Curriculum 2.0 (2022)
 CARF Behavioral Health Standards
 MDHHS-ORR Attachment B
 Michigan Mental Health Code

Authors Initials LS/lkw

DRAFT

Policy and Procedure Title: Services suited to Condition, Dignity, and Respect	Policy or Procedure #: 04-010	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure the provision of services suited to condition in a way that protects and promotes the dignity and respect to which a recipient and his or her family members are entitled.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 11/21/1997	Last Revised Date: 09/23/2025	

I. POLICY

HealthWest staff will provide services suited to condition in a way that protects and promotes the dignity and respect to which a recipient of services is entitled.

II. PURPOSE

To ensure the provision of services suited to condition in a way that protects and promotes the dignity and respect to which a recipient and his or her family members are entitled.

III. APPLICATION

All staff, services and facilities operated by HealthWest, and contract facilities where adherence to this policy specified in contract.

IV. DEFINITIONS

- A. Family Member: A parent, stepparent, spouse, sibling, child, or grandparent of a recipient, or an individual upon whom a recipient is dependent for at least 50% of his or her financial support.
- B. Services: Mental health services.
- C. Treatment: Care, diagnostic and therapeutic services, including the administration of drugs and any other service for treatment of an individual's serious mental illness or serious emotional disturbance.
- D. Person Centered Planning: A process for planning and supporting the individual receiving service that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preference of choices, and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or chooses.
- E. Individual Plan of Services: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be developed

- with and provided for a recipient.
- F. Dignity: To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending, or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.
 - G. Respect: To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

V. PROCEDURE

- A. All staff shall protect and promote the dignity and respect to which a recipient of service is entitled.
 - 1. A recipient shall receive mental health services suited to his/her condition.
 - 2. Mental health services shall be provided in a safe, sanitary and humane treatment environment.
 - 3. Mental Health services shall be offered in the least restrictive setting that is appropriate and available.
- B. All staff shall treat family members of recipients with dignity and respect.
 - 1. Family members shall be given an opportunity to provide information to the treating professionals.
 - 2. Family members shall also be provided an opportunity to request and receive educational information about the nature of disorders, medication, and their side effects.
 - 3. Family members shall be made aware of the available support, financial assistance, advocacy and coping strategies.
- C. If an applicant for HealthWest services has been denied mental health services, the applicant, his or her guardian if one has been appointed, or the applicant's parent or parents if the applicant is a minor may request a second opinion of the executive director. The executive director shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
- D. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, HealthWest shall direct services to the applicant.
- E. HealthWest shall ensure for each recipient that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. The individual plan of services shall be developed within 7 days of the commencement of services or, if an individual is hospitalized, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both, and shall establish meaningful and measurable goals with the recipient. The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.

- F. The individual plan of services shall include assessments of the recipient's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services, transportation and recreation.
- G. The plan must be agreed to by the RMHA, the recipient, the guardian, or the parent with legal custody of a minor recipient, unless it is part of a court order. Objections must be noted in the plan.
- H. The written individual plan of service will have a specific date or dates when the overall plan and any of t's sub-components will be formally reviewed for possible modification or revisions.
- I. The individual plan of services shall identify any restrictions or limitations of the recipient's rights and shall include documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
- J. Restrictions, limitations or any intrusive behavior treatment techniques are reviewed by the Behavioral Support Committee, a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis, and 1 of whom will be a licensed physician/psychiatrist, unless the behavior is due to an active substantiated serious mental illness or emotional disturbance..
- K. An individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the case record. A recipient shall be given a choice of physician or other mental health professional, within the limits of available staff.
- L. The recipient is given a choice of physician or mental health professional within the limits of available staff.
- M. If the preadmission screening unit denies hospitalization, the individual or the person making the application may request a second opinion from the executive director.
 - 1. The Executive Director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request.
 - 2. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the Executive Director, in conjunction with the Medical Director, shall make a decision based on all clinical information available.
 - 3. The Executive Director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the Executive Director and Medical Director or verification that the decision was made in conjunction with the medical director. If an individual is assessed and found not to be clinically suitable for hospitalization, the

preadmission screening unit shall provide appropriate referral services.

- N. A comprehensive assessment/analysis of a recipient's challenging behaviors will be conducted.
- O. If a recipient is not satisfied with his or her individual plan of services, the recipient or his/her legal representative may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.

VI. REFERENCES:

M.C.L. 330.741(3), 330.708(4), 330.711, 330.704(1), 330.712(1), 330.712(3), 330.713, 330.752, 330.409(4) and 330.100d(12)

Author Initials: LS/lkw

DRAFT

Policy and Procedure Title: Treatment by Spiritual Means	Policy and Procedure #: 04-013	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for a resident's right to treatment by spiritual means.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/23/2025	

I. POLICY

- A. A resident shall be permitted treatment by spiritual means on the request of the recipient, guardian, or parent of a minor recipient.
- B. Opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner as residents are permitted to see private mental health professionals.
- C. The "right to treatment by spiritual means" includes the right of residents or guardians of residents to refuse medication or other treatment on spiritual grounds when:
 1. Spiritual treatment predates the current allegation of mental illness or disability, but does not extend to circumstances where either of the following provisions apply:
 - a. A guardian or the provider has been empowered by a court to, or provide, treatment and has done so
 - b. The patient poses harm to himself or herself or others and treatment is essential to prevent physical injury.
- D. The "right to treatment by spiritual means" does not include the right:
 1. To use mechanical devices or chemical or organic compounds that are physically harmful.
 2. To engage in activity prohibited by law.
 3. To engage in activity that physically harms the resident or others.
 4. To engage in activity that is inconsistent with court-ordered custody or voluntary placement by a person other than the resident.
- E. Assurance will be obtained that a resident assents to treatment by spiritual means, when a request is by the guardian, or parent of a minor recipient.

- F. Notice will be given to the requesting person of a denial of request, along with the reasons for that denial.
- G. Administrative review or appeal of the denial of treatment by spiritual means be available at the option of a person requesting treatment.

II. APPLICATION

All mental health residential facilities operated by or under contract with HealthWest.

III. DEFINITIONS

- A. **Facility:** A residential setting for the care or treatment of individuals with a mental illness, serious emotional disturbance, or developmental disability that is either operated by or under contract with the Agency.
- B. **Treatment by Spiritual Means:** A spiritual discipline or school of thought that a recipient wishes to rely on to aid physical or mental recovery and includes easy access, at the resident's expense, both to printed, recorded, or visual material essential or related to treatment by spiritual means and to a symbolic object of similar significance.

V. PROCEDURES

- A. A request for treatment by spiritual means shall include the following:
 - 1. A request for treatment by spiritual means shall be made in writing.
 - 2. The request may be given to any facility staff person. The request will then be immediately forwarded to the facility supervisor.
 - 3. Notification of the request is to be given to the case coordinator immediately by the facility supervisor, first by telephone, and then in writing.
 - 4. The written request will be filed in the resident's record at the facility.
- B. Approval of the request for treatment by spiritual means requires the following:
 - 1. The resident's case coordinator is responsible for the decision to approve the request for treatment by spiritual means.
 - 2. Approval will be given only in line with HealthWest policies.
 - 3. Approval will be given in writing to the resident and to the person requesting treatment if other than the resident. A copy of the approval will be placed in the resident's record.
 - 4. The case coordinator will incorporate the specific request for treatment by spiritual means into the recipients schedule and assure cooperation of staff. HealthWest will assist the resident in locating options for treatment by spiritual means.
- C. Denial of the request for treatment by spiritual means requires the following:
 - 1. The resident's case coordinator is responsible for the decision to deny the request for treatment by spiritual means.

2. Denial will be made only after examining the request in light of Agency policies.
 3. Denial will be made in writing to the resident and the person requesting treatment if other than the resident. One copy is to be placed in the resident's facility case record and a second copy forwarded to the case coordinator's supervisor.
 4. The written denial letter must include an explanation of the resident's (or other person's) right to appeal the denial decision.
- D. The appeal process for denial of treatment by spiritual means shall include:
1. The case coordinator's Program Supervisor will automatically review the decision to deny treatment by spiritual means upon receipt of the copy of the notice from the case coordinator.
 2. The case coordinator's Program Supervisor is the first level of the appeal process. An appeal may be made orally; however, the resident or person acting on the resident's behalf should be assisted in putting it in writing. The Program Supervisor will make written response to the appeal within ten (10) working days of the receipt of the notice of appeal.
- E. If staff deem a resident to be dangerous to self or others due to mental illness or developmental disability, and if the resident refuses mental health services, staff will file an application for admission with Probate Court or arrange for such an application to be filed by a third party; for minors, staff will contact Child Protective Services who will facilitate any court proceedings.

VI. REFERENCES

Act 258, Public Acts of 1974, as amended, being M.C.L. 330.1752(g).
Administrative Rule, R 330.7135.

Authors Initials GK/lkw

Recipient Rights October 10, 2025

- Policy 04-008: Family Planning
- Policy 04-009: Restraint, Seclusion, and Physical Management
- Policy 04-010: Services Suited to Condition, Dignity and Respect
- Policy 04-013: Treatment by Spiritual Means

Family Planning

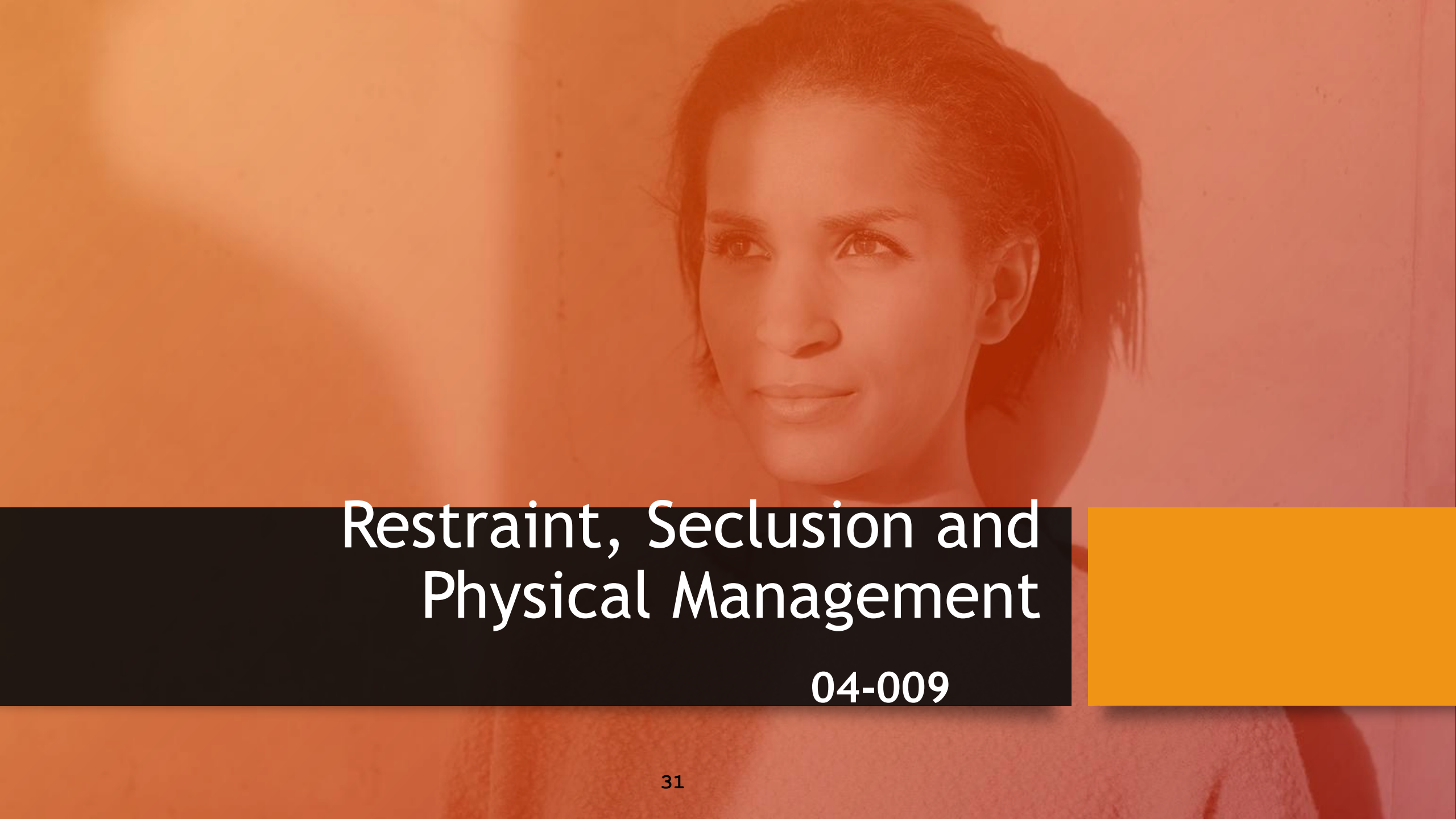
04-008



HealthWest Staff's Obligations when it comes to Family Planning Issues...

Who?
What?
When?
Why?

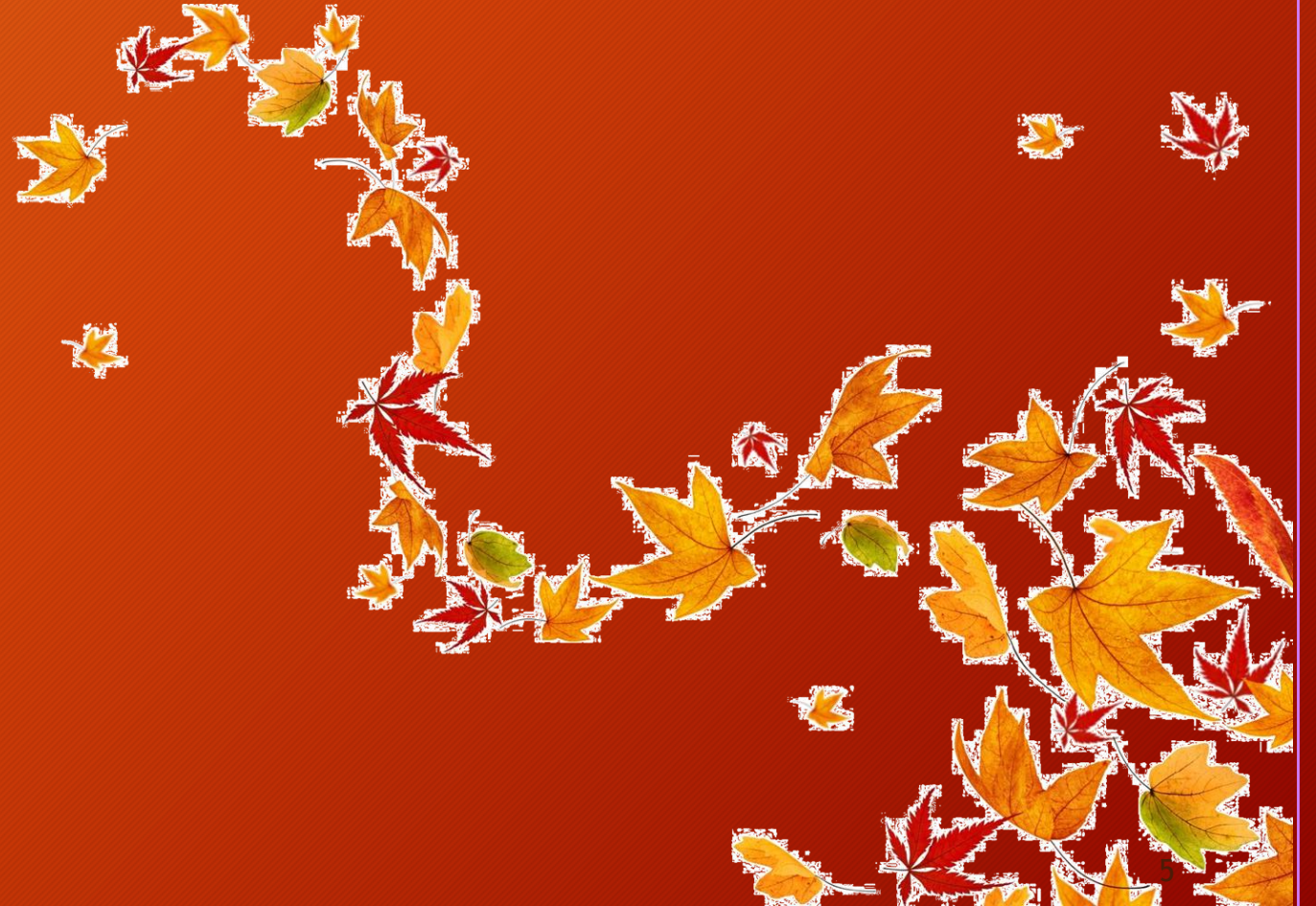


A woman's face is visible in the background, partially obscured by an orange tint. She has dark hair and is looking slightly to the right.

Restraint, Seclusion and Physical Management

04-009

- Physical Management
- Restraint
- Seclusion



Services Suited to Condition Dignity and Respect

04-010

HealthWest Staff will
provide services suited
to condition in a way
that protects and
promotes the dignity and
respect to which a
recipient of service is
entitled



Mental Health Services Provided in :

- * A Safe, Sanitary and Humane Treatment Environment
- * The Least Restrictive Setting

Dignity and Respect

Family Members Right to Dignity and Respect

A photograph of a man and a woman smiling and embracing each other. The man is wearing glasses and a white shirt, and the woman is wearing glasses and a blue denim jacket. They are both looking towards the camera with joyful expressions.

Opportunity to provide information

Opportunity to be provided educational information

Made aware of available supports

SERVICE PROVISIONS

Denied Services

Person Centered Planning

Restrictions/Limitations

Choice of Mental Health
Professionals



Treatment by Spiritual Means

04-013

A Recipient shall be permitted treatment by spiritual means...



Includes:

- When it predates the current allegation of mental illness or disability
- The Guardian or provider has been empowered to make the decision
- The person will not cause harm to themselves or others

Does not include:

- Mechanical devices or chemical or organic compounds that are physically harmful
- Those things that are prohibited by law
- Any activity that physically harms the person or others
- When the treatment is inconsistent with a court order

Request in
Writing

Approval

PROCESS

Denial

Appeal





QUESTIONS?

THANK YOU!



HealthWest

Muskegon's Behavioral Wellness Connection

You

right to agree to mental health services
 right to have information shared only with written permission or when required by law
 right to have access to your record
 right to not be discriminated against in receiving services

have

right to complain to the person in the Rights Office if you are unhappy with your treatment
 right to be free from abuse and neglect
 right to be told how much treatment will cost and appeal if you disagree
 right to an individualized written plan of service

rights.

right to be treated with dignity and respect in a clean, safe environment
 right to change your mind when you believe your treatment plan is no longer in your best interest
 right to know your additional rights while living in a licensed AFC home
 right to be informed of your progress

**You have rights when receiving services from
 HealthWest, Muskegon's Behavioral Wellness Connection.**

For more information, call:
 Office of Recipient Rights at (231) 724-1107
 Fax: (231) 724-4445

Linda K. Wagner, Recipient Rights Officer
 Tasha R. Kuklewski, Recipient Rights Advisor
 Casey Olson, Recipient Rights Advisor



bit.ly/RecipientRightsForm



HealthWest

Muskegon's Behavioral Wellness Connection

Te

derecho a servicios de salud mental
derecho a la información compartida sólo con permiso por escrito o cuando sea requerido por la ley
derecho a tener acceso a su expediente
derecho a no ser discriminado en la recepción de servicios

han

derecho a quejarse a la persona en la oficina de derechos si no está satisfecho con su tratamiento
derecho a estar libre de abuso y negligencia
derecho a ser dicho tratamiento cuánto costará y apelar si no está de acuerdo
de acuerdo con un individualizado escrito plan de servicio

derechos.

derecho a ser tratados con dignidad y respeto en un ambiente limpio y seguro
derecho a cambiar de opinión cuando crees tú tratamiento plan ya no está en su mejor interés
derecho a saber sus derechos adicionales mientras vivía en una casa de AFC con licencia
derecho a ser informados de su progreso

Te han derechos cuando reciba servicios de HealthWest.

Para obtener más información, llame al
Oficina de derechos destinatarios en (231) 724-1107
Fax: (231) 724-4445

Linda K. Wagner, Oficial de derechos destinatario
Tasha R. Kuklewski, Oficial de derechos destinatario
Casey Olson, Oficial de derechos destinatario



bit.ly/RecipientRightsForm